



# LABORMatters

MARCH 2017

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## Anthem Inc. Sets Aggressive Goals to Help Prevent Addiction, Increase Access to Care

**Affiliated health plans aim to increase members getting counseling**



INDIANAPOLIS--(BUSINESS WIRE)-- More people in the United States are suffering from opioid addiction and dying from overdose than ever before. Anthem, Inc. has been identifying ways to help its affiliate health plan members better access treatment while also putting into place policy changes that help reduce opportunities for addiction. This includes union members in Anthem plans across the country.

To help ensure consumers have access to comprehensive evidence-based care, Anthem is committed to helping its affiliated health plans double the number

of consumers who receive behavioral health services as part of medication-assisted therapy for opioid addiction. To address the continued overuse of opioid prescriptions, Anthem affiliated health plans aim to reduce the amount of opioids dispensed among their members by 30 percent from historic peak levels by the end of 2019.

“Untreated opioid use disorders put members at increased risk for experiencing a number of medical issues, including overdose, infectious diseases associated with intravenous drug use, and death,” said Anthem Chief Clinical Officer Dr. Craig Samitt. “Making improvements with coordination and integration of medical and behavioral health care is an important factor to consider in efforts to mitigate these medical risks. Health insurers can and should play a strong role in making changes to improve the lives of their members.”

For the last year, a large group of Anthem medical directors, nurses, pharmacists, care managers and benefits experts have been working closely together to re-examine policies and determine how Anthem affiliated health plans can do their part to help prevent addiction and provide greater access to care.

*Continued on p. 7*

# Executive Director's Corner

A MESSAGE FROM THE NATIONAL LABOR OFFICE EXECUTIVE DIRECTOR, **BONNIE SUMMERS**

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As we spring forward and welcome a new season, I would like to reflect on the progress the NLO has made with our stakeholders in 2017. BCBSA and the NLO are committed to addressing the nationwide opioids crisis and I recently attended the Made In America Conference to highlight what we're doing to collaborate with labor on this cause.

As part of this commitment we have convened top experts from across the BCBS System, including pharmacists, medical and public health professionals, behavioral health and addiction specialists and policy experts to develop and enact best practices across the system that encourage optimal prescribing practices, evidence-based

guidelines for treating opioid addiction, and more.

In this issue of Labor Matters, I encourage you to read about the many programs and services our BCBS Plans and the NLO's strategic alliances offer to combat the current opioids crisis. What we all share is a common goal to address this crisis and empower our members to make healthy choices.

Solving this complex issue will require the labor community, healthcare providers, insurers, policymakers, and others working together to put a stop to the opioid crisis. If one thing is clear from the conversation at the Made in America conference, the labor community and BCBS are committed to combating this issue to foster the health and wellbeing of America's working families.

To keep connected with the NLO, follow us on Twitter @BlueLabor for healthcare tips, insurance info and labor updates and visit [www.bcbs.com/nlo](http://www.bcbs.com/nlo).

For additional information regarding BCBS Plan programs, please contact your local Plan directly. If you have any questions about the NLO or this newsletter, contact us at 202.626.4815.

In unity,

A handwritten signature in black ink, appearing to read 'B. Summers', written in a cursive style.

Bonnie Summers, PAHM, CMCE, CHC  
Executive Director  
BCBSA National Labor Office

# New Directions Opioid Use Prevention Program

Over half of all drug overdose deaths involve an opioid and at least half of all opioid overdose deaths involve a prescription. In 2013, enough prescriptions for opioids were written for every adult in America to have a bottle of pills. Once a person is on a long-term course of prescription opioids, the chances of becoming addicted are about 25 percent, increasing the risk of unintentional overdose or death. (Source: Centers for Disease Control and Prevention, 2017).

