Since 1999, the number of overdose deaths involving opioids has quadrupled (CDC). Drug overdoses, the majority of which are from opioids, are now the leading cause of death among Americans, outnumbering both traffic accidents and gun-related deaths (CDC). More than two million Americans are estimated to be dependent on opioids (SAMHSA). An additional 95 million people used prescription painkillers in the past year — more than used tobacco (SAMHSA).

Health plans nationwide are working closely with state and federal leaders, as well as with physicians and other providers, to address the opioid crisis that is devastating individuals and their families in communities across the country. In October 2017, America’s Health Insurance Plans (AHIP) launched its Safe, Transparent Opioid Prescribing (STOP) Initiative. The STOP Initiative is designed to support widespread adoption of evidence-based clinical recommendations developed by the Centers for Disease Control and Prevention (CDC) for pain care and opioid prescribing.

Recognizing that addressing the opioid crisis is a complex and multi-faceted challenge, health plans use a comprehensive approach encompassing

- prevention,
- early intervention, and
- treatment and recovery.

This STOP Playbook is designed to provide practical examples of different strategies health plans have deployed for all three components of this comprehensive approach. Taken together, these strategies reflect innovative ways plans are combatting this public health crisis and the industry’s commitment to be part of the solution.
Health Plan Prevention Strategies

Health Plan Prevention Overview

Health plans, health care providers, and patients all play a critical role in the prevention of opioid misuse and addiction. Recognizing that people deal with pain differently, patients and health care providers should talk openly and honestly about pain and how to manage it – from lifestyle changes and exercises, to over-the-counter options and the dangers of opioids. Plans work closely with providers to ensure patients have access to safe, evidence-based, and effective approaches to manage pain.

Key Health Plan Strategies to Prevent Opioid Misuse and Addiction

STRATEGY 1.1

Encouraging proven ways to manage pain, such as non-narcotic medications, physical therapy, and acupuncture.

Health plans are providing evidence-based protocols for physicians and pharmacists to prevent patients from receiving too much pain medication. These protocols may include reasonable medical management techniques, such as step therapy, prior authorization, and quantity limits consistent with best practices. This also includes encouraging physicians and patients to develop treatment plans for pain that consider non-narcotic treatment options, and providing patients who receive large amounts of narcotic medications access to pain experts, non-narcotic methods of pain control, and improved care coordination.

Plans are also encouraging the use of non-opioid treatments to treat chronic pain. Recent research shows that non-opioid medications, even over-the-counter options like ibuprofen, can provide just as much relief as opioids with much less risk. Additionally, there is a growing body of research that suggests that interventions like physical therapy, massage, and acupuncture may be effective in treating chronic pain. Several plans have integrated coverage of these interventions into their coverage policies.
STRATEGY 1.2
Promoting the CDC opioid prescribing recommendations including non-opioid pain care, cautious opioid prescribing, and careful patient monitoring.

In 2016, the CDC released their Guideline for Prescribing Opioids for Chronic Pain which included recommendations for prescribing opioid pain medication for patients 18 and older in primary care settings. These include recommendations to prescribe the lowest dose and fewest pills that would be effective for each patient, regular review of the risks associated, and close patient monitoring to promote safer use of opioids to improve clinical practice, patient outcomes, and public health. Health plans strongly support these recommendations and promote them across their provider networks. Health plans also engage patients to provide support programs, such as substance use disorder coaching and pharmacy home programs to coordinate care and medication access.

STRATEGY 1.3
Launching the STOP Measure, a robust, evidence-based methodology health plans can use to measure how well provider practices are adhering to the CDC Guideline for Chronic Pain.

