



# Organizing to Change

Every organization – physician group, care delivery system, health plan – is different. But to make changes that will result in safer opioid prescribing and quality pain management, there must be:

- Leadership Commitment
- Organized and accountable people and team(s) to:
  - Set Priorities
  - Develop Strategy and Plan
  - Implement specific actions, interventions
  - Monitor and oversee to achieve desired results

Simply sending a memo or distributing the CDC Guideline or “having a meeting” alone will not change practice or reduce opioid over-prescribing. As illustrated by the various sections of the Medical Practice Tool Kit, behaviors change when there are changes to work flow, care processes, new protocols, documentation, roles & responsibilities, and when there is measureable performance feedback to re-enforce desired outcomes.

**Safe Med LA urges each dedicated physician group, care delivery system, and health plan, separately or together, to make the organizational commitment and follow through to establish an infrastructure to support and execute positive change toward safer opioid prescribing and pain management. If we all contribute to our part of the solution, together we can reduce the epidemic of opioid overdoses and deaths in our community.**

**The Safe Med LA Prescription Drug Abuse Coalition of Los Angeles County is here to help and support your efforts.**

- Check our website: [www.safemedla.org](http://www.safemedla.org)
- Join our Medical Practice Action Team or Work Group
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**Examples from Health Plans below:**

- Anthem,
- Blue Shield
- Cigna
- Kaiser Permanente,
- LA Care
- Partnership Health Plan

## Examples of organizational efforts:

### California Health Care Foundation (CHCF) Reports:

- Case Studies: Three California Health Plans Take Action Against Opioid Overuse (June, 2016)  
<http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/PDF%20C/PDF%20CaseStudiesHealthPlansOpioid.pdf> (Kaiser Permanente, Blue Shield, Partnership Health Plan)
- Changing Course: The Role of Health Plans in Curbing the Opioid Epidemic  
<http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/PDF%20C/PDF%20ChangingHealthPlansOpioid.pdf>
- Health Plan Rx for the Opioid Epidemic  
<http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/PDF%20H/PDF%20HealthPlansOpioidInfographic.pdf>

### Cigna:

May 19, 2016 [Cigna plans to cut opioid use among U.S. customers by 25 percent](#)  
Health insurer Cigna Corp plans to cut its customers' prescriptions for opioid treatments by 25 percent over the next three years, putting its weight behind a U.S. government battle against addictive pain killers.

Cigna, whose plan to be acquired by Anthem, Inc. would make it part of the nation's largest health insurer, said on Thursday it is backing efforts by state governments to require doctors to check state databases for high-risk customers before prescribing opioid drugs for longer than 21 days.

As part of its plan, Cigna is to send doctors information from its own claims databases about its customers' prescription opioid use, enabling doctors to find out if prescriptions have been written elsewhere or if patients have been prescribed drugs to treat opioid addiction.

It will also work with physicians to educate them on prescribing guidelines and access to medication-assisted therapy to treat substance use disorders, Cigna's Chief Medical Officer for Behavioral Health Dr. Douglas Nemecek said in an interview.

### Blue Shield of CA

*June 29, 2016*

**SAN FRANCISCO, CA (June 29, 2016)** --- Blue Shield of California's Narcotic Safety Initiative, the health plan's three-year program to help its plan participants avoid opioid abuse and addiction, is seeing significant results in its first year.

In the program's first year, there has already been an 11 percent reduction in Blue Shield of California members using the very highest doses of opioids and a 5 percent reduction in those using moderately high doses of opioids. Additionally, Blue Shield has reduced the proportion of new opioid utilizers progressing to chronic use by 25 percent, and has seen an overall reduction in all opioid consumption.

These results are part of a new white paper released this week by the California Healthcare Foundation that looks at how health plans in California are helping to reduce opioid over-prescribing and ensure people have access to recovery services.

The study titled “Changing Course: The Role of Health Plans in Curbing the Opioid Epidemic” surveyed 30 California health plans on their efforts, and provides case studies of three health plans including Blue Shield of California.

“Health plans can help our communities – providers, patients and policymakers – return to a more rational level of opioid prescribing, while ensuring patients get the care they need,” said Kelly Pfeifer, Director of High Value Care for the California Health Care Foundation in the news release that accompanied the paper.

