BlueCross BlueShield Association

TURNING THE CORNER:

RECOMMENDATIONS FOR THE NEXT STEPS TO CURB THE OPIOID CRISIS

April 2019

EXECUTIVE SUMMARY

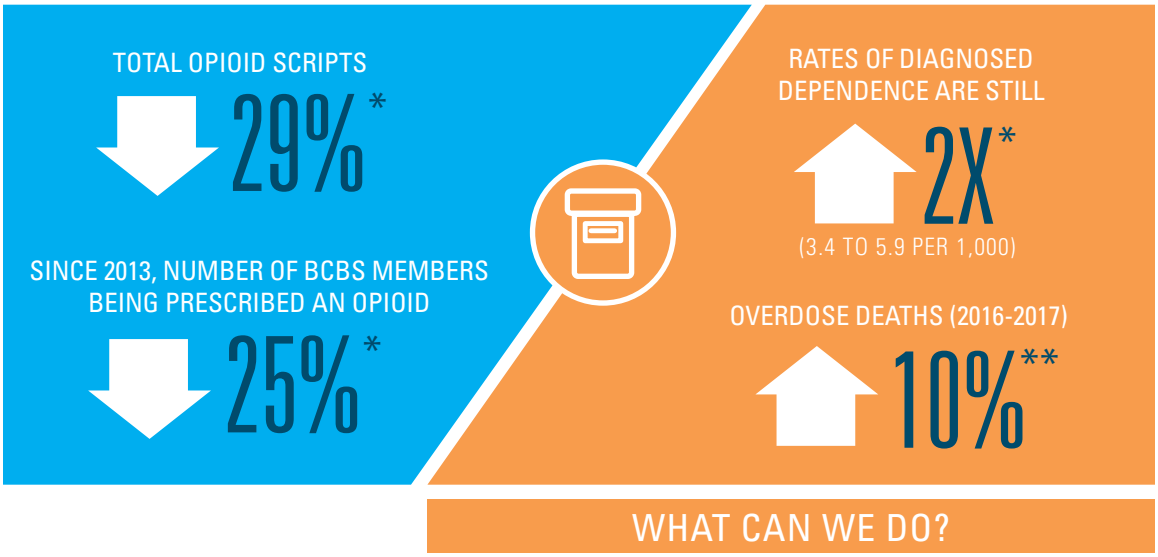
Opioid use and related overdose deaths have skyrocketed in the United States over the past decade. Nearly two-thirds of the more than 63,000 deaths from drug overdoses in 2016 involved a prescription or illicit opioid.[1] And in a single year—from 2016 to 2017—overdose deaths rose almost 10 percent, contributing to a decline in Americans' life expectancy for two years in a row.

The origins of the epidemic are complex. As it has spread, it has ruined lives, fundamentally altered communities and strained government institutions. No state or region has been immune to its damage.

Nationwide, efforts are being made to reduce improper opioid use as well as care for those who need support and recovery. In October 2018, Congress and the White House enacted significant legislation[2] to address the crisis of opioid use disorder (OUD) in America. The states also are addressing the epidemic with legislation, regulatory oversight and community support. While these steps are important and necessary, there is still much work that needs to be done.

As healthcare partners to one in three Americans, the 36 independent, locally based Blue Cross and Blue Shield (BCBS) companies are committed to fighting the epidemic. Since long before this public health threat became a national headline, BCBS companies have been addressing the crisis, community by community. BCBS companies are working with medical professionals, pharmacists, elected leaders and community organizations to reduce improper opioid use and provide resources, clinical expertise and other insights to address the crisis.

The following recommendations to Congress and the Administration represent actions that would build on steps that already have been taken and could significantly reduce the incidence of opioid addiction, overdose and death.



*Blue Cross Blue Shield, The Health of America Report, The Opioid Epidemic, July 2018
**Centers for Disease and Control, Drug and Opioid-Involved Overdose Deaths—United States, 2013–2017

1 Centers for Disease Control and Prevention. https://www.cdc.gov/media/releases/2018/p0329-drug-overdose-deaths.html
2 "SUPPORT for Patients and Communities Act." https://www.congress.gov/115/bills/hr6/BILLS-115hr6enr.pdf

PREVENTION

1 Promote Best Practices on Opioid Tapering

Reducing opioid medication after long-term use requires a carefully monitored, patient-centered model of care, with a gradual decrease in a morphine equivalent dose administered to avoid the harmful consequences associated with a sudden or dramatic reduction in medication. In 2016, the CDC published tapering guidelines,[3] which recommend physicians use treatments, such as nonsteroidal anti-inflammatory drugs (NSAIDs), physical therapy and cognitive behavioral therapy to safely reduce opioid use for patients suffering chronic pain. However, this strategy has not been well studied, and clinical practice patterns vary widely. The Department of Health and Human Services (HHS) should initiate aggressive outreach and education efforts among physicians and other prescribers on how to safely taper opioid medications for patients with non-cancer related chronic pain.

