Michigan Opioid Prevention Efforts

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Michigan and the Opioid Epidemic

• Nationally, Michigan ranks 10th for rates of prescribing opioids and 18th for overdose deaths according to recent BCBS Association Health of America report

• Overdose deaths in Michigan involving prescription opioids have tripled since 2012 – In 2016, total of 1,365 died from opioid overdoses

• In 2016, Michigan health-care providers wrote 11 million prescriptions for opioid drugs -- enough to provide every Michigan resident with his or her own bottle of narcotics (about 84 opioid pills, patches or other types of doses of opioid drugs)
BCBSM Utilizes Variety of Approaches to Fight Abuse and Overuse of Opioids

- Utilize Our Pharmacy and Utilization Management Programs
- Work with State and National Public Policy Leaders
- Empower Provider Community Through Innovative Partnership Programs
- Provide Financial Support to Build Community Efforts
Innovative Pharmacy Programs to Fight Overuse and Abuse

**Pharmacy Initiatives** to Identify fraud and abuse. Designed to empower pharmacists and physicians to protect members and build a safe, strong and accountable network. Includes:

- **Doctor Shopper Initiative**: IDs individuals attempting to utilize multiple doctors to obtain prescriptions
  - Opioid prescriptions written by 3 or more prescribers
  - Opioid Rx dispensed from 3 or more pharmacies
  - 5 or more opioid prescriptions were dispensed

- **Triple Threat Initiative**: Prevents unnecessary prescribing of a deadly and highly addictive combination of three drugs
  - Analgesics — opiate agonists (ex. Vicodin, Fentanyl, OxyContin)
  - Benzodiazepines (ex. Xanax)
  - Carisoprodol (ex. Soma)

**Successes:**

- More than 250,000 fewer opioid pills dispensed

**Last six years:**

- 42% reduction in fentanyl use
- 27% reduction in opioid expenditures
- Electronic prescribing has tripled since 2015
Innovative Pharmacy Programs to Fight Overuse and Abuse

**Changes to Benefit and Coverage Limits** designed to protect members and build a safe, strong and accountable network

- Morphine-equivalent dose (MED) limits Medicare Advantage
  - 1/1/2017: 250 MED → 1/1/2018: 200 MED
- Expand MED limits to commercial in 2018
- **First fill** day supply limits for short acting opioids (2/1/2018)*:
  - HMO: 15 → 5 days
  - Extend the 5-day limit and 30-day max per fill to PPO

**Utilization Management** programs like prior authorizations**, refill restrictions and quantity limits prevent stockpiling of controlled substance

*First fill defined as no opioid claim in previous 120 days

### Engaging Providers on Best Practices: Choosing Wisely® recommendations related to opioids¹ (N=6)

<table>
<thead>
<tr>
<th>Recommending Organization</th>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>American Academy of Neurology</strong></td>
<td>• Don’t use opioids or butalbital for migraine except as a last resort.</td>
</tr>
<tr>
<td>American Academy of Physical Medicine and Rehabilitation</td>
<td>• Don’t prescribe opioids for acute, disabling low back pain before evaluation and a trial of other alternatives is considered.</td>
</tr>
<tr>
<td><strong>American College of Occupational and Environmental Medicine</strong></td>
<td>• Don’t prescribe opioids for chronic or acute pain in workers who perform safety-sensitive jobs such as operating motor vehicles, forklifts, cranes or other heavy equipment.</td>
</tr>
<tr>
<td><strong>American Headache Society</strong></td>
<td>• Don’t prescribe medications that contain opioids or butalbital as first-line treatment for recurrent headache disorders.</td>
</tr>
</tbody>
</table>
| American Society of Anesthesiologists - Pain Medicine | • Don’t prescribe opioid analgesics as first-line therapy for chronic noncancer pain.  
• Don’t prescribe opioid analgesics as long-term therapy for chronic noncancer pain until the risks are considered and discussed with the patient. |

Philanthropic Efforts Continue the Core Social Mission of a Healthier Michigan

• **Addressing the Epidemic through Grant Funding: \*Taking Action on Opioid and Prescription Drug Abuse in Michigan**
  - BCBSM is partnering with Michigan Health Endowment Fund, Community Foundation for Southeast Michigan and Superior Health Foundation to provide $455,000 for projects across Michigan aimed at reducing opioid and prescription drug abuse

