

Working to end the opioid epidemic

There is no denying the opioid crisis in the United States. Addiction to these powerful drugs can strike anyone — our parents, children, partners, coworkers and friends. The effects of this growing epidemic are dire: Every 13 minutes, someone in the United States dies from an opioid overdose.¹

Opioid use disorder can happen quickly. The risk of opioid addiction increases with each additional day of opioids supplied, starting with the third day.² And in the past few years, opioid addiction has become an urgent public health crisis that affects the whole country, including the 124 million people Optum[®] serves. Through our various businesses, Optum is uniquely positioned to connect efforts across the system to work toward a solution.

Opioid addiction is a treatable chronic medical condition that deserves ongoing attention. Strategies to confront the opioid epidemic require reducing improper use and providing evidence-based treatment. Ultimately, this long-term approach aims to save lives and restore families and communities.

The opioid problem in the U.S.

Opioids are a class of drugs that include legal medications approved by the Food and Drug Administration (FDA), but also include illicit street drugs like heroin and fentanyl derivatives. Prescription opioids range from less-potent formulations like codeine to stronger drugs like morphine and fentanyl, which doctors use to treat cancer pain.³

For several acute medical conditions, and a small percentage of very serious chronic conditions, prescription opioid medications can be an essential part of treatment. Yet opioids also come with a high risk of addiction, overdose and fatality.

When opioids bind to nerve receptors in the brain and body, they ease pain and create a feeling of relaxation and euphoria. With continued use, the body's central nervous system becomes more and more tolerant to these effects, thus requiring individuals to consume higher and higher doses of the same medication to produce the same effect. At this point, decreasing or discontinuing opioid use can lead to various withdrawal-type symptoms. Because of this scenario, many people struggle to manage their prescription drug use. As dosages increase to excessive levels, opioids can even become lethal.

The scope of the epidemic

The opioid crisis dates to the 1990s, when care providers were urged by misguided and incomplete data, education and marketing to evaluate pain as "the fifth vital sign," in addition to temperature, blood pressure, pulse and respiratory rate. Along



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with more closely monitoring pain, people began to treat pain more aggressively. As opioids flooded the market, unused drugs became vulnerable to sale, theft or misuse.

In part, opioids are widely available because 99 percent of U.S. patients receive a prescription for opioid medications after surgery.⁴ In 2016, 215 million opiate prescriptions were issued in the U.S.⁵ And 2.1 million people in this country have been diagnosed with opioid use disorders.⁶

As opioid use disorders increase, some people have turned to illegal opioids like heroin, which can be easier to obtain and cheaper than prescription medications. Four out of five new heroin users say they were first exposed to opioids through prescription pain medications.⁷

Opioids' effects — and hope for the future

People often think of drug overdoses as something that happens among users of illegal street drugs. For many, the problem lies closer to home. An estimated 66 percent of people ages 12 and older who misuse prescription opioids obtained them from a friend or family member.⁸

More than 68 percent of the 72,000 drug overdose deaths in 2017 involved an opioid.⁹ That same year, the number of overdose deaths involving opioids was six times higher than in 1999.¹⁰

This complex epidemic is destroying lives and overwhelming our communities. It affects our neighbors, coworkers, friends and family members. In addition to the cost to human life, the opioid epidemic's estimated economic burden is \$504 billion and counting.¹¹

But there is hope. Comprehensive pharmacy management programs, provider education and compassionate care can help us turn the tide of the opioid epidemic. Alongside efforts to prevent opioid misuse and support people in recovery, we guide them to promising, evidence-based treatments.

Optum's proposition: What's needed

Any effective solution must be grounded in compassion and understanding. That's why Optum® advances a 360-degree approach to:

- Prevent opioid misuse and addiction from developing in the first place.
- Guide people to evidence-based treatment.
- Support people throughout treatment and recovery, including care for co-occurring disorders.

We believe a multifaceted, evidence-based approach offers the greatest hope to treat opioid use disorder and help people regain their human potential by overcoming their struggle with addiction.



“For a whole year [after a series of sports injuries], I was on pain medicine. And I didn’t think it would be a problem, but I turned to heroin when I could not get any more. This happens to a lot of kids who do sports and are prescribed medicine. It’s such a common story. This could happen to anybody.”

— ALEXA

**IN RECOVERY FROM
OPIOID USE DISORDER**

The Optum approach

PREVENTING MISUSE AND ADDICTION

One key element in resolving the opioid crisis lies in prevention, by confronting opioid misuse before it occurs.

