WIDENING THE LENS ON THE OPIOID EPIDEMIC

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Independence 2018
HEALTH CARE FORUM
Evolution of the Opioid Crisis

U.S. Overdose Deaths

Opioids kill more than 42,000 people annually, 92 people each day.

75% of heroin users started by abusing prescription opioids.

Every day, more than 1,000 people are treated in emergency departments for misusing prescription opioids.
Results are Promising

45% reduction in opioid users
45,000 fewer members using opioids

35% reduction in opioid scripts
100,000 fewer opioid prescriptions

18% reduction Morphine Equivalent Dose (MED)
10 MED decrease

Since implementing 5-day supply limit July 1, 2017
21,000 fewer members on opioids
47,000 fewer prescriptions

Between Q1 2015 - Q1 2018, Independence has seen a major reduction in members using opioids, claims processed, and opioid dosages prescribed
Cost to the Economy

Last year **152,000 deaths** from Addiction/Substance Use Disorder (SUD)

- More deaths in **one year** than
  - Americans killed during the entirety of the Vietnam War
  - HIV at its peak in 1995
  - Killed by guns or cars

- **Leading cause of death for those under 50**

According to the White House, the Opioid Epidemic cost over **$508 billion** in 2016.

- **38% - 50%** of all Workers’ Comp Claims
- **70%** of the estimated 14.8 million Americans who use illegal drugs are employed & cost employers **$81 billion**
- **$85 billion** spent to treat other illnesses & injuries related to SUD
- **Presenteeism** – it’s not just your employee
Treatment Saves Money

Why Treatment Fails: Acute & Episodic

What Works: Chronic Disease Model

Saves $7 in Criminal Justice Costs
Saves $4 in Health Care Costs
Saves $12 in the Workplace
Key Components for Effective Treatment

Chronic Brain Disease Model

- Multi-Disciplinary Team
- Bio-Psycho-Social Treatment
- Medication Assisted Therapy
- Evidence-Based Treatment
- Family
- Continuing Care Plan/Disease Management
  - Ongoing
  - Based on Patient Needs
  - MAT Partner
What Can Employers Do?

- Update Drug-Free Work Place Policy
- Create a Prescription Drug Use Policy
- Inform/Train Staff Regarding the Policies
- Drug Testing
- Review Accidents/Absenteeism/Injuries
- Re-evaluate What is Covered
Collaborative to Address Realities of Epidemics

We CARE: Opioid

Blue Cross Blue Shield Association is an association of independent Blue Cross and Blue Shield companies.
With the leadership of the We CARE Advisory Group, we aim to achieve the following:

1. Demonstrate leadership of the private sector to combat the realities of epidemics
2. Take action using data assets available for the commercial population
3. Develop provider metrics that reflect value-add to employers and their employees
Figure 1. Diagnosed opioid use disorder by ZIP code, and highway proximity regression.
March 29, 2018

"Due to the lack of evidence combined with significant potential for harm, we believe professional standards require that BCBS members are given alternative options to opioids in most clinical situations. We will work with medical professionals to ensure BCBS members are routinely provided alternatives to opioids through a mutual decision made inside the doctor's office.”

--BCBS NCPE Position Statement
Reality:
Most members are not offered an alternative to opioids by treating providers.

Reality:
Opioid use disorder (OUD) is a chronic disease and requires continuous maintenance.

Reality:
Opioid use disorder is a healthcare-acquired condition (HAC).