



OPIOID

PRIORITY PLAN ON OPIOID USE

CRISIS

In 2016, drug overdoses killed more Americans than entire Vietnam War, motor vehicle deaths, gun violence and AIDS-related deaths ever did in a single year.

## TAKING ACTION ON THE OPIOID EPIDEMIC

Every day, more than 90 Americans die from an opioid overdose.<sup>i</sup> As an organization known for its community focus and responsiveness to members, UCare is in a unique position to combat the opioid epidemic. This complex disease invades our homes, schools, and communities, devastating lives and families. UCare has deep roots and expertise in supporting comprehensive care to those affected by the opioid misuse. Pulling from its robust infrastructure and behavioral and medical knowledge, UCare has developed a **Priority Plan on Opioid Use** to address this growing health crisis. Specific goals include reducing the misuse of opioids and improving adherence to appropriate usage, dosage and duration of use.

### UCARE'S STRATEGIES TO ADDRESS OPIOID DEPENDENCY

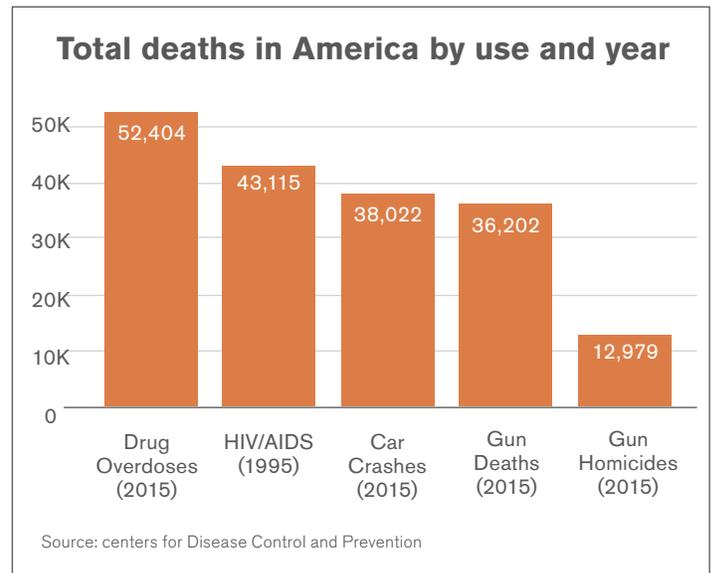
- Collaborate with Providers and Communities
- Support At-Risk Populations
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- Grow Partnerships
- Champion Vigilant Prescribing
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- Assess Patient's Pain and Opioid Risk
- Personalize Care Programs

Central to the plan are methods and expertise that UCare possesses that we can leverage to educate the public about opioid misuse and to uncover novel prevention and treatment options to help those facing addiction.

"UCare has the expertise and partnerships to help our members and the state of Minnesota with the opioid epidemic," said Mark Traynor, President and CEO, UCare. "Taking on this crisis embodies our mission of providing whole-person care and serving our community."

### ON A NATIONAL SCALE

"We are experiencing an escalating crisis and seismic explosion in current day misuse of opioids," said Scott Yarosh, M.D., behavioral health expert for UCare. Data from the Centers for Disease Control (CDC) show that approximately 64,000 people nationwide died from drug overdoses in 2016, a 21 percent increase over the previous year.<sup>ii</sup> And drug



overdoses are the leading cause of death for those under 50.<sup>iii</sup> The CDC also estimates that the total economic burden of prescription opioid misuse in the United States is \$78.5 billion a year, including the costs of health care, lost productivity, addiction treatment and criminal justice involvement.<sup>iv</sup>

For perspective in 2016 alone, drug overdoses killed more Americans than the entire Vietnam War, motor vehicle deaths, gun violence, and AIDS-related deaths ever did in a single year. In total, more than 170 people are estimated to die from overdoses every day in the United States, and most of the deaths are linked to opioids.<sup>v</sup>

The opioid problem, driven by overprescribing and misuse of opioids, requires continual attention, diligent monitoring and thoughtful assessment, said Yarosh. "In other words, a quick fix to this crisis is not the answer."

