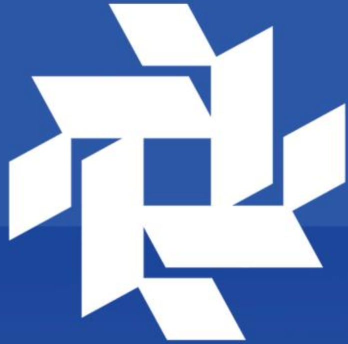
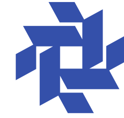


Rx Drug Abuse & Heroin Summit

AN NCAD MEETING

APRIL 22–25, 2019 | ATLANTA



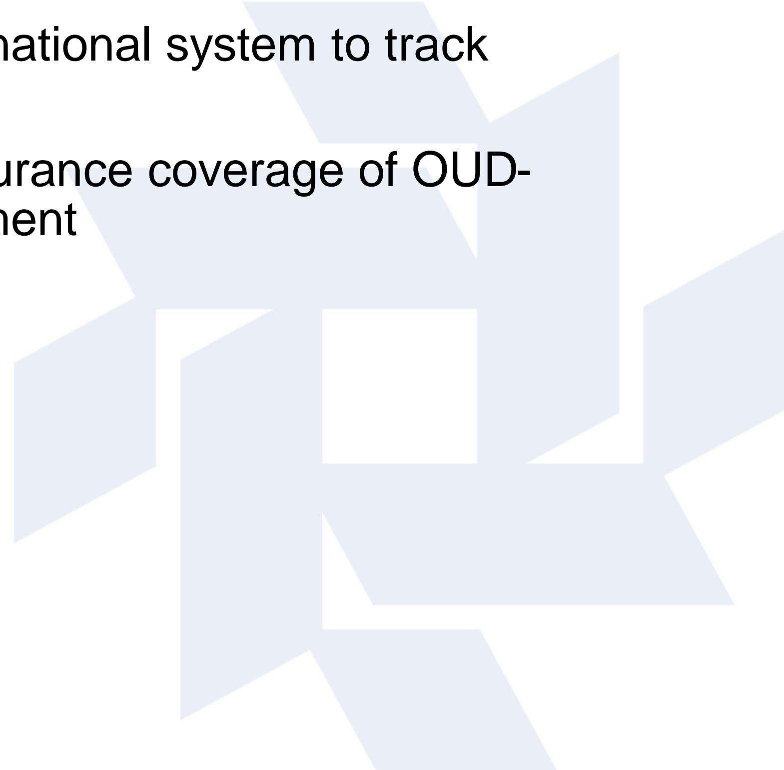
Understanding and Changing Payment for Opioid Use Disorder Treatment

Caroline Davidson, MPH
Shatterproof

Amanda Mauri, MPH
Shatterproof
University of Michigan School of Public Health

Session Objectives

- Describe the opioid use disorder (OUD) Payer Pilot
- Discuss the components and limitations of a national system to track insurance coverage for OUD treatment
- Explain how an understanding of national insurance coverage of OUD-related services can improve access to treatment



Agenda

- The Issue
- Shatterproof Payer Projects
- Payer Pilot Research Project
  - Project Motivation
  - Project Structure
  - Project Findings
- Next Steps

The Issue

Fragmented, insufficient coverage for OUD treatment

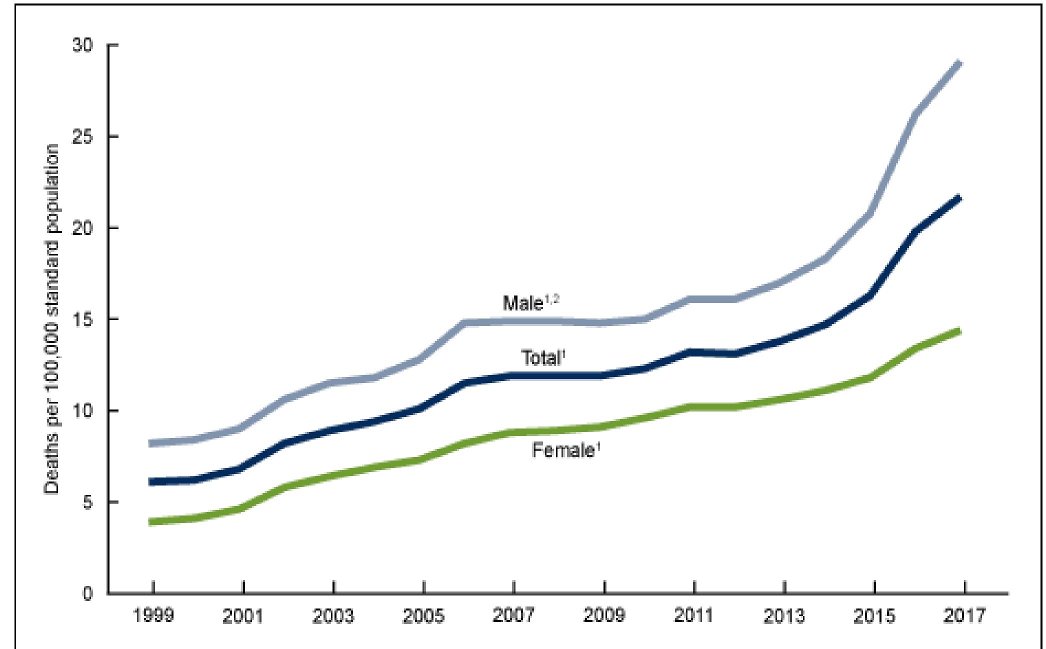
Drug-Related Morbidity and Mortality

Approximately 2.1 million have a diagnosed OUD[1]

70,237 drug overdose deaths in the United States in 2017[2]