News about the opioid epidemic is by now widespread. But prescription pain relievers have a number of side effects as well, and some may not be obvious. Not only can opioids be addictive, they can lead to nausea, sleepiness, dizziness, confusion, constipation, low levels of testosterone (resulting in lower sex drive, energy and strength), itching and sweating, among other things. (Source: Centers for Disease Control and Prevention, 2017). At a minimum, any one of these conditions would be uncomfortable, making it harder to do a job safely and productively. Depending upon the number and severity of side effects a worker experiences, job performance could suffer. When the problems spread across the workforce, entire businesses can be negatively affected.

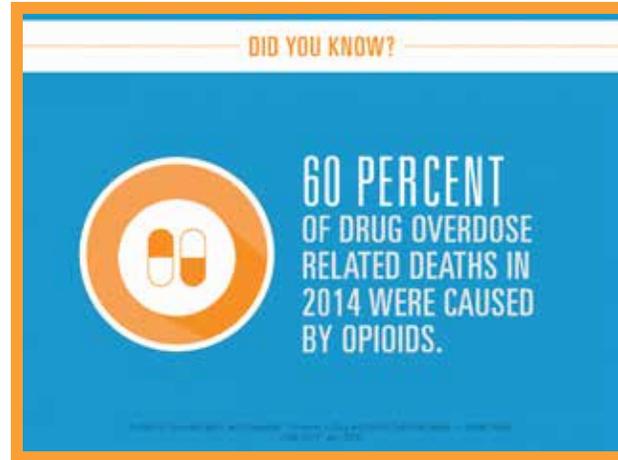
To address this problem, New Directions Behavioral Health® developed a multi-faceted program specializing in the prevention and treatment of opioid use disorder. The Opioid Use Prevention Program (“OUPP”) consists of four distinct, but interrelated components:

1. Collaborative Prescription Management
2. Member Engagement
3. Outpatient Opioid Use Disorder Network Development
4. Health Coaching for Pain Management

What does this mean for workers and their families?

Workers whose health plans participate in this program can benefit from the program in multiple ways:

- Reduction of inappropriate use of short-acting and long-acting opioids
- Education about non-opioid forms of chronic pain management
- Fewer doctors’ visits, hospital and emergency department visits
- Improved recovery and health
- Decrease in opiate-related overdoses and deaths