Source: Blue Cross and Blue Shield Claims Data

2 Improve Prescription Drug Monitoring Programs' Interoperability and Efficiency

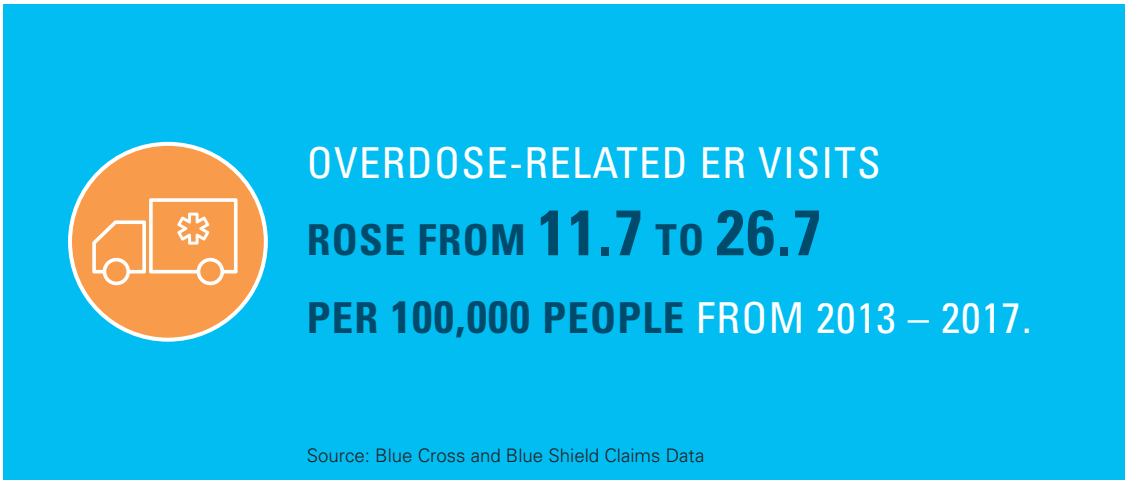
Prescription Drug Monitoring Programs (PDMP) chronicle a patient's prescription drug history, providing a critical tool to reduce the risk of excessive narcotic drug use or the illegal diversion of opioids and other narcotic medications.

- **Enhance interoperability among states.** Congress should continue to provide Substance Abuse and Mental Health Services Administration (SAMHSA) grants to states to improve the way health information is shared among health professionals. Additionally, SAMHSA should develop a standard way for pharmacy dispenser systems to report information to PDMP's, requiring adoption by all states receiving grants.
- **Ensure all opioid prescribers enroll and utilize PDMPs.** Congress should require all opioid prescribers (physicians, dentists, non-physician providers) to enroll in and utilize PDMPs.
- **Guarantee physician and health plan access to PDMP data.** Analyzing PDMP patient data in conjunction with a health plan's data provides a full picture of prescription drug utilization. Congress should encourage states to allow health plans access to PDMP data, which will promote patient safety and more effective interactions with physicians to ensure appropriate treatment.

3 Centers for Disease Control and Prevention. https://www.cdc.gov/drugoverdose/pdf/clinical_pocket_guide_tapering-a.pdf

3 Promote Effective Response to Overdoses

- **Ensure Naloxone availability.** The widespread availability of Naloxone—a medication that can rapidly reverse an opioid overdose—along with education on its proper use among first responders and members of the public can save lives. Congress should work with states to ensure adequate resources to address the high demand for Naloxone so first-responders, community-based organizations and law enforcement can respond to incidents of overdose. BCBSA supports expanding community access through pharmacies, community organizations and first responders rather than co-prescribing Naloxone, which will avoid the waste, unnecessary cost and risks associated with unused, powerful medications.
- **Support Food and Drug Administration (FDA) research.** The FDA should research the full effects and possible symptoms of an over-the-counter Naloxone product and make a recommendation on whether it should be made available for patients suffering from opioid misuse.
- **Establish and promote best practices to ensure a "warm hand-off."** A warm hand-off ensures patients who have just experienced an overdose are quickly transitioned into effective care and treatment. Peer recovery support professionals can facilitate this process and provide mentorship and resources for individuals throughout their recovery process. Congress should encourage states to promote the use of credentialed, professional peer support as a critical part of an individual's care team and ensure adequate funds are made available to do so.