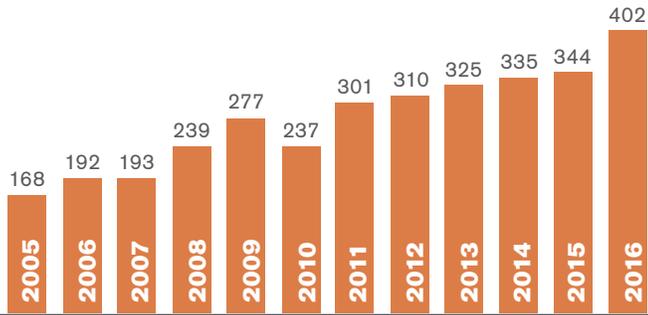
### AT HOME

In Minnesota, the number of those who die of opioid overdoses is growing each year. Opioid overdoses took the lives of 376 people in 2016, an increase of 12 percent. Half of the state's opioid overdose deaths were caused by prescription opioids like oxycodone.<sup>vi</sup>

In 2016, more than 3.5 million prescriptions were written for opioids in Minnesota, translated into roughly 63 percent of the

## Total opioid-related deaths in MN since 2005

Herion and fentanyl abuse resulted in an overall increase in opioid-related deaths in 2016



\* Some death records listed multiple drugs.

Source: Star Tribune analysis of Minnesota Department of Health data//Graphic by C. J. Sinner, Star Tribune

population possessing a bottle of the powerful narcotics. The epicenter for Minnesota's opiate prescriptions is just 100 miles north of the Twin Cities in Aitkin, Kanabec and Mille Lacs counties.<sup>vii</sup>

### WHAT ARE OPIOIDS

Prescription opioids are powerful narcotic pain-reducing medications, also known as painkillers. They treat and manage moderate to severe pain by blocking pain signals in the brain. They fall under names such as morphine, methadone, buprenorphine, hydrocodone, and oxycodone. Opioid drugs sold under brand names include: OxyContin®, Lorcet® and Lortab®, Percocet®, Vicodin®, Percodan®, Tylox® and Demerol® among others. These drugs have both benefits as well as potentially serious risks. When used properly, these medications help manage pain for numerous conditions. When misused or abused, they can cause serious harm, including addiction, overdose and death.<sup>viii</sup>

### THE BEGINNING

The scope and face of this disease have changed among population subtypes. In the 60s, the problem resided in the streets. In the 90s, physicians became increasingly aware of the burdens of pain and of the pressure to alleviate it quickly.

Pharmaceutical companies also marketed painkillers where risks versus benefits were not always clear.<sup>ix</sup>

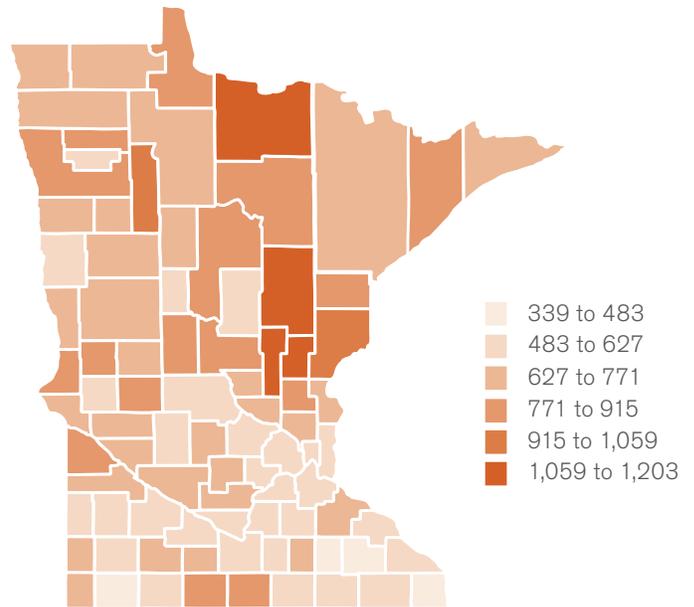
"Physicians looked at level of pain as a fifth vital sign. Patients indicated pain with smiley faces, and that elevated pain meant opioids as the first order of treatment. "Happiness of the patient equated to success, it also began the crescendo of a deadly problem," said Yarosh.