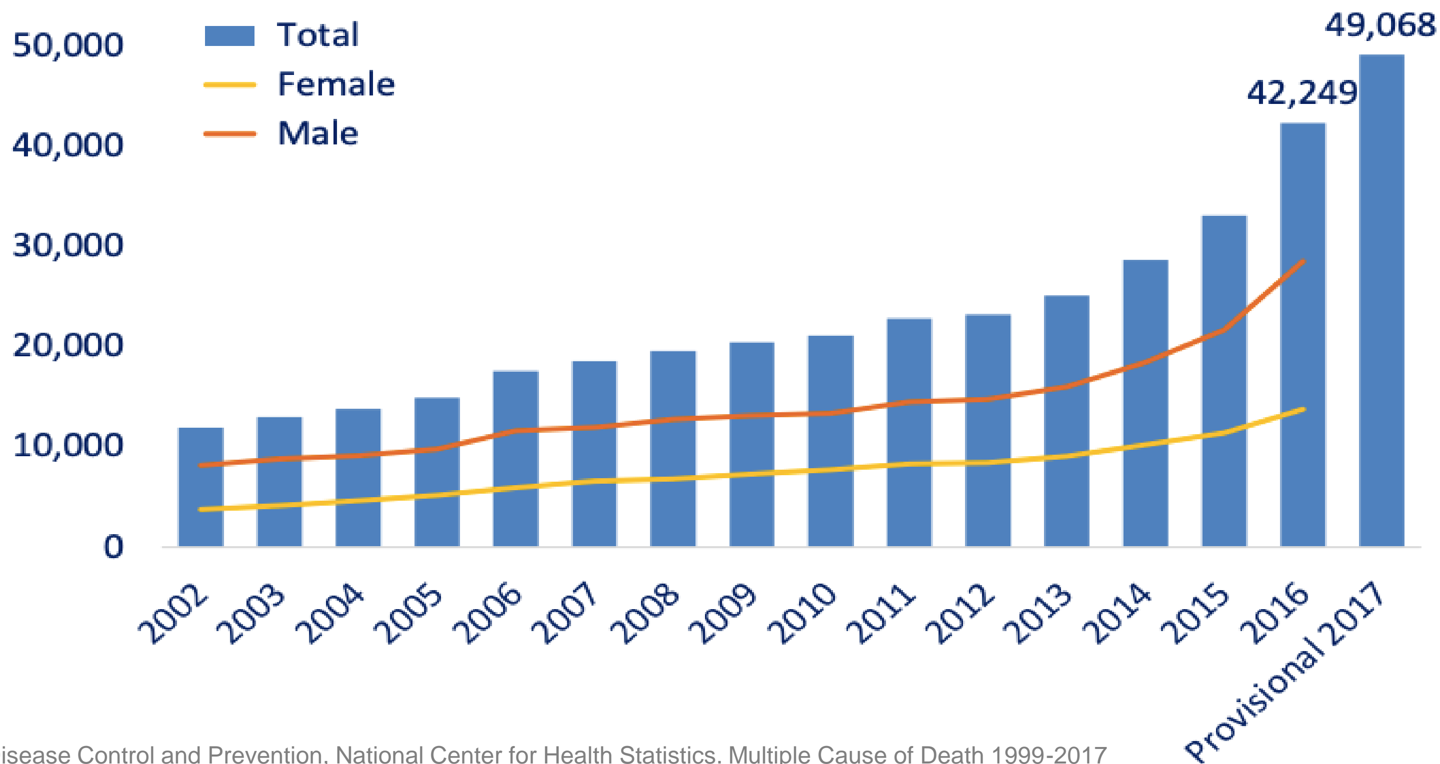
47,600 of all drug overdose deaths (67.8%) involved an opioid[3]

Figure 1. Age-adjusted drug overdose death rates: United States, 1999–2017[2]



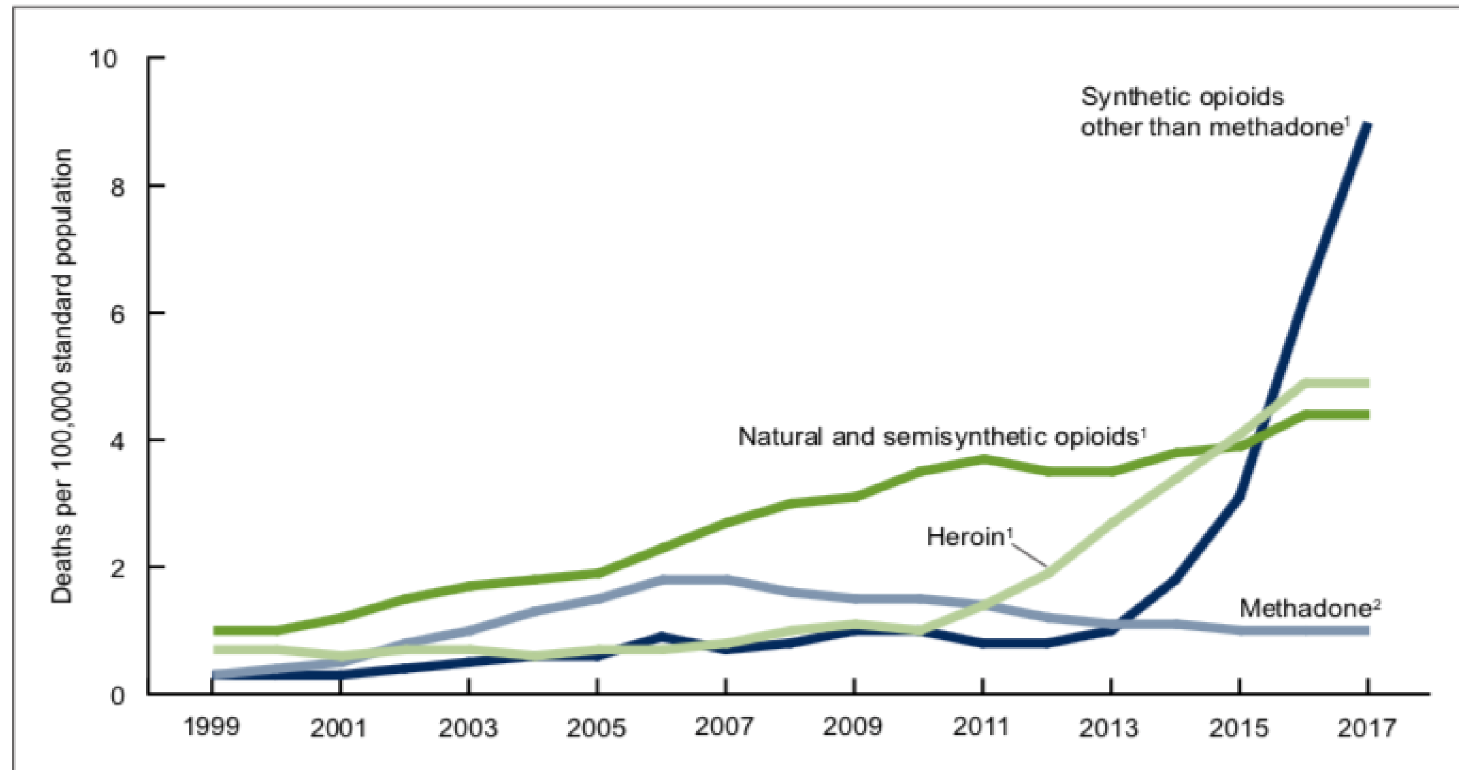
1. Center for Behavioral Health Statistics and Quality. (2018). *2017 National Survey on Drug Use and Health: Detailed Tables*. Substance Abuse and Mental Health Services Administration, Rockville, MD. https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.pdf.
2. Hedegaard H, Miniño A, Warner M. (2018). *Drug Overdose Deaths in the United States, 1999–2017*. NCHS Data Brief, no. 329. Hyattsville, MD: National Center for Health Statistics. Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/products/databriefs/db329.htm
3. Scholl L. (2019). Drug and opioid-involved overdose deaths — United States, 2013–2017. *MMWR Morbidity and Mortality Weekly Rep*, 67.

