WHITE PAPER

OPIOID TREATMENT

West Virginia Association of Health Plans

INTRODUCTION

The opioid epidemic has the attention of every policy-maker in West Virginia. According to the Centers for Disease Control (CDC), West Virginia had the highest rate of death due to drug overdoses in 2016 (52.0 per 100,000[1]). In an August 30th edition of the Charleston Gazette, it says that the West Virginia Health Statistics Center reported 1,011 overdose deaths in 2017 and 870[2] of those deaths involved opioids. Each data point shows an increase from the previous year. The cost of the opioid crisis on West Virginia's economy is astounding. A February 6th article in the Charleston Gazette reported that resources spent on criminal justice, health care, treatment for substance abuse, lost wages and productivity amounts to $8.8 billion[3] per year according to a researcher with the American Enterprise Institute.

MCO INVOLVEMENT

The West Virginia Association of Health Plans (WVAHP) is made up of the managed care organizations who manage much of West Virginia Medicaid Program. Our members include Aetna Better Health of WV, The Health Plan, UniCare, and WV Family Health. With roughly 400,000 West Virginian's enrolled into one of the four Medicaid managed care plans our members have a unique perspective on the opioid crisis, particularly treatment options for our Medicaid population.

In August 2018, WVAHP assembled a team of member plan experts to identify what efforts produce the best results in treating opioid addiction for the Medicaid population. Further, the task force made several suggestions that could benefit the state and aid in solving the epidemic. The members of our task force include doctors, pharmacists, behavioral therapists, and nurses. Their expertise, experience and contributions to our findings are invaluable. Our member plans have identified 17,044 members who are receiving medication assisted treatment (MAT), and another 12,102 who need treatment.

The intent of our effort is to inform policy-makers of our efforts and recommend certain policy changes that may aid in the treatment of opioid addiction. The WVAHP values the work of the Department of Health and Human Services (DHHR), the Governor's Office, first responders, medical providers, and the Legislature in their efforts to combat the opioid epidemic. It is our hope that the WVAHP, specifically this document, can serve as a resource as we search for more ways to get West Virginian's healthy again.

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[1] "Opioid Overdose Deaths." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 19 Dec. 2017, www.cdc.gov/drugoverdose/data/statedeaths.html.

[2] Coyne, Caity. "Number of Fatal Drug Overdoses in 2017 Surpasses 1,000 Mark in WV." Charleston Gazette-Mail, 30 Aug. 2018, www.wvgazettemail.com/news/health/number-of-fatal-drug-overdoses-in-surpasses-mark-in-wv/article_29ce51d5-df65-59ea-8816-642091e6490f.html.

[3] Eyre, Eric. "Opioid Epidemic Costs WV $8.8 Billion Annually, Study Says." Charleston Gazette-Mail, 6 Feb. 2018, www.wvgazettemail.com/news/health/opioid-epidemic-costs-wv-billion-annually-study-says/article_1cd8aaa5-78eb-5fd5-8619-3a0a1c086e66.html.

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BEST PRACTICES

Each WVAHP member plan reviewed their protocols and submitted the following best practices. These best practices have shown positive results while balancing the availability of resources for their members who have opioid use disorder (OUD) and substance use disorder (SUD).

1. Access to Medication Assisted Treatment (MAT) programs have resulted in a reduction of overdose claims. One-member plan is showing a trend over the first half of 2018 that SUD drug utilization (those receiving treatment) is up by 2.51% and opioid use is down by 12.85%. Another member plan is experiencing a notable increase in membership with SUD and MAT treatments in 2018; out of the 3,500 members with OUD, 57% are receiving MAT. Treatment centers like Proact in Huntington, WV offer MAT as part of their program along with education and intervention in a single accessible service hub. Proact partners with Cabell Huntington Hospital, St. Mary's Hospital and Marshall Health to assess patients as they are discharged from emergency rooms so that treatment options can be introduced soon after an overdose. According to the Annals of Emergency Medicine[4], promoting access to MAT within hours after an overdose leads to healthier patient outcomes. Facilities in Huntington, WV like Proact, Recovery Point, HER Place and Four Seasons are vital in our communities and offer life-saving services to those in need.

   West Virginia University is also working diligently to find solutions to this opioid crisis through their treatment programs and activities centered around substance use disorder. In the November 19th edition of The Registered Herald, Marc Haut, a WVU School of Medicine professor and chair of the Department of Behavioral Medicine and Psychiatry, and co-chair of the Substance Abuse Task Force at WVU's Health Science Center has this to say about the epidemic, "we're trying to catch up with it, to come up with ways that we can actually get in front of it, because if we get in front of it, we can control it and we can slow it down." The program at WVU is called COAT, comprehensive opioid addiction treatment. It uses MAT combined with psychotherapy, peer recovery programs and other medicines like yoga. It is a strict program that teaches responsibility without making excuses for a person's behavior. Even though this program is on campus in Morgantown it is available to anybody. Telehealth is an integral part of what they do so they can teach and train others on how they too can provide a similar treatment program.

