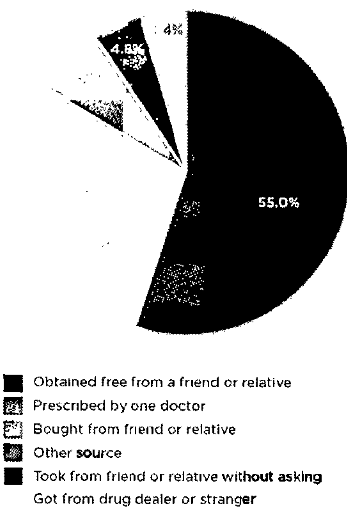
BCBSVT Commitment to Fighting Opioid Addiction and Deaths

Blue Cross and Blue Shield of Vermont has implemented extensive and innovative initiatives to fight opioid addiction and deaths.

Prevention

The Centers for Disease Control reports that 71.2% of abused prescription painkillers are sourced from friends or relatives (obtained free, purchased, or taken without asking) while only 17.3% are prescribed for the individual and 4.4% are from a drug dealer or stranger.

CHART 1: SOURCE OF ABUSED PRESCRIPTION PAINKILLERS



Source: CDC 2011.

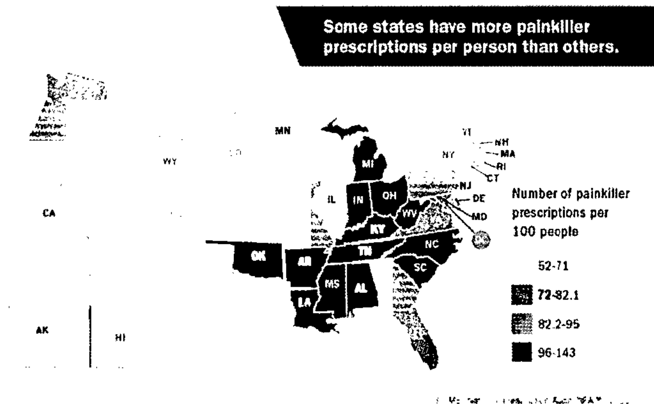
To encourage appropriate prescribing and reduce availability of excess narcotic pain medication, BCBSVT has implemented quantity limits and prior authorization requirements for multiple pain medications such as Oxycontin, Duragesic, and Tramadol.

BCBSVT has also worked with Vermont pharmacies and law enforcement to support and publicize periodic drug disposal days to further reduce opportunities for diversion of narcotics.

Through our pharmacy benefit management program, dangerous or inappropriate sourcing of opiates from multiple prescribers or multiple pharmacies concurrently are routinely identified for clinical investigation and potential intervention. Problematic cases may be restricted to a single prescriber and a single pharmacy.

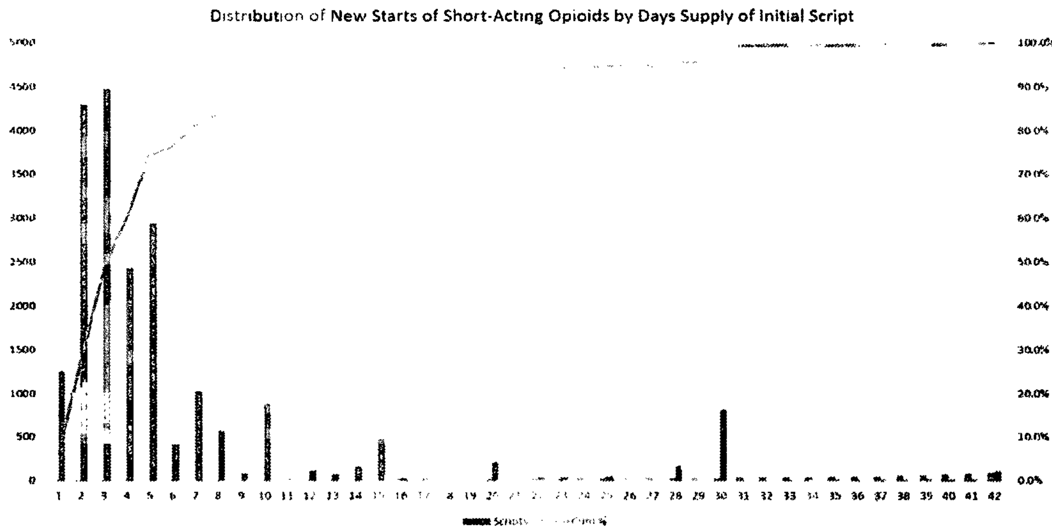
Fortunately, Vermont has a relatively low opioid prescribing rate compared to elsewhere in the US (see map).

Nevertheless, BCBSVT participates in an interagency fraud detection consortium in Vermont, where problematic prescribers have been identified by combining information across state and private entities.



Also, BCBSVT is engaged with a multi-payer task force along with Vermont Medicaid, MVP Health Plans, and the Vermont Department of Health to coordinate implementation of additional safeguards. The group has agreed to coordinate implementation of a limit new prescriptions of short acting opioids to no more than a 10 day's supply effective July 5, 2016, with exceptions for oncology and palliative care specialists. This start date is designed to

allow adequate time for communication with providers and to implement system changes. BCBSVT data demonstrates that 90% of short acting opioid initial prescriptions for our members are for short durations, so the new restrictions will affect those who are outside of the norm.