The problem now resides in the doctor's office, emergency room and bathroom cabinets. The health care system has made painkillers more accessible. The more ease of use, the more misuse.

### OBTAINING OPIOIDS

According to combined 2013 and 2014 data from the National Survey on Drug Use and Health, an annual average of 10.7 million people aged 12 or older misused prescription pain relievers. This represents 4.1 percent of the population. It shows around 50 percent of people who misuse opioids get the drugs from a friend or relative for free, while 22 percent obtain them from a doctor, according to the U.S. Department of Health and Human Services.

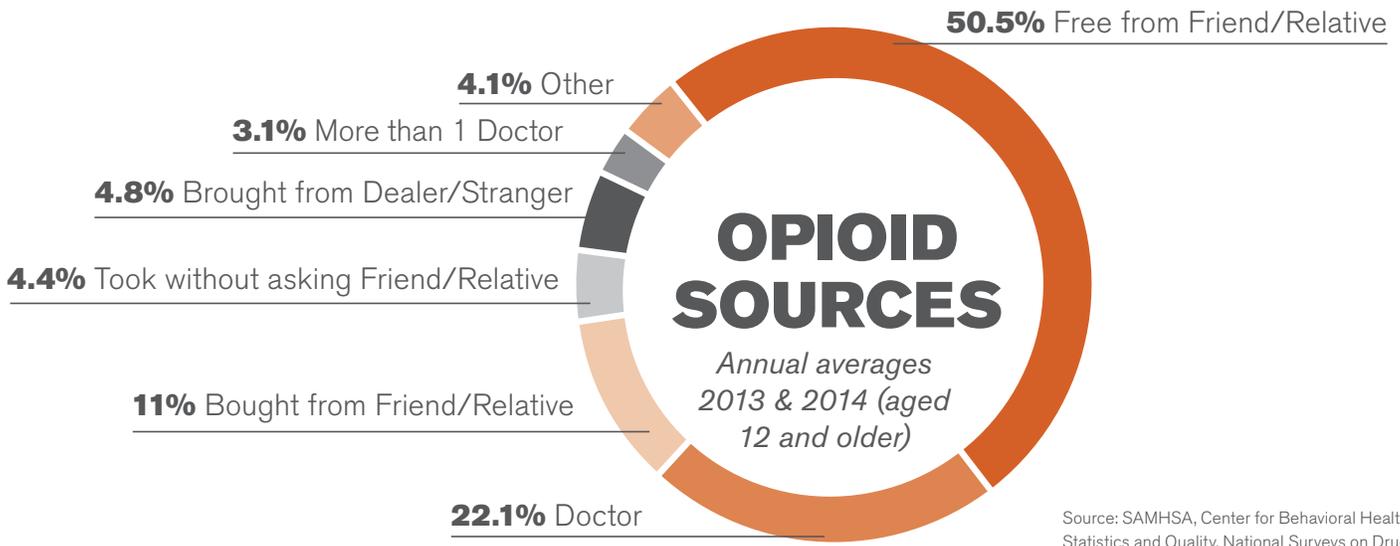
### Prescriptions per 1,000 residents



Source: Minnesota Board of Pharmacy

The opioid problem, driven by overprescribing and misuse of opioids, requires continual attention, diligent monitoring and thoughtful assessment

## Source of prescription pain relievers (nonmedical)



### APPLYING EXPERTISE

This widespread problem now affects thousands of Minnesotans, and as a result, UCare is taking direct action and providing solutions because the impact of opioid abuse affects the spectrum of the health care industry: members and their families; physicians; nurses; pharmacists; hospitals; health plans and more. UCare, with its ties to Minnesota communities, is on the front lines of this public health issue. And it is the public health field where UCare began its 30-year legacy of serving medically underserved populations. UCare is committed to addressing public health needs such as the opioid crisis.

