VALUEPartnerships
Better Care. Better Outcomes. Better Value.

Blue Cross Blue Shield Blue Care Network of Michigan

Michigan Opioid Prevention Efforts

Presentation to:

National Institute for Health Care Management Foundation

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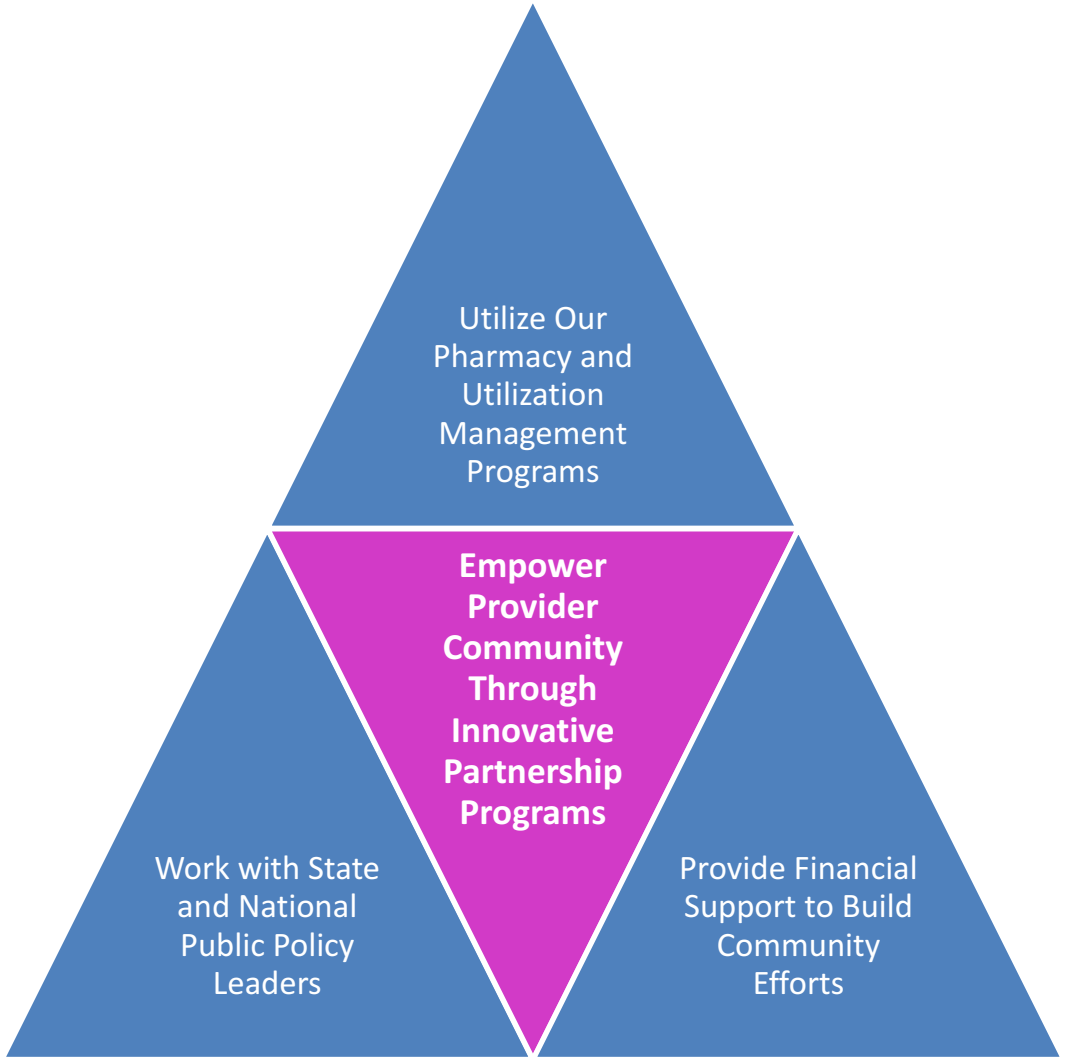
Michigan and the Opioid Epidemic

- 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



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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

**https://www.bcbsm.com/content/dam/public/Consumer/Documents/help/documents-forms/pharmacy/prior-authorization-and-step-therapy-guidelines.pdf

Engaging Providers on Best Practices: Choosing Wisely® recommendations related to opioids[1] (N=6)

Recommending Organization	Recommendations
AMERICAN ACADEMY OF NEUROLOGY®	• Don't use opioids or butalbital for migraine except as a last resort.
American Academy of Physical Medicine and Rehabilitation aaPM&R	• Don't prescribe opioids for acute, disabling low back pain before evaluation and a trial of other alternatives is considered.
ACOEM American College of Occupational and Environmental Medicine	• 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.
American Headache Society AMERICAN HEADACHE SOCIETY www.AmericanHeadacheSociety.org	• Don't prescribe medications that contain opioids or butalbital as first-line treatment for recurrent headache disorders.
American Society of Anesthesiologists - Pain Medicine American Society of Anesthesiologists®	• 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.

