

Anthem's Commitment to Address the Prescription Opioid Epidemic and Substance Use Disorders

I. THE OPIOID IMPACT:

Opioids are a class of drugs commonly prescribed to relieve pain. Opioids include: prescription drugs such as morphine, methadone, codeine, hydrocodone and oxycodone; Fentanyl, a synthetic opioid; and Heroin, an illegal substance in all states.

Opioid misuse is a national epidemic and public health emergency. Addiction, overdose and deaths involving non-medical prescription drug use, and illicit drug use, have risen dramatically during the last decade:

- Drug overdose is the leading cause of accidental death in the U.S. Every day, 125 people in the U.S. die from overdose involving opioids, and many more become addicted.¹
- Drug misuse causes 2.5 million emergency department (ED) visits a year. Of these, more than 1.4 million ED visits were related to prescription drugs.²
- Prescription opioid misuse cost \$55.7 billion in 2007. Workplace costs accounted for \$25.6 billion (46%), health care costs accounted for \$25 billion (45%), and criminal justice costs accounted for \$5.1 billion (9%).³
- From 2011 through 2015, across Pennsylvania, Ohio, West Virginia, Maryland, Virginia, Kentucky and Tennessee -- which include the bulk of addiction-ravaged Appalachia -- 608 doctors have been disciplined by state medical boards for overprescribing narcotics, according to a six-month Pittsburgh Post-Gazette investigation.⁴
- Heroin use is shown to be closely tied to opioid pain reliever misuse and dependence, and its usage is rapidly rising due to increased accessibility, affordability, and purity of the drug. As a result, the rate of heroin overdose deaths in the U.S. quadrupled between 2002 and 2013.⁵
- The rate of babies born with Neonatal Abstinence Syndrome (NAS) has increased five-fold since 2000. Every 25 minutes a baby is born in the United States suffering from opioid withdrawal.⁶
- In 2015, almost 30 percent of Medicare Part D enrollees utilized prescription opioids.⁷

OPIOID FAST FACTS

125

people die from overdose involving opioids each day



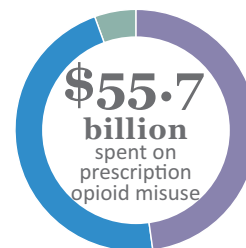
2.5 million

emergency department visits per year



259 million

prescriptions written for opioids, which is more than enough to give every American adult their own bottle of pills.



- \$25.6 Billion workplace
- \$25 Billion health care
- \$5.1 Billion criminal justice

II. ANTHEM'S APPROACH TO OPIOID USE AND ADDICTION TREATMENT:

Anthem recognizes the serious nature and necessity for early and accurate identification and treatment of substance use disorders:

- Opioids can be an effective treatment for acute pain syndromes, and painful conditions when properly administered, but carry significant risks when misused.
- Opioid misuse, substance use disorders, and substance use-related conditions are chronic diseases, best managed through an integrative approach to care and services, and requiring evidence-based treatment to maintain stability and recovery.
- Anthem is committed to supporting providers in their care of our members as it relates to substance use disorders; recognizing the importance of patient engagement, medication assisted treatment approaches, and prescribing practices that balance treating chronic pain while minimizing risks for opioid misuse and diversion. This includes support for the use of non-opioid alternatives to pain management.
- Identifying early risk factors is critical, in order to help members identify their risks for developing prescription drug misuse issues. This includes: socio-demographic factors, pain and drug-related factors, genetics and environmental factors, psychosocial and family history, psychopathology and prior alcohol and substance use disorders.

- Anthem offers a continuum of services to address all facets of member care, from immediate substance use treatment to the mental and physical health of the member, followed by any long-term recovery and support needs.
- In order to best support recovery, our members have access to a full spectrum of services. This includes appropriately designated levels of care for evidence-based treatment, peer and community-based recovery groups, and when appropriate, access to more intensive levels of care.

III. WHAT ANTHEM IS DOING TODAY:

Anthem's commercial and government businesses are committed to expanding and refining a comprehensive suite of services to address the rising rate of substance use disorders across the country.

At the core of the strategy are the following fundamental objectives: addressing prescription opioid management and the early identification and treatment of opioid addiction.

- i. **Prescription opioid management initiatives:** These initiatives focus on promoting coordination of care and ensuring appropriate medication access, including: primary care provider (PCP) consultation with Chronic Pain Specialists with respect to dosing and other strategies; non-opioid alternatives such as chiropractic and rehabilitation services based on diagnostic presentation; quantity limits and prior authorization pharmacy edits; controlled substance utilization monitoring programs; and medication lock-in programs to coordinate and monitor medication access.
- ii. **Early identification and treatment of opioid addiction:** Anthem is working at both the national and local market levels to improve access to evidence-based treatments (such as Medication-Assisted Treatment) as well as deepen our collaboration with providers. Additionally, we are expanding peer support services and exploring ways to incorporate digital solutions, such as online and telehealth support.

