

# OUR RESPONSE TO ADDRESS THE GROWING OPIOID EPIDEMIC

March 2016

The United States is facing an opioid use crisis. Approximately 2.5 million Americans have a substance use disorder (SUD) related to opioids and heroin.<sup>1</sup> In 2014, there were approximately 29,000 drug overdose deaths linked to opioids and heroin in the United States, or about 80 people every day.<sup>2</sup> Authors of a 2011 study estimated that opioid use cost the United States \$56 billion in 2007.<sup>3</sup> These costs are likely much higher today. Cigna currently has many initiatives under way, including an enterprise work group to identify and help drive solutions to further address the opioid epidemic.

Drivers of the epidemic	
Limited public awareness and understanding	<ul style="list-style-type: none"> <li>Lack of public funds for education</li> <li>Social stigma causes patients to delay seeking treatment for SUD</li> </ul>
Availability of opioids	<ul style="list-style-type: none"> <li>Overly generous prescribing of opioids for acute pain and lack of access to effective alternatives to opioids for chronic pain places patients at risk for developing a SUD</li> <li>Opioids are readily available for “experimentation,” which often leads to SUD and drug-seeking behaviors, such as prescriber shopping</li> </ul>
Barriers to early detection and acute treatment	<ul style="list-style-type: none"> <li>Screening not universally performed in all relevant settings</li> <li>Limited treatment resources available for acute treatment</li> </ul>
Absence of effective chronic treatment options	<ul style="list-style-type: none"> <li>Comprehensive treatment options not uniformly available or affordable</li> <li>No universally accepted best practice treatment guidelines or centers of excellence standards</li> </ul>
Lack of alignment between criminal justice and health care systems	<ul style="list-style-type: none"> <li>Patients with SUD in the criminal justice system often do not receive effective treatment</li> <li>Treatment alternatives to incarceration not uniformly available</li> </ul>

Current Cigna responses	
Advocacy and awareness	<ul style="list-style-type: none"> <li>Engage state and federal policymakers to promote awareness of the opioid epidemic and develop strategies for addressing it</li> <li>Support organizations dedicated to SUD prevention and treatment, such as Shatterproof</li> </ul>
Identification and detection	<ul style="list-style-type: none"> <li>Enhance detection of SUD through our prescription drug monitoring program and notify physicians of potentially harmful opioid prescriptions</li> </ul>
Treatment	<ul style="list-style-type: none"> <li>Encourage referral of patients to safe, timely, effective, and efficient acute detoxification and chronic treatment programs, including centers of excellence</li> <li>Provide ongoing support to customers through specialty care management services</li> <li>Engage stakeholders to further develop evidence-based treatment guidelines</li> </ul>
Fraud and abuse prevention	<ul style="list-style-type: none"> <li>Address cases of inappropriate billing through medical necessity guidelines and referrals to our Special Investigations Unit as appropriate</li> </ul>

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# Opioid epidemic frequently asked questions

## Current situation

### 1. What are opioids?

- Opioids are prescription pain relievers that are derived from the opium poppy or its synthetic version. Examples of commonly prescribed opioids include hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin, Percocet), morphine (e.g., KADIAN<sup>®</sup>, Avinza<sup>®</sup>), and codeine.
- Opioids increase the amount of dopamine in the limbic reward system of the brain, which reduces pain but also causes intense feelings of pleasure. Use can very quickly lead to physical and psychological dependence. The limbic system will begin to affect other brain systems that drive judgment, planning, and organization, and will stimulate individuals to seek the pleasure of drug use.<sup>4</sup> Just as heart attacks change the ability of the heart to function normally, opioids fundamentally change the ability of the brain to function normally. This alteration in brain function makes it particularly difficult for individuals suffering from opioid addiction to make the difficult choices that lead to recovery.

### 2. What is happening now?

- Over the last two decades, there has been a sharp increase in the number of opioids prescribed for acute and chronic pain. A 2011 study estimated that the United States consumes 80 percent of the world's opioids.<sup>5</sup> In 2012, 259 million opioid prescriptions were written, which is nearly enough for every American to have a bottle of pills.<sup>6</sup>
- Opioid over-prescription has led to a significant increase in heroin use and heroin-related overdose deaths. Four of five new heroin users start out misusing prescription pain relievers. Most people who move to heroin do so because it is less expensive and easier to obtain.<sup>7</sup>
- We have identified five primary drivers of the opioid epidemic: 1) limited public awareness and understanding, 2) availability of opioids, 3) barriers to early detection and acute treatment, 4) absence of effective chronic treatment options, and 5) a lack of alignment between the criminal justice system and health care system.