National Overdose Deaths: Number of Deaths Involving Opioids[4]



4. Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

Figure 4. Age-adjusted drug overdose death rates, by opioid category: United States, 1999–2017



[1]Significant increasing trend from 1999 through 2017 with different rates of change over time, $p < 0.05$.
[2]Significant increasing trend from 1999 through 2006, then decreasing trend from 2006 through 2017, $p < 0.05$.
NOTES: Deaths are classified using the *International Classification of Diseases, 10th Revision*. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Drug overdose deaths involving selected drug categories are identified by specific multiple-cause-of-death codes: heroin, T40.1; natural and semisynthetic opioids, T40.2; methadone, T40.3; and synthetic opioids other than methadone, T40.4. Deaths involving more than one opioid category (e.g., a death involving both methadone and a natural and semisynthetic opioid) are counted in both categories. The percentage of drug overdose deaths that identified the specific drugs involved varied by year, with ranges of 75%–79% from 1999 through 2013 and 81%–88% from 2014 through 2017. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db329_tables-508.pdf#4.
SOURCE: NCHS, National Vital Statistics System, Mortality.

Treatments for OUD

- Medication Assisted Treatment (MAT) for OUD is shown to improve outcomes, but availability of this treatment remains limited[5]

- As a brief reminder, the treatments are…

Methadone	Buprenorphine	Naltrexone
Full opioid receptor *agonist*	Partial opioid receptor *agonist*	Opioid receptor *antagonist*
Only available in highly-regulated Opioid Treatment Programs (OTPs)	Only available via prescription from a waivered provider	Available via prescription from any prescribing provider

5. Jones, A., Honermann, B., Sharp, A., & Millet, G. (2017). Where multiple modes of medication-assisted treatment are available. *Retrieved Feb 6, 2018.*

Despite the benefits associated with MAT, treatment rates remains low.

	MAT treatment use among individuals with diagnosed OUD[6]				
OUD prevalence (n, millions)	Overall MAT use				Maintenance MAT use (n = 470,365) [n = 820,365]
	Total (n = 518,155)	Methadone (n =382,867)	Buprenorphine (n = 112,223)	Naltrexone (n = 23,065)	
2.1	24.7%	18.2%	5.3%	1.1%	22.4% [39.1%]
4.0	13.0%	9.6%	2.8%	0.6%	11.8% [20.5%]
6.0	8.6%	6.4%	1.9%	0.4%	7.8% [13.7%]

Note: We collected OUD prevalence from NSDUH (2017) (2.1 million) and Milliman (2018) (4.0 and 6.0 million). We collected data on overall MAT use and maintenance MAT use from N-SSATS (pg. 47, 2018). The number in brackets under maintenance MAT is calculated as maintenance number provided by N-SSATS (2018) plus 350,000 to account for MAT provided in primary care settings. The number of individuals using MAT represent the number of clients receiving MAT in 2017.

6. Substance Abuse and Mental Health Services Administration. (2018). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2017. Data on Substance Abuse Treatment Facilities.* Rockville, MD: Substance Abuse and Mental Health Services Administration.

Barriers to treatment

Addiction and addiction treatment stigma

Siloed care delivery

Provider shortage

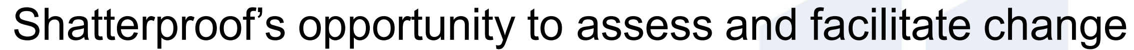
Insurance coverage

Evidence of payment-related barriers

- Providers report barriers including **delays in payment**, **complicated approval requirements**, and **high cost burdens**[7]
- **One in three** Americans needing but not receiving SUD treatment report **lack of health care coverage** and **inability to afford care** as the reason[8]
- Utilization management restrictions
  - Prior authorization[9, 10, 11]
  - MAT-specific constraints[12, 13]

7. Knudsen, H. K., Abraham, A. J., & Oser, C. B. (2011). Barriers to the implementation of medication-assisted treatment for substance use disorders: the importance of funding policies and medical infrastructure. Evaluation and program planning, 34(4), 375-81.
8. Center for Behavioral Health Statistics and Quality. (2018). *2017 National Survey on Drug Use and Health: Detailed Tables*. Substance Abuse and Mental Health Services Administration, Rockville, MD. https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.pdf.
9. Keast SL, Kim H, Deyo RA, et al. (2018) Effects of a Prior Authorization Policy for Extended-release/Long-acting Opioids on Utilization and Outcomes in a State Medicaid Program. *Addiction.*
10. Morden NE, Zerzan JT, Rue TC, et al. (2008). Medicaid prior authorization and controlled-release oxycodone. *Medical Care,* 46(6):573–580. doi:10.1097/MLR.0b013e31816493fb
11. Hartung DM, Kim H, Ahmed SM, et al. (2017). Effect of a high dosage opioid prior authorization policy on prescription opioid use, misuse, and overdose outcomes. *Substance Abuse.*12.
12. Clark RE, Baxter JD, Barton BA, Aweh G, O'Connell E, Fisher WH. (2014). The impact of prior authorization on buprenorphine dose, relapse rates, and cost for Massachusetts Medicaid beneficiaries with opioid dependence. *Health Services Research,* 49(6):1964–1979.
13. Accurso AJ, Rastegar DA. (2016). The Effect of a Payer-Mandated Decrease in Buprenorphine Dose on Aberrant Drug Tests and Treatment Retention Among Patients with Opioid Dependence. *Journal of Substance Abuse Treatment,* 61:74-79.