As described above, health plans have consistently supported the CDC Guideline to promote evidence-based pain care and reduce unnecessary prescribing. The STOP Measure takes these efforts to the next level by establishing an industry-wide approach to measuring performance against the CDC recommendations, and ultimately using this information to inform quality improvement efforts. In collaboration with clinical experts, members of the AHIP Opioid Work Group – consisting of 40+ member health plans – created the STOP Measure for six of the twelve CDC recommendations as a foundation. Using this methodology, the health insurance industry can identify:

- Percent of prescriptions for immediate-release opioids versus extended-release or long-acting opioids
- To what extent opioids are prescribed concurrently with benzodiazepines
- The dosages and duration being prescribed for those patients with acute or chronic pain
- When and how often urine drug tests are being administered when appropriate before or during long-term opioid therapy
The STOP Measure has been shared widely with health plans; as experience is gained, the initial methodology may be updated, and further validated.

**STRATEGY 1.4**

Encouraging provider education on evidence-based pain care and screening people for risk of addiction.

As leading researchers have noted, the number of prescriptions for opioids (e.g. hydrocodone and oxycodone products such as Vicodin and Percocet, respectively) have escalated from approximately 76 million in 1991 to nearly 207 million in 2013. Analysis by the CDC found that prescription patterns peaked in 2010; since then, the annual prescribing rate dropped 13%. However, despite these efforts, doctors are still prescribing three times as many opioids as they were in 1999.

AHIP and its members support efforts by medical and professional societies to offer and enhance education and training on pain treatment and management, as well as safe opioid prescribing for providers. Health plans look to provider education and training on pain treatment and management when developing their networks of facilities and providers, identifying centers of excellence, and collaborating with providers and emergency departments to facilitate appropriate triage and care coordination.

**STRATEGY 1.5**

Educating consumers and communities on the risks of opioids.

Between 1999 and 2015, more than 560,000 people in our nation died due to drug overdoses. In 2015, nearly two-thirds of drug overdoses were linked to Percocet, OxyContin, heroin, and fentanyl.

Patient education is a key component of any prevention strategy, and research indicates that it is effective in preventing opioid misuse. A 2016 study from the Annals of Family Medicine found that patient education may have positive behavioral consequences that could lower the risks of prescription painkiller abuse. The authors conducted a phone survey of adults aged eighteen and older who had been prescribed strong prescription painkillers within the last two years. They estimated that nationally (when adjusting for socioeconomic variables), 20% of respondents who did not remember discussing addiction risk with their physician reported saving pills for later, compared with 8% who did remember discussing addiction risk.
Additionally, a study from the Rothman Institute, looking at carpal tunnel release surgery, found that patients who received pre-surgery education used an average of 1.4 pills during their recovery and those who did not receive the pre-surgery education used an average 4.2 pills during their recovery.

To support patient education, AHIP created a Question and Answer resource titled, “The Facts on Pain Care and Prescription Opioids” to support dialogue between patients and providers about options for managing and relieving pain.

**Ways to Improve Prevention of Opioid Misuse and Addiction**

AHIP’s health plan members work together to share best practices and identify potential policy recommendations to combat this crisis. Some policy ideas that have been discussed pertaining to prevention include:

- Improve education and training efforts by medical and professional societies for pain treatment and management, as well as more cautious opioid prescribing, including offering CME/CE credit, or requiring such training for license renewal.

- Encourage the use of CDC opioid prescribing recommendations including limits on initial opioid prescriptions.

- Encourage use of electronic prescribing of controlled substances including opioids to prevent prescription tampering, improve security, reduce fraud, and limit opioids getting in the wrong hands.

- Oppose mandated coverage of abuse deterrent formulations of opioids based on the lack of evidence that they reduce the risk of addiction for most patients who are prescribed opioids.

- Advocate for expanded research efforts on the effectiveness of non-opioid pain alternatives (e.g., acupuncture, yoga, tai chi).
Health Plan Early Intervention Strategies

Health Plan Early Intervention Overview

By combining effective education, prevention, behavioral health care, and evidence-based treatment, health plans are making real, measurable progress in intervening early to mitigate the risk of opiate overuse and address addiction. Working closely with doctors, nurses, and other care providers, plans are continually improving their early intervention strategies to identify at-risk populations and provide them with better pathways to healing.

Key Health Plan Early Intervention Strategies for Patients at Risk of an Opioid Addiction

STRATEGY 2.1
Leveraging medical management tools, such as step therapy and prior authorization, to ensure patients receive access to safe, effective care at an affordable cost.

