ACAP Prescription Substance Abuse Collaborative

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About ACAP

About the SUD Collaborative
  • Funded by Open Society Foundations

Plan Actions

Policy Issues
About ACAP

**Mission:** To represent and strengthen not-for-profit Safety Net Health Plans as they work with providers and caregivers in their communities to improve the health and well-being of vulnerable populations in a cost-effective manner.

**Membership:** 58 Safety Net Health Plans in 24 states, collectively covering more than 11 million people enrolled in Medicaid, CHIP, Medicare and other publicly-sponsored programs.
Deaths from Opioid Pain Relievers Exceed Those from All Illegal Drugs

In 2008, there were 14,800 prescription painkiller deaths

For every 1 death there are...

- 10 treatment admissions for abuse
- 32 emergency dept visits for misuse or abuse
- 130 people who abuse or are dependent
- 825 nonmedical users
People Abusing Analgesics DIRECTLY & INDIRECTLY Obtain Them by Prescription: *Most Recent Pill Source*

Source Where Respondent Age 12+ Obtained Analgesics:

- **Free from Friend/Relative (55.0%)**
- **One Doctor (79.4%)**
- **More than One Doctor (2.1%)**
- **Bought/Took from Friend/Relative (6.5%)**
- **Drug Dealer/Stranger (2.3%)**
- **Bought on Internet (0.2%)**
- **Other1 (1.7%)**

Source Where Friend/Relative Obtained

- **Free from Friend/Relative (6.3%)**
- **One Doctor (3.6%)**
- **Bought/Took from Friend/Relative (6.5%)**
- **Drug Dealer/Stranger (2.3%)**
- **Bought on Internet (0.2%)**
- **Other1 (1.7%)**

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1 Other category includes "Wrote Fake Prescription," "Stole from Doctor’s Office/Clinic/Hospital/Pharmacy," and "Some Other Way."

Source: SAMHSA, 2009 and 2010 National Survey on Drug Use and Health
Doctors Need to Know How to Treat Pain: Education on Pain in Medical Schools

Number of Schools

Number of Hours of Pain Education

USA (median: 7 hours)
Canada (median: 14 hours)
Veterinarian schools: 75 hours on pain

Mezei, L and Murinson, BB., J Pain, 12, 1199 -1208, 2011.
Why a Substance Abuse Disorder Collaborative?

- Impact of Prescription Drug Abuse
- Triple Aim – Improving care and reducing cost
- Expansion Population (Medicaid and the Exchange)
- ACA requirements for Essential Benefit Package
- Performance measurement (HEDIS, STARS)
Participant Overview

- 15 participating plans
- Plans are focusing on the following populations:
  - Medicaid Expansion/Exchange
  - Pregnant women
  - Adolescents
  - Dual Eligibles
- Mix of carve-in, carve-out
- Diversity in geography (11 states), team make-up, focus, goals
1. Affinity Health Plan
2. AmeriHealth Caritas Health Plan
3. CalOptima
4. CareSource
5. Children's Community Health Plan
6. Colorado Access
7. Commonwealth Care Alliance
8. Denver Health Medical Plan Inc.
9. Gold Coast Health Plan
10. Horizon NJ Health
11. L.A. Care Health Plan
12. Neighborhood Health Plan
13. Passport Health Plan
14. Priority Partners
15. Texas Children’s Health Plan
Collaborative Activities

- **Action Plan Development/Implementation:**
  - Each health plan has put together a team that involves internal staff/external stakeholders (substance abuse treatment providers, PCPs, and/or any other stakeholder they feel necessary).
  - Teams chose an evidence based improvement project and implemented a measurable “Action Plan” for 2014

- **Quarterly Networking Calls**
- **Quarterly Reporting**
- **In-person meetings: 10/13, 4/15**
- **Webinars (for all ACAP plans)**
Substance Abuse: What Plans Are Doing

Members
- Population focus
- Consumer engagement
- Education
- Screening/Assessment
- Post treatment support – calls, peer support, self help group
- Family counseling and support
- Naloxone availability

Providers
- Training
- Contract requirements
- PCMH
- Pay for Performance
- SBIRT training
- Medication Assisted Treatment
- Pain Management referrals and guidelines
- Patient contracts
- Integration & co-location (PCP, counselors, BHO)
What Plans Are Doing

Plan
- Care coordination and specialized case management
- Pain management treatment benefits
- Formulary Limits/ Changes
- Monitoring dispensing, dose and refills
- Revamp Lock in
- Evaluation of referral policies
- Network development – centers of excellence & telehealth
- Data Analytics
- Data Sharing with providers
- HEDIS/STARs

Systems
- Needs Assessment
- ER Usage
- Better integration physical and behavioral health
- Aligning reimbursement models
- Transition to aftercare
- Health Homes
- Benchmarking
- Supportive Housing
- Community Engagement
Issue – Effective Lock-in Programs

- Many plans use a lock-in program
  - Several are state-run programs (WA, TX, WI)
- Need to insure that lock-in follows the member on a timely basis
  - Use of disenrollment as a means to avoid lock-in
- Dual Eligibles – no lock-in allowed under Medicare
Need to Develop Lock-in 2.0

- Lock-in should be only one step in process
  - Interdisciplinary team meetings
    - Includes referral for substance abuse treatment and behavioral health assessment, as appropriate
  - Specialized care management
    - Includes member education and counseling
  - Use of health advocates and community outreach
  - Pain management
    - Referral, assessment, and patient contracts
  - Data analytics and data sharing (plan, PCP, prescriber, pharmacy)
Pain Management

- Most plans provide access to non-pharmacy pain management services
  - Some of these services included physical therapy, chiropractic care, swim therapy, wellness groups, and acupuncture

- If required, referrals generally come from PCPs or case managers – some plans do not require referrals
Issues - Pain Management

- Network Adequacy: Lack of pain management providers in geographic area
  - Limited alternative therapies/providers available
  - Telemedicine may hold promise
- Plans report needing more effective pain management services/well-trained providers who can target their population and needs
  - Need for better and widely-accepted treatment guidelines
Medication Assisted Treatment

- Plans support use of MAT
- Limitation on suboxone prescribers
  - Limit on number of providers due to the certification requirements and patient panel limit
  - Many refuse to participate in health plan network
  - Unlike other services, often operate on a cash basis
- Plans responsible for pharmacy benefit, but have no contractual relationship with prescriber
Other Prescribing Issues

- PCPs need more training
- Need physician-developed prescribing standards and opiate oversight committees
- Lack of coordination among PCPs, Pain Management providers
- Plans do not always have access to Prescription Drug Monitoring information
HIPAA and 42 CFR Part II

- 2 Important But Competing Goals
  - Recognize and support the need to protect personal health information
  - In order to foster better care, need to share information among members of the health care team
- Solution is BETTER BALANCE
Measurement Issues

- HEDIS measures limited to initiation and engagement – do not work in carve-out situations

- Other than Part D, no measures on opioid prescribing (under development/testing)
  - High dosage use
  - Extended and First Line use
  - Use in combination with other drugs

- Need the collaborative development of appropriate measures
  - Measure alignment and prioritization is critical
It's QUESTION time!!!