A HEALTH PLAN’S INNOVATIVE APPROACHES TO EXPAND SUD CARE

GREGORY G. HARRIS, MD, MPH
SENIOR MEDICAL DIRECTOR,
BEHAVIORAL HEALTH
BCBSMA’S 4 PILLARS FOR ADDRESSING THE OPIOID EPIDEMIC AND OTHER SUBSTANCE USE DISORDERS

Prevention – Intervention – Treatment – Recovery

- **Prevention:**
  - Prescription pain medication safety program – collaborated with Mass Medical Society and provider groups to increase awareness about opioid prescribing and OUD incidence
  - Changed prescription ordering patterns and formulary options to reduce OUD incidence
  - $220,000 investment/partnership expansion with Drug Story Theater

- **Intervention:**
  - Created our opioid toolkit, a first-of-its-kind program that gives accounts the tools and training on how to use Narcan to reduce overdose
  - No cost sharing for Narcan nasal spray

- **Treatment:**
  - No pre-authorization requirements for detox treatment from emergency departments
  - Direct access to MAT
    - Eliminated Suboxone prior authorization to increase access
    - Eliminated the deductible and copay for methadone
  - Expanded our network of opioid treatment providers
  - Eliminated prior authorization for routine outpatient visits
  - Innovative SUD case management program helps members find treatment
  - AWARE Recovery Care – innovative home-based alternative to residential treatment

- **Recovery:**
  - Founding member of RIZE Massachusetts
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• Prevention:
  o Our leadership related to stemming the opioid epidemic began in 2012, when we were the first health plan in the state to institute new safety measures to reduce the risk of addiction to prescription painkillers. We collaborated with Mass Medical Society and provider groups to increase awareness about opioid prescribing and OUD incidence.
  
  o Our **prescription pain medication safety program** requires prior authorization for opioids prescriptions for more than 30 days and that doctors and patients co-sign an opioid agreement.
  
  o The program **reduced the number of prescriptions of opioid based medications, eliminating 21M opioid pills in the program’s first three years.**
  
  o Our program then became the model for the state and the nation.
  
  o **We have the second lowest rate of opioids prescribing of all Blue plans across the country.**
  
  o **$220,000 investment/partnership expansion with Drug Story Theater**

• Recovery:
  o Founding member of RIZE Massachusetts
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**Intervention:**

- In 2018, Blue Cross became the first health plan in the state to provide **opioid toolkits for employer customers**. This is a first-of-its-kind program that gives accounts the tools and training on how to use Narcan to reduce overdose. The kits, designed to be kept in the workplace, contain two doses of Narcan nasal spray, a surgical mask and gloves, and instructions on administering Narcan.

- Blue Cross removed co-pays and cost sharing for Narcan for most fully insured plan designs.

- Every BCBSMA member ID card lists a phone number that connects members with support and services for mental health and substance use disorders.

- Our dedicated team helps members find treatment, especially in areas where access can be an issue.

- Learn to Live – a mental health tool with 5 areas of focus:
  - Stress, anxiety, worry – Depression – Social Anxiety – **Substance Use** – Insomnia
  - More than 1,000 members per month have been enrolling in the program
  - 60% of these members were not previously in therapy for these conditions
ASSIST MEMBERS IN NAVIGATING THE MENTAL HEALTH AND SUBSTANCE USE SYSTEMS OF CARE

FIND A DOCTOR TOOL
Self-service tool that helps identify in-network provider based on location and specialty

MEMBER SERVICE
Provides personalized support to the member in identifying providers accepting new patients for the member’s unique needs

CASE MANAGEMENT
Provides personalized, ongoing support and coordination of care for members with complex behavioral health conditions to supplement care provided in the community

BLUE CROSS’ CASE MANAGEMENT TEAM ALSO FACILITATES PLACEMENT AND PROVIDER SEARCH ACTIVITIES FOR COMPLEX CASES
LEARN TO LIVE
Our mental health tool helps members learn how to cope with stress and anxiety and get back on track.

CONVENIENT HELP AT HOME
Self-paced
24/7 access

FIVE AREAS OF FOCUS
Stress, anxiety, and worry
Depression
Social anxiety
Substance use
Insomnia

RESOURCES INCLUDE
A personal assessment
On-demand webinars
Wellness articles
Unlimited coaching
Mindfulness moments
Integration with our Care Management program
BCBSMA’S 4 PILLARS FOR ADDRESSING THE OPIOID EPIDEMIC AND OTHER SUBSTANCE USE DISORDERS
Prevention – Intervention – Treatment – Recovery

- Treatment:
  - No pre-authorization requirements for detox admissions from emergency departments
  - Direct access to Medication Assisted Treatment
    - Eliminated Suboxone prior authorization to increase access
    - Eliminated the deductible and copay for methadone
    - Our members who are engaged in MAT have an admission rate that is 4 times lower than those who didn’t use MAT at all
  - Expanded our network of opioid treatment providers
  - Eliminated prior authorization for routine outpatient visits
  - Expanded options for care delivery through structural and programmatic innovative
    - Value-based contracting – holding PCPs and health care systems accountable for BH/SUD outcomes
    - Psychiatric Collaborative Care Management – integrating MH/SUD care into primary care
    - AWARE Recovery Care – innovative home-based alternative to residential treatment for all SUD
    - The current and future: ongoing telehealth transformations in the MS/SUD care delivery systems
Blue Cross has intensified efforts to facilitate treatment of mental health conditions and all substance use disorders.