Health plans use medical management practices to design and develop value-based approaches that provide access to necessary treatments, confirm treatment regimens ahead of time, dispense appropriate amounts of prescription drugs, and utilize cost-effective therapies. This helps ensure that patients receive safe, effective care at an affordable cost. Medical management can take several forms such as prior authorization for prescription pain medication, step-therapy which promotes an evidence-based, systematic approach to therapy, and prescription tiering, in which certain drugs or drug classes are preferred over others. Taken together, these techniques provide evidence-based protocols for physicians and pharmacists to prevent patients from receiving too much pain medication.

Studies have shown that medical management techniques can be successful in curbing opioid misuse. A study from the American Journal of Managed Care compared rates of opioid abuse and overdose among enrollees in Medicaid plans that varied in their use of prior authorization (PA) from “High PA” (where PA was required for 17 to 74 opioids), “Low PA” (where PA was required for 1 opioid), and “No PA” policies. The study concluded that enrollees within...
Medicaid plans that utilize PA policies have lower rates of abuse and overdose following initiation of opioid medication treatment.

**STRATEGY 2.2**

Facilitating coordination between physicians and pharmacies when patients are “doctor shopping” or “pharmacy shopping” or receiving multiple prescriptions.

Health plans coordinate with physicians and pharmacies to identify patients who receive prescriptions from multiple providers. Some health plans also have implemented programs to direct patients who are accessing multiple opioid prescriptions from multiple providers to a single prescriber and pharmacy for improved monitoring.

Issues related to doctor and pharmacy shopping are also impacting Medicare beneficiaries. A 2017 report from the HHS Office of Inspector General found that 90,000 beneficiaries are at serious risk of opioid misuse and overdose, and that approximately 22,000 beneficiaries appear to be doctor shopping. To combat this issue within the Medicare population, health plans support the process for sharing information among Medicare Part D plans when beneficiaries who have been identified as potential over-users of opioids move from one Part D plan to another.

**STRATEGY 2.3**

Analyzing pharmacy claims to identify prescription patterns that may indicate overuse or misuse to inform early interventions.

Health plans analyze their pharmacy claims data to identify prescription patterns that show someone at high-risk of potential overuse or misuse. Plans share information with providers and collaborate to intervene with at-risk individuals to provide education, counseling, and encourage treatment. Additionally, if warranted, controls can be implemented at the point-of-sale to trigger a pharmacist’s review of a member’s prescription.

This type of analysis may also uncover potentially dangerous drug interactions such as patients who are prescribed benzodiazepines with opioids, to trigger review and discussion with the patient.
Ways to Improve Early Intervention for Patients at Risk of an Opioid Addiction

AHIP’s health plan members work together to share best practices and identify potential policy solutions to combat this crisis. Some policy solutions that have been discussed pertaining to early intervention include:

- Advocate for improving prescription drug monitoring programs (PDMPs) and for health plans and pharmacy benefit managers to have access to the Pharmaceutical Benefit Management Procedures for a more complete view of patients’ controlled substances prescriptions.

- Modernize of 42 C.F.R. Part 2 to allow the confidential sharing of information on substance use diagnosis and treatment to improve patient safety, quality and care coordination as is permitted with any other chronic illness.

- Support additional resources for immediate “warm” handoffs to opioid addiction treatment for patients in emergency departments after overdose and connect family caregivers to appropriate support groups.

- Advocate for expanded efforts to develop valid quality and outcome metrics for pain and substance use disorder treatment.
Health Plan Treatment & Recovery Strategies

Health Plan Treatment & Recovery Overview

The consequences of the opioid crisis are profound, impacting individuals and families no matter where they live, how much they earn, or how young or old they are. The impact is broad, affecting social services, the health care system, communities and the economy. Health plans recognize this far-reaching impact, and are working to provide access to evidence-based treatment and recovery services for patients in need. Health plan case management programs provide ongoing services, support and education to treat people with, or at risk of developing, opioid and other substance use disorders, as well as their caregivers and families.

