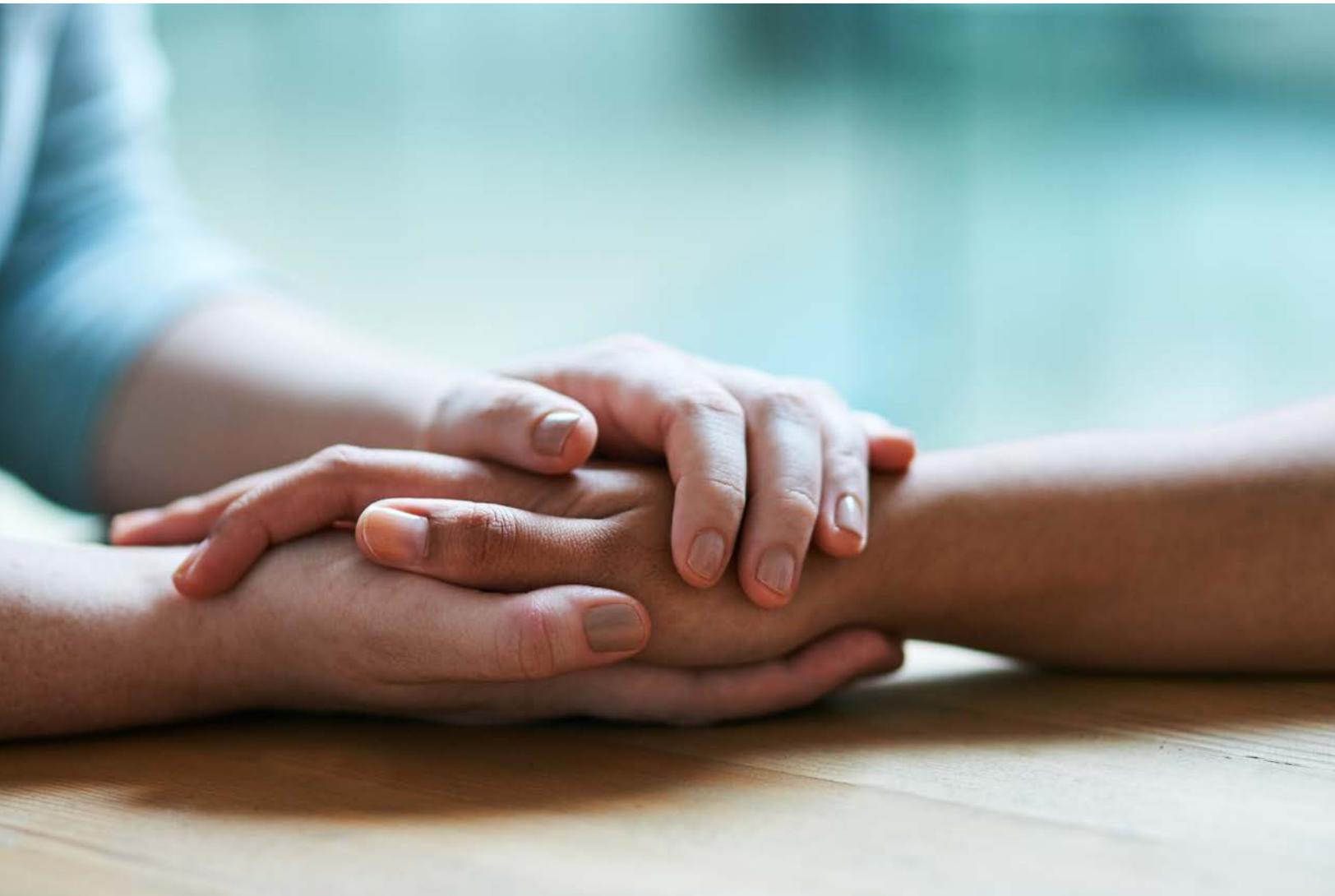




ADDRESSING THE OPIOID CRISIS:

Preventing Abuse and Ensuring Patients
Receive the Right Care in the Right Setting

September 2018



EXECUTIVE SUMMARY

Every day, about 115 Americans die from opioid abuse.¹ Life expectancy has dropped for two years in a row, with opioid abuse and overdose considered a leading cause of shortened lifespans.²

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.