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4 American College of Emergency Physicians. "Emergency Departments Help Close Gaps in Opioid Abuse and Addiction Treatment." EurekAlert!, www.eurekalert.org/pub_releases/2018-06/acoe-edh061418.php.

2. For women who are of child bearing potential and have SUD, access to postpartum long acting reversible contraceptive (LARC) decreases the risk of unwanted pregnancies and helps to avoid short term intervals between pregnancies. Unintended pregnancies pose a higher risk for poor maternal and infant outcomes. In a 2018 report by DHHR[5], an expansion of the Drug Free Moms and Babies Program was introduced. This expansion "supports healthy pregnancy outcomes by providing integrated and comprehensive prevention, early intervention, SUD treatment, and recovery support services for pregnant and postpartum women with SUDs." Currently there are only four Drug Free Moms and Babies programs, however DHHR recently secured funding for an additional 8 sites for a total of 12. At those sites where harm reduction programs are offered, there will be an emphasis on LARC. LARC options offer a safe and highly acceptably method that can prevent unintended pregnancies.

3. One of our member plans implemented a program called Opioid First Fill Reduction. For patients new to opioids their first filled prescription was limited to a 5-day supply. From October 2017 to March 2018, the results showed a 56% reduction in the quantity of opioids being used. Further, after the first fill was obtained, the plan's Behavioral Health Services contacted each patient to educate them on the safe use of opioids. Prior authorization was required for patients needing management of their chronic pain if their opioid exceeded 80 morphine milligram equivalents and/or taken more than 90 consecutive days with other medications that cause respiratory depression. These cases were reviewed by a member plan pharmacist to evaluate if the opioid was being used safely and appropriately.

POLICY RECOMMENDATIONS

The WVAHP recommends three broad policy changes that will aid in treatment:

1. Decrease the regulatory requirements for prescribing buprenorphine, naloxone and other drugs used to treat opioid addiction. Currently, this type of intervention is limited to certain licensed providers in certain clinical settings. By removing these barriers, it will allow primary care providers to treat SUD as they would treat any other chronic disease.

2. Grant MCO's access to the Prescription Drug Monitoring Program database (PDMP). This would be an important tool in deterring prescription misuse, abuse, addiction and diversion. The CDC states[6] that PDMPs continue to be among the most promising state-level interventions to

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[5] Gupta, Rahul. "West Virginia Opioid Response Plan." Office of Medical Cannabis, 2018, dhhr.wv.gov/bph.
[6] "Opioid Overdose." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 3 Oct. 2017, www.cdc.gov/drugoverdose/pdmp/states.html.

improve opioid prescribing, inform clinical practices and protect patients at risk. Currently, medically approved PDMP users in West Virginia are physicians, pharmacists, dentists, veterinarians, physician assistants and advanced practice nurses. The data exchange time period in the PDMP is nearly instant - if MCO's were allowed access it would save time and money in identifying members with SUD/OUD.

3. Medication assisted treatment programs (MAT) have already shown to be effective among our plans and our recommendation is to expand and encourage this type of care management. However, some providers are providing ineffective treatment and unnecessary services and currently there is no way to measure the effectiveness of their care. If independent providers were to offer integrated programs and required to show outcomes and comply to a regimented standard of care, then this could eliminate inappropriate billing practices and provide a more definitive measurement on the effectiveness of MAT.

   Offering MAT along with counseling, peer and community support, addressing social deterrents and following up with those who have successfully completed a treatment program are also suggested solutions to continue the success seen in this type of treatment. For members participating in MAT therapy, additional support would include: identifying barriers to care during and after treatment, referral to appropriate community programs, educational efforts regarding dangers of opioids and safe disposal of unused medications.

Beyond these recommendations our member plans identified other factors for consideration by policy-makers:

- Expanding drug courts
- Increase the number of quick response teams
- Increase the number of facilities that treat infants with neonatal abstinence syndrome
- Soften the legal consequences that keep pregnant women from seeking treatment
- Broaden the scope of medical providers who can administer screening, brief intervention and referral to treatment (SBIRT) such as Primary Care Physicians and OBGYNs
- Create a pharmacy/practitioner lock-in program
- Clarify what steps have been taken to enforce provisions in SB 273
- Foster "super prescriber" interventions including Academic Detailing
- DHHR seek a waiver from Center for Medicaid Services (CMS) that allows providers to be reimbursed for telehealth services