Shatterproof Payer Projects



Shatterproof Payer Projects

- The **National Treatment Quality Initiatives** (NTQI)

- NTQI influences the treatment system via:
  - SUD Treatment Task Force
  - Shatterproof National Principles of Care©
  - Independent research with payers
  - Rating System for Addiction Treatment Programs

Substance Use Disorder Treatment Task Force

- Goals of Task Force
  - Create a bridge between **research** and **practice**
  - Ensure implementation of current evidence
- **Public-private** group co-chaired by
  - Gary Mendell, CEO and Founder of Shatterproof
  - Dr. Thomas McLellan, PhD, Founder of the Treatment Research Institute and former Deputy Director of the White House Office of National Drug Control Strategy

National Principles of Care©

#1. Routine screenings in every medical setting

#2. A personal plan for every patient

#3. Fast access to treatment

#4. Disease management, rather than 28 days

#5. Coordinated care for every illness

#6. Behavioral health care from legitimate providers

#7. Medication-assisted treatment

#8. Recovery support services beyond medical care

Download National Principles of Care© at http://bit.ly/shatterproof-POC

Payer Sign-on to Principles of Care

November 2017: 16 major payers covering more than **248 million lives** agreed to

Identify, promote, and reward treatment that aligns with the Principles, and to work collaboratively with Shatterproof to monitor and evaluate their implementation.

Today: 20 payers covering more than **250 million lives** have signed on

Shatterproof Payer Research and Collaboration

Improve access to and quality of OUD treatment

through

1. Provider ratings
2. Payer-based strategies
3. Provider transformation and stigma reduction
4. Public education and stigma reduction
5. Public policy

Payer-Based Strategies

- Principle implementation recommendations
  - Enrollee Benefit Design
  - Payment
  - Utilization Management
  - Network Adequacy
  - Rating System for Addiction Treatment Programs
  - Technology
  - Member Education

Payer Pilot Research Project

Project Motivation

Research Gap: Little research on insurance practices for OUD treatment

Objectives:

1. Understand insurance practices for OUD treatment
2. Identify places to eliminate barriers and implement facilitators to OUD treatment

Existing Literature on OUD treatment coverage

- Insurance coverage strategies have been assessed via:
  - Interviews with insurance companies
  - Enrollee benefit documents
  - Payer claims
- Existing research targets medication use for treating OUD, including examining the difference between coverage for these medications and opioid-based medications to treat pain[14,15]
- Little research on other elements (e.g. network adequacy, use of technology, alternative payment models)
- California Health Care Foundation's Curbing the Epidemic Checklist Report[16] is strong start to assessment, but is very localized

14. Grogan, C. M., Andrews, C., Abraham, A., Humphreys, K., Pollack, H. A., Smith, B. T., & Friedmann, P. D. (2016). Survey Highlights Differences In Medicaid Coverage For Substance Use Treatment And Opioid Use Disorder Medications. *Health Affairs (Project Hope)*, *35*(12), 2289-2296.

15. Reif, S., Creedon, T. B., Horgan, C. M., Stewart, M. T., & Garnick, D. W. (2017). Commercial Health Plan Coverage of Selected Treatments for Opioid Use Disorders from 2003 to 2014. *Journal of Psychoactive Drugs*, *49*(2), 102-110.

16. Smart Care California (2018). Curbing the Opioid Epidemic: Checklist for California Health Plans and Purchasers. https://www.iha.org/sites/default/files/2018_opioid_survey_3_lob_summary.pdf

Research Gaps

- Ongoing related research: national systems track treatment legislation and outcome measures,[17,18] but do not do so at a strategy- or payer-level
- Conclusion: Ultimately there is a **lack** of a multi-modal system to longitudinally measure payer progress towards effective OUD treatment policies

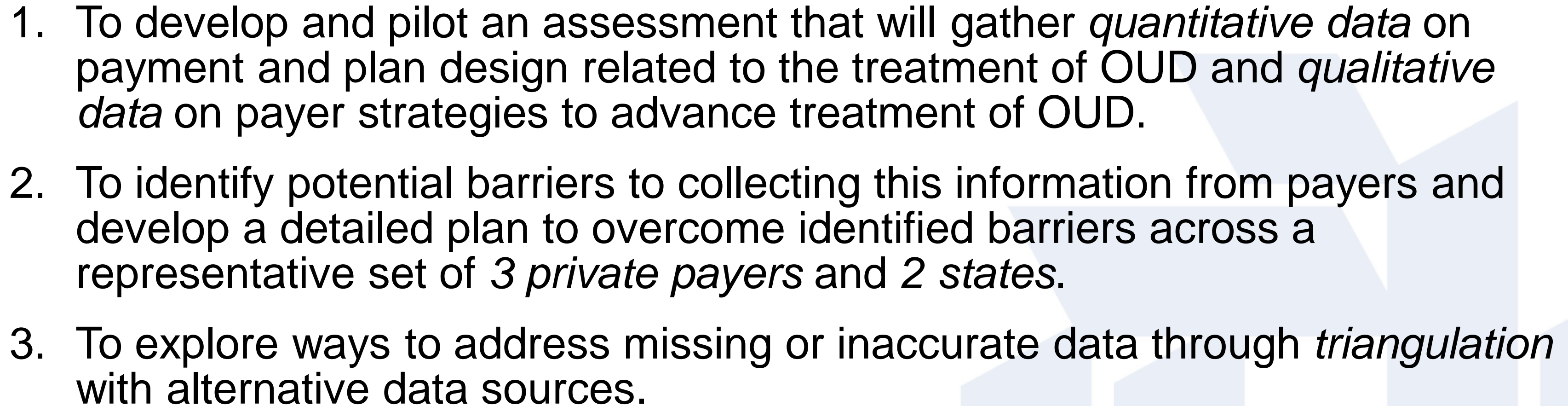
17. Legal Science. (2016). Medication-Assisted Treatment with Methadone (MAT) Laws. *Drug Abuse Policy System.* http://pdaps.org/datasets/medication-assisted-treatment-with-methadone-mat-laws

18. Sanghavi, D., Altan, A., Hane C., Bleicher, P. (2017). To Address the Opioid Crisis, Build a Comprehensive National Framework. *Health Affairs Blog.* https://www.healthaffairs.org/do/10.1377/hblog20171215.681297/full/

