

Pension and Health Benefits Committee

Agenda Item 7a

April 16, 2019

Item Name: CalPERS Opioids Management Update

Program: Health Benefits

Item Type: Information

Executive Summary

This agenda item provides an update on how the California Public Employees' Retirement System (CalPERS) team members and OptumRx are managing the opioid epidemic. Our solution for opioid management and prevention is comprehensive and in alignment with the Centers for Disease Control and Prevention (CDC) guidelines. The focus is toward safety and prevention through engagement, smart prescribing, and ongoing monitoring. Additionally, our educational efforts for prescribers and patients have seen:

- A reduction in overall utilizers, prescription claims and Morphine Milligram Equivalent (MME) use for opioids.
- Appropriate increases in the number of members utilizing Medication-Assisted Treatment (MAT)¹ products.
- Prevention and education programs that have been successful e.g. Short Acting Opioid (SAO)/Long Acting Opioid (LAO) outreach, new opioid specific bottle caps for home delivery patients, and disposal kits for home or mail use.

Future efforts will include identifying innovative and new strategies that support our risk management efforts for opioids.

Strategic Plan

This item supports CalPERS 2017-22 Strategic Goal "Transforming Health Care Purchasing and Delivery to Achieve Affordability".

¹ Medicated-Assisted Treatment (MAT) is the use of FDA- approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. Source: https://www.samhsa.gov/medication-assisted-treatment

Background

Agenda Item 7 from November 14, 2017, Pension and Health Benefits Committee meeting detailed activities that the Smart Care California workgroup implemented to curb the opioid epidemic.

Analysis

CalPERS adopted the OptumRx Opioid Risk Management program which is based upon five key areas:

- 1. Prevention and education
- 2. Minimizing early exposure
- 3. Reducing inappropriate supply
- 4. Treating at-risk and high-risk populations
- 5. Supporting chronic populations and recovery

Our goal is to deliver the right level of care, at the right time, to the right patients. OptumRx incorporates the CDC Guideline for Prescribing Opioids for Chronic Pain², which is intended to raise the awareness about the risks and benefits of opioid therapy, ensure appropriate access to safe and effective treatments, and reduce the risk of Opioid Use Disorder (OUD), overdose and death.

On January 14, 2019, Dr. Sumit Dutta and Dr. Brad Curtis of OptumRx presented the following results to CalPERS team members.

1. Implemented SAO and LAO data engine edits and began education outreach for short acting opioids for Basic (commercial members).

Newly implemented edits matching CDC Guidelines along with a New-to-Therapy (NTT) letter campaign have accounted for a combined decrease in the number of claims.

Table 1: Comparison of Opioid Claims from 2017 to 2018					
	CalPERS Ba	Summary of Change			
	2017 Jan-Jun	2018 Jan-Jun	Change		
Opioid Claims	104,329	84,920	-19%		
Utilizers	40,132	34,321	-15%		

Strategies: 1,2,3

2. Benchmarked performance against CDC Guideline recommendations for opioids.

Appropriate and favorable declines in opioid duration and doses have been achieved. In addition, OptumRx has shown favorable increases of 99 percent and 24 percent in the number of rescue prescriptions and MAT respectively for OUD.

² https://www.cdc.gov/drugoverdose/prescribing/guideline.html [Accessed February 22, 2019]

Table 2: A Summary of Performance Against Selected CDC Guidelines Jan-Jun: 2017 vs 2018				
Metric	Summary of Change			
Percent of CDC Non-Compliant Opioid Scripts	-18%			
Number of NTT Users ≥ 50 MME/day	-85%			
Number of NTT Users > 7-day supply	-73%			
Number of NTT Users Initial Long-Acting Opioid Users	-46%			
Number of Treatment Experienced Users > 90 MME/day	-32%			
Total Opioid Users > 90 MME/day	-48%			
Number of Rescue Therapy Scripts	99%			
Number of MAT for patients with OUD	24%			

3. Implemented safety initiatives of warning and proper disposal for opioids.

OptumRx is using a warning label located underside of the vial cap to increase awareness and promoting the proper disposal of unused supply of opioids is intended to lessen the opportunity of addiction or misuse by family members.

Table 3: Safety Initiatives				
Initiative	Description			
New bottle caps and labels for opioid warnings	Included with Schedule 2 opioids dispensed through home delivery e.g. fentanyl			
Deterra™ Kits	For medications that are approved to be thrown away at home			

Strategies: 1, 2

4. Statewide collaboration with *Smart Care California* and adoption of the National Committee for Quality Assurance HEDIS® measure for CalPERS' strategic measure to reduce the overuse of ineffective or unnecessary medical care.

We have appropriate decreases in dose and duration due to the identification of unacceptable opioid medication selections and durations. Our average MME is well below the CDC recommendations for high use.

Table 4: Reduce the Overuse of Ineffective or Unnecessary Medical Care: Opioid Duration*			
Metric	Summary of Change (%)		
Average MME Utilization /day**	-14%		
No. Members ≥ 18 YO AND ≥ 15-day supply AND ≥ 120 MME/day***	-32%		

^{*}Statewide collaboration through Smart Care California

Strategies: 1, 2, 3

5. Future strategies for opioids.

Future programs will enhance our current strategy and focus by third quarter 2019:

- Adherence Program Clinical follow-up on rejected MAT claims.
- <u>Predictive Model</u> To identify those at risk for misuse of opioids.
- Enhanced Point-of-Sale (POS) features Quicker acceptance or rejection of claims.
- Enhanced Notifications Medical provider-specific education and notification.

Table 5: Future Strategies				
Program	Description	Strategy Focus		
MAT - Adherence Program	Identification of rejected MAT claims in which the alternative MAT drug was not filled. Clinical Call Center Pharmacist education and case management	4, 5		
Predictive Model	To identify members at high risk for opioid abuse and misuse potential	3, 4, 5		
Enhanced POS Edits (smarter edits)	Integration of multiple electronic capabilities e.g. drug-drug-interactions, MME and other overlapping logic. Medical data integration to more quickly accept or reject opioid claims	3, 4, 5		
Prescriber Outlier Notification	Identifies top opioid prescribers who are outliers based on (17 metrics) prescribing habits within each specialty	1, 3		

Budget and Fiscal Impacts

Not Applicable

^{**}Morphine Milligram Equivalents per capita on an incurred year basis for basic plans

^{***}Pending measure development-close example is HEDIS measure "use of opioids at high dosage" HEDIS measure: members 18 years and older, the rate per 1000 receiving prescription opioids for greater than or equal to 15 days during the measurement year at high dose (greater than 120 MME)

Benefits and Risks

The benefits include:

- A reduction in the rate of OUD.
- A decrease in the number of claims by 19% and utilization by 15% from 2017 to 2018 for opioids.
- A reduction of MME by 14% and duration by 32%.
- Alignment with Smart Care California and the adoption of HEDIS strategic measure.
- Favorable increases of 99% and 24% in the number of rescue prescriptions and MAT for patients with OUD.

The risks for not acting include:

- Addiction caused by lack of education for those New-to-Therapy
- Misuse of supply by family members
- Abuse of opioids
- Deaths caused by opioids

Attachment

Attachment 1 – CalPERS Opioids Management Update Presentation

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