As healthcare partners to one in three Americans, the 36 independent, locally based Blue Cross and Blue Shield (BCBS) companies are committed to fighting this epidemic and have been addressing the crisis, community by community, since long before this public health threat became a national headline.

Fortunately, there are initial signs of progress. Opioid prescriptions dropped by 29 percent among BCBS members while diagnoses of opioid use disorder—an indication that a patient is dangerously dependent on painkillers—declined slightly in 2017, the first drop in the eight years that the Blue Cross Blue Shield Association (BCBSA) has measured the impact of the opioid crisis on those insured by our member companies.

A five-year study of medical claims by BCBSA's [Health of America Report](#) also shows steep declines in opioid prescriptions filled and in the number of BCBS members who filled at least one opioid prescription in a year.

Around the country, BCBS companies are working with community groups, medical professionals, pharmacists and others to reduce improper opioid use as well as provide for those who need care, support and recovery. Every BCBS company has adopted the Centers for Disease Control and Prevention's guideline for prescribing opioids for chronic pain, or similar recognized best practices. BCBS companies encourage the prescribing of non-opioid pain treatment and cover these options.

Additionally, BCBS companies cover medication-assisted treatment (MAT) when necessary to treat substance use disorder.



1. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2017. Available at <http://wonder.cdc.gov>.
2. The Washington Post "Opioid abuse in the U.S. is so bad it's lowering life expectancy. Why hasn't the epidemic hit other countries?" December 2017. Web. https://www.washingtonpost.com/news/worldviews/wp/2017/12/28/opioid-abuse-in-america-is-so-bad-its-lowering-our-life-expectancy-why-hasnt-the-epidemic-hit-other-countries/?utm_term=.da1ea02ebdc4

Locally tailored interventions are showing results. For example, in July 2017, Capital BlueCross in Pennsylvania established limits on short-acting opioids, allowing coverage for a one-week supply. The result: A 42 percent decrease in the number of opioids dispensed and a 12 percent reduction in the number of members using opioids. At Blue Shield of California, a similar program has helped to reduce the number of people on high-dose opioids by nearly half. BCBS companies are training doctors and pharmacists, providing customized coaching services for those with chronic pain and supporting families whose loved ones are in recovery from substance use disorder.

Blue Shield of California



Reduced the number of people on high-dose opioids by

46.8 PERCENT

The average daily dose prescribed for chronic users fell by

18 PERCENT

The overall consumption of opioids has fallen by

42 PERCENT

BCBS companies are committed to ensuring that members get the right care in the right setting, at the right time. To achieve this goal, it's important to reduce the stigma associated with a substance use disorder. According to a recent survey by Blue Cross Blue Shield of Massachusetts, two-thirds of residents believe the number one barrier to recovery is that people do not want to quit and that they are to blame for their condition. This unfortunate misconception can be deadly.

More can be done to make meaningful progress in solving the foremost public health crisis in the U.S. It will require close collaboration between health professionals, insurers, communities and all levels of government to develop solutions that effectively meet the needs of individuals suffering with substance use disorder. BCBSA is working with Congress, the administration, and state and local officials by providing resources, clinical expertise and other insights to address the crisis.