Overarching Project Details

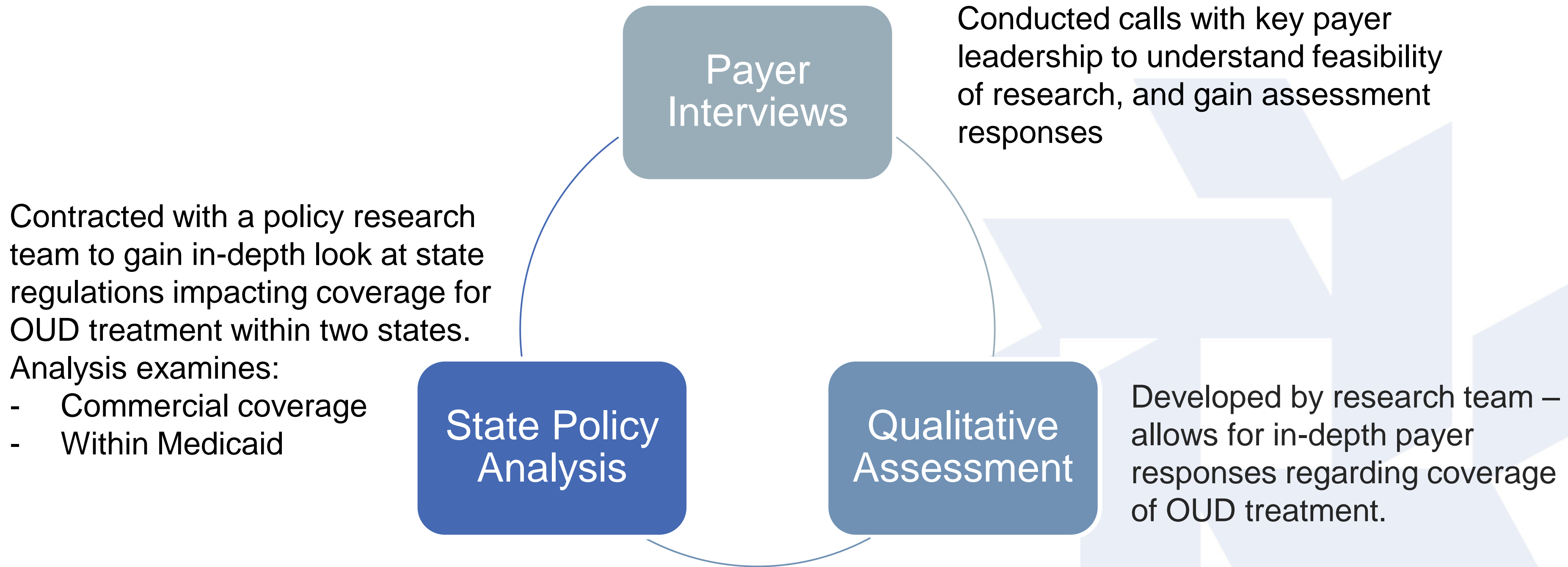
- **Partnership:** Shatterproof and University of Pennsylvania's Leonard Davis Institute of Health Economics
- **Timeline:** Six-month research project
- **Goals:**
  - Assess insurance practices for OUD treatment
  - Explore ability to track these policies nationally
- **Funding:** $200k grant from Arnold Ventures

Pilot Project Initial Aims



1. To develop and pilot an assessment that will gather *quantitative data* on payment and plan design related to the treatment of OUD and *qualitative data* on payer strategies to advance treatment of OUD.
2. To identify potential barriers to collecting this information from payers and develop a detailed plan to overcome identified barriers across a representative set of *3 private payers* and *2 states*.
3. To explore ways to address missing or inaccurate data through *triangulation* with alternative data sources.

Research Components



Initial Project Findings – Barriers to Data Collection

Scope of data

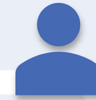
Within each payer, vast number of plans and lack of centralized information made goal to analyze all plans infeasible

Data availability

Data were often available, but not in format that could be readily searched or analyzed

Data agreement procedures

Rigorous and time-consuming data agreement procedures necessary to access quantitative data