1American Board of Internal Medicine, Choosing Wisely Recommendations. Available at: http://www.choosingwisely.org/wp-content/uploads/2015/01/Choosing-Wisely-Recommendations.pdf*. Accessed June 15, 2016

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 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"

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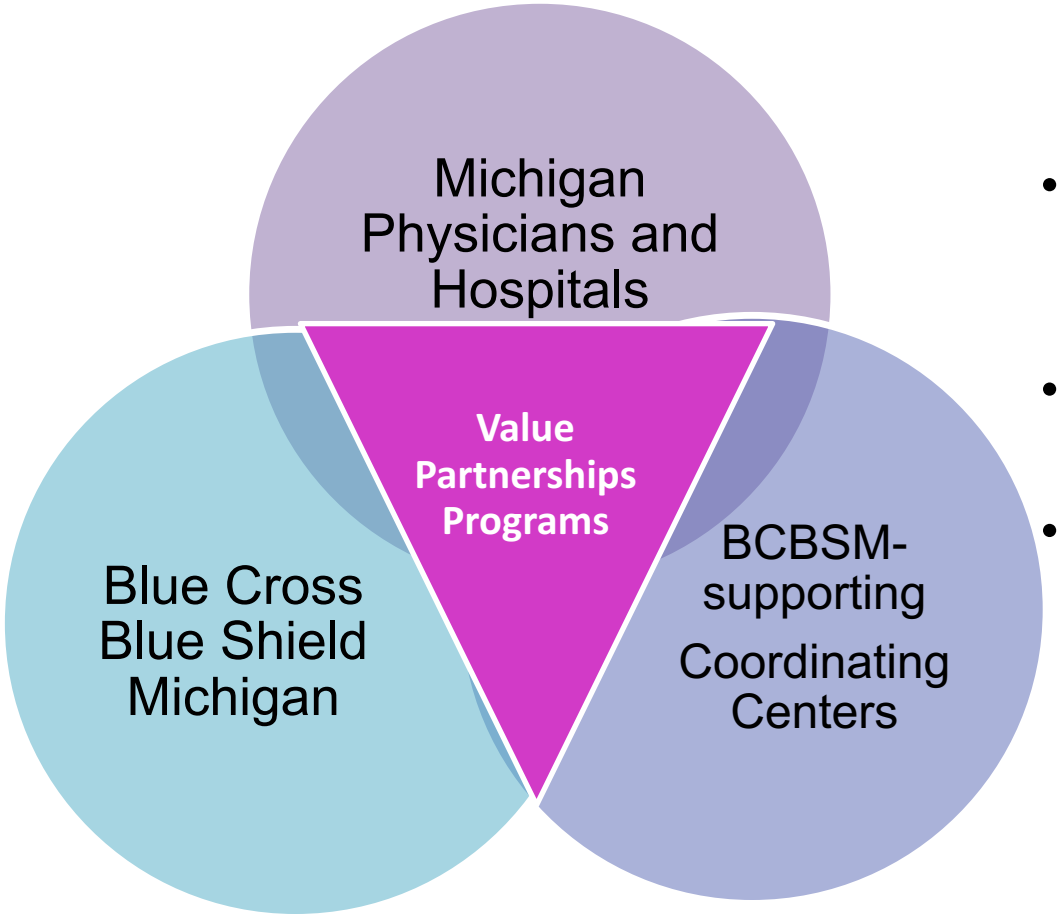
Michigan's Value Partnerships: Collaboration is Key



Role of BCBSM

- Offer neutral ground for competitive hospitals/ physicians to collaborate
- Program funding and incentive payment design
- BCBSM provides clinical and administrative support

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Provider Engagement in Value Partnerships Ambulatory Programs

Physician Group Incentive Program
(PGIP)

41
Participating
Physician Organizations

6,000
Participating
Practice Units

19,700
Participating
Practitioners

Over 5,500 PCPs
Over 14,200 specialists

Nearly 70% of Blue Cross network PCPs and over 55% of network specialists

- 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

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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

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Provider Engagement in Value Partnerships Hospital Programs

Hospital Collaborative Quality Initiatives
(CQIs)

14	88	22,000+	400,000+
Statewide Collaboratives	Participating Hospitals	Associated Physicians	Cases Abstracted Annually

- 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

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

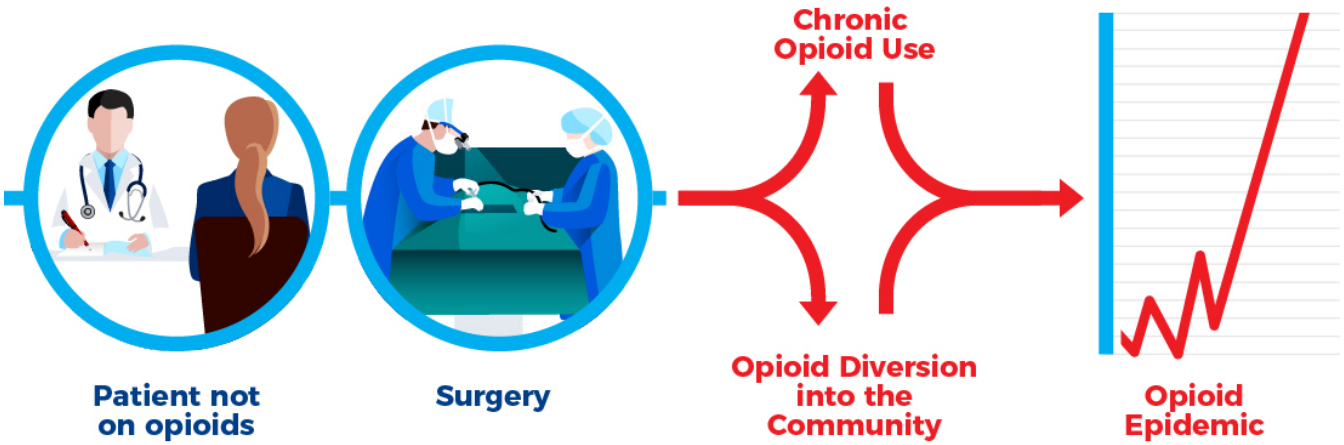
For Whom Do We Prescribe?