This paper details three broad strategies and specific recommendations for policymakers and regulators as they work to help America overcome the opioid epidemic. They are:

- 1 Ensure patients receive the right care in the right setting**
- 2 Provide states with the resources to effectively address the epidemic**
- 3 Address fraud and abuse**

POLICY RECOMMENDATIONS

1 Ensure patients receive the right care in the right setting

A comprehensive strategy to address the opioid epidemic begins by ensuring that patients receive the care they need at the right time and in the right setting. Improving opioid education and awareness for patients and healthcare professionals is critical to this effort. There is an opportunity for policymakers to play a leading role in bringing together patients and healthcare professionals to facilitate better communication and care coordination. Specific recommendations include:

Fund a national campaign on opioid education and awareness

Despite ongoing, high-profile media coverage of the opioid epidemic, a lack of education and awareness among the public remains a problem. Congress has the authority and the platform to reinforce opioid education as a nationwide priority. BCBSA recommends that Congress fund a national campaign to educate physicians and dentists on appropriate prescribing guidelines. This initiative should not only feature issue education, but should prioritize direct skill development in assessment, treatment and decision-making, and focus on reducing the stigmas around opioid-use and substance-use disorders.

Additionally we recommend the launch of a consumer-focused campaign targeted to at-risk populations such as young adults, the disabled and those with Medicare and Medicaid coverage. This campaign should focus on educating at-risk populations on the dangers of opioids and appropriate non-opioid or medication-assisted treatment (MAT) options.

**BCBS of North Dakota,
Excellus BCBS &
BCBS of New Mexico**
all participate in:

Project ECHO

A virtual education network, where doctors share best practices to help rural doctors feel less isolated and more confident about handling complicated patients.

Support and expand existing opioids training and education programs

There are current government programs and proposals that should be expanded or adopted to improve opioid awareness and education. Specifically, BCBSA recommends that Congress support the expansion of Project ECHO (Extension for Community Healthcare Outcomes) to additional states. Project ECHO is a successful program that enables peer-to-peer consultation between physicians to effectively treat patients with substance-use disorder.³ Additionally, Congress should amend current regulations that hinder communication among doctors and other medical professionals and can constrain them in delivering appropriate care. For example, an emergency room doctor who has treated a patient for an overdose or other addiction-related episode is barred from sharing this information with primary care physicians, mental health professionals or others who could provide immediate, needed assistance without the express written permission of the patient. In crisis situations, this is not always possible. Lawmakers should amend 42 CFR Part 2, a set of existing regulations that provide additional privacy protections to alcohol and drug abuse patient records, to align with existing Health Insurance Portability and Accountability Act (HIPAA) regulations.

Improve pain management prescribing guidelines

Improving pain management prescribing guidelines will play a significant role in ensuring patients continue to have access to effective chronic pain treatment while reducing potential situations for abuse and overutilization that can be harmful. Policymakers and regulators can play a principal role in strengthening prescribing restrictions and ensuring that they are properly enforced.

Specifically, we support the Department of Health and Human Services (HHS) initiative to reform prescribing practices in Medicare and Medicaid by encouraging the use of the CDC opioid prescribing guideline. The guideline advises that opioids should not be the first line of therapy for pain and recommends that opioids are prescribed in the lowest possible dose for the shortest duration of time. In Medicare Part D, CMS recently finalized a policy to limit the supply of first fills of short-acting opioids to seven days, with exceptions in appropriate situations, such as for beneficiaries receiving palliative care or hospice services.



BCBS of Massachusetts'
**Prescription Pain Medication
Safety Program** has reduced the
number of opioid prescriptions by

60 MILLION
Doses in its first
5 YEARS

3. National Center for Biotechnology Information (NCBI). "Project ECHO (Extension for Community Healthcare Outcomes): A new model for educating primary care providers about treatment of substance use disorders." January 2016. Web. <https://www.ncbi.nlm.nih.gov/pubmed/26848803>

Revise Medicare policies to more effectively regulate opioid abuse

BCBSA supports recent policy initiatives that revise Medicare policy to make it more effective in combating fraud and abuse. Specifically, BCBSA supports initiatives that give Medicare Part D sponsors new authority to address opioid over-utilization and allow Part D sponsors to limit an at-risk patient to selected pharmacies and prescribers when there has been documentation of “doctor shopping.” We also support applying new restrictions on how many times Medicare beneficiaries eligible for both Medicare and Medicaid (dual-eligibles) can change their Medicare Advantage or Part D plan.