• **BCBSM/BCN Community Engagement through “Community Advisory Councils”**
  - Share best practices and potential solutions with community groups
  - Examples of participants: Families Against Narcotics, Hope Not Handcuffs
BCBSM Works Collaboratively with Federal and State Leaders to Make Policy Improvements

**State policy efforts:**

- Supporting an opioid abuse prevention legislative package that:
  - Encourages an established prescriber-patient relationships for opioid prescriptions
  - Limits opioids prescriptions
  - Advances utilization of electronic prescribing, including the Michigan Automated Prescription System (MAPS)
  - Increases education through providers, schools and parents
  - Regulates pain management clinics to combat “pill mills”

- Partnered with the state to find solutions, serving on both the Governor’s Prescription Drug and Opioid Abuse Task Force and the Michigan Prescription Drug and Opioid Abuse Commission

**Federal policy efforts:**

- SUCCEEDED in having a Medicare Part D “Lock-in” program included in the passage of the Comprehensive Addiction and Recovery Act (CARA)
  - Prevents inappropriate prescribing of controlled substances by allowing Part D plans to require those at-risk of abusing prescription drugs to work with their plan to choose a single pharmacy to dispense medications, such as opioids

- Advocating for adequate federal funding for Medicaid, which covers a significant portion of all substance use disorder treatment.
  - Federal funding cuts to Medicaid are estimated to have dramatic effects on the growing public health crisis.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.
Blue Cross Blue Shield Michigan’s Partnering for Value Philosophy

- Focus on investments in **transformation of care processes**, rather than just “top of mind” behavior
- Recognize and reward performance of **hospitals and physician organizations**
- **Reward improvement**, not just highest performance to create meaningful incentives for all
- Focus on **population-based cost measures**, rather than per-episode cost to avoid stimulating overuse
- Design and execute programs in a **customized and collaborative** manner rather than "one size fits all"
Michigan’s Value Partnerships: Collaboration is Key

Role of BCBSM
- Offer neutral ground for competitive hospitals/physicians to collaborate
- Program funding and incentive payment design
- BCBSM provides clinical and administrative support
Provider Engagement in Value Partnerships
Ambulatory Programs

Physician Group Incentive Program (PGIP)

<table>
<thead>
<tr>
<th>41</th>
<th>6,000</th>
<th>19,700</th>
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<tr>
<td>Participating Physician Organizations</td>
<td>Participating Practice Units</td>
<td>Participating Practitioners</td>
</tr>
<tr>
<td>Over 5,500 PCPs</td>
<td>Over 14,200 specialists</td>
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<tr>
<td>Nearly 70% of Blue Cross network PCPs and over 55% of network specialists</td>
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- PGIP formed in 2005 – pay for performance program for Commercial PPO
- PGIP includes 21 initiatives, including our longstanding Patient Centered Medical Home (PCMH) transformation and designation program.
- 84% of PGIP PCPs are PCMH designated by BCBSM and receiving differential payment tied to demonstrating higher quality and more appropriate utilization
- Electronic prescribing of controlled substances has increased more than 300% over 2 years since initiating a provider incentive
Key Statewide Provider Initiatives that Target Opioids

• Electronic Prescribing of Controlled Substances (EPCS)
  - A PGIP initiative with a goal of increased EPCS (schedule II-V controlled substances), to improve patient health and safety, reduce costs, prevent drug diversion and abuse.
  - EPCS also assists with the CMS requirement of 60% electronic prescribing.
  - Rate in 2015 when first implemented was 6.5%
  - Current rate as of September 2017 was 26.6%

• Patient Centered Medical Home (PCMH)
  - PCPs and Specialists are rewarded for transforming their practice through implementation of ~140 PCMH capabilities aimed at improving population health
  - Recently implemented capabilities that encourage providers to adopt following workflow practices
    • Capability 8.7 – Full E-prescribing in place and actively in use by all physicians
    • Capability 8.9 – Michigan Automated Prescription System (MAPS) reports are routinely run prior to prescribing controlled substances
    • Capability 8.10 – Controlled substance agreements are in place for all patients with long-term controlled substance prescriptions
Provider Engagement in Value Partnerships Hospital Programs

