Opportunities for Multisector/ Public-Private Collaboration in Addressing Substance Abuse

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1. Overview of social and economic impacts of substance abuse
2. Examine role of biologic vs social determinants of health in addressing treatment
3. Examine role of Public/ Private Partnerships in addressing substance abuse
What is the Scope of the Problem?

- According to SAMHSA data, 10.1% of people over the age of 12 used an illicit drug in the past month.
- Treatment of issues arising from substance use is > $600 billion a year.
- Roughly one in seven Americans are expected to develop a substance use disorder at some point in their lives.
In 2015...

- 12.5 million people misused prescription opioids¹
- 2.1 million people used prescription opioids for the first time¹
- 2 million people had prescription opioid use disorder¹
- 828,000 people used heroin¹
- 135,000 people used heroin for the first time¹
- 33,091 people died from overdosing on opioids²
- 15,281 deaths attributed to overdosing on commonly prescribed opioids³
- 9,580 deaths attributed to overdosing on synthetic opioids³
- 12,989 deaths attributed to overdosing on heroin⁴
- $78.5 billion in economic costs (2013 data)³

Sources: ¹2015 National Survey on Drug Use and Health (SAMHSA), ²MMWR, 2016, 65(3S-5):1445-1462 (CDC), ³Prescription Opioids Data (CDC), ⁴Heroin Opioids Data (CDC), Synthetic Opioids Data (CDC), ⁵The Economic Burden of Prescription Opioid Overdoses, Abuse, and Dependence in the United States, 2013 (First Dose at Risk) ⁶

Updated May 2017. For more information, visit: http://www.hhs.gov/opioid
• More than 650,000 opioid prescriptions dispensed

• 3,900 people initiate nonmedical use of prescription opioids

• 580 people initiate heroin use

• 115 people die from an opioid-related overdose
• $55 Billion in health and social costs related to prescription opioid abuse each year
• $20 Billion in emergency department costs related to opioid abuse each year
• In 2015 substance abuse accounted for 7.5% of all health spending and almost 20% of mental health spending
So Why Aren’t We Seeing Better Outcomes
Narrow Focus on Addressing Issue

Patient
- Treatment of Acute Issue
- Focus on Biological Determinants of Issue

Healthcare Provider
- Restrictions on Prescribing
- Prescription Drug Monitoring Systems
What Creates Health?
What are the Determinants of Health?

- Social and Economic Factors: 40%
- Health Behaviors: 30%
- Clinical Care: 10%
- Physical Environment: 10%
- Genes and Biology: 10%

Looking at the Big Picture

![Well-being Diagram]

- Character Strengths
- Physical Health
- Emotional Health
- Financial Security
- Social Connectedness
- Purpose
Social Determinants of Health

- Neighborhood and Built Environment
- Economic Stability
- Health and Health Care
- Education
- Social and Community Context

SDOH
What are Social Determinants of Health

- Socioeconomic Status
- Education
- Neighborhood
- Employment
- Social Support Networks
- Access to Healthcare
Public Private Partnerships
According to the National Council for Public-Private Partnerships, a PPP is a contractual arrangement between a public agency (federal, state or local) and a private sector entity. Through this agreement, the skills and assets of each sector are shared in delivering a service or facility for the use of the general public. In addition to the sharing of resources, each party shares in risks and rewards potential in the delivery of the service and/or facility.
Since 2012 healthcare spending in the US has exceeded 17% of GDP, and is expected to be nearly 20% by 2020.

Substance abuse accounts for 7.5% of this spending, and 20% of overall mental health spending.
Areas for Public Private Collaboration

• Development of more effective treatments
• Improving quality of current treatments
• Increased Access to Treatment
• Sharing of Data
• Education and Prevention
• Informing Health Policy Legislation
### Areas for PPP in Substance Abuse Treatment

| More Effective Treatments | • Non-opioid pain treatments  
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<th>• Abuse deterrent med formulations</th>
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| Improved Quality of Current Treatments | • Rating systems for treatment facilities  
|                          | • Better Understanding Genetics and biomarkers effecting outcomes |
| Increased Access to Treatment | • Decrease individual economic burden of treatment  
|                          | • Increase number of providers and address geographic access disparities |
Areas for PPP in Substance Abuse Treatment

Sharing of Data
- Improved research outcomes
- Optimizing allocation of resources

Education and Prevention
- Education and prevention strategies targeting public
- Education and prevention strategies targeting providers

Informing Health Policy
- Legislation regulating providers
- Evidence based public health initiatives
So What Are We Doing at Aetna?
The Aetna opioid strategy

Prevent
Prevent opioid misuse and abuse

Intervene
Identify at-risk behavior & intervene

Support
Support access to evidence-based treatments
Ongoing initiatives

1

Prevent

Prevent opioid misuse and abuse

Some Aetna plans cover non-opioid pain treatments including: chiropractic care, acupuncture, biofeedback, physical therapy

Aetna Pharmacy has enacted quantity limits, day supply limits on initial prescriptions, and prior authorization on opioids

Mindfulness training program “Living with Chronic Pain” will begin roll out in 2018

Evolving “super-prescriber” interventions

Aetna Behavioral Health clinicians perform substance abuse screening and intervention for members with an opioid diagnosis

Monthly working session calls with Centers for Disease Control and Prevention for updates and discussions of initiatives
Ongoing initiatives

2

Intervene

Identify at-risk behavior and intervene

Aetna Pharmacy’s Controlled Substance Use programs identify and intervene with at-risk members

Aetna Medicaid Neonatal Abstinence Syndrome program supports women whose babies are at-risk for opioid withdrawal in two states

Aetna’s Care Engine has several “Care Considerations” around risk of opioid overdoses based on high dose, concurrent sedative use, chronic use

Aetna Foundation providing Grants totaling $6 million which will fund state and local projects addressing opioid-related challenges; donations of Narcan in Maryland, Pennsylvania and Kentucky

Narcan copay waiver for fully insured commercial members once their deductible has been met

Aetna’s “substance abuse in pregnancy awareness” letter campaign to all obstetricians and midwives in KY

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Ongoing initiatives

3

Support

Support access to evidence-based treatments

Allow access to buprenorphine without any prior authorization requirements to reduce barriers to “medication assisted therapy” (MAT) on commercial formulary

Aetna Foundation awarded $120k to Catholic Charities to expand their children's behavioral health-services to include an adolescent substance abuse recovery and treatment component

Aetna Behavioral Health has developed better addiction treatment protocols through increased partnerships
Aetna’s five year goals

By 2022 Aetna is committed to the following:

• Increase percent of members with chronic pain treated by an evidence-based multi-modal approach by 50%
  ➢ Chronic pain diagnosis include fibromyalgia, neuropathic pain, arthropathies, abdominal and back pain
  ➢ Non-opioid modalities include PT/OT, chiropractic care, acupuncture, psychotherapy, biofeedback, local therapeutic injections

• Reduce inappropriate opioid prescribing for our members by 50%
  ➢ Members receiving opioids with a known past opioid overdose
  ➢ Members receiving concomitant benzodiazepines and opioids
  ➢ Members receiving opioids with existing diagnosis of opioid use disorder
  ➢ Members receiving opioid prescriptions greater than one week duration for an acute condition

• Increase percent of members with Opioid Use Disorder treated with ‘Medication Assisted Therapy’ by 50%
  ➢ Members diagnosed with opioid use disorder receiving buprenorphine or naltrexone
  ➢ Members diagnosed with opioid use disorder receiving cognitive behavioral therapy