These fundamental and strategic objectives are being achieved via a three-fold approach: (1) through partnership with our provider network; (2) through attention to the areas of care management, coverage, and treatment options for our members; and (3) fraud and abuse prevention.

Partnerships with our Provider Network

By partnering with our provider network, we are aiming to minimize the risk of opioid misuse and enable earlier identification of members facing substance use related conditions through the following approaches:

- o We are working diligently to build and manage appropriate local networks of quality providers. These networks include current substance use disorder providers, as well as primary care providers who are trained to support individuals with substance use disorders.
- o We are assisting and training primary care physicians, including obstetricians and gynecologists in using Screenings, Brief Intervention, and Referral to Treatment (SBIRT). SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders developed by the Institute of Medicine
- o We are leveraging the breadth of our provider collaboration models, learning collaborative approach, and prescription drug monitoring program (PDMP) access to improve management of prescription opioids. Our approach builds on recommendations coming out of initiatives such as the American Medical Association (AMA) Task Force to Reduce Opioid Abuse, American Society for Addictions Medicine and the Centers for Disease Control (CDC) to develop quality improvement interventions for providers and practices and identify opportunities to collaborate with specialty societies on provider education for non-opioid management approaches to chronic pain.
- o Anthem's Pharmacy program is identifying strategies that will reduce the risk of addiction through expansion of quantity limits and prior authorization edits, pharmacy "lock-in" programs for some high risk members, messaging providers and members on addiction risk, earlier identification of opioid prescribing and use during pregnancy and enhancing gap in care messaging for providers to provide information on who is at risk.
- o Anthem's Maternal Child Services is supporting education of providers to promote standardizing the assessment and management of Neonatal Abstinence Syndrome (NAS), encouraging non-pharmacologic treatment and developing protocols to decrease the severity of symptoms and improve outcomes.
- o Anthem has developed an enterprise-wide opiate protocol for care managers and physicians to request opiate detoxification. Under this unique protocol, we are working to identify the appropriate provider before making decisions about the most effective course of treatment, enabling faster access to needed services.

- o Anthem’s foundational Behavioral Health program provides access to in-network licensed clinicians, counselors and psychiatrists, and covers office visits for substance use or behavioral health treatment for outpatient or office-based care.

Care Management, Coverage, and Treatment Options for our Members

In the areas of care management and treatment options, we are expanding access to treatment coverage and care management support. This will assist in caring for and supporting the individual’s long term recovery needs, for example:

- o Anthem covers Medication-Assisted Treatment for members as an effective, evidence-based treatment for substance use disorders, as well as a method to prevent relapse.
- o Depending on State Medicaid benefit design, we will cover peer support services to assist individuals in their recovery. We are examining these same coverage opportunities in our commercial lines of business.
- o Depending on State Medicaid benefit design, we will connect members experiencing homelessness to stable housing and other support resources to assist in improving long-term recovery and improve long-term stability.
- o Anthem’s care management programs encompass a wide range of approaches, including: telephonic and face to face member engagement to coordinate care and assist members in obtaining support after medication assisted withdrawal, support programs to assist with care coordination, recovery, and long-term stability, and provider collaboration initiatives to help ensure the appropriate level of care is available and accessible to address each member’s needs and preferences.
- o Anthem’s enhanced Behavioral Health Resource program automatically refers all individuals who have received inpatient, residential treatment, or partial care facility treatment to a case manager. These case managers work to engage members and their support network (with member’s consent) on an ongoing basis. Case managers also reach out to high risk individuals on a more proactive basis to offer support. For individuals younger than 17, we offer a family support component to this case management program.
- o Responding to state specific needs and challenges such as limited access to treatments in rural areas; covering out of network services in true emergencies or when in-network care is not available; working to build and manage an appropriate network of quality providers; and establishing contracts with Home-based Collaborative Counselors for children and young adults.