**Blue Shield’s Narcotic Safety Initiative was launched in 2015** and its **goal is to reduce inappropriate prescribing and overuse of opioid narcotic medications for members by at least 50 percent by the end of 2018.**

“The focus of Blue Shield’s program is twofold. We want to reduce unnecessary initial use of opioids for acute and chronic pain so that members are not unnecessarily exposed to the potential for chronic opioid dependence or addiction, and also promote safer opioid doses for those already on chronic opioid therapy,” said **Marcus Thygeson, M.D., M.P.H., Blue Shield of California’s Chief Health Officer**. “The opioid epidemic in the United States is a serious public health crisis, and we’ve made it a priority to work together with the rest of the healthcare delivery system to reduce opioid overuse.”

Over the past 15 years, opioid prescriptions have quadrupled, leading to a cascade of interrelated health, social and economic problems. In addition, accidental deaths from drug overdoses exceed those caused by motor vehicle accidents and firearms, and more of these deaths are caused by prescription opioids (primarily hydrocodone and oxycodone) than heroin and cocaine combined. Hospital admissions for opioid addiction treatment have increased five-fold and five times as many babies now need treatment for opioid exposure than year 2000.

Another study recently released showed that about 1 in 550 people who started opioids died as a result of their ongoing opioid use after an average of two and a half years.

“There is still plenty of work to be done in overcoming the opioid epidemic and health plans are in a unique position to influence the behavior of both prescribers and patients,” Thygeson said. “Together with the help of our community partners and providers, we can reduce the number of people getting started on chronic opioid treatment, continue to transition those already on chronic treatment to lower and safer doses of opioids, and put a stop to this dangerous public health crisis.”

### **LA Care Health Plan**

Strategies to Reduce Prescription Drug Abuse-- Lessons Learned from the ACAP SUD Collaborative-- APRIL 2015

L.A. Care Health Plan – Training on Motivational Interviewing Outreach to Providers: L.A. Care Health Plan’s Collaborative project provides training on motivational interviewing to medical residents at two academic medical centers that deliver substance abuse treatment: Harbor

UCLA and Olive View Medical Centers. L.A. Care Health Plan’s behavioral health staff conducted two one-hour training sessions for residents, and the health plan’s Web site includes a SBIRT tool. Having a Physician Champion: The physician supervisor at the Harbor UCLA site—who is passionate about SBIRT’s potential to effect positive change in beneficiaries’ lives—has strongly supported the initiative. L.A. Care’s Pharmacy Director noted that having a physician champion at the provider site was critical to the program’s success. “It’s helpful to find someone who cares as much as you do about making a change,” she said. Patient Outreach for Motivational Interviewing: To find patients who could benefit from the program, L.A. Care analyzes pharmacy claims and identifies people who have three or more opioid prescriptions, use three or more pharmacies, and/ or have three or more prescribers. Health plan staff send these patients’ files to the program director at Harbor UCLA and Olive View Medical Centers for review. Once the director verifies that an individual’s care patterns suggest potential misuse or overuse of opioids,<sup>32</sup> medical residents at Olive View conduct motivational interviewing at the patient’s next scheduled visit. During the interviews, residents ask patients to identify important life goals and help them understand that seeking treatment and following care plans will enable them to reach those goals. At Harbor UCLA, medical residents meet with patients during routine clinic visits to gather information about their chronic pain and to initiate SBIRT and motivational interviewing. Residents refer patients who demonstrate readiness to engage in further treatment to the HOPE (Helping Overcome Pain Effectively) Clinic. The HOPE Clinic takes a holistic approach to treatment. An interdisciplinary team of providers—including a psychologist, medical resident, senior attending physician, and clinical pharmacist—meet with patients for as long as necessary, often for more than an hour. During these CHAPTER 2: HIGHLIGHTS OF COLLABORATIVE PROJECTS 7 appointments, clinicians educate patients about non-pharmaceutical adjunct therapies to manage pain. These include mindfulness exercises, acupuncture, and brief psychological interventions. Clinicians use screening tools to further assess patients’ potential for opioid misuse. Patients are asked to consider changes in their pain management regimens, and some are asked to decrease or discontinue opioid therapy. The clinic, which has been operating since October 2014, currently serves 20 patients. In the future, L.A. Care may add social workers and case managers to the program to connect patients with SUD services and help them follow treatment plans. Provider Payment for SBIRT: Although Medi-Cal reimbursement for SBIRT is limited to alcohol abuse treatment, medical residents participating in the program wanted to conduct motivational interviewing for patients with all types of SUD because they are interested in learning about best-practice models. Residents have been encouraged by patients’ responses to the program, even in its initial stages. “It’s exciting for them [the residents] that it [motivational interviewing] works,” the project director said. Program Challenges Carve-Outs: Because substance abuse, serious mental illness, and SUD medications are carved out of Los Angeles County’s Medicaid managed care program, L.A. Care’s ability to track patients’ use of SUD services is limited at best, and the health plan is unable to conduct an opioid replacement program. IT System Challenges: System transitions and difficulties with interoperability made analysis of patient data challenging. IT staff dedicated to the project developed effective solutions to move the project forward. Limited Access to Substance Abuse Treatment: In an effort to eliminate fraud and abuse that was prevalent among SUD treatment providers in the Medi-Cal program several years ago, the State of California now requires all providers to undergo recertification. The process has moved slowly