Empower HHS to facilitate modernization, efficiency and collaboration

To further strengthen these efforts, HHS should facilitate better collaboration between state and local officials and modernize federal government programs. The department should work to identify and share successful strategies and support state and local implementation of best practices for prevention, treatment and ongoing management of the disease.

HHS also should modify and modernize rules laid out by the Substance Abuse and Mental Health Administration (SAMHSA) for government programs.⁴ Modernization of these rules would create better integration of behavioral health and physical health records and allow physicians and health insurers’ access to prescribing information for data collection, data sharing and access to Prescription Drug Monitoring Programs (PDMPs), with appropriate privacy protections.⁵

Work to reduce the use of opioids in emergency departments

The number of opioid prescriptions prescribed in emergency rooms remains a significant contributing factor in the overall epidemic. However, there are several measures that hospitals can take to ensure opioids are prescribed more effectively and reduce instances of abuse and overdose.

The Centers for Medicare and Medicaid Services (CMS) should mandate that hospitals re-evaluate their physician order sets and pain management protocols at discharge in order to ensure opioid prescribing is aligned with CDC recommendations. These efforts will help minimize the emphasis placed on opioids by encouraging the consideration of non-opioid treatment options.

Additionally, CMS should require hospitals to ensure that emergency departments improve processes for post-discharge care to be less reliant on opioids. This is particularly important in situations where patients are treated in the emergency room for an overdose. Developing specific care plans for patients after they are discharged will help ensure that patients receive the appropriate support and treatment.

4. Substance Abuse and Mental Health Services Administration (SAMHSA). “Laws, Regulations, and Guidelines.” May 2018. Web. <https://www.samhsa.gov/laws-regulations-guidelines>

5. Centers for Disease Control and Prevention (CDC). “What States Need to Know about PDMPs.” May 2018. Web. <https://www.cdc.gov/drugoverdose/pdmp/states.html>

2 Provide states with the resources to effectively address the epidemic

The impact of the opioid epidemic differs greatly between states and regions across the country. While the epidemic is a national priority, each state has unique circumstances and different experiences dealing with its wide-ranging impacts. Ending the opioid epidemic will ultimately require providing states with the resources necessary to effectively manage the crisis in their area. BCBSA recommends the following steps to ensure states are adequately equipped to address the opioid epidemic:

Target Funding Effectively

There is a significant role for Congress and federal regulators to play in ensuring opioid funding is efficiently distributed throughout the country. One initial step Congress can take is to provide additional grants to states to reinforce prescription drug monitoring programs. These programs provide an electronic database to help track controlled substance prescriptions by state. Strengthening them will provide greater incentives for states to require physicians to use the monitoring programs and remove barriers to health insurers' ability to access critical patient data. Reforms should be put in place that allow health insurers to access prescription drug monitoring program data, which would improve their ability to identify problematic behaviors, such as "doctor shopping," by providing a complete view of a patient's history.

While addressing the opioid epidemic should remain a top priority for all state policymakers and regulators throughout the country, Congress needs to ensure that additional funding is available to states that have been most affected by the epidemic. In these states, a shortage of behavioral healthcare professionals worsens the epidemic's impact. One way Congress can address this is through providing additional funding to states with particularly significant shortfalls to help fill the gap in healthcare professionals.



Capital BlueCross contributed **\$200,000**

to local law enforcement officers to purchase **naloxone** – a life-saving medicine that can revive someone suffering a potentially fatal overdose.

These efforts should include creating incentives to encourage practitioners to become certified in administering medication-assisted treatment (MAT), which SAMHSA defines as a combination of FDA-approved medication, counseling and behavioral therapy.

Further, Congress should improve access to treatment by providing states with enhanced Medicaid reimbursement rates for practitioners authorized to administer MAT and should ensure that all FDA-approved MAT therapies are covered by Medicare and Medicaid.