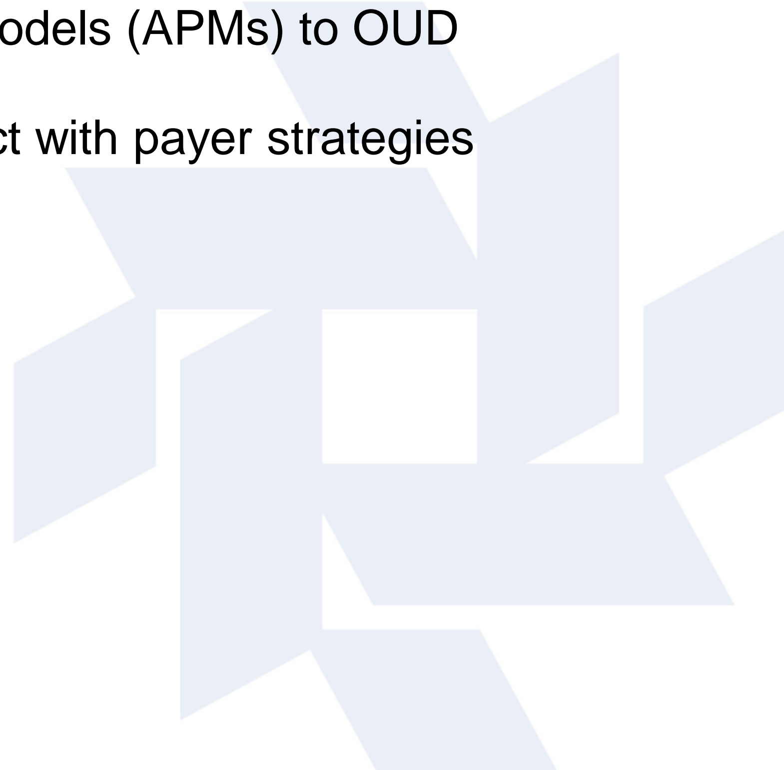
Data integration

Data siloed into different parts by plan type, employer, service…

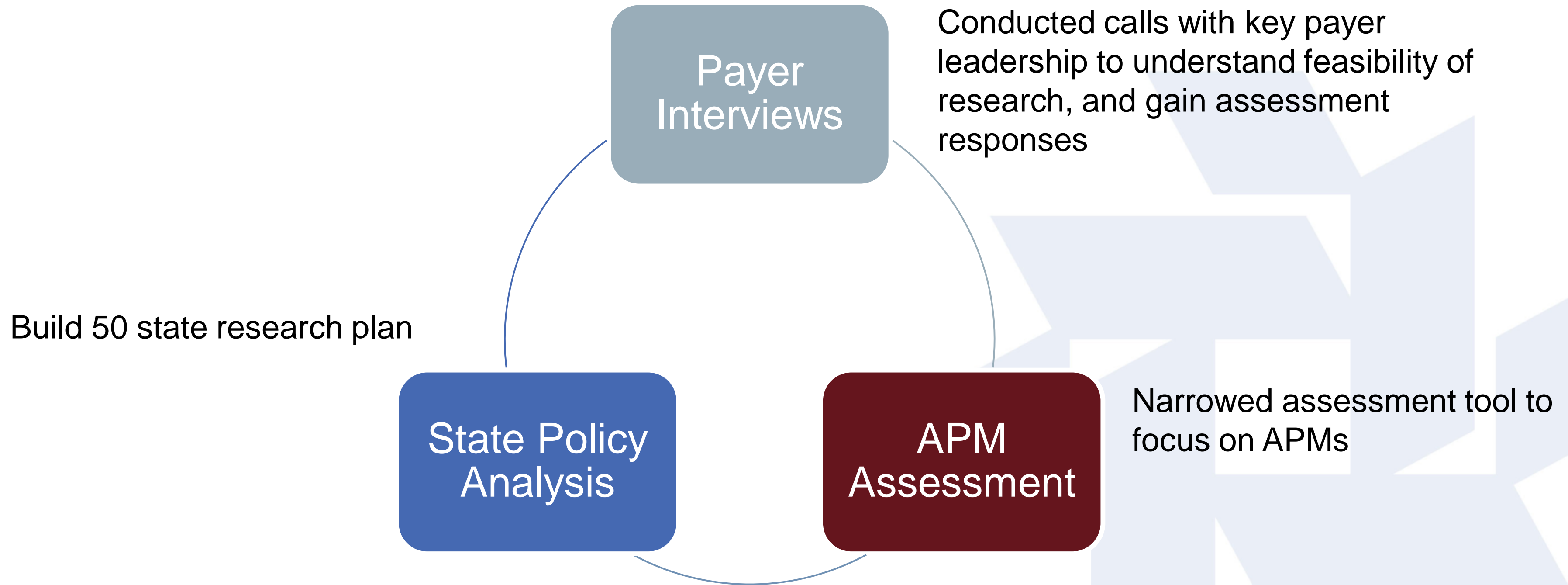
Adapted Project Aims

Based on barriers and identified opportunities:

- Assess applicability of Alternative Payment Models (APMs) to OUD treatment
- Identify priority state policy areas that intersect with payer strategies



Adapted Components



Payer Interviews

- Used calls to conduct APM assessment
- Asked follow-up questions regarding any data provided by payers
- Explored potential areas for future research or collaboration

Applicability of APMs to OUD treatment

- APMs may address barriers to OUD coverage
  - Adequately pay providers who offer MAT
  - Incentivize new providers to offer MAT
  - Encourage coordinated care
  - Implement accountability for quality of care
  - Reduce inappropriate levels of OUD care

- APMs for OUD treatment have been implemented by several private and public payers…but public evaluation of their impacts is limited

Current APMs for OUD treatment

Private

Model	Evaluated?
P-COAT Model ASAM & AMA	Not yet implemented
ARMH Model Facing Addiction and Leavitt Partners	Not yet implemented
Value-Based Program Beacon and Column Health	Of 145 patients in value-based program, 138 continued to progress in treatment (**relapse rate of only ~5%**)
Bundled Payment Optum	6 months after finishing the program, patients had a **35% decrease in ER visits** and **25% decrease in inpatient admissions**

Public

Model	Evaluated?
Hub & Spoke Model VT	- Improvement in treatment capacity – **64% increase in number of waivered physicians** - **Lower medical expenses by at least $412 per patient per year** compared to those not in treatment
Boston Medical Center Collaborative Care Model MA	Forthcoming
Baltimore Buprenorphine Initiative MD	Programs served **~395 patients/day**, almost half (**48%) stayed in treatment for 90 days or more**
Health Homes MD	Did *not* show better outcomes or cost data for health home participants, except inpatient admissions
Health Homes RI	Per member Medicaid costs appeared to decline by ~$1500 for typical HH participant in 2014
Medicaid Addiction and Recovery Treatment Services (ARTS) VA	- Members who received pharmacotherapy for OUD increased by 34%, including a 22% increase in the members receiving bupe. - Use of case management services increased 338%

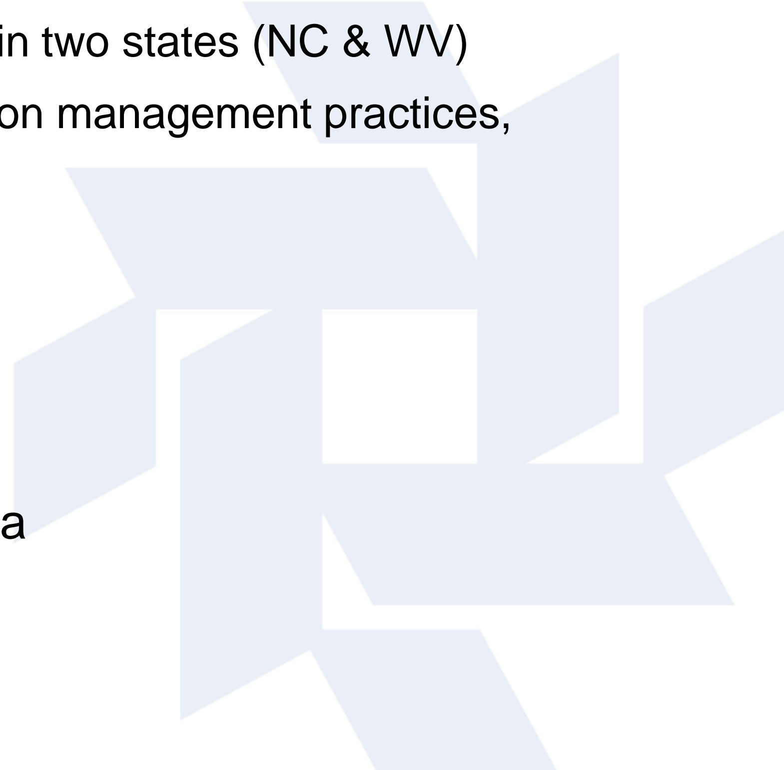
APM Assessment findings

- Many payers and some providers are excited about APMs
- Payers are experimenting with implementing APMs
- Implementing APMs is complex and highly tailored
- There is little evidence of APM outcomes to date

State policy and intersection with payer strategies

- Temple Law Atlas and Legal Science
  - Examined OUD treatment payment policy within two states (NC & WV)
  - Policies examined: Mandated benefits, utilization management practices, licensing restrictions
  - Policies affecting private and public payers
  - Focus on state Medicaid programs