Fraud and Abuse Prevention

Anthem has a range of strategies that leverage data mining and analytic capabilities to identify and address instances of opioid waste, fraud and abuse:

- We have been recognized as an early partner in the Healthcare Fraud Prevention Partnership established in 2012 by the Secretary of Health and Human Services and United States Attorney General.
- Anthem’s Special Investigations Unit (SIU) is dedicated to combatting fraud and abuse, including:
 - o Daily monitoring of claims for potential fraudulent or abusive behavior, maintaining close relationships with law enforcement agents to quickly identify potentially illegal conduct.
 - o Operation Pillbox, a collaboration with law enforcement promoting a better understanding of prescribing trends, frequently used pharmacies, and insight into possible illegal activity.
 - o Monitoring cases of potential “doctor shopping,” where individuals obtain prescriptions for frequently misused drugs from multiple prescribers and fill them at different pharmacies.
 - o Investigating “pill mills,” where pain doctors engage in overprescribing pain medications.
- Anthem utilizes a Controlled Substance Utilization Monitoring (CSUM) Program and a Medicaid Restricted Recipient Program to identify persons engaged in, or contributing to, prescription drug misuse or drug diversion. These programs will lock a member into a pharmacy and/ or provider of their choice for controlled substance prescriptions should they meet the criteria for high risk behaviors.

IV. CHALLENGES TO THE HEALTH CARE SYSTEM:

While we believe we have effective strategies in place to achieve long-term stability of opioid management and early identification and treatment, many challenges to the health care system remain:

- The spread of the opioid epidemic and the number of members affected by substance use disorders is outpacing the resources needed to adequately respond.

- There are an inadequate number of qualified substance use treatment providers and licensed health care professionals trained to support individuals with substance use disorders.
- Due to a lack of accessible pain medicine specialists, non-specialists and primary care providers are left to manage some of the most complex patients with chronic pain and painful conditions.
- The need for increased access to Naloxone for reducing overdose mortality.
- Greater resources need to be dedicated to understand opioid misuse, substance use disorders and related conditions, and research for treatment.
- Lack of evidenced based guidelines and consensus on best treatment practices has led to variability in assessment and treatment of Neonatal Abstinence Syndrome (NAS).
- The need for increased access to clean needle programs to mitigate the high spread of HIV and the Hepatitis C Virus amongst those with an opioid addiction.

V. ANTHEM'S COMMITMENT:

Anthem is committed to addressing the rising rate of opioid misuse, substance use disorders, and substance use-related conditions. To reinforce this initiative, we are continuing to expand and refine a comprehensive suite of services to assist members and their physicians, minimize risk factors, and support the recovery process. We will continue our fundamental and strategic focus to address prescription opioid management and the early identification and treatment of opioid addiction by:

- Expanding innovative delivery models, including: home based services, peer recovery support, and new methods to increase access for treatment and counseling of substance use disorders.
- Improving access to treatment by pursuing opportunities to improve screening and brief interventions, early referrals to substance use disorder providers, and access to Medication-Assisted Treatments (MAT) and Naloxone.
- Care coordination between medical and behavioral health services and benefits, and expanded pharmacy programs.
- Using the breadth of Anthem's data to better understand opioid prescribing patterns.
- Deepening provider collaboration approaches tailored to specific opioid trends and issues present in local communities.
- Collaborating with a broader set of stakeholders, including: engagement with providers, consumers, and family organizations as well as the Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Medicare & Medicaid Services (CMS), America's Health Insurance Plans (AHIP), Blue Cross Blue Shield Association (BCBCSA) and others. These collaborations will allow Anthem to advocate for public policy changes that will increase access to substance use disorder services and the number of substance use disorder providers; capture and expand upon best practices; and ensure substance use disorder prevention and treatment continues to be part of the overall local, state and federal mental health reform efforts.

1. Source: Centers for Disease Control and Prevention, Rose A. Rudd, MSPH1; Noah Aleshire, JD1; Jon E. Zibbell, PhD1; R. Matthew Gladden, PhD1 (<http://www.cdc.gov/mmwr>).

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3. Birnbaum HG, White AG, Schiller M, Waldman T, Cleveland JM, and Roland CL. Societal costs of prescription opioid abuse, dependence, and misuse in the United States. *Pain Medicine* 2011; 12: 657-667.

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5. Hedegaard MD MSPH, Chen MS PhD, Warner PhD. Drug-Poisoning Deaths Involving Heroin: United States, 2000-2013. National Center for Health Statistics Data Brief. 2015:190:1-8.

6. National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services: Patrick et. Al., JAMA 2012, Patrick et. Al., Journal of Perinatology 2015

7. Source: HHS: <http://www.hhs.gov/asl/testify/2016/02/t20160224a.html>; Suzuki, Shinobu. Potentially Inappropriate Opioid Use in Medicare Part D. MEDPAC. October 9, 2014. <http://www.medpac.gov/documents/october-2014-meeting-presentation-potentially-inappropriate-opioid-use-in-medicare-part-d-.pdf?sfvrsn=0>