Opioid naïve 62%

Chronic 8%

Intermittent 30%

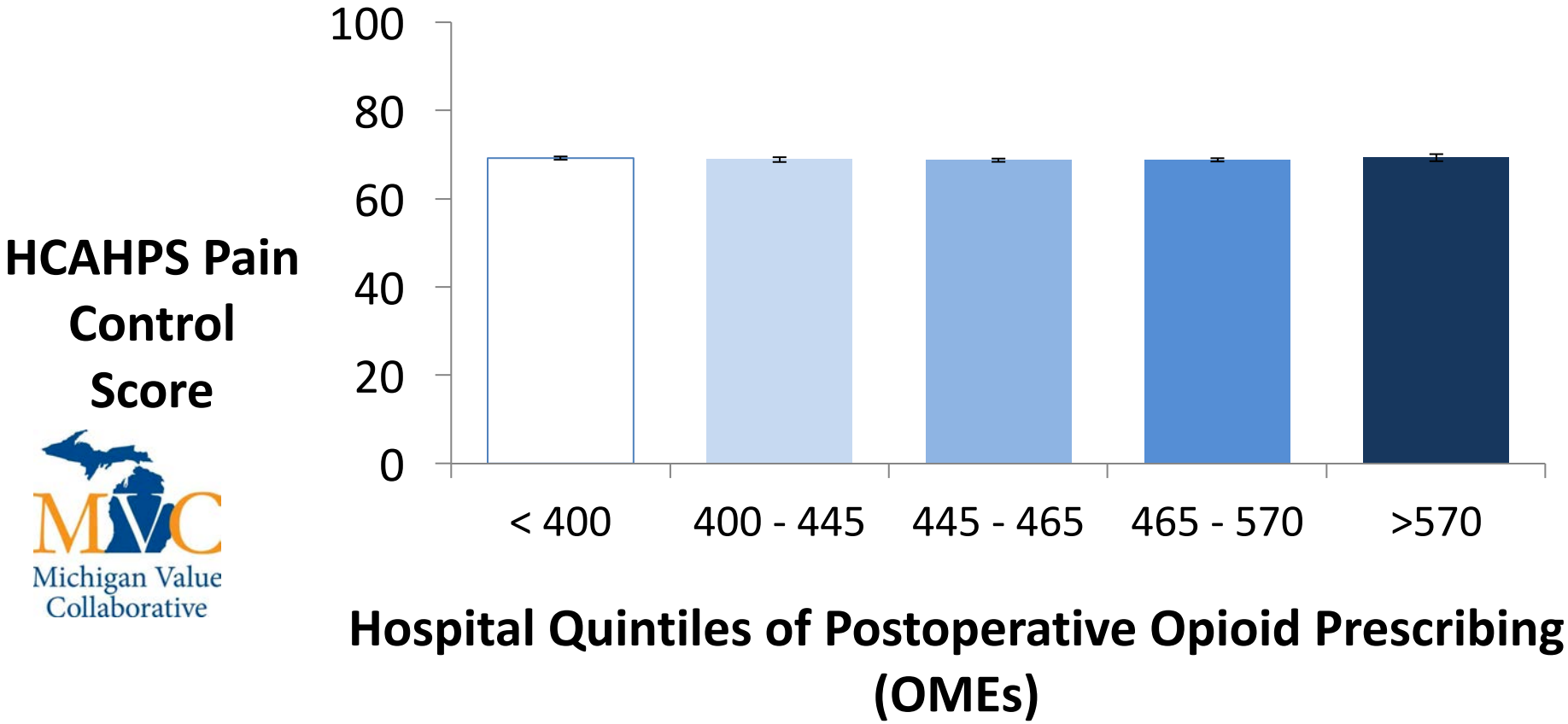
Preventing Chronic Opioid Use and Abuse Before it Starts