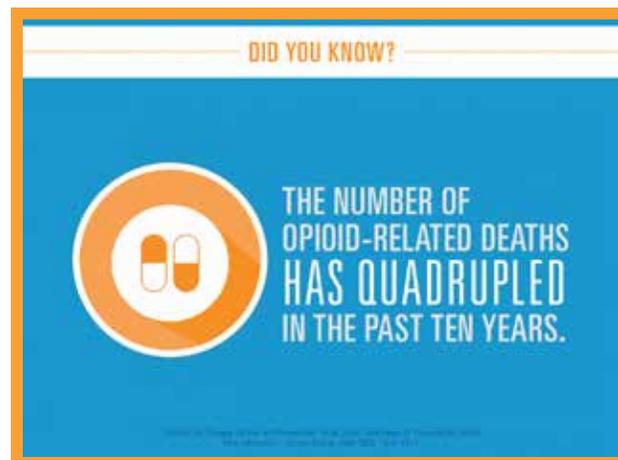


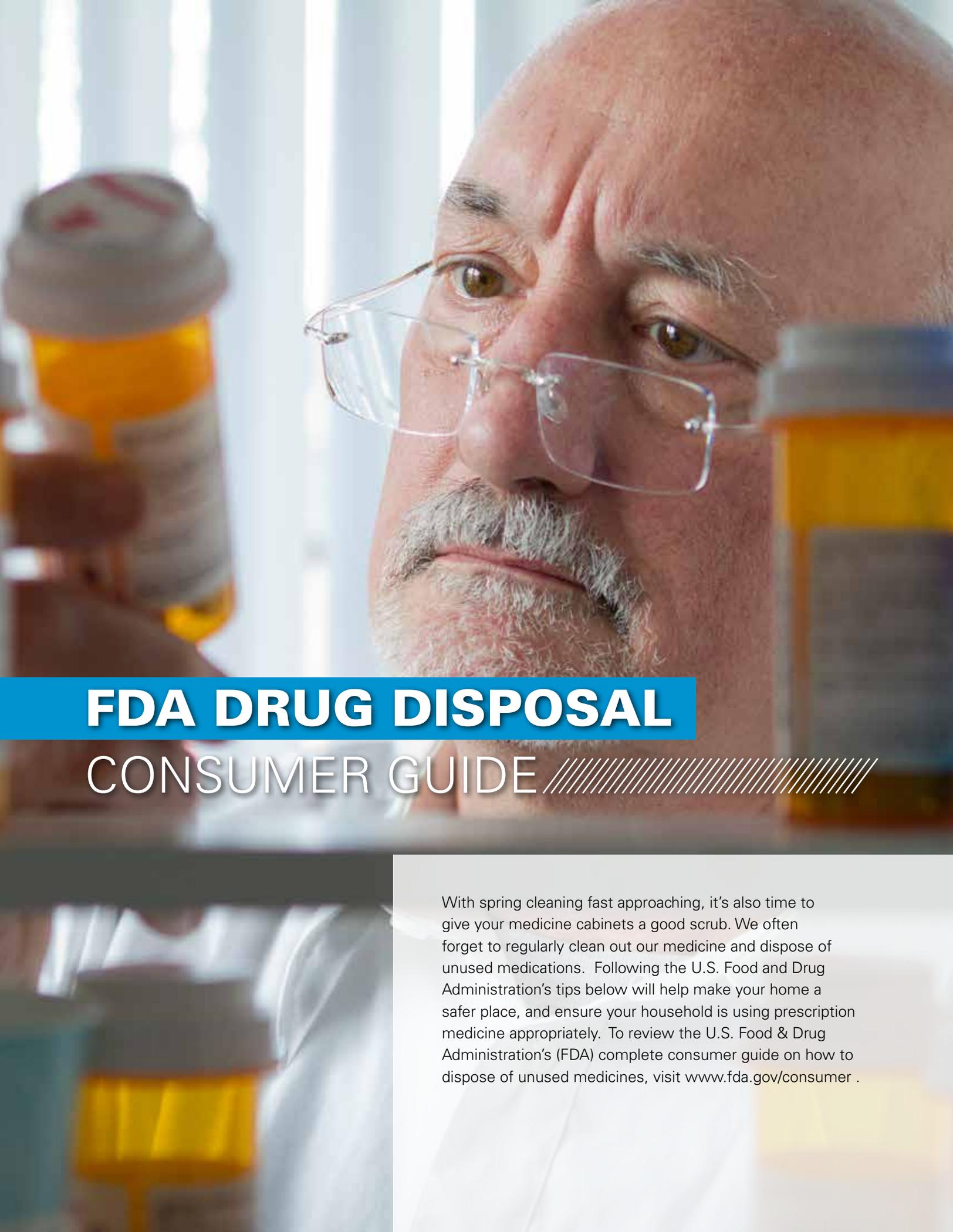
According to Dr. Charles Freed, medical director for New Directions Behavioral Health,

**“When patients and providers understand the dangers of misusing prescription pain medication, and have alternative effective treatment options, they’re more likely to make safe, appropriate choices when treating chronic pain.”**

In collaboration with a health plan and its pharmacy benefit manager, New Directions can consult on opioid prescription management, identify and intervene with members in need of opiate use disorder treatment, enhance access to and availability of appropriate treatment, and improve members’ ability to self-manage their chronic pain. Together the OUPP’s four components combat the growing opioid epidemic by enhancing evidence-based treatment outcomes and improving health. “By collaborating with the health plan and pharmacy benefit manager, we can take a comprehensive approach to address opioid use and treatment of opioid dependence,” said Freed. “This can make a real difference in workers’ lives, allowing them to get back to their jobs, family and community.”