### AT-RISK POPULATIONS

UCare has a strong legacy in providing exceptional member services to more than 390,000 members. Many of those members stem from diverse, special needs, and Medicare-eligible populations. The opioid epidemic has directly and indirectly affected these populations. Specifically, a study conducted by JAMA Internal Medicine found that among Medicare beneficiaries, new opioid use after hospitalization is common.<sup>x</sup> Diligent monitoring can aid in avoiding misuse.

UCare not only offers Medicare and Medicaid plans, but also a full spectrum of health plans with levers to address this epidemic including, but not limited to: provider and patient education; prevention, screening and behavioral counseling and interventions; administrative controls and opioid data analytics.

### UCARE'S APPROACH

Every one of our members in every corner of our state served through UCare health plans can receive support from our Priority Plan on Opioid Use. UCare is committed to working with partners across the state to address this growing public health issue. No one is immune from being affected by this problem, and everyone should know help is available.

"UCare believes there are additional solutions for pain, and we can bring them to bear without stigma or shame. A benign rationale exists at the root of opioid misuse," said Jeri Peters, Vice President and Chief Nursing Officer, UCare. "We are addressing the perpetuation of the need for opioids with alternative solutions that work effectively."

Right now, the health care industry doesn't have a panacea for opioid addiction. Until then, the course of action is a united front among health providers to collaborate on strategies. Our approach maximizes UCare's strong history of providing health services to Minnesotans by putting forth solid strategies that produce positive outcomes and launching these plans in tandem with public and private sectors.

These prevention-to-recovery solutions educate the public, prevent abuse and offer support, with the overall goal of eradicating opioid misuse and providing overall health and well-being.

# PLAN

## Priority Plan on Opioid Use

The following strategies fortify federal, state and local efforts, leverage UCare's existing expertise and infrastructure and help those affected by the opioid crisis.

### UCARE AND HENNEPIN COUNTY TEAM UP TO ACT ON OPIOID CRISIS

A \$200,000 grant from UCare will enable Hennepin County Medical Center (HCMC) to embed licensed drug and alcohol counselors in the Emergency Department to help assess UCare members for treatment with a highly effective addiction medication and to connect these patients to community providers for ongoing medication treatment.

This expands HCMC's response to the current opioid epidemic and aligns with Minnesota's State Substance Abuse Strategy, which seeks to improve linkage to care for those with opioid use disorders.

A second \$200,000 UCare grant funds additional withdrawal management services. This project will serve UCare members who suffer from substance use disorders and require safe, medically monitored health care while withdrawing from substances.

### UCARE'S STRATEGIES TO ADDRESS OPIOID DEPENDENCY

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### PROVIDERS

UCare's system can digitally track multiple prescriptions with other providers for same-type of prescriptions and timeframes, where then staff can review data with providers for appropriate action. Connecting the tracking system with information about patients' medical history can aid providers in prescribing an opioid.

UCare works with medical providers to assess patients, refers for alternative treatment and assists with dependence treatment.

UCare foresees mutually agreed upon checks and balances where real change can occur based on dose limits, parameters affects, alternative solutions and medicines, and treatment.

## PREVENTION

Preventing opioid misuse and overdose deaths involve providing alternative solutions, stopping use before abuse, or limiting access. UCare is acutely aware that prescribing practices and community resources are keys to prevention.

UCare doesn't go it alone to prevent this disease, and will work across the spectrum of the health industry and collaborate with physicians, pharmacists, government and communities to deploy methods ranging from local awareness tactics to mandated clinical protocols to prevent nonmedical use of prescription drugs. This divide and conquer approach uses vigilant actions on all prevention fronts.