Proposed Preventative Strategy | **Current Strategic Efforts**

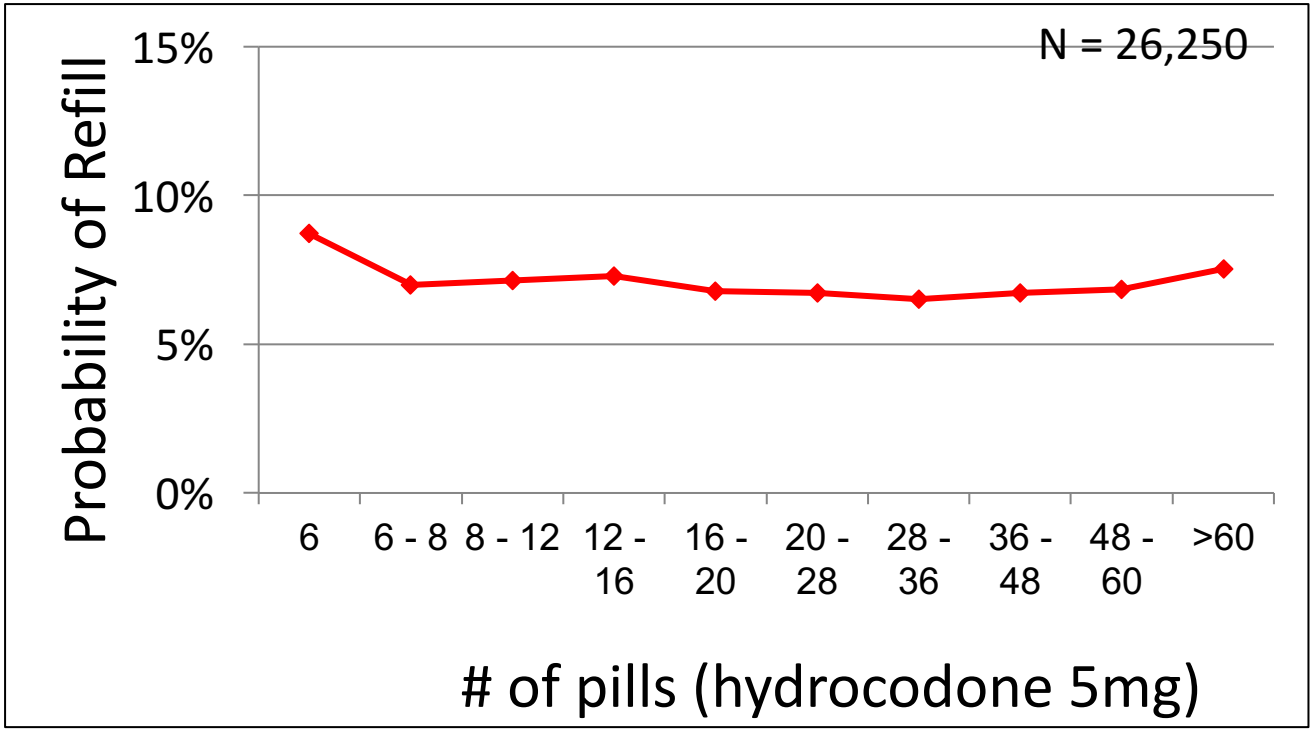
Why do surgeons prescribe too much?

HCAHPS ≠ Prescribing



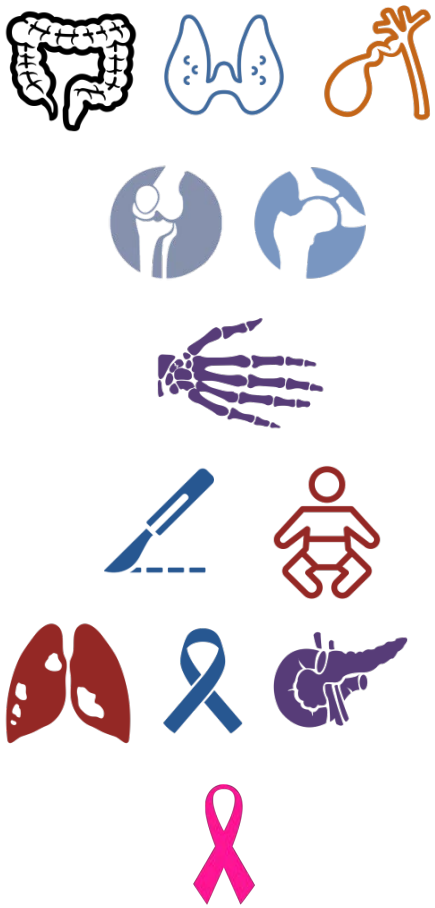
Lee JS, Hu HM, Brummett CM, Syrjamaki JD, Dupree JM, Englesbe MJ, Waljee JF. JAMA May 16, 2017

Quantity Does Not Predict Refill



Sekhri S, Arora NS, Cottrell H, Baerg T, Duncan A, Hu HM, Englesbe MJ, Brummett C, Waljee JF, Ann Surg 2017

New Persistent Opioid Use



6% Brummett CM et al. *JAMA Surg*. 2017; 152(6).

8% Goesling J et al. *Pain*. 2016;157(6).

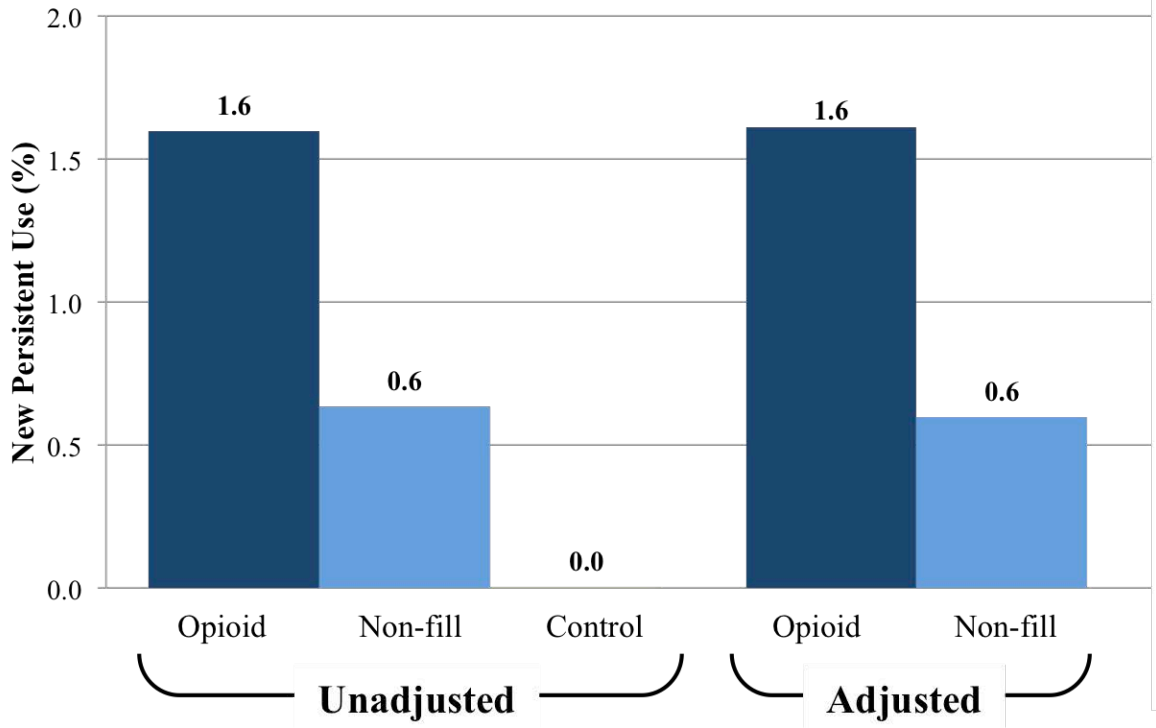
13% Johnson SP et al. JHS. 2016;41(10).