TREATMENT

1 Promote Medication-Assisted Treatment as the Standard of Care

Offering withdrawal management alone (i.e., detoxification without immediate transition to long-term addiction treatment) should be avoided because this approach has been associated with increased rates of relapse, morbidity and death.[4] However, Medication-Assisted Treatment (MAT), which includes a drug component—methadone, buprenorphine or naltrexone—along with behavioral health therapy and urine drug screening and testing, provides a whole-person approach to care. When prescribed and monitored safely, MAT medications have been found to have no adverse effects on a patient's intelligence, mental capability, physical functioning or employability.[5] According to the National Institutes of Health, MAT has the highest probability of being effective in treating opioid addiction.

› **Promote MAT as the standard of care.** Congress should require SAMHSA to promote MAT as the standard of care for opioid use disorder through provider and patient education. In particular, special attention should be given to physician education on the safe use of MAT during pregnancy.

LESS THAN **42%** OF THOSE DIAGNOSED WITH OUD IN 2017 HAD A PRESCRIBED MAT TREATMENT

Source: Blue Cross and Blue Shield Claims Data

WHEN PATIENTS RECEIVE MAT, OVERDOSE DEATHS DECREASE BY:

39% FOR PATIENTS TREATED WITH SUBOXONE

58% FOR PATIENTS ON METHADONE

Source: "Annals of Internal Medicine, Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study, August 2018."

2 Improve Access to MAT

Physicians, physician assistants and nurse practitioners may obtain an authorization, also known as a waiver, to administer MAT through the U.S. Drug Enforcement Agency (USDEA). Access to MAT is a critical problem outside of metropolitan areas. Only 2.2 percent of practicing U.S. physicians are approved to prescribe buprenorphine, the most common medication used for treatment. Of these physicians, 90 percent practice in urban counties, leaving 53 percent of rural counties without a prescribing physician.[6]

› **Examine challenges to OUD treatment.** Congress should charge SAMHSA to identify barriers to OUD treatment and make recommendations on incentives to increase training for medical professionals and bolster capacity to administer MAT. Recommendations should weigh the benefits and risks of adding peer counselors and telehealth channels in providing comprehensive addiction treatment. Special focus should be given to address rural care gaps and chronically underserved communities.

› **Encourage pain management training.** To expand access to evidence-based treatment as well as reduce the risk of opioid addiction, the Centers for Medicare and Medicaid Services (CMS) should ensure approved graduate medical education programs include adequate training in pain management, recognizing and treating substance use disorder, MAT and opioid tapering.

4 CMAJ 2018 March 5; 190:E247-57. doi: 10.1503/smaj.170958

5 Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat

6 National Rural Health Association. https://www.ruralhealthweb.org/NRHA

ENHANCE PATIENT PROTECTIONS

1 Crack Down on Conflicts of Interest

Despite the severity of the opioid epidemic, conflicts of interest in treatment are too prevalent, and unscrupulous actors continue to prey on families who need help the most. Congress should restrict third-party payment of insurance premiums by facilities and marketers that have a financial interest in placing and receiving patients with substance use disorder in all government programs. This will further Congress' recent actions to prevent kickback schemes and provide patients and their families the assurance that their treatment provider is committed to person-centered and evidence-based treatment.

2 Align 42 CFR Part 2 with the Health Insurance Portability and Accountability Act

Federal regulations govern confidentiality of drug and alcohol treatment and prevention records and also set requirements limiting the use and disclosure of patients' substance use records. A lack of access to the full scope of medical information for each patient leaves clinicians and healthcare organizations without the insights they need to deliver safe, high-quality treatment and care coordination.

- **Allow proper access to patient information.** Congress should modify 42 CFR Part 2 to ensure that HIPAA-covered entities have access to a patient's entire medical, mental health and substance use disorder records in order to allow appropriate access to patient information, while protecting the information from unlawful disclosure and use. This is essential for providing safe, effective, whole-person care.

CONCLUSION

While there have been significant reductions in the prescribing of opioids, the crisis continues as those currently suffering from opioid use disorder continue to abuse both opioids and synthetic products, with devastating consequences. More meaningful progress is possible through the collective efforts of state and federal lawmakers, healthcare professionals and community groups. The Blue Cross Blue Shield Association and the 36 Blue Cross and Blue Shield companies will continue to partner with the government, community groups and others in the private sector in addressing the epidemic, while ensuring that patients needing treatment get the most effective care.

For more information on how Blue Cross and Blue Shield companies are addressing the opioid crisis, visit

BCBSPROGRESSHEALTH.com

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