Largest health-plan led collection of statewide hospital QI programs
Statewide clinical registries that (for the most part) collect information on every case including patient risk factors, procedural and outcome information
Internationally recognized CQI program is built on concept that traditional performance measures don’t address areas of care which are highly technical, rapidly-evolving and associated with scientific uncertainty. These areas best addressed through collaborative, inter-institutional, clinical data registries, with coordinated QI programs
CQIs address wide variety of hospital and surgical care

<table>
<thead>
<tr>
<th>Hospital Collaborative Quality Initiatives (CQIs)</th>
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<tr>
<td><strong>14</strong></td>
</tr>
<tr>
<td>Statewide Collaboratives</td>
</tr>
</tbody>
</table>

- Participating Hospitals: 88
- Associated Physicians: 22,000+
- Cases Abstracted Annually: 400,000+
Michigan CQIs – Largest Collection of Statewide Clinical Registry Programs

Value Partnerships currently administers 17 CQIs, covering various areas of care with high costs or high variation in treatment.

Over 3.1 Million Michigan cases currently captured!

- ASPIRE (Anesthesiology)
- BMC2 (Angioplasty and Vascular surgery)
- HMS (Hospital Medicine)
- I-MPACT (Care Transitions)
- MAQI2 (Blood Clot Prevention)
- MARCQI (Knee and Hip)
- MBSC (Bariatric Surgery)
- MEDIC (Emergency)
- MOQC (Oncology) Practice based
- MPTQC (Pharmacy) Practice based
- MROQC (Radiation Oncology)
- MSQC (General Surgery)
- MSSIC (Spine Surgery)
- MSTCVS (Cardio and Thoracic)
- MTQIP (Trauma)
- MUSIC (Prostate Cancer) Practice based
- MVC (Value Collaborative)
CQIs Addressing Opioids

In addition to PGIP participating PCPs and specialists, surgeons participating in CQIs are working to address pain management and the overprescribing/overuse/abuse of opioids through a variety of approaches.

- **MARCQI**: In first quarter 2016, MARCQI devoted entire quarterly meeting to discussion on opioids. Subsequently issued opioid use guidelines and protocol for weaning patients to lower narcotic doses pre-operatively. Orthopedic surgeons are collecting discharge opioid prescribing data (amount of oral morphine equivalent (OME)) for future QI initiative. MARCQI has added questions about consumption from 3 months to 1 year in patient reported outcomes.

- **MROQC**: Focus on treating pain while reducing treatment time and cost.

- **MOQC**: Focus on palliative care and advanced care planning, which is inclusive of symptom/pain relief.

- **MSQC**: Collects data relative to opioid use and has presented findings, best practices, and tools.

- **MSSIC**: Collecting data – both from the chart and patient reported outcomes (after surgery) for use to develop QI efforts and best practices.

- 11 CQIs are working on a 5 year project working with the Michigan Department of Health and Human Services (MDHHS) and Michigan Medicine (U of M) on a program called Michigan OPEN. Intent is to reduce amount of opioids prescribed post-surgery to surgical patients by 50% and reduce new chronic post surgical opioid use by 50%.
The Role of Acute Care Prescribing in the Opioid Epidemic
Funding and Disclosures

- Funding
  - NIAMS/NIH: R01 AR060392; P50 AR070600
  - NIDA/NIH: R01 DA038261; R01 DA042859
  - Michigan Department of Health and Human Services
  - SAMHSA
  - CDC
  - Michigan Genomics Initiative
  - Department of Anesthesiology
Faces of the opioid epidemic
For Whom Do We Prescribe?
Opioid naïve 62%  Chronic 8%

Intermittent 30%
Preventing Chronic Opioid Use and Abuse Before it Starts

Patient not on opioids

Surgery

Chronic Opioid Use

Opioid Diversion into the Community

Opioid Epidemic

Proposed Preventative Strategy

Current Strategic Efforts
Why do surgeons prescribe too much?
HCAHPS ≠ Prescribing

HCAHPS Pain Control Score

Hospital Quintiles of Postoperative Opioid Prescribing (OMEs)

Lee JS, Hu HM, Brummett CM, Syrjamaki JD, Dupree JM, Englesbe MJ, Waljee JF. JAMA  May 16, 2017
Quantity Does Not Predict Refill

N = 26,250

New Persistent Opioid Use

- 6% Brummett CM et al. JAMA Surg. 2017; 152(6).
- 13% Johnson SP et al. JHS. 2016;41(10).
- 10% Lee JS et al. JCO. 2017. Epub
- 19% Marcusa D et al. PRS. 2017;140(6).
Opioid prescription fill after extraction of wisdom teeth is independently associated with new chronic opioid use.