5% Harbaugh CM et al. *Pediatrics*. 2017. Epub.

10% Lee JS et al. *JCO*. 2017. Epub

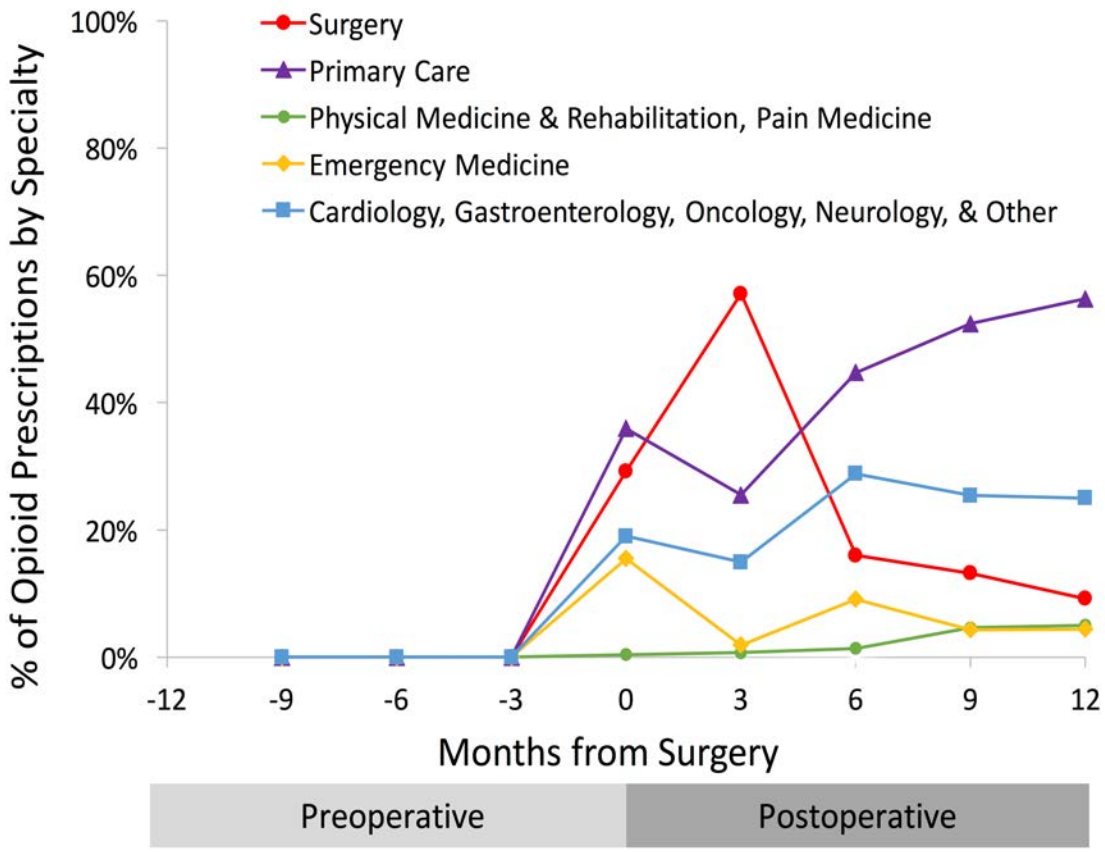
19% Marcusa D et al. *PRS*. 2017;140(6).

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?



Can we improve prescribing?