### 3. Who is affected?

- This epidemic has broad impact, with increasing death rates across all age groups, races, and sex. (Between 1999 and 2013, the highest death rates were seen among non-Hispanic whites ages 25 to 54 and the overdose rates for adults ages 55 to 65 increased by more than seven-fold during this period. Death rates also increased among non-Hispanic blacks, Hispanics, and American Indian or Alaskan Natives, but not as significantly as among whites.<sup>8</sup>)

### 4. What is the societal impact?

- In the United States, prescription opioid misuse costs totaled about \$56 billion in 2007.<sup>9</sup>
  - \$26 billion was attributed to workplace costs. Opioid misuse is tied to decreased productivity, increased absenteeism, and greater use of worker's compensation benefits.
  - \$25 billion was attributed to health care costs, such as substance misuse treatment.
  - \$5 billion was attributed to criminal justice costs.
- It is estimated that emergency department visits involving nonmedical opioid use increased from 145,000 to 306,000 from 2004 to 2008.<sup>10</sup>
- It is estimated that the nonmedical use of opioid pain relievers costs health plans up to \$72 billion annually.<sup>11</sup>

### 5. Why should we care?

- Opioid addiction can impact anyone.  
*"These statistics are more than just numbers; in fact, they mean something much more. They are our friends, family, colleagues, neighbors, teachers and other members of our communities who were simply swept up in the nightmare of addiction."* – Rep. Ann McLane Kuster, (D-NH).<sup>12</sup>

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- Lawmakers and health care leaders are working to reframe opioid misuse as a behavioral health issue rather than a criminal act, and are working to raise awareness and implement new initiatives to address this growing behavioral health crisis.

## National response

### 1. What is the national response?

- President Obama has publicly called for support to combat this epidemic and included \$1.1 billion in his budget proposal for mandatory funding over two years to expand access to treatment.
  - On March 15, 2016, the Centers for Disease Control and Prevention (CDC) released final guidelines for prescribing opioids for chronic pain.<sup>13</sup>
  - The Food and Drug Administration (FDA) is creating an action plan to reassess its opioid review policy.
  - In February 2016, the Substance Abuse and Mental Health Services Administration (SAMHSA) published a proposed rule to update existing Confidentiality of Alcohol and Drug Abuse Patient Records regulations to facilitate electronic information exchange.
  - In March 2016, Health and Human Services (HHS) Secretary Sylvia M. Burwell announced a plan to spend \$94 million to help more than 270 health centers expand substance abuse treatment services in an effort to combat the opioid and heroin epidemic.
- The U.S. Senate approved the Comprehensive Addiction and Recovery Act (CARA) of 2016 (S. 524) on March 10, 2016, with an overwhelming vote of 94 to 1. The legislation authorizes – but does not appropriate – grants to address the national prescription opioid and heroin addiction epidemic. It also directs HHS to convene an interagency task force to develop best practices for pain management and prescribing pain medication, as well as a strategy for disseminating these best practices. The legislation also includes a provision that would institute a “pharmacy lock-in” program authorizing Medicare Part D prescription drug plans to identify one physician to prescribe opioids and one pharmacy to fill them for at-risk beneficiaries. The bill will move to the U.S. House of Representatives.
- Over 30 bills have been introduced in the 114th Congress. (See Appendix Part A for key examples of federal legislation.)

### 2. What is being done at a state and local level?

- States and municipalities are taking different approaches to addressing the opioid epidemic. Forty-two states and the District of Columbia have passed legislation protecting health care professionals who dispense naloxone, a drug administered to reverse a life threatening overdose. Some states and cities have also developed needle exchange programs.<sup>14</sup> (See Appendix Part B for additional initiatives and specific examples of states approaches.)
- The National Governors Association is devising treatment protocols to reduce opioid use. The guidelines will likely include restrictions on the number of prescriptions that patients can fill.<sup>15</sup>

### 3. What is being done in the private sector?

- America’s Health Insurance Plans (AHIP), a national trade association representing the health care industry, is forming a work group to share best practices for treating opioid SUD and developing advocacy efforts.
- In February 2016, Walgreens announced it will install safe medication disposal kiosks in more than 500 drug stores in 39 states and the District of Columbia. They will also make naloxone available without a prescription at Walgreens pharmacies in 35 states and the District of Columbia in accordance with state regulations.<sup>16</sup>

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## Our response to address the crisis

### 1. What are we doing to help improve behavioral health care for our customers?

- We partner with employers to help our customers lead healthier and more productive lives. We realize that this is not possible without the understanding that behavioral health is as important as physical health. We have been working to integrate behavioral health management with medical management to focus on total health care management and are piloting behavioral integration with our Collaborative Accountable Care (CAC) groups.