Prioritize care delivery modernization and patient-focused care

The CMS Innovation Center was created under the Affordable Care Act (ACA) to test and implement new payment models to address pressing healthcare challenges and rising costs. The CMS Innovation Center provides numerous resources that could potentially make significant progress in addressing the opioid epidemic.

In the CY 2019 Medicare Physician Payment Rule, BCBSA is pleased to see that CMS is exploring a bundled episode of care for management and counseling treatment for substance use disorders. In addition, CMS is also taking steps to identify non-opioid alternatives for pain treatment and management, along with barriers that may inhibit access to these non-opioid alternatives (which may include barriers related to payment or coverage). Providing incentives for the use of alternative pain management strategies, when appropriate, and encouraging healthcare professionals to consider multimodal treatment options for chronic pain management are a welcome development that will foster innovative solutions to the epidemic.

Provide Medicare and Medicaid with additional resources

Medicare and Medicaid play a central role in our effort to address the opioid epidemic. These programs cover people who are struggling with opioid use disorder and provide them with access to treatment.⁶ While Medicare and Medicaid have already implemented several measures to curb opioid over-prescribing, providing these programs with additional resources to address the opioid epidemic will have an even greater impact.

Effective screening and treatment for substance abuse disorders remain a challenge in rural communities. BCBSA recommends that CMS increase reimbursement rates to primary care providers for screening and treatment of substance-use disorders under Medicare to encourage more rural healthcare professionals to offer these services.

Given Medicaid's role in filling coverage gaps in rural and low-income communities, the program plays an even more significant role in tackling the opioid epidemic at the state level. There are several policies that can be put in place to strengthen guidance around opioids treatment in Medicaid. BCBSA recommends that regulators explore the following policy options to ensure Medicaid more effectively provides coverage for alternative treatments to opioids:

- Allow for additional flexibility beyond existing Medicaid guidelines to cover alternative treatment services without the need to go through the cost, development and management of 1115 waivers or a State Plan Amendment;
- Integrate alternative pain management treatment services into Medicaid managed care contracts;
- Encourage physician participation in Medicaid by ensuring adequate reimbursement rates for providers of alternative pain treatment services to and;

6. Kaiser Family Foundation. "The Opioid Epidemic and Medicaid's Role in Facilitating Access to Treatment." April 2018. Web. <https://www.kff.org/medicaid/issue-brief/the-opioid-epidemic-and-medicaids-role-in-facilitating-access-to-treatment/>

- Use waiver demonstration programs to cultivate a broader evidence base for the use of alternative, non-pharmacological treatments by evaluating whether such therapies are effective pain management tools for the use of chronic or long-term, non-cancer pain.

Provide additional flexibility to Medicaid Managed-Care Organizations for mental health services

The Medicaid Institutions for Mental Diseases (IMD) exclusion prohibits the use of federal funds to provide care for patients in some mental health and substance abuse treatment facilities. This provision has been in existence since the Medicaid program was established in 1965. However, it has become outdated as the U.S. healthcare system has evolved. While recent policy changes give more flexibility to Managed-Care Organizations (MCOs) regarding IMDs, and states can make additional changes using waivers, BCBSA recommends that policymakers formally eliminate the IMD exclusion.

We support the passage of HR 6 (SUPPORT for Patients and Communities Act), which allows state Medicaid programs to remove the Institutions for Mental Diseases (IMD) exclusion for Medicaid beneficiaries aged 21 to 64 with an opioid use disorder for fiscal years 2019 to 2023. By removing the exclusion, Medicaid would pay for up to 30 total days of care in an IMD during a 12-month period for eligible individuals. Until the bill is enacted into law, states should leverage the administration's flexibility to use federal Medicaid funds to pay for IMD substance use treatment services through Section 1115 waivers, and CMS should continue to expedite approval of Section 1115 waivers that address the IMD exclusion.