*For more information about New Directions Behavioral Health, call 800-528-5763*





# FDA DRUG DISPOSAL

## CONSUMER GUIDE //

With spring cleaning fast approaching, it's also time to give your medicine cabinets a good scrub. We often forget to regularly clean out our medicine and dispose of unused medications. Following the U.S. Food and Drug Administration's tips below will help make your home a safer place, and ensure your household is using prescription medicine appropriately. To review the U.S. Food & Drug Administration's (FDA) complete consumer guide on how to dispose of unused medicines, visit [www.fda.gov/consumer](http://www.fda.gov/consumer) .

Is your medicine cabinet full of expired drugs or medications you no longer use? How should you dispose of them?



### Drug Disposal Guidelines and Locations

The following guidelines were developed to encourage the proper disposal of medicines and help reduce harm from accidental exposure or intentional misuse after they are no longer needed:

- Follow any specific disposal instructions on the prescription drug labeling or patient information that accompanies the medicine. Do not flush medicines down the sink or toilet unless this information specifically instructs you to do so.
- Take advantage of programs that allow the public to take unused drugs to a central location for proper disposal. Call your local law enforcement agencies to see if they sponsor medicine take-back programs in your community. Contact your city's or county government's household trash and recycling service to learn about medication disposal options and guidelines for your area.
- Transfer unused medicines to collectors registered with the Drug Enforcement Administration (DEA). Authorized sites may be retail, hospital or clinic pharmacies, and law enforcement locations. Some offer mail-back programs or collection receptacles ("drop-boxes"). Visit the DEA's website ([https://www.deadiversion.usdoj.gov/drug\\_disposal/index.html](https://www.deadiversion.usdoj.gov/drug_disposal/index.html)) or call 1-800-882-9539 for more information and to find an authorized collector in your community, visit the DOJ's website: <https://apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1>.



If no disposal instructions are given on the prescription drug labeling and no take-back program is available in your area, throw the drugs in the household trash following these steps:

1. Remove them from their original containers and mix them with an undesirable substance, such as used coffee grounds, dirt or kitty litter (this makes the drug less appealing to children and pets, and unrecognizable to people who may intentionally go through the trash seeking drugs).
2. Place the mixture in a sealable bag, empty can or other container to prevent the drug from leaking or breaking out of a garbage bag.



FDA's Ilisa Bernstein, Pharm.D., J.D., offers a few more tips:

- Scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.
- Do not give your medicine to friends. Doctors prescribe medicines based on your specific symptoms and medical history. Something that works for you could be dangerous for someone else.
- When in doubt about proper disposal, ask your pharmacist.

Bernstein says the same disposal methods for prescription drugs could apply to over-the-counter drugs as well.

Why the Precautions?

Some prescription drugs such as powerful narcotic pain relievers and other controlled substances carry instructions for flushing to reduce the danger of unintentional use or overdose and illegal abuse.

For example, the fentanyl patch, an adhesive patch that delivers a potent pain medicine through the skin, comes with instructions to flush used or leftover patches. Too much

fentanyl can cause severe breathing problems and lead to death in babies, children, pets and even adults, especially those who have not been prescribed the medicine.

"Even after a patch is used, a lot of the medicine remains in the patch," says Jim Hunter, R.Ph., M.P.H., an FDA pharmacist. "So you wouldn't want to throw something in the trash that contains a powerful and potentially dangerous narcotic that could harm others."

*To review the U.S. Food & Drug Administration's (FDA) complete consumer guide on how to dispose of unused medicines, visit [How to Dispose of Unused Medicines \(http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm\)](http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm).*

# NLO Board Member Todd Chronister Lives Fearless

Article submitted by Todd Chronister, NLO Board Member – Capital Blue Cross

Living fearless can be about training for your first 10k, asking someone out on a first date, or learning how to play a new instrument.