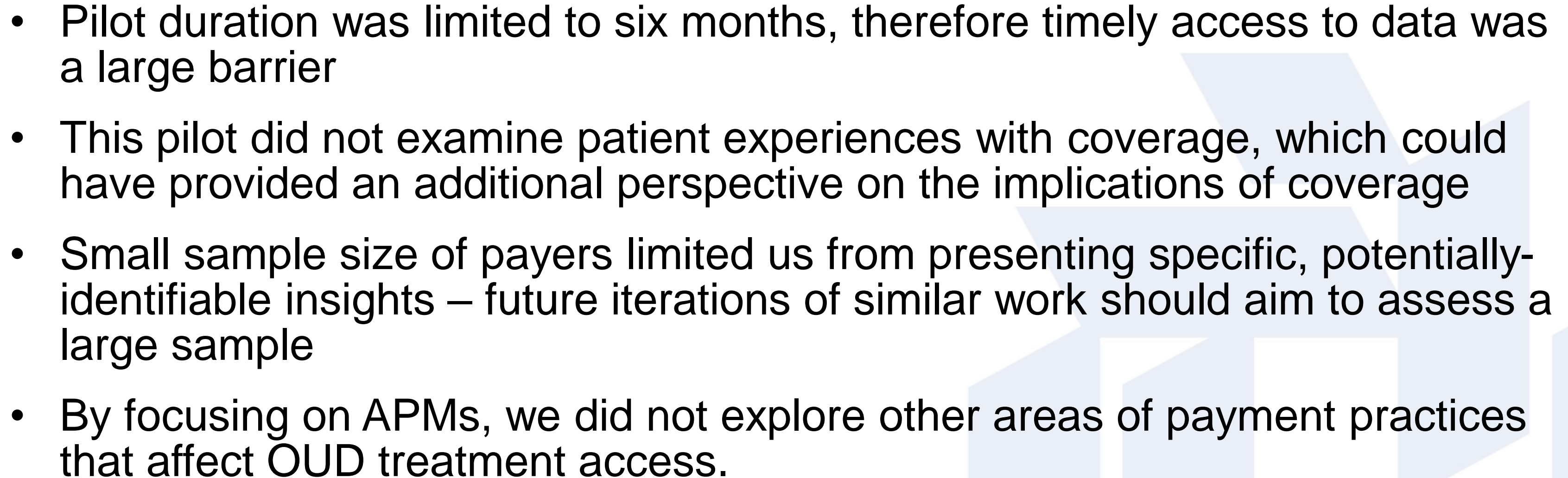
- Identified complex policy network
- Potential exists for further research in this area



Overarching findings

- Many payers want to modify payment for OUD treatment, but strategies vary
- Project on *all* OUD coverage too expansive
- Narrow project to specific research and action areas

Limitations



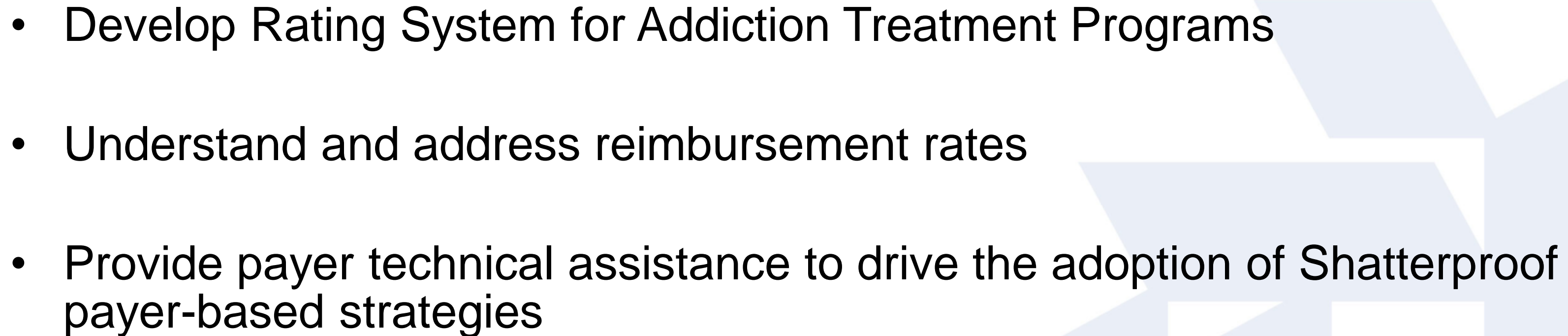
- Pilot duration was limited to six months, therefore timely access to data was a large barrier
- This pilot did not examine patient experiences with coverage, which could have provided an additional perspective on the implications of coverage
- Small sample size of payers limited us from presenting specific, potentially-identifiable insights – future iterations of similar work should aim to assess a large sample
- By focusing on APMs, we did not explore other areas of payment practices that affect OUD treatment access.

Where do we go from here?

Why partner with payers?

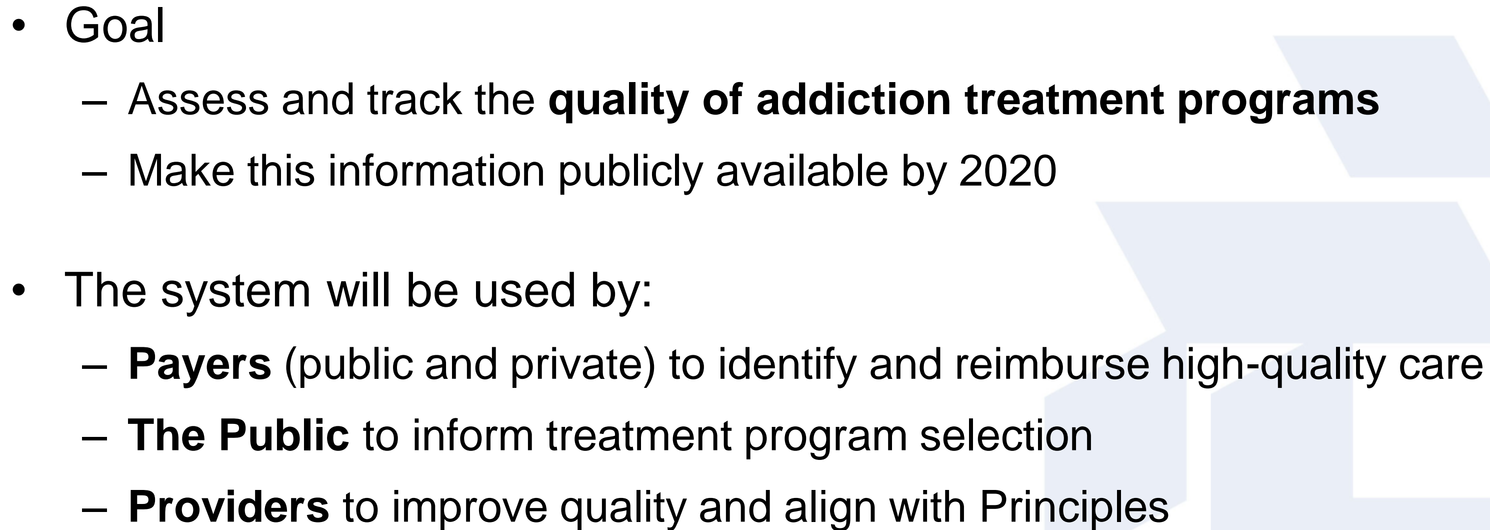
- Identify limitations of current coverage and barriers to expansion
- Monitor changes in coverage directly
- Evaluate effectiveness of new policies