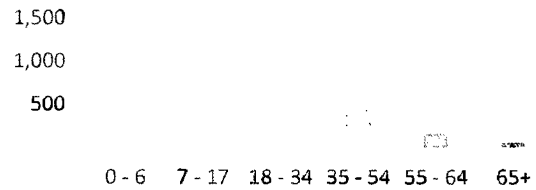


Early Detection
BCBSVT has provided training for a number of practice sites on nationally established Screening, Brief Intervention, and Referral to Treatment (SBIRT) methods. Participants are able to bill for services provided. We plan to expand this capability to additional clinical sites in the future. BCBSVT is on a steering committee collaborating with Vermont Department of Health, the largest Accountable Care Organization in Vermont (OneCare), and other payers to facilitate implementation SBIRT as a routine practice in primary care and emergency room settings to detect alcohol and substance misuse. This state-wide initiative is partly funded with grant money, which BCBSVT will help administer.

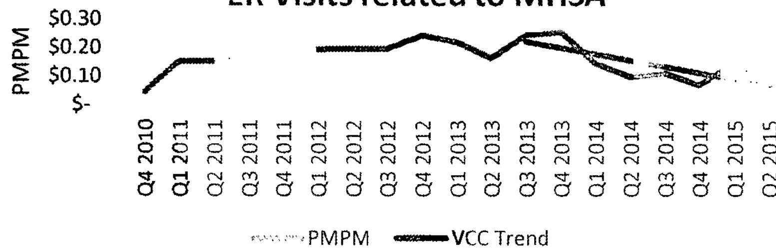
Effective Treatment
Recognizing the complex interrelationship of mental health, substance abuse, and other health issues, BCBSVT created a subsidiary company, Vermont Collaborative Care (VCC) co-owned with Brattleboro Retreat, to provide expertise essential for a whole-person integrated approach to care management and clinical practice. This expertise has been fully integrated with BCBSVT care management.

Shortly after founding VCC, BCBSVT analytics identified membership growth in the 18-26 year old age group as contributing to growth in substance abuse services. BCBSVT is meeting the challenge through multiple initiatives:

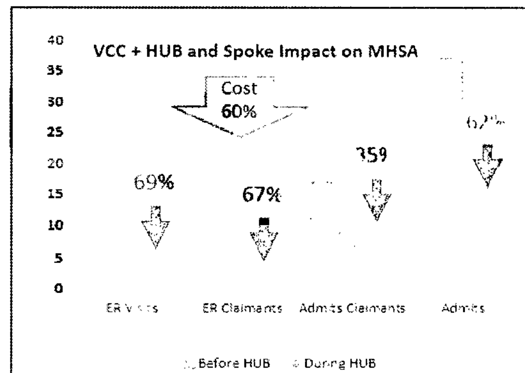
Opiate Claimants 2013-2015 by Age Band



- BCBSVT established the first commercial contracts with each of the state's HUB centers that specialize in substance misuse treatment. To minimize administrative burdens for providers, the contracts were designed to harmonize with those of the Department of Vermont Health Access.
- BCBSVT modified benefits to reduce a barrier to care by eliminating every-visit copayments for daily substance abuse treatment.
- After treatment in a HUB setting, members often transfer care to community practices designated as Spokes, with expertise in ongoing substance abuse treatment including buprenorphine prescribing. BCBSVT assures that Spoke prescribers are paid for their services.
- BCBSVT also provides substantial funding for the Vermont Blueprint for Health, which provides additional support for the HUB and Spoke system.
- BCBSVT established active outreach to address the need for coordination of services between inpatient level of substance misuse care and community supports. Specifically we provide contact while the member is still in hospital and ensure proper aftercare is in place. Based upon the training received from the Case Management Society of America and in-service trainings provided by the Brattleboro Retreat, we establish a clear treatment plans and outcome measures for 'at risk' members receiving our case management services. This active case outreach has been followed by a reduction in readmissions and by a reduction in ER visits for these conditions.



- BCBSVT wrote and published a new Medical Policy: "Urine Drug Testing in Pain Management and Opioid Abuse Treatment" which has extensive guidance on appropriate testing and prescribing as well as links to the Medical Board & ADAP recommendations as well as the legislation pertaining to this subject -



http://www.bcbsvt.com/wps/wcm/connect/10ddae73-dac8-4cdd-9733-2342c74e4c5f/udt-in-pain-mgmt-and-opioid-abuse-treatment-medical-policy-2015.pdf?MOD=AJPERES. This policy provides an evidence-based foundation for educating providers who have been deviating from best practices.

Provider Outreach

- Through VCC, BCBSVT established a strong MHSA provider and member advisory group. Membership in the advisory group includes the president of Vermont Association of Mental Health and Addiction Recovery (VAMHAR), which is responsible for the training programs for recovery peer counselors. In addition our group includes the director of the governor's state wide court diversion initiative that moves individuals from corrections and into treatment.
- We have structured the time of our psychiatrist medical director so that he is in the community several days a week providing care, being available to consult with the clinical community and provide education to psychiatrists in training.
- Our integrated care managers and case managers interact frequently with providers both at the facility and the individual level to facilitate best practices in meeting the needs of our members.

Moving Ahead

- We have identified areas of the state where getting community and Spoke services are the most difficult. Our new goal is to work with local PCP practices who are currently not Spoke providers and provide incentives and support for them to move into this area of care.
- We plan to further address reimbursement designs that support adequate staffing needs for MH and SA services in primary care settings.
- Expansion of SBIRT as planned.
- Establish innovative contracts with Vermont pain management programs that include in their treatment program effective use of alternatives to opioid medications.
- Participate at the national level in the BCBS Association Opioid Crisis Workgroup.