Blue Cross Blue Shield of Michigan's

OPIOID OVERDOSE MONITORING PROGRAM:

identifies members who may have overdosed on opioids or heroin and connects them to an in-network behavioral health partner

Encourage state Medicaid agencies to provide screening, brief intervention and referral to treatment services

Screening, Brief Intervention and Referral to Treatment (SBIRT) services provide an evidence-based approach for early intervention with individuals at risk for serious substance abuse. This system has shown encouraging results when implemented and could provide an effective tool in addressing the opioid epidemic.

BCBSA recommends that officials encourage state Medicaid agencies to consider including SBIRT services within their state plans to provide coverage and reimbursement for these services. In states where SBIRT services are currently covered, payment incentives that provide higher reimbursement to primary care providers who use SBIRT services may encourage broader adoption of this simple tool. Additionally, SBIRT services may be provided through telehealth platforms, if permitted by the state. Policymakers should also consider enhancing the reimbursement rate for SBIRT services provided via telehealth to promote the use of the tool by primary care doctors in rural areas.

3 Address fraud and abuse

Despite the progress in developing solutions to address the opioid epidemic, systemic fraud and abuse remain a challenge, often harming patients who need help the most. There are several common-sense measures that policymakers can pursue to further crack down on malfeasance within the system, while ensuring that patients retain access to the medications they rely on. Specific recommendations include:

Require mandatory, rigorous licensing and oversight of addiction treatment facilities

Policymakers and regulators should ensure that mental health and addiction facilities are truly working in the patient’s best interest by eliminating discrepancies in how different healthcare treatment centers are regulated. BCBSA recommends that Congress require federal, state and local governments to subject all addiction treatment facilities and programs, including recovery homes, to the same mandatory, rigorous licensing and oversight as other healthcare facilities. Standardizing oversight around facilities that predominantly deal with opioid use disorder and detoxification will help ensure that patients seeking treatment receive the same evidence-based care regardless of the facility they choose.

Blue Cross and Blue Shield Federal Employee Program® (FEP)

Since 2015, FEP’s anti-fraud programs have reduced opioid prescriptions by:



Identifying “doctor shoppers”



Limiting retail pharmacies where members may receive prescription reimbursement



Naming top prescribers and bringing offenders to law enforcement and regulatory agencies

Crack down on conflicts of interest

Despite the severity of the opioid epidemic, conflicts of interest in treatment are too prevalent. 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 also help address the troubling trend of “patient brokering,” where unscrupulous players in the treatment industry are participating in kickback schemes while providing patients and their families with false hopes of recovery only to leave them stranded or without necessary care.

Encourage the adoption of electronic prescribing (e-prescribing) for controlled substances

To better track prescribing of controlled substances, Congress should provide incentives for the adoption of state policies that require health systems and doctors to utilize e-prescribing for controlled substances. Promoting e-prescribing has been essential in helping doctors, pharmacies and law enforcement better monitor inappropriate opioid use and reduce drug diversion.

Authorize “lock-in” initiatives for at-risk beneficiaries

BCBSA recommends that Congress authorize “lock-in” programs for all government programs. These programs prevent fraud and abuse by disallowing patients from filling prescriptions at an excessive rate—particularly for opioids and painkillers—by going to multiple doctors and pharmacies. Lock-in programs should be in place for all programs funded by the government, such as Medicare, Medicaid, Veterans Affairs, Federal Employees Health Benefits (FEHB) program, and the individual market. “Lock-in” initiatives can be an important enforcement mechanism in limiting some beneficiaries to a single prescriber.

CONCLUSION

Addressing the opioid epidemic is one of the country’s most serious public health challenges. Significant progress has been made in understanding trends in prescription opioid use, which is helping healthcare professionals, researchers and policymakers better understand the roots of the crisis and begin taking appropriate steps to stem it. More must be done to support patients and their families, especially those already suffering from opioid abuse disorder, to ensure that the care they receive is effective and delivered in the proper setting.

More meaningful progress is possible through the collective efforts of state and federal lawmakers, healthcare professionals and community groups. BCBSA and the 36 BCBS 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.



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