- Continued network expansion
- Continued focus on removal of barriers to care and administrative complexities
- Promoted integration of the treatment of mental health and substance use disorders into value-based care contracts
- Promoted integration of the treatment of mental health and substance use disorders into primary care through population-based Psychiatric Collaborative Care Management
- Added Aware Recovery Care an innovative provider of in–home addiction treatment
- Continued reimbursement of MH/SUD telehealth visits at the same rate as in–person visits (beyond COVID-19 public health emergency)
- What could a Post–Covid–19 telehealth transformation of the MH/SUD systems look like?
PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT: A POPULATION-BASED CARE MODEL FOR MH/SUD

Integrating mental health and substance use care into primary care

In “Traditional care”, patients are referred for individual sessions with a psychiatrist or psychotherapist.

In Psychiatric Collaborative Care Management, a BH care manager and a psychiatric consultant screen and support the care of a PCP’s entire patient population.

BH care manager and psychiatric consultant may work remotely or in the office.
### What is AWARE Recovery and How Does it Fit into the Treatment Continuum?

<table>
<thead>
<tr>
<th>OUTPATIENT CARE</th>
<th>INPATIENT CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Routine) Outpatient Services</td>
<td>Office Visits</td>
</tr>
<tr>
<td>• Intensive Outpatient Programs</td>
<td>• Inpatient Detox</td>
</tr>
<tr>
<td>• “Step down” programs from inpatient levels of care</td>
<td>• Psychiatric Intensive Care</td>
</tr>
<tr>
<td>• “Step up” programs from other outpatient levels of care</td>
<td>• Residential Treatment Center</td>
</tr>
<tr>
<td></td>
<td>• Acute Residential Treatment</td>
</tr>
<tr>
<td></td>
<td>• “Substance Use “Rehab” Facility</td>
</tr>
<tr>
<td></td>
<td>• Inpatient Detox</td>
</tr>
<tr>
<td></td>
<td>• Psychiatric Intensive Care</td>
</tr>
<tr>
<td></td>
<td>• Acute Inpatient Psychiatric Facility</td>
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<tr>
<td></td>
<td>• Inpatient Substance Use Facility</td>
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</tbody>
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**AWARE Recovery is an innovative home-based intermediate level of care**

- Intensive Outpatient Programs
- Partial Hospital Programs
- Residential Treatment Centers
- Acute Inpatient Detox
TRANSFORMING THE HOME TO A TREATMENT CENTER

• NO QUITTING JOBS
• NO LEAVING HOMES
• AND
• PROVEN HIGH RATES OF SUCCESS

Limited data exists for outpatient and hospitalized treatment modalities...

Changing the paradigm – AWARE is reporting results

In treatment results
- Urine Drug Screening negative - 1 year: 71%
- Stay in program 1 year: 63%

Post treatment results
- Improvement in relationships: 95%
- Sober at 6 months post program: 78%
- Staying in therapy: 66%
- Reduction of IP admissions: 85.35%
- Reduction of ER admissions: 76.46%
- Reduction of PHP days: 83.77%
- Reduction of IOP days: 80.25%
- Reduction in PMPM at 6 months: 6%
- Reduction BH/SUD Claims at 6 months: 25%
MENTAL HEALTH AND SUBSTANCE USE DISORDERS

Telehealth Statistics During the COVID-19 Pandemic:

8.8M telehealth claims since March 16, 2020

54% Of all telehealth claims we received were for mental health

20% Increase in mental health utilization in 2020 over 2019

Telehealth Claims per Day

- 200 claims in Feb 2020
- 40,000 claims in Apr/May 2020
- 27,000 claims in May 2021
MENTAL HEALTH & SUBSTANCE USE DISORDERS: CLAIMS DURING COVID-19 PANDEMIC
March 2020–March 2021

• 20% – Increase in outpatient mental health services
• 10% – Increase in substance use disorder spending
• 8 million – Number of telehealth visits (both physical and mental health)
• 9,500% – Increase in telehealth visits over prior year
• 54% – Percentage of telehealth visits focused on mental health
• Anxiety (60%) – Depression (20%) – Other (20%) – Top mental health diagnoses
• 70% – Percentage of outpatient mental health visits conducted via telehealth
• Demographics of members using telehealth for mental health services

• 1,000 per month – Members enrolling in Learn to Live digital platform
Covid-19 has significantly transformed the delivery of mental health treatment