To me, though, living fearless has a different meaning that goes beyond testing your physical capabilities, overcoming fear, or achieving a personal goal. Having the confidence to step outside your comfort zone is a testament to one's courage; however, finding that fearless fortitude doesn't have to involve a physical activity. You can find it through emotional connections, too.

I live fearless by being there for my family.

Three years ago, my wife suffered a ruptured brain aneurysm and spent six weeks in the neurosciences intensive care unit of a local hospital. It was during her recovery that I came to realize the true meaning of family. My daughters and I provided any support we could during her long recuperation, from being by her side, to keeping up her spirits and helping with physical therapy, to sharing in our faith.

We are blessed that she made an incredible recovery and only has a few lasting effects from this life-threatening event. I know our collective and fearless resolve helped give her the strength and resilience to bounce back. The entire experience, and our response to it, changed us and has made us a much stronger and supportive family.



## **About the Live Fearless campaign**

Across every zip code, Americans have come to rely on the compassion of a Cross that has been trusted for over 80 years. The security of a Shield accepted by more doctors and top specialists. And the power of a card that opens doors in all 50 states. To Live Fearless® is to live free of worry, free of fear, because you have the strength of Blue Cross Blue Shield behind you. More: <https://www.bcbs.com/about-us/live-fearless> and <http://livefearlessnation.com/> .

Continued from p. 1

Anthem’s internal research of member claims with medical and pharmacy benefits demonstrated that its health plans’ members aren’t getting the best practice combination of behavioral health and drug therapy to combat addiction. Of those who received buprenorphine products, only about 16 to 19 percent of the members taking MAT medications for opioid use disorder also were getting the recommended in-person counseling.

To address these findings, last year three Anthem affiliated health plans in the northeast began rolling out standardized MAT therapy coding for both psychiatrists and non-psychiatrist MDs certified to support MAT treatment to maximize their reimbursement and make reimbursement consistent for subsequent visits. In addition, Anthem is working to connect non-psychiatrist MDs to behavioral health support to help ensure members get counseling while receiving their drug therapy. These efforts will be extended to all Anthem affiliated health plan states by early 2018.

To further increase access to care, Anthem affiliated health plans recently removed their prior authorization that was intended to help ensure clinically appropriate use including that the member was enrolled in comprehensive counseling services for those receiving oral buprenorphine. In addition, all of Anthem’s individual and employer, union, and government-sponsored health plans have been implementing quantity limits on short and long-acting opioids to help prevent addiction.

“It’s incumbent on us to evaluate our programs and policies on a continuous basis and determine whether they are positively impacting our members,” said Sherry Dubester, Anthem vice president of behavioral health and clinical programs. “We are committed to making changes and discovering other ways to better solve for these health care issues.”

“Population-wide addiction is not something that is resolved within a year or two,” said Samitt. “We will continue our efforts and collaborate with others

to create an environment that provides access to appropriate treatment and reduces addiction.”

Visit [http://laborandtrust.anthem.com/for more information about Anthem’s programs and benefits for Taft-Hartley Funds](http://laborandtrust.anthem.com/for-more-information-about-Anthem's-programs-and-benefits-for-Taft-Hartley-Funds).

**About Anthem, Inc.**

Anthem is working to transform health care with trusted and caring solutions. Our health plan companies deliver quality products and services that give their members access to the care they need. With over 73 million people served by its affiliated companies, including nearly 40 million within its family of health plans, Anthem is one of the nation’s leading health benefits companies. For more information about Anthem’s family of companies, please visit [www.antheminc.com/companies](http://www.antheminc.com/companies).

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NATIONAL LABOR OFFICE 2017 EDUCATIONAL WEBINAR SERIES		
Month	Date	NLO Strategic Alliance
March	15	EPIC Hearing
April	13	AIM Specialty Health
May	18	Davis Vision
June	22	BREVENA
July	27	United Concordia Dental
September	21	Teladoc

To register for a webinar, contact [nlo@bcbsa.com](mailto:nlo@bcbsa.com) or 202-626-4815.