and has created a barrier to substance abuse treatment for Medi-Cal patients. Currently there is a wait list for care. Progress to Date: Based on the success of motivational interviewing with members participating in the project, medical residents have begun to conduct motivational interviewing

## Anthem

Anthem Blue Cross Launches Program to Tackle Inappropriate Opioid and Rx drug use, Improve Drug Safety, Health Care Quality

Anthem Blue Cross has launched the Pharmacy Home Program to help high-risk members in individual and employer-sponsored plans reduce addiction to opioids and other prescription drugs and improve drug safety and healthcare quality by choosing one home pharmacy to fill their prescriptions.

More people died from drug overdoses in the United States in 2014 than during any previous year on record, according to the Centers for Disease Control, with nearly half a million people in the United States dying from drug overdoses between 2010-2014. Sixty percent of drug overdoses resulting in death involved narcotics. At least half of all opioid overdose deaths involve a prescription opioid.

“Clearly, the overuse and abuse of prescription drugs has evolved into a national epidemic and a public health emergency,” said **Brian Ternan, president of Anthem Blue Cross**. “Health insurers are uniquely positioned to help improve prescription drug safety and healthcare quality as we have real-time access to information on medication use to determine if members are using multiple prescribers or several pharmacies to obtain their medications, which often correlates with addictive behavior.”

The Pharmacy Home Program, which began on April 1 (?? 2016) with distribution of letters to eligible members, focuses on a small but extremely high-risk segment of members. Those who have diagnosis or prescription history for HIV, sickle cell anemia, multiple sclerosis, cancer and hospice and palliative care are exempted from the program.

Even after overdosing on opioids – a class of painkillers — more than nine out of 10 people continued to get prescriptions for them, according to a 2015 study published in the Annals of Internal Medicine. And, some patients went on to suffer another overdose. Seventy percent of patients who overdosed later received prescriptions from the same health care professional who prescribed opioids before their first overdose.

“Collaborating with prescribers is key,” said Ternan. “Because many medical information systems are not integrated, prescribers may not be aware that a member has overdosed or that a member is getting several prescriptions for the same drug or many, many other drugs from multiple doctors.”

The Pharmacy Home program notifies prescribers in writing of the decision to include the member in the program. The prescriber will also receive a three-month member prescription history and an education piece on the advantages of one pharmacy to review with the member.

Members with increased safety risk and candidates for the Pharmacy Home program meet these criteria within a 90-day period:

- Filled five or more controlled-substance prescriptions, or filled 20 or more prescriptions, not limited to controlled substances
- Visited three or more health care providers for controlled substance prescriptions, or 10 or more providers not limited to controlled substances
- Filled controlled substances at three or more pharmacies, or filled prescriptions for 10 or more pharmacies not limited to controlled substances.

If the member does not change behavior as viewed in claim activity within 60 days of the first letter, the member will be mailed an enrollment letter requesting selection of a single pharmacy location to fill all medications, with a few exceptions, for a period of one year.

“We know from Anthem Medicaid plans that efforts like this can result in large drops in opioid prescriptions and lead to more appropriate treatment for substance abuse and pain management,” said Ternan. “This program is just one part of our overall strategy to help prevent addiction, re-direct members to appropriate care, and hopefully, prevent deaths and major medical problems from overdose and drug interactions.”