Yes

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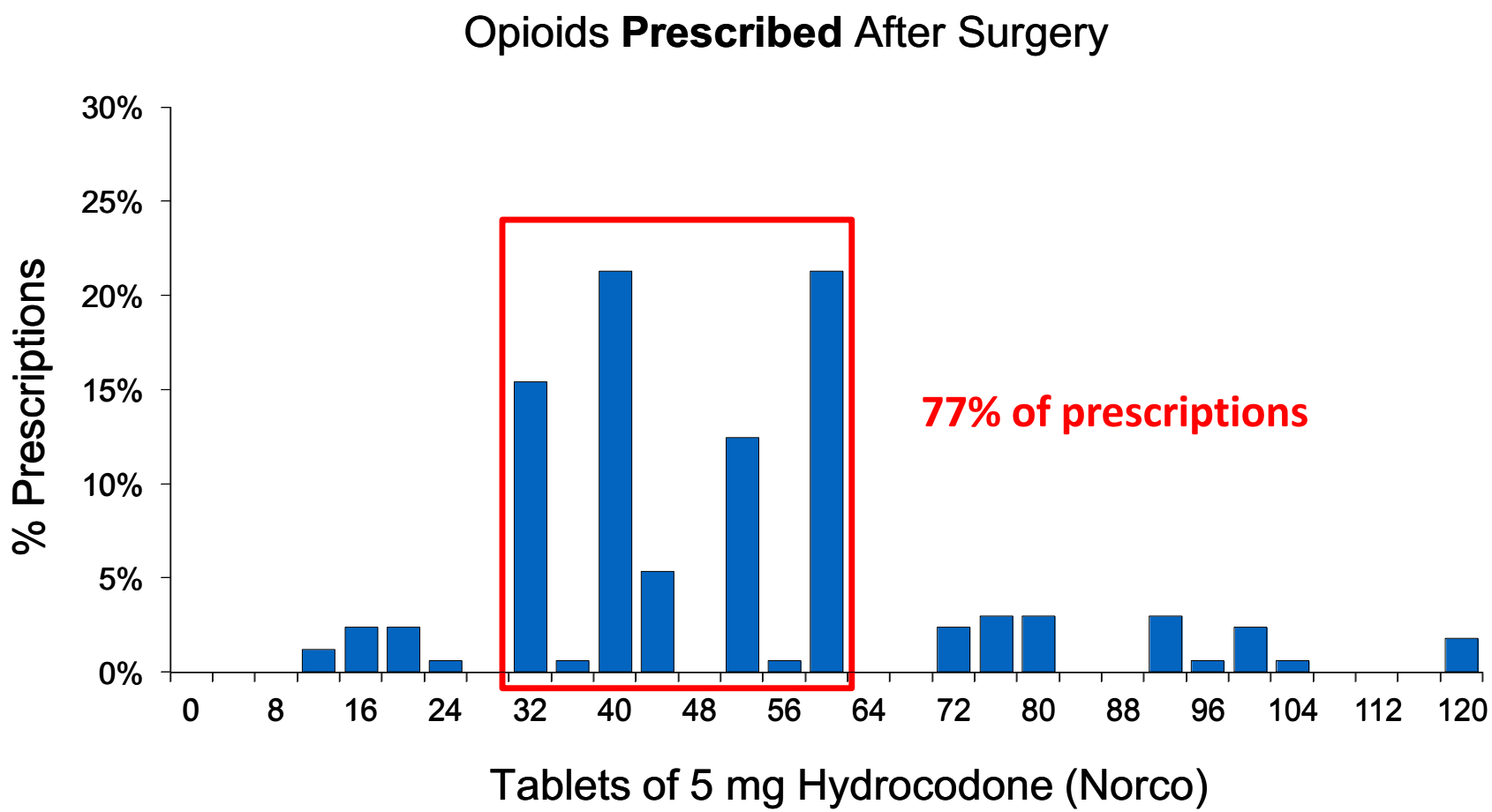
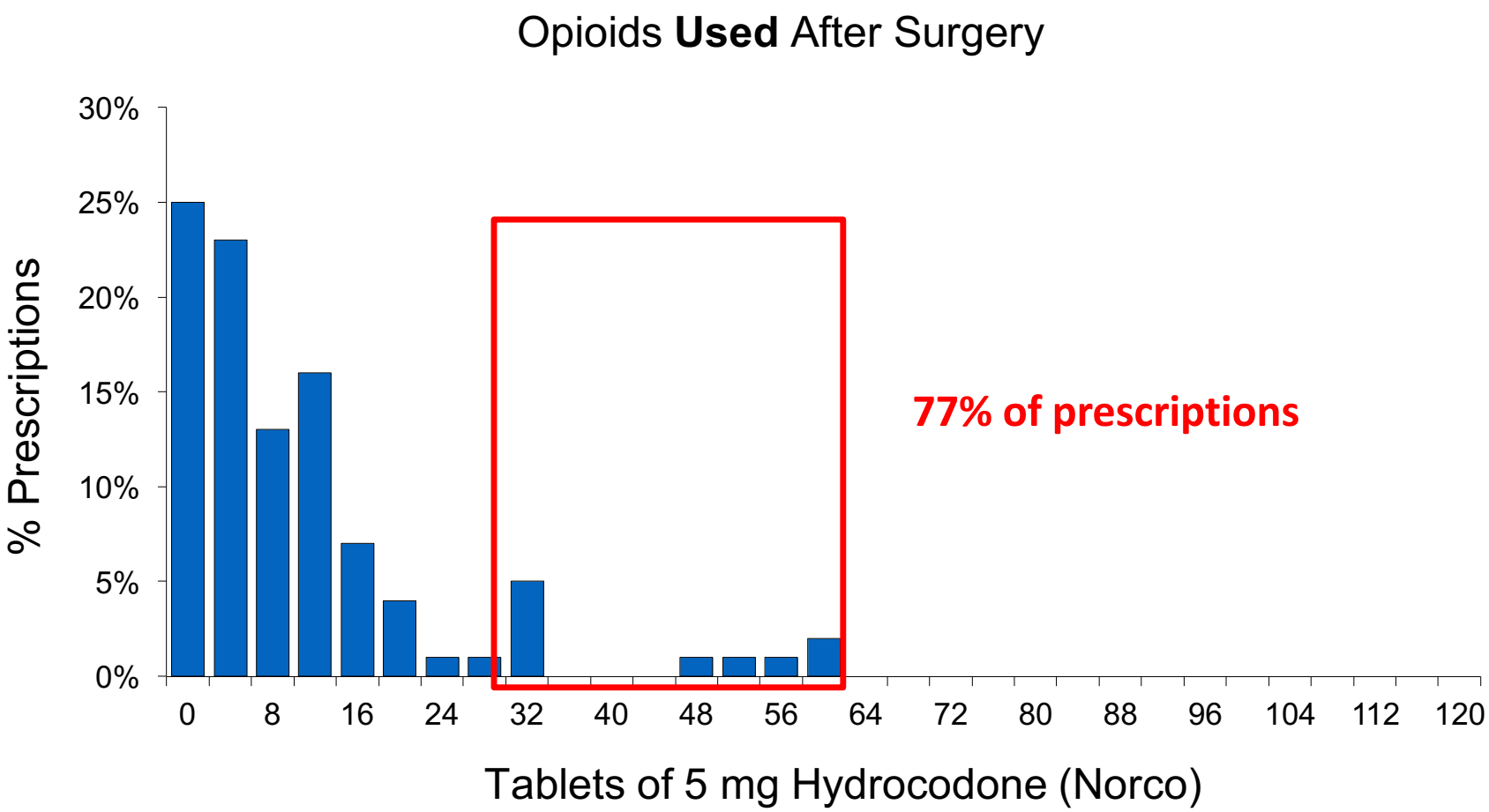