Our members, physicians, patients and public can take steps to ensure that they use prescription medications starting with the basics:

- Follow the directions as explained on the label or by the pharmacist.
- Be aware of potential interactions with other drugs.
- Discuss need, dosage and concerns with physicians and pharmacists.
- Keep prescriptions secure from unauthorized use.

## PARTNERSHIPS

UCare has a successful history of community and unique partnerships that produce positive health outcomes, including providers who understand resources available to manage pain and addiction. UCare and partners, such as the Indian Board, have experience in opioid addiction and offer prevention and treatment options. We see increased collaborations as one of the most necessary methods to grow awareness of opioid misuse and offer help through various stakeholder touch points.

As a member of the Minnesota Health Collaborative, UCare is partnering with health organizations to implement shared community standards for opioid prescriptions for acute and postoperative pain. The objective is to decrease the population at risk for developing substance use disorder by assuring the smallest needed quantity of opioid medication is prescribed to manage pain, while maintaining a patient-centered approach to pain management.

## PRESCRIBING

UCare has adopted industry standards and practices on formulary management, and examines the opioid issue every day through its monitoring of member data.

Prescribing patterns tell a story of what is working and what needs attention. UCare analyzes utilization reports and claims to uncover high-risk members and inform strategies on opioid misuse. With these findings, UCare offers prescribers tools, guidelines, webinars and more.

UCare encourages use of the prescription drug program website run by the Minnesota Board of Pharmacy to detect high morphine equivalent dose, multiple prescribers, multiple pharmacies and risky combinations. On all products, UCare has administrative controls such as formulary, quantity limits, refill-too-soon rules and registry use.

Moreover, formulary management strategies for watchful indications of opioid use include such levers as photo identification, prior authorization, quantity limits and drug utilization review. And to help stop the misuse of opioids, UCare supports Minnesota Department of Human Services (DHS) Uniform Pharmacy Workgroup guidelines to prescribe at the lowest effective dose and duration, which is no more than seven days for an initial prescription, and three days in some cases.

UCare utilizes the mandated restricted recipient program where data is flagged to indicate restrictions, such as those overusing ER to obtain opioids. Cases occur where members receive warning letters and/or enrolled involuntarily into the program with the option of appeal. UCare does have a protocol in place where opioids will not be prescribed.

In a medical assistance plan, UCare can:

- Limit opioids to a maximum dose of 120 milligrams of morphine equivalents per day. Note: exceptions made for clinically appropriate circumstances such as cancer-related pain or hospice care.
- Sustain 85% refill threshold for opioids.
- Prevent overrides for promethazine with codeine cough syrup.

In a Medicare plan, UCare reviews the following quarterly:

- Members using 120 milligrams of morphine equivalents or greater, using three or more pharmacies or prescribers.
- Members using benzodiazepines in combination with opioids.

If members overutilize opioids, UCare verifies medical necessity and issues a hard stop with members receiving a cumulative dose of 200 milligrams morphine or equivalent.

## POPULATIONS

Representing and addressing this epidemic on a macro level may not be the clearest way to understand the needs of those affected by opioid misuse. This crisis is happening in certain places and to defined populations. If we represent them as national, we probably lose our best opportunity to understand local at-risk population.<sup>xi</sup> UCare will focus on a local level and high-risk populations, which are UCare's strengths.

People at high at-risk for opioid use disorder include the Medicare and Medicaid populations.<sup>xii</sup> Centers for Medicare and Medicaid Services (CMS) provides medically based treatment guidelines, including opioids for these members, and does not allow Medicare members (including duals) to have restricted access.

UCare's support to Medicare members includes:

- Monitoring and outreach for high-risk senior members.
- Working with other Medicaid plans to curb new chronic users of opioids.
- Providing drug screening, substance abuse treatment programs, and clinical assessment of member's history and risk of substance abuse, including obtaining information from the Minnesota Prescription Drug Monitoring programs.<sup>xiii</sup>  
Note: clinicians will interpret test results to use for clinical decision-making.
- Supporting the use of physician-patient contracts concerning opioid treatment.