### 2. How are we participating in the national response?

- We are actively engaged in dialogue with state and federal legislators and federal agencies to promote awareness of the opioid epidemic and to discuss strategies for addressing it. Additionally, we will be participating in AHIP's new task force focused on opioid use disorder prevention and treatment.
- Along with the Association for Behavioral Health and Wellness (ABHW), we are in the process of partnering with Brandeis University to develop a paper on what the industry is doing to address the opioid epidemic. The paper is in final draft and is expected to be released in the spring of 2016.
- We are supporting organizations dedicated to addiction prevention and treatment. In October 2015, the Cigna Foundation announced a \$100,000 World of Difference grant to Shatterproof, a non-profit organization committed to giving young people and families support and information to overcome addiction. These funds will be used to create the Shatterproof Resource Portal, which will create content and consolidate up-to-date, evidence-based information on how to understand, prevent, intervene, treat, and recover from addiction.

### 3. How do we approach early detection and referral to appropriate treatment?

- We try to prevent and proactively identify SUD early through our prescription drug monitoring program. We notify health care professionals when our customers appear to be receiving a harmful level of opioid prescriptions, potentially from multiple prescribers. We also refer customers to our specialty care management services to encourage those with chronic pain or addiction to access appropriate treatment.

### 4. How do we approach treatment?

- We have readily available resources, articles, and tools to help health care professionals manage chronic opioid usage. These include patient self-assessments, education on safe and effective prescribing, and a link to our behavioral health resources.
- Our Connected Care strategy focuses on encouraging our customers to receive care, including behavioral health care, according to STEEEP principles (Safe, Timely, Efficient, Effective, Equitable, and Patient-centered). These are specific aims identified by the Institute of Medicine (IOM) as necessary for a health care system to deliver quality care.<sup>17</sup> The IOM also identifies the importance of patient care being coordinated over time and across people, functions, activities, and treatment settings so each receives the maximum benefit from treatment services. We developed our medical necessity criteria for behavioral health and substance use disorders based on this core principle.
- We have a variety of ongoing behavioral health programs to help address substance misuse, including opioid addiction.
  - Substance Abuse Specialty Program. This specialty care management program is staffed by mental health professionals with extensive substance use and addictive disorder training. The team offers dedicated, one-on-one coaching, support, and education for as long as needed. They also answer questions, help arrange services, and provide support to help the whole family. The goal of this program is to improve customer engagement in substance-related outpatient treatment.

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- Substance Abuse Inpatient/Outpatient Collaboration. Care managers from the inpatient and behavioral specialty teams work together on young adult (ages 18 to 25) substance misuse cases to increase engagement in coaching programs following discharge from the inpatient setting. The ultimate goal is to help facilitate a smooth transition into the community.
- Health Matters-Behavioral Project. The Health Matters Score (available to Cigna medical customers only) is a guide used to determine what health issues to focus on, as well as engagement outreach and mode of outreach. There are four behavioral attributes, and if a high-risk score is identified for one of these attributes, we will refer the customer directly to a behavioral specialty coach who will initiate outreach. The goal of this intervention is to increase outreach and engagement rates in coaching programs and to guide customers to education about benefits and resources from participating health care professionals.

## Case management story

### Customer example: A history of addiction

Andrew, a Cigna customer, had a long history of alcohol use and, after a traumatic neck injury, also became addicted to narcotic pain medication. Because of his injury and addictions, Andrew had to stop working and go on disability leave. Eventually, his addictions led him to an inpatient detoxification program, followed by treatment in a drug rehabilitation center. Andrew was referred to a case manager from our Substance Use Disorder Specialty Team when he was discharged from his treatment programs. Andrew's case manager:

- Explained the program and benefits.
- Helped Andrew evaluate his situation and identify challenges he might face in his recovery.
- Motivated Andrew to stick with treatment as part of his recovery when he was not sure he wanted to continue treatment.
- Coordinated necessary coverage authorizations for an intensive outpatient program.
- Helped him to find local Alcoholics Anonymous meetings.
- Coached him on how to talk to his doctor about anti-craving medications.
- Assisted him with choosing a psychiatrist who specialized in pain management.
- Coordinated with Andrew's medical case manager to help make sure his overall care needs were being met.
- Worked with Andrew on reconnecting with his children, with whom he lost touch during years of substance use.

Andrew completed the program after four coaching calls with his case manager. He finished his substance use intensive outpatient treatment and was able to return to work. He continues to attend Alcoholics Anonymous meetings, as well as a free program at a nearby outpatient facility. Andrew is active in his medical treatment and reunited with his children. Andrew has confidence that he will be able to maintain his sobriety and achieve the rest of his goals.

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## 5. How do we help guide customers to the right substance use treatment providers?

