Understanding and Changing Payment for Opioid Use Disorder Treatment

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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\(^3\)

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National Overdose Deaths: Number of Deaths Involving Opioids

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

Synthetic opioids other than methadone

Natural and semisynthetic opioids

Heroin

Methadone

Significant increasing trend from 1999 through 2017 with different rates of change over time, \( p < 0.05 \).

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/db320_tables-508.pdf#4.

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...

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Type</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone</td>
<td>Full opioid receptor agonist</td>
<td>Only available in highly-regulated Opioid Treatment Programs (OTPs)</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>Partial opioid receptor agonist</td>
<td>Only available via prescription from a waivered provider</td>
</tr>
<tr>
<td>Naltrexone</td>
<td>Opioid receptor antagonist</td>
<td>Available via prescription from any prescribing provider</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>OUD prevalence (n, millions)</th>
<th>Overall MAT use</th>
<th>Maintenance MAT use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total (n = 518,155)</td>
<td>Methadone (n = 382,867)</td>
</tr>
<tr>
<td>2.1</td>
<td>24.7%</td>
<td>18.2%</td>
</tr>
<tr>
<td>4.0</td>
<td>13.0%</td>
<td>9.6%</td>
</tr>
<tr>
<td>6.0</td>
<td>8.6%</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

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.

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\(^12,13\)

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Shatterproof Payer Projects

Shatterproof’s opportunity to assess and facilitate change
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

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

Leverage the payer commitment to the Principlres of Care

Improve access to and quality of OUD treatment

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

Turning *opportunity* into *action*
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\textsuperscript{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\textsuperscript{16} is strong start to assessment, but is very localized


Research Gaps

• Ongoing related research: national systems track treatment legislation and outcome measures,\textsuperscript{17,18} but do not do so at a strategy- or payer-level

• Conclusion: Ultimately there is a \textbf{lack} of a multi-modal system to longitudinally measure payer progress towards effective OUD treatment policies


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.
Contracted with a policy research team to gain in-depth look at state regulations impacting coverage for OUD treatment within two states. Analysis examines:
- Commercial coverage
- Within Medicaid

Developed by research team – allows for in-depth payer responses regarding coverage of OUD treatment.

Conducted calls with key payer leadership to understand feasibility of research, and gain assessment responses.
<table>
<thead>
<tr>
<th>Scope of data</th>
<th>Data availability</th>
<th>Data agreement procedures</th>
<th>Data integration</th>
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<tbody>
<tr>
<td>Within each payer, vast number of plans and lack of centralized information made goal to analyze all plans infeasible.</td>
<td>Data were often available, but not in format that could be readily searched or analyzed.</td>
<td>Rigorous and time-consuming data agreement procedures necessary to access quantitative data.</td>
<td>Data siloed into different parts by plan type, employer, service…</td>
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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
  - Conducted calls with key payer leadership to understand feasibility of research, and gain assessment responses

- State Policy Analysis
  - Build 50 state research plan

- APM Assessment
  - Narrowed assessment tool to focus on APMs
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

<table>
<thead>
<tr>
<th>Private</th>
<th>Public</th>
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<tr>
<td><strong>Model</strong></td>
<td><strong>Evaluated?</strong></td>
</tr>
<tr>
<td>P-COAT Model</td>
<td>Not yet implemented</td>
</tr>
<tr>
<td>ASAM &amp; AMA</td>
<td></td>
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<tr>
<td>ARMH Model</td>
<td>Not yet implemented</td>
</tr>
<tr>
<td>Facing Addiction and Leavitt Partners</td>
<td></td>
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<tr>
<td>Value-Based Program</td>
<td>Of 145 patients in value-based program, 138 continued to progress in treatment (relapse rate of only ~5%)</td>
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<tr>
<td>Beacon and Column Health</td>
<td></td>
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<tr>
<td>Bundled Payment Optum</td>
<td>6 months after finishing the program, patients had a 35% decrease in ER visits and 25% decrease in inpatient admissions</td>
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Note: APMs stand for Alternative Payment Models.
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?

Using research findings to drive payer change
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
Thank You