Who should register?

- BCBS Plan employees
- Organized Labor Leaders, Health Care Bargainers, and Fund Managers
- Benefit Consultants
- Human Resource Administrators

Best Doctors and IBM Watson’s January webinar discussed evidence-based treatment recommendations that Watson provides to clinicians. Congratulations to the following attendees who correctly answered the challenge question: Cathy Crowley (Wellmark BCBS), Jessica Cortes (Schneider), Peg Eitl (Highmark BCBS Delaware), Patrick Lynch (Wellmark BCBS) & Patricia Sullivan (BNY Mellon).

For more on Best Doctors and IBM Watson visit, [bestdoctors.com/WatsonCancer](http://bestdoctors.com/WatsonCancer) and [bestdoctors.com/SloanKettering](http://bestdoctors.com/SloanKettering)

2017 NLO CALENDAR OF EVENTS					
<b>Jan.</b>	<b>6 – 8</b>	National LERA Meeting ASSA/AEA (Chicago, IL)	<b>May</b>	<b>7 – 10</b>	State and Local Government Benefits Association National Conference (Anaheim, CA)
	<b>22 – 24</b>	Made in America (Las Vegas, NV)		<b>9 – 12</b>	BCBSA 2016 Blue National Summit (Orlando, FL)
	<b>29 – 31</b>	NCPERS Annual Legislative Conference (Washington, DC)		<b>16 – 18</b>	SIIA Self-Insured Workers' Compensation Executive Forum (Asheville, NC)
	<b>31</b>	Consortium Sales Advantage Conference (Palm Springs, CA)		<b>21 – 24</b>	NCPERS Annual Conference & Exhibition (Hollywood, FL)
<b>Feb.</b>	<b>1 – 2</b>	Consortium Sales Advantage Conference (Palm Springs, CA)	<b>June</b>	<b>1 – 4</b>	LERA 69 <sup>th</sup> Annual Meeting (Anaheim, CA)
	<b>16 – 21</b>	National Labor Management Conference (Hollywood, FL)		<b>5 – 8</b>	NLO National Labor/Management Healthcare Strategies Meeting (Savannah, GA)
<b>Mar.</b>	<b>6 – 8</b>	Consortium HealthCare Forum (Palos Verdes, CA)	<b>Sep.</b>	<b>23 – 27</b>	NCCMP Annual Conference (Hollywood, FL)
	<b>28 – 30</b>	SIIA Self-Insured Health Plan Executive Forum (Tucson, AZ)	<b>Oct.</b>	<b>1 – 3</b>	NCPERS Public Safety Employees Pension & Benefits Conference (San Antonio, TX)
	<b>30 – 31</b>	NLO Spring Board of Directors Meeting (Washington, DC)		<b>22 – 25</b>	IFEBP Annual Conference (Las Vegas, NV)
<b>Apr.</b>	<b>1</b>	IBEW Construction & Maintenance Conference (Washington, DC)	<b>Nov.</b>	<b>1</b>	NCPERS Public Safety Employees Pension & Benefits Conference (San Antonio, TX)
	<b>2 – 5</b>	AFL-CIO Building Construction Trades Department (Washington, DC)		<b>6 – 8</b>	NLO Fall Board of Directors Meeting (Nashville, TN)
			<b>Dec.</b>	<b>11</b>	Food & Drug Conference (Las Vegas, NV)

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\*NLO strategic alliances do not sell Blue Cross and Blue Shield branded products. Strategic alliances are not BCBSA partners or joint ventures. In addition, there is not an employer and employee or principal and agent relationship between BCBSA and any strategic alliance, or their respective personnel.

Blue Cross Blue Shield Association is an association of independent Blue Cross and Blue Shield companies.

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