Howard, R, Waljee JF, Lee JS, Brummett CM, Englesbe MJ. 2017. *Reduction in Opioid Prescribing Through Implementation of Evidence-Based Prescribing Guidelines.* JAMA Surgery, In Press.



Howard, R, Waljee JF, Lee JS, Brummett CM, Englesbe MJ. 2017. *Reduction in Opioid Prescribing Through Implementation of Evidence-Based Prescribing Guidelines.* JAMA Surgery 2017

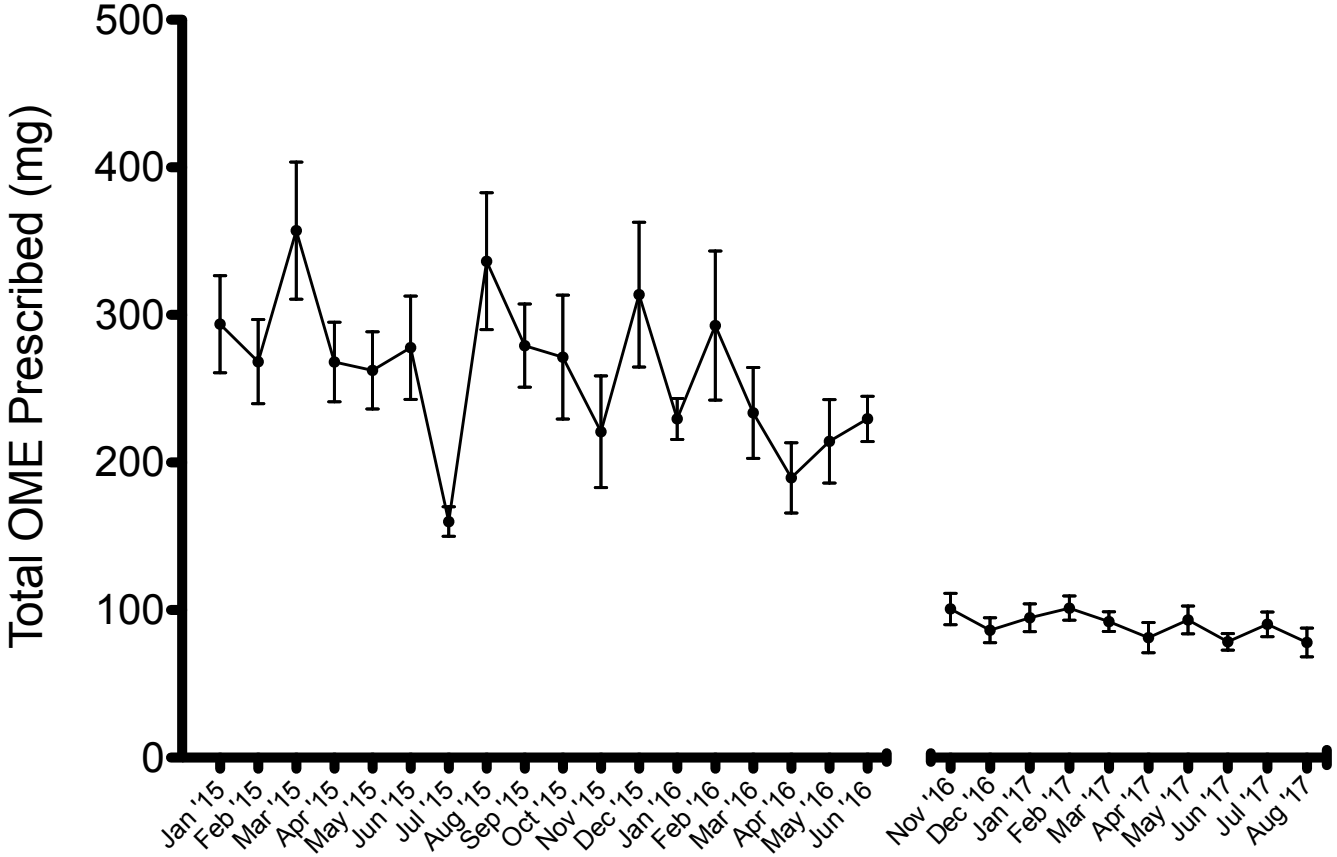
Guidelines

15 Oxycodone 5 mg 1q4-6 PRN

15 Norco 5/325 mg 1q4-6 PRN

+ Tylenol AND Motrin

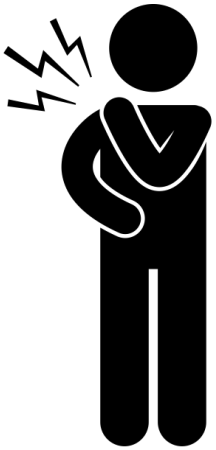
+ Patient Education



Howard et al, JAMA Surg 2017

Howard, R, Waljee JF, Lee JS, Brummett CM, Englesbe MJ. 2017. JAMA Surgery 2017

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



No change in patient-reported pain scores

Patients consumed fewer pills

OPEN
OPIOID PRESCRIBING ENGAGEMENT NETWORK

PROCEDURE	HYDROCODONE (NORCO) 5 mg tablets CODEINE (TYLENOL #3) 30 mg tablets TRAMADOL 50 mg tablets	OXYCODONE 5 mg tablets
Laparoscopic Cholecystectomy	15	10
Laparoscopic Appendectomy	15	10
Inguinal/Femoral Hernia Repair (open/laparoscopic)	15	10
Open Incisional Hernia Repair	40	25
Laparoscopic Colectomy	35	25
Open Colectomy	40	25
Hysterectomy		
Vaginal	20	15
Laparoscopic & Robotic	30	20
Abdominal	40	25
Wide Local Excision ± Sentinel Lymph Node Biopsy	30	20
Simple Mastectomy ± Sentinel Lymph Node Biopsy	30	20
Lumpectomy ± Sentinel Lymph Node Biopsy	15	10
Breast Biopsy or Sentinel Lymph Node Biopsy	15	10

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VALUE Partnerships
Improving Health Care in Michigan
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M·TQIP