Ongoing and Upcoming Payer Projects



- Develop Rating System for Addiction Treatment Programs
- Understand and address reimbursement rates
- Provide payer technical assistance to drive the adoption of Shatterproof payer-based strategies

Shatterproof
Rating System of Addiction Treatment Programs

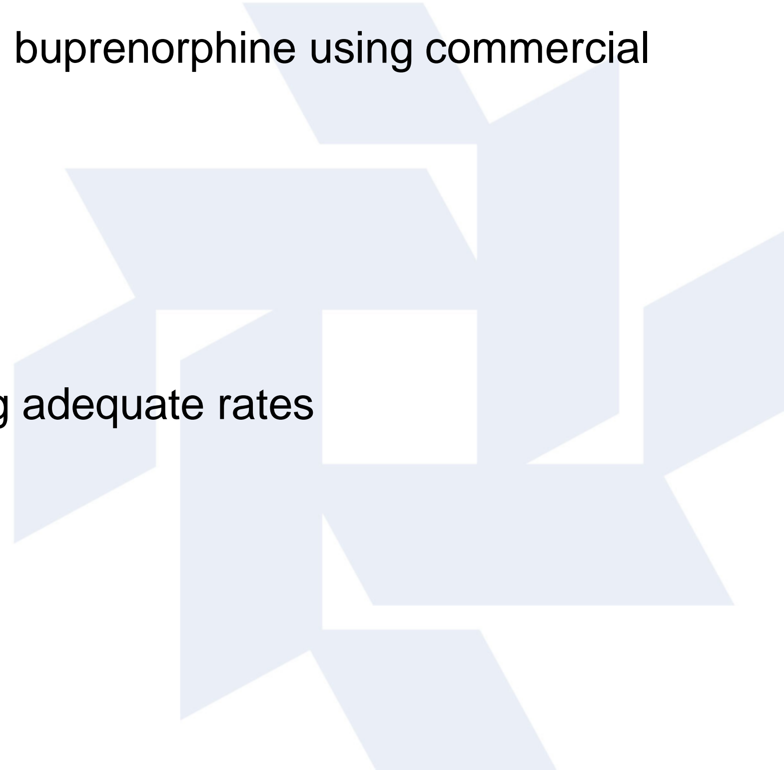


- Goal
  - Assess and track the **quality of addiction treatment programs**
  - Make this information publicly available by 2020

- The system will be used by:
  - **Payers** (public and private) to identify and reimburse high-quality care
  - **The Public** to inform treatment program selection
  - **Providers** to improve quality and align with Principles

Reimbursement Rates

- Original goal:
  - Track reimbursement rates for methadone and buprenorphine using commercial claims data
  - Infeasible
- New goal
  - Track changes in payment rates over time
  - Develop payment methodology for establishing adequate rates
  - Focus on Medicaid

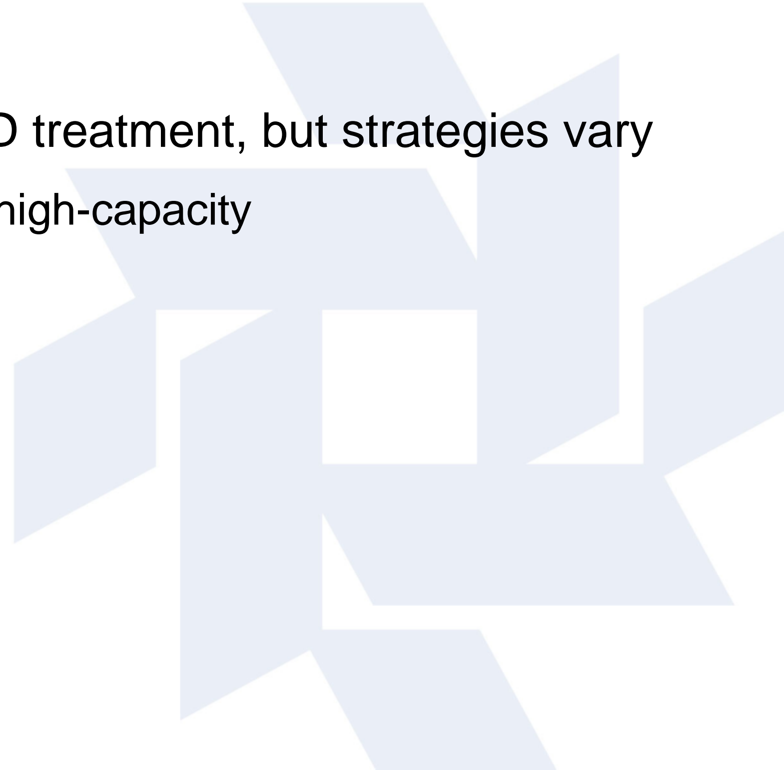


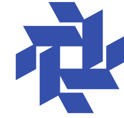
Payer Technical Assistance: Adoption and Dissemination of Best Practices

- Potential partnership with payer organizations
  - Understand barriers and facilitators to modify OUD coverage
  - Develop strategies to facilitate adoption of best practices

Key Takeaways

- A consistent and critical treatment gap exists for OUD
- Payment-related barriers
- Many payers want to modify payment for OUD treatment, but strategies vary
  - Research in this space should be targeted, or high-capacity
- Future work requires collaboration





Rx Drug Abuse & Heroin Summit

AN NCAD MEETING

Thank you