## ALTERNATIVE PAIN MANAGEMENT

UCare collaborates with providers in finding alternative solutions beyond the immediate action of prescribing opioids to treat chronic conditions. Pain relief options come in many forms — many with fewer risks and side effects than opioids. Some of these options include the use of long-lasting and effective gels or over-the-counter pain relievers and/or inflammatory relief.

UCare plans include complementary therapies such as acupuncture, chiropractic and resiliency services as well as behavioral, hydrotherapy, and physical therapy. UCare consistently reviews its benefit set and bimodal distribution of pain-inducing procedures and how best to serve members who need pain relief.

## PATIENTS

Opioids have been used increasingly over the last decade for treating pain, such as dental pain or sports injury. One way to eliminate dependency is not prescribing opioids in the first place. This requires a concerted focus on the initial assessment of pain the patient is experiencing to determine the course of care. UCare deploys validated tools and screeners for patients with pain. They assess risk for opioid abuse among individuals prescribed opioids for treatment of chronic pain.

## PROGRAMS

Advancing evidence-based programs for managing pain and substance abuse are components of UCare's overall comprehensive care for members. Specifically, through care management programs for members with complex conditions, members receive assessments before treatment as well as care and monitoring during and after treatment. This is about personalized care and meeting the member where they are with their condition — from initial screening to ongoing care for relapses.

## AUTHOR BIOGRAPHIES

### **Scott M. Yarosh M.D.,**

Dr. Yarosh is UCare's expert on behavioral health. He has been a St. Paul-based practicing psychiatrist for 20 years. He is board-certified in both internal medicine and psychiatry. He completed Medical School at the University of Minnesota followed by his Internal Medicine residency at Hennepin County Medical Center, and his psychiatry residency at the University of Minnesota. Over the past 20 years, he has been involved with managed care in several organizations both locally and nationally. He maintains an active outpatient practice and has special interests in forensic psychiatry, personality structure, and methods of ensuring appropriate and adequate access to mental health care.

### **Jeri Peters, Vice President, Chief Nursing Officer**

Jeri Peters brings more than 30 years of nursing and health care management experience to her role as UCare's Vice President and Chief Nursing Officer. Peters is a registered nurse, certified public health nurse, and American Nursing Association — certified mental health nurse. Peters oversees UCare's Clinical Services teams including utilization review, care management, disease management and health coaching, and clinical operations for UCare's Medicaid and Medicare plans.

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<sup>i</sup> <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>

<sup>ii</sup> <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

<sup>iii</sup> <https://www.psychologytoday.com/blog/counseling-keys/201711/drug-overdoses-are-leading-cause-death-those-under-50>

<sup>iv</sup> <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>

<sup>v</sup> <https://www.vox.com/science-and-health/2017/3/23/14987892/opioid-heroin-epidemic-charts>

<sup>vi</sup> <http://www.startribune.com/minnesota-opioid-deaths-rise-despite-attention-intervention/424836053>

<sup>vii</sup> <https://www.twincities.com/2017/10/07/minnesota-struggles-to-rein-in-prescription-opioids>

<sup>viii</sup> <https://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm337066.htm>

<sup>ix</sup> <https://www.vox.com/science-and-health/2017/8/3/16079772/opioid-epidemic-drug-overdoses>

<sup>x</sup> <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2527391>

<sup>xi</sup> [https://www.huffingtonpost.com/entry/america-on-opioids-dispatches\\_us](https://www.huffingtonpost.com/entry/america-on-opioids-dispatches_us)

<sup>xii</sup> <https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/CMS-Opioid-Misuse-Strategy-2016.pdf>

<sup>xiii</sup> <http://www.pmp.pharmacy.state.mn.us>