ASPIRE
Anesthesiology Performance Improvement and Reporting Exchange

MVC
Michigan Value Collaborative

MSQC
Michigan Surgical Quality Collaborative

MICHIGAN BARIATRIC SURGERY COLLABORATIVE
MBSC

MARCQI
MICHIGAN ARTHROPLASTY REGISTRY
COLLABORATIVE QUALITY INITIATIVE

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MEDIC
MICHIGAN EMERGENCY DEPARTMENT IMPROVEMENT COLLABORATIVE

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Total of all sites September 30, 2017	
Total number of people	766
Pills	
Weight of pills	900
Estimated total number of medications of interest	130,000
Opioid pills	17,500
Other medications of interest	
Benzodiazepines and sedatives	18,000
Anti-depressants	10,000
Stimulants	1,800
Additional information	
Oldest opioid from all drives	1976
Oldest opioid from this event	1984
Most common reason for opioid	Surgery

Precision Opioid Prescribing

PRECISION HEALTH
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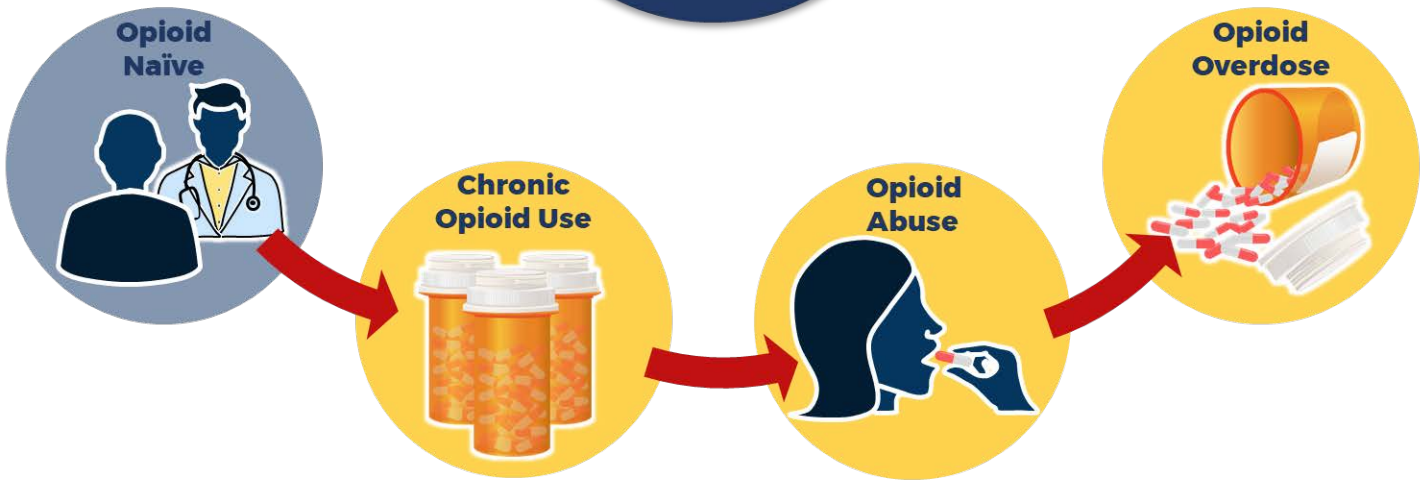
Factors
- ✓ Type of surgery
- ✓ Genetics
- ✓ Prior Medication Use
- ✓ Social Support
- ✓ Mood
- ✓ Pain

Informed prescribing & **personalized** pain management

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



Proposed precision preventative strategy

Focus of existing public health measures

A **preventative** approach to the opioid epidemic.

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Areas of Impact

Do you know
the facts about
opioid pain
medications?
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Learn more about our work:

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