- We help customers who need acute detoxification receive it and subsequently receive the right level of chronic care. When customers call Cigna Behavioral Health for guidance on which facility to use, we encourage them to contact a Cigna Behavioral Health Designated Substance Use Treatment Provider if possible. These facilities participate in our network and have earned a top ranking for patient outcomes and cost efficiency based on five measures.
- For our Out-of-Network Substance Abuse Project, we use a predictive model to identify customers – young adults ages 18 to 25 – likely to go out of network for a substance misuse service in the next six months using several predictive factors. A flyer is sent to customers providing education on participating health care professionals and a behavioral specialty care manager will follow up with a call. The goal of this intervention is to increase reach and engagement rates, and guide customers to use participating health care professionals.

## 6. How do we monitor and prevent fraud and abuse?

- The passage of the Mental Health Parity Act and Addiction Equity Act of 2008 caused a number of for-profit SUD treatment centers to enter the market. Some of these new for-profit treatment centers engaged in excessive or fraudulent billing practices. We are addressing cases of inappropriate billing by these treatment centers through referrals to our Special Investigation Unit as appropriate.

## 7. What are we planning to do in the future?

- We have initiated a work group focused on identifying areas of highest impact to help address the crisis, areas for improvement, and appropriate engagement and action with policymakers.

## Additional information

- Additional information about the national response and the CDC *Guideline for Prescribing Opioids for Chronic Pain* is available at <http://www.cdc.gov/drugoverdose/epidemic/>.
- Health care professionals can refer to our Enhanced Narcotic Therapy Management resources on the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Pharmacy Resources > Clinical Programs > Enhanced Narcotic Therapy Management).
- Customers can access our Coping with Substance Abuse Seminars on myCigna.com (<http://www.cigna.com/healthwellness/behavioral-awareness-series/coping-with-substance-abuse>).

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## Appendix

### Part A. Federal response

#### *Examples of key legislation in Congress*

- In the U.S. House of Representatives, Ranking Member of the Energy and Commerce Committee Rep. Frank Pallone, Jr. (D-NJ) introduced the Heroin and Prescription Drug Abuse Prevention and Reduction Act. The legislation would offer grants to expand access to treatment, including medication-assisted treatment; authorize grants to fund syringe exchange programs; increase the disclosures for insurance companies to ensure compliance with mental health parity; and increase audits of insurance companies.
  - The Senate Committee on Health, Education, Labor, and Pensions is expected to include several opioid-related bills in their broader behavioral health care package this spring.
  - The Recovery Enhancement for Addiction Treatment Act of 2015 (S.1455) would increase the number of substance abuse patients that opioid-prescribing health care professionals can treat from 30 to 100 per year. It also allows health care professionals to seek approval to treat an unlimited number of patients under certain circumstances.
  - The Co-Prescribing Saves Lives Act of 2015 (S. 2256) encourages health care professionals to co-prescribe naloxone alongside opioids and make the overdose reversal drug more widely available in federal health facilities. It would also fund state efforts to develop co-prescribing guidelines, help purchase naloxone, and train health care professionals.
  - S.480 reauthorizes the National All Schedule Prescription Electronic Reporting Act, which provides grants to states to develop prescription drug monitoring programs.

### Part B. State Response

#### *Examples of state approaches*

Some initiatives being considered by states include:

- Mandating continuing health care professional education on opioid addiction issues.
- Mandating patient education and monitoring by health care professionals when prescribing opioids.
- Allowing licensed pharmacists to directly dispense naloxone over the counter without a prescription.
- Creating programs that allow for the safe disposal of unused opioids, including not arresting individuals with substance use disorders who come into contact with local police seeking treatment or assistance.
- Requiring parental consent before prescribing to individuals under 18 years of age.

Some specific state examples include:

- Maryland – In January 2016, Governor Hogan introduced legislation that would amend the state's Gang Statute to provide stricter drug trafficking policies to aid prosecution and would strengthen its current Prescription Drug Monitoring Program.
- Ohio – In January 2016, Governor Kasich and a coalition of state medical leaders announced new guidelines intended to reduce opioid prescriptions for short-term pain (less than 12 weeks), recommending alternative treatments.
- Massachusetts – On March 14, 2016, the state passed a law that will:
  - Limit first-time prescriptions for opioid drugs to a seven-day supply and implement a seven-day limit for all opioid prescriptions for minors.
  - Establish a process for schools to verbally screen students to identify those who are addicted or at risk of addiction to drugs.

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- Require that anyone who enters the emergency department suffering from an opioid overdose receive a substance abuse evaluation within 24 hours, before discharge.
- Require health care professionals to check a prescription drug monitoring program each time they prescribe an addictive opioid.
- Establish civil liability for anyone administering the anti-overdose drug naloxone.
- Incorporate education about opioid addiction into annual high school sports training.
- Require that health care professionals and pharmacists educate patients about the dangers of opioid addiction.
- Require additional training for health care professionals and medical students about substance use disorder.
- Establish a drug stewardship program to safely dispose of unneeded drugs.

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