Key Health Plan Recovery Strategies to Treat Opioid Addiction & Substance Use Disorder

STRATEGY 3.1
Providing patients struggling with opioid use disorder access to evidence-based treatment including medication assisted treatment (MAT), counseling, and recovery support.

Health plans are committed to providing access to evidence-based medication assisted treatment (MAT) to help a person overcome their substance use disorder, including medications like buprenorphine and naltrexone, along with services such as counseling, peer support services and community based support groups. In recent months, several plans have lifted prior authorization requirements to ensure streamlined access to MAT for patients suffering from a substance abuse disorder.

However, provider shortages often impact a patient’s ability to access these services. A 2015 article¹⁴ in the Annals of Family Medicine found that only 3% of primary care physicians had received waivers from the Drug Enforcement Agency (DEA) to prescribe buprenorphine, the main drug used in MAT. As a result, more than 30 million Americans live in counties where there is no physician available who is certified to prescribe buprenorphine.
In addition to MAT, health plans offer comprehensive substance use treatment programs to members, including cognitive behavioral health counseling, peer support services, community-based support groups, rehabilitation/detoxification, and recovery support. Because individuals struggling with addiction often have other chronic medical and behavioral health conditions, treatment for opioid use disorder must be customized and coordinated to ensure the best possible opportunity for recovery. Once patients have entered a withdrawal management program, plans work closely with these patients and their providers to ensure ongoing engagement in their care and to help prevent relapses.

**STRATEGY 3.2**

**Improving access to treatment services such as counseling, peer support services, and community-based support groups.**

Health plans engage their members to provide them with support programs, such as substance use disorder coaching and Pharmacy Home programs to coordinate care and medication access. AHIP supports the protections established by the federal Mental Health Parity and Addiction Equity Act (MHPAEA), and health insurance providers have been working diligently to implement them.

Additionally, plans work with state and federal agencies and other stakeholders to promote rapid and effective access to evidence-based treatment for people at increased risk of overdose and death, such as individuals re-entering the community after serving prison or jail time. Efforts may include pre-release Medicaid enrollment, enhanced care coordination efforts to ensure linkage to community treatment providers, and recovery services to support stability during the transition home.

**STRATEGY 3.3**

**Partnering with other community organizations to increase access to treatment for patients with opioid use disorder.**

Often, health care resources are limited, particularly in rural areas, for patients seeking treatment for an opioid use disorder. Plans are actively collaborating with community non-profits, criminal justice organizations, local law enforcement, and maternity care centers to connect patients in need with treatment.
Many plans are also seeking to extend availability of care and treatment through telehealth services. Telehealth would allow individuals to access a physician more conveniently, and would provide much needed access particularly in rural regions and for chronically underserved populations.

Ways to Improve Treatment and Recovery Strategies

AHIP’s health plan members work together to share best practices and identify potential policy solutions to combat this crisis. Some policy solutions that have been discussed pertaining to treatment and recovery include:

- Expand access to evidence-based medication assisted treatment (MAT) and recovery services for patient and family-centered care. This can include expanding and strengthening the workforce by supporting those authorized to prescribe MAT to care for more patients, and improving the quality infrastructure (e.g., quality/outcome measures, validated standards, accreditation for behavioral health facilities and providers).

- Encourage adoption of a comprehensive opioid management program in Medicaid and other state-run health programs, with greater flexibility and an emphasis on patient and family-centered care.

- Encourage coordination and collaboration with the legal system, such as drug treatment courts through pre-trial drug diversion programs, in the rehabilitation of members with drug-related offenses and underlying substance use disorders.

- Encourage all pharmacies to dispense naloxone.

- Enact “Good Samaritan” legislation to provide legal protection for individuals that assist someone who experiences an opiate-related overdose.

- Increase oversight of fraudulent programs exploiting patients and targeting health insurance revenue (e.g., sober homes that do not provide evidence-based care, excessive billing for urine drug screening tests).

This report was prepared for publication by AHIP’s Clinical Affairs. For further information, please contact Kate Berry, Senior Vice President, at kberry@ahip.org