Harbaugh C et al, unpublished data
Who Prescribes for New Persistent Users?

% of Opioid Prescriptions by Specialty

- Surgery
- Primary Care
- Physical Medicine & Rehabilitation, Pain Medicine
- Emergency Medicine
- Cardiology, Gastroenterology, Oncology, Neurology, & Other

Months from Surgery

-12 -9 -6 -3 0 3 6 9 12

Preoperative | Postoperative

Chart showing the percentage of opioid prescriptions by specialty over time from surgery, with separate lines for surgery, primary care, physical medicine, emergency medicine, and cardiology-related specialties, indicating trends in prescription patterns before and after surgery.
Can we improve prescribing?

Yes
Opioids Prescribed After Surgery

77% of prescriptions

Opioids Used After Surgery

Guidelines

15 Oxycodone 5 mg 1q4-6 PRN

15 Norco 5/325 mg 1q4-6 PRN

+ Tylenol AND Motrin

+ Patient Education
Howard et al, JAMA Surg 2017

No change in calls for refills (3-4%)

No change in patient-reported pain scores

Patients consumed fewer pills
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Hydrocodone (NORCO)</th>
<th>Codeine (TYLENOL #3)</th>
<th>Oxycodone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5 mg tablets</td>
<td>30 mg tablets</td>
<td>5 mg tablets</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>50 mg tablets</td>
</tr>
<tr>
<td>Laparoscopic Cholecystectomy</td>
<td>15</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Laparoscopic Appendectomy</td>
<td>15</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Inguinal/Femoral Hernia Repair (open/laparoscopic)</td>
<td>15</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Open Incisional Hernia Repair</td>
<td>40</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Laparoscopic Colectomy</td>
<td>35</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Open Colectomy</td>
<td>40</td>
<td>25</td>
<td>25</td>
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<tr>
<td>Hysterectomy</td>
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<tr>
<td>Vaginal</td>
<td>20</td>
<td>15</td>
<td>15</td>
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<tr>
<td>Laparoscopic &amp; Robotic</td>
<td>30</td>
<td>20</td>
<td>20</td>
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<tr>
<td>Abdominal</td>
<td>40</td>
<td>25</td>
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<tr>
<td>Wide Local Excision ± Sentinel Lymph Node Biopsy</td>
<td>30</td>
<td>20</td>
<td>20</td>
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<tr>
<td>Simple Mastectomy ± Sentinel Lymph Node Biopsy</td>
<td>30</td>
<td>20</td>
<td>20</td>
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<tr>
<td>Lumpectomy ± Sentinel Lymph Node Biopsy</td>
<td>15</td>
<td>10</td>
<td>10</td>
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<tr>
<td>Breast Biopsy or Sentinel Lymph Node Biopsy</td>
<td>15</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>
Total number of people: 766

Weight of pills: 900

Estimated total number of medications of interest: 130,000

Opioid pills: 17,500

Benzodiazepines and sedatives: 18,000

Anti-depressants: 10,000

Stimulants: 1,800

Oldest opioid from all drives: 1976

Oldest opioid from this event: 1984

Most common reason for opioid: Surgery
Precision Opioid Prescribing

**Factors**
- Type of surgery
- Genetics
- Prior Medication Use
- Social Support
- Mood
- Pain

**Goal**
Reduce downstream chronic opioid use, abuse, and overdose through a precision preventative strategy

**Opioid Naïve**

**Opioid Overdose**

**Chronic Opioid Use**

**Opioid Abuse**

*Proposed precision preventative strategy*

*Focus of existing public health measures*
A preventative approach to the opioid epidemic.

Areas of Impact

- Engaging providers
- Education
- Informing policy
- Payment reform
- Local quality improvement
- Innovative interventions
- Community outreach
- At-risk populations
- Arts and humanities
Do you know the facts about opioid pain medications?
Mike Englesbe – englesbe@med.umich.edu - 734-904-0287

Learn more about our work:
http://michigan-open.org