

THE OPIOID CRISIS

PROTECTING MEDICAID MEMBERS



AmeriHealth Caritas' response to the opioid epidemic is showing steady progress in decreasing the overall number of prescriptions for opioid products, while increasing the use of other medication-assisted therapies (MATs). But the depth of the problem and the resulting impact on human lives and health care costs remain a challenge that will continue to dominate headlines and require ongoing intervention. AmeriHealth Caritas is prepared to continue tackling this issue through our comprehensive Opioid Blueprint.

THE OPIOID BLUEPRINT

AmeriHealth Caritas' Opioid Blueprint is designed to meet the unique needs and challenges of our Medicaid members, who include some of the more vulnerable people in the communities we serve. Our members confront myriad challenges navigating everyday life, including those related to the social determinants of health, such as jobs, food, safe shelter, and transportation, which make opioid dependencies even more difficult to overcome and require more comprehensive support.

Whole-person care is the goal of our Blueprint. It looks beyond the physical health needs of our members to also address the behavioral and social dynamics that are part of their well-being.

AmeriHealth Caritas has seen positive results from our programs to prevent and treat what we clinically refer to as "opioid use disorder," or OUD. In 2019 alone, those included a nearly 25% decline in opioid use and a more than 39% increase in the use of MAT among our members compared with the previous year.



We are also striving to capture deeper and more actionable insight into the root causes of OUD. This is essential to making even greater progress in protecting our members' health as the opioid epidemic remains a critical public health concern.

The National Institute on Drug Abuse (NIDA) estimates that the economic burden of prescription opioid misuse alone is \$78.5 billion each year, including the costs of health care and addiction treatment, lost productivity, and judicial system interventions. Beyond the financial impact, the epidemic exacts a human toll: in 2018, 128 U.S. citizens died of an opioid-related overdose every day.¹

“AmeriHealth Caritas is driving improved health outcomes to some of the most challenged communities in the country. This frontline approach and personalized interface have given us a deeper understanding of the opioid crisis and helped to fully inform the best practices in our blueprint that are leading to our successes.”

ANDREA GELZER, M.D., SENIOR VICE PRESIDENT, MEDICAL AFFAIRS, AMERIHEALTH CARITAS

1. National Institute on Drug Abuse, U.S. Department of Health and Human Services, <https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-crisis>.



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VITAL PARTNERS

As a Medicaid managed care organization, we are committed to protecting our members from falling victim to opioids. We engage them directly in strategies to prevent and combat OUD, using a multipronged approach that also includes providers and pharmacists in the partnerships that are an essential part of our Opioid Blueprint.

PHARMACIST INTERVENTIONS



Pharmacists are among the most accessible of health care providers and can be a frequent point of contact between patients and the health care system. They are able to identify members who may be misusing opioids and intervene to prevent further misuse. We support our pharmacist partners with intensive coordination and educational tools, which are making inroads in preventing fraud, waste, and misuse.

PROVIDER SUPPORT



Providers are challenged to minimize the potential for medication misuse, while also balancing a patient's access to appropriate prescriptions and adequate pain control. We are working with them to stem the opioid crisis by offering new and comprehensive educational pathways, including alternative pain treatment modalities and cognitive support. We are also working with our provider partners to identify high-risk prescribing patterns.

MEMBER ENGAGEMENT



Members are essential partners in curtailing OUD. Through education and outreach, we help raise awareness of prescription opioid misuse and overdose. We also help our members understand risk reduction strategies, such as non-opioid treatment options. In addition, we optimize our care management capabilities by identifying at-risk members and providing them with intervention and follow-up services.

OPIOID USE DISORDER

Opioid use disorder — a combination of opioid dependence and opioid abuse — is a medical condition that causes clinically significant patient impairment and distress. OUD includes the misuse of a range of opioid-classified drugs, including prescription opioids, which are prescribed to treat moderate-to-severe pain; the synthetic opioid fentanyl, which is prescribed to treat severe pain (and whose illegal manufacture and distribution are on the rise); and the illegal opioid heroin. OUD is classified as a chronic brain disease and requires treatment and management like any other long-term condition. Individuals with OUD benefit from a comprehensive public health approach that incorporates evidence-based treatments, including medication, behavioral therapy, and recovery support.

MAT is an evidence-based approach that includes buprenorphine, methadone, and naltrexone microspheres, but these FDA-approved medications are only one component of an effective OUD treatment plan. Maximally effective outcomes are achieved when medication therapy is combined with counseling services and other community resources and supports.

