Capital BlueCross News and Journal

Blue Cross and Blue Shield Companies Make Landmark Decision to Advance Better Treatment Options for Opioid Use Disorder Study shows 29 percent decline in prescriptions filled

Almost a quarter of a million Blue Cross and Blue Shield (BCBS) members were diagnosed with opioid use disorder in 2017. To find reliable support for these members – and all Americans suffering from opioid use disorder – BCBS companies will collaborate with experts and industry leaders to assess the effectiveness of treatment options and improve access to quality treatment services.

According to a 2013 <u>National Survey of Substance Abuse Treatment Services</u>, only 22 percent of treatment centers were accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and only 19 percent were accredited by the Joint Commission. More than half of treatment programs are not accredited by either, highlighting a major gap in ensuring quality treatment.

Complementing local efforts to help members with opioid use disorder, the Blue Cross Blue Shield Association (BCBSA) Board of Directors at its June meeting agreed to advance nationally the safety and effectiveness of treatment for opioid use disorder. As part of that commitment, BCBSA will launch Blue Distinction[®] Centers for Substance Use Treatment and Recovery to ensure members have access to the best clinical thinking and evidenced-based approaches in dealing with the long-term issues associated with opioid use disorder.

"BCBS companies are deeply committed to improving how we care for those currently suffering from opioid use disorder," said Scott Serota, president and CEO of BCBSA. "Our goal is to assess the effectiveness of treatment options and close the gap in care to make a difference in not just our members' lives, but the lives of all Americans."

In addition, to provide resources for all Americans, the Board agreed to establish a national hotline to connect those in need with treatment centers. The hotline will be available to BCBS members and non-members.

Blue Distinction[®] Centers for Substance Use Treatment and Recovery and the national hotline will be operational by January 2020.

"We applaud BCBS companies for their leadership to advance quality opioid treatment. We worked with over 40 experts to develop a playbook that provides guidance on opioid stewardship and stand ready to partner with BCBS companies to help solve the nation's pressing opioid problem." said Shantanu Agrawal, MD, MPhil, president and CEO of the National Quality Forum.

BCBSA also continues to analyze system-wide data through its Health of America Report series to inform the dialogue and solutions on the opioids epidemic. According to a five-year study of medical claims, the most recent report showed that opioid use disorder diagnoses declined slightly in 2017. In addition, the study shows a 29 percent decline in opioid prescriptions filled and a 25 percent decrease in the number of BCBS members who filled at least one opioid prescription in a year. Similarly, BCBS lowered opioid consumption by 26 percent for the Federal Employee Program in the same time period.

The report, "The Opioid Epidemic in America: An Update," represents a comprehensive study of medical claims from BCBS commercially-insured members using opioid painkillers, as well as those diagnosed with opioid use disorder over a five-year period.**

The report finds that:

- Opioid use disorder diagnoses stabilized in 2016, with 6.2 in 1,000 BCBS members diagnosed. The rate declined to 5.9 in 2017, which was the first drop in the eight years BCBSA has measured diagnoses.***
- There was a 29 percent drop in opioid prescriptions filled in 2017 compared to 2013. The number of BCBS members who filled at least one opioid prescription in a year decreased 25 percent, from 20 percent in 2013 to 15 percent in 2017.
- Higher rates of opioid use disorder appear in New England and the South. New Hampshire has the highest diagnosis rate at 12.3 per 1,000 BCBS members, while South Dakota has the lowest rate at 2.2 per 1,000 BCBS members.
- Thirty-four states had a nearly 30 percent or greater reduction in opioid prescriptions filled, with Massachusetts leading with a 51 percent decline.

"We are encouraged by these findings, but we remain vigilant," said Dr. Trent Haywood, senior vice president and chief medical officer for BCBSA. "More work is needed to better evaluate the effectiveness of treatment options and ensure access to care for those suffering from opioid use disorder. BCBS companies are committed to doing both."

Blue Cross and Blue Shield companies have been addressing the opioid epidemic at the local community level by reducing opioid prescriptions, collaborating with medical professionals, employers and communities to address gaps in the continuum of care. These efforts are informing the national solutions.

A terrific example to this point has been Capital BlueCross' leadership in fighting the opioid epidemic throughout Central Pennsylvania and the Lehigh Valley. It was the first health insurance company in Pennsylvania to donate funding for police departments to purchase naloxone. This life-saving drug can reverse a potentially fatal opioid overdose. Since 2014, Capital BlueCross has contributed \$200,000 in its 21-county region to this effort. Its leadership in this initiative prompted other Pennsylvania insurers to join the effort, saving countless lives across the commonwealth.

Capital BlueCross has also taken the following steps to fight the opioid crisis:

- Enacting quantity limits on opioid prescriptions, restricting short-acting opioids to a 7-day supply. This has led to 42-percent decrease in the amount of opioid tablets dispensed to Capital BlueCross members since July 2017.
- Advocating for non-opioid pharmacological therapies first and enhanced coverages for nonpharmacological treatments for pain such as acupuncture, bio-feedback, and chiropractic care.
- Continuously working to improve clinical management of opioid use and how we help our members manage pain.
- Actively supporting drug take-back initiatives, including the ability to safely discard unused medications at our Capital Blue health and wellness centers.
- Expanding the use of the safety and monitoring program from CVS Health, which enables pharmacists to identify and report suspected opioid misuse to a member's doctor and other prescribers, including alerts to prescribers and dispensers of opioids when members receive an opioid prescription from more than one prescriber, or for more than one drug class, such as the addition of benzodiazepines like Xanax.
- Providing medication assisted treatment, which covers medication prescribed to help individuals overcome addiction, as a covered benefit for our members.
- Partnering with experts to provide programs offering personalized support to our members dealing with chronic pain; these programs are targeted to help alleviate symptoms and improve quality of life.

In March, BCBSA's National Council of Physician and Pharmacist Executives (NCPE) adopted a professional standard that opioids should not be prescribed as first or second lines of pain therapy in most clinical situations. It is designed to limit unnecessary risk for the 106 million members served by BCBS companies. BCBS companies will promote alternatives that include more optimal use of non-opioid prescription painkillers and existing over-the-counter pain medications.

The <u>BCBS Health Index</u>[™] identifies substance use disorder as the sixth most impactful condition affecting the health of commercially-insured members in the U.S. For Learn more about BCBS companies' local <u>efforts to</u> <u>combat opioid misuse</u>.

This is the 21st study of the Blue Cross Blue Shield: <u>The Health of America Report</u>[®] series, a collaboration between BCBSA and Blue Health Intelligence, which uses a market-leading claims database to uncover key trends and insights into healthcare affordability and access to care.

* Accredited Addiction Programs by Numbers: see chart in number 7.

***Members diagnosed with cancer or who were undergoing palliative or hospice care were excluded from this analysis.*

**** BCBSA published a report in 2017 titled "America's opioid epidemic and its effect on the nation's commercially-insured population," which looked at opioid use from 2010 through 2015.*