Through the OptumRx® Opioid Risk Management program, we're working to educate people about the risk of opioid use disorder and how to prevent it. Our actions include:

- **Minimizing early exposure:** Because opioid use disorder can start so quickly, the best opportunity for prevention is by limiting the dose and duration at the very first prescription fill. In addition to utilization management practices that are tightly aligned with Centers for Disease Control and Prevention (CDC) prescribing guidelines (on page 4), the OptumRx prevention framework includes maximum daily dosing limits on opioids, interventions for members who exceed safe limits, and patient education at the first fill.
- **Provider education:** We emphasize the importance of alignment with CDC prescribing guidelines. We also encourage treatment plans to motivate people who do need pain medication to use it as directed and have regular follow-ups with their care provider. And we share information with providers about the effectiveness of alternative treatments. For example, when people try chiropractic care or physical therapy to manage back pain before turning to pain medication, they are 60 percent less likely to use opioids in the future.¹²
- **Reducing inappropriate supply:** Our claims system flexes to meet people's unique needs. For those who require opioid medications on an ongoing basis, we align safe limits with CDC guidelines and monitor proper dosing. Real-time medication checks prevent unnecessary refills and screen for medications that may cause overdose or serious side effects when combined with opioids. Ongoing monitoring tracks opioid usage trends, while analytics identify unusual claims and dispensing patterns.
- **Treatment guidance for at-risk and high-risk patients:** Hand in hand with prescribers, we focus on preventing at-risk patients from progressing to opioid use disorder. We deploy sophisticated machine-learning and predictive analytic models to stratify opioid utilizers based upon overdose risk. Individuals at high risk receive intensive case management, which includes OptumRx pharmacist-to-prescriber consultations and case review. Ongoing analytics and evidence-based guidelines help ensure safe prescribing and dispensing patterns.
- **Outreach and intervention with outlier prescribers:** Our advanced analytics also helps us to identify and conduct outreach to opioid prescribers whose prescribing practices fall outside recommended patterns versus peers within the same area of specialty. We work with outliers to promote best practices and non-opioid alternatives to managing chronic pain.



“Using today’s powerful data and analytics, we are not only able to understand the opioid epidemic in a more comprehensive way, but we can quickly identify what’s working most effectively to combat this crisis and bring those solutions to scale across the health system.”

**— DR. DARSHAK SANGHAVI,
CHIEF MEDICAL OFFICER,
OPTUMLABS**



CDC GUIDELINES

In 2016, the Centers for Disease Control and Prevention (CDC) issued its Guideline for Prescribing Opioids for Chronic Pain, but on average, 45 percent of “first-fill” scripts nationally are not in compliance with CDC guidelines.¹³

Best-practice prescribing for opioid medications aims to keep needed medications available, while avoiding overuse. Pharmacy edits help monitor usage effectively. OptumRx commercial clients who adopted these utilization management edits for short-acting opioids have shown 96 percent CDC compliance on opioid “first fill” guidelines - that’s 69 percent improvement in compliance since the program launched.¹⁴

The guidelines recommend that opioid prescriptions, outside of cancer or end-of-life care, should:

- Not be first-line treatment for chronic pain
- Have a short duration for acute pain
- Be the lowest effective dose to start
- Not be used with benzodiazepines
- Have dose escalation minimized
- Include an offer for medication-assisted treatment (when a patient has opioid use disorder)

TREATING THOSE WHO ARE ADDICTED

Traditionally, treatment for opioid use disorder involved a detoxification process. When people were weaned off their opioid, they returned home. But in most instances, this approach didn’t effectively treat the chronic recurring nature of opioid use disorder, and it didn’t address opioids’ effects on the brain.

Research shows that without appropriate maintenance medication to subdue cravings and adequate psychosocial support, most people experience recurrence.¹⁵ The results are often tragic. Even brief abstinence from opioids can reduce a person’s tolerance level. If they use opioids later, they have a greater chance of overdose.¹⁶

Because addiction alters brain chemistry, no one treatment alone can conquer opioid use disorder. Successful recovery requires an individualized, evidence-based approach tailored to each person’s needs.

Evidence-based care: Medication-assisted treatment (MAT)

In the past decade, Optum has worked with care providers, recovery professionals, customers and consumers to understand which solutions offer sustained recovery from opioid use disorder. Many clinical advances have been made in treating opioid use disorder. One of the most promising is medication-assisted treatment (MAT).

MAT combines medications with counseling, behavioral therapy and recovery support to prevent overdose, relieve cravings and promote recovery.¹⁷ Although research has demonstrated MAT’s effectiveness, fewer than half of people who struggle with an opioid use disorder receive MAT.¹⁸