The importance of a multifaceted treatment approach cannot be overemphasized. Deaths from drug overdoses in the United States continue to rise, with more than half a million people succumbing in the last decade. In 2018 alone, the CDC estimates that more than 67,000 Americans died of a drug overdose. Nearly 70% of those deaths were due to the use of prescription opioids, heroin, or synthetic opioids that were illegally obtained.²

AmeriHealth Caritas' Opioid Blueprint establishes an approach and identifies beneficial tools and resources to protect our members, regardless of the category of opioids they are using, while also reducing the associated costs. Key components include:

- Interventions at the time of dispensing, aimed at appropriate duration and strength of prescribed opioid medications.
- Removal of prior authorization requirements to enhance access to MATs.
- Amplified care management of high-risk populations.
- Increased access to naloxone (Narcan®).
- Effective interventions with members and providers to isolate and impact high usage.

2. Centers for Disease Control, <https://www.cdc.gov/drugoverdose/index>.

THE HIGH COST OF OPIOID USE

Through ongoing analytics, AmeriHealth Caritas provides insights into ways states can effectively manage cost and care when treating OUD. Our most recent analysis compared the medical costs of those who use opioids with those who did not by looking at claims data for more than 336,000 Medicaid members in Pennsylvania. The data showed that the cost of treating members who use opioids was, on average, 140% higher than for those who did not use opioids.

This finding has reinforced our commitment to expanding outreach and treatment options for our members. We are also committed to learning more about the underlying causes of opioid addiction and misuse, by continuing to explore how behavioral or social factors contribute to an individual's vulnerability, whether they first used the drug as part of medical treatment or recreationally.

The insight we have gained, along with the findings of government agencies and non-partisan research and policy institutes, suggests that states will benefit financially if citizens with a drug dependency have access to comprehensive treatment programs. This is already evident as a result of Medicaid expansion in many states, which has given more low-income citizens access to opioid treatment programs that were previously out of their reach.

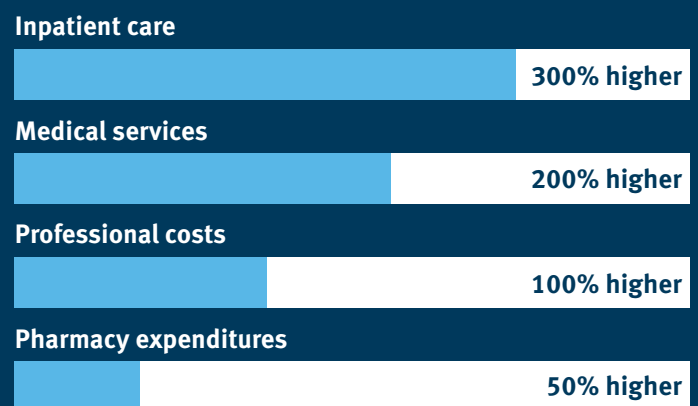
The Center on Budget and Policy Priorities, a non-partisan research and policy institute, reports that the uninsured rate for opioid-related hospitalizations dropped by 79% in Medicaid-expansion states, from 13.6% in 2013 to just 2.9% in 2015, after just the first two years of expansion. During that same period, the uninsured rate for opioid-related hospitalizations decreased by only 5% in non-expansion states, from 17.3% in 2013 to 16.4% in 2015.³ Numerous research organizations have concluded that Medicaid expansion is benefiting the states hardest hit by the opioid epidemic more than others.

Research from the Kaiser Family Foundation shows that adults with Medicaid coverage were far more likely to receive substance abuse treatment than were adults with private insurance or no insurance coverage. Based on 2016 data, the Kaiser analysis showed that 30% of adults covered by Medicaid received outpatient rehabilitation services, compared with just 8% of adults with private insurance and 13% of adults with no insurance.⁴

Our research further indicates that expanding treatment to low-income citizens will prove cost-effective for the states. We looked at the cohort of opioid users and discovered that those using MAT had a 32% lower treatment cost than those not using MAT. We then compared the medical costs of opioid users against a similar cohort of those who did not use opioids, which served as the control group.

By creating different opioid addiction groupings, we were able to identify where health care costs began to rise among our members taking opioids, as illustrated in Figure 1, below.

Figure 1. Health care costs for those using opioids.



These vast cost differences reflect the additional health care services that those using opioids often require, particularly emergency treatment and high rates of hospitalization due to infections and other illnesses triggered by excessive drug use. Treatment programs contributed to higher health care costs as well, but they are also a long-term investment that will reduce the incidence of OUD and the associated costs.

Our cost analysis shows that AmeriHealth Caritas has made positive strides in slowing opioid misuse among its members through provisions in our Opioid Blueprint. We are committed to continuing our analysis to further refine our programs. The opioid epidemic crosses all socioeconomic strata, but understanding who is most at risk — and why — is essential to designing even better prevention and treatment programs for our Medicaid members.

3. "Chart Book: The Far-Reaching Benefits of the Affordable Care Act's Medicaid Expansion," Center on Budget and Policy Priorities, October 2, 2018, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>.

4. "Medicaid's Role in Addressing the Opioid Epidemic Infographic," Kaiser Family Foundation, February 2018, <https://www.kff.org/infographic/medicaids-role-in-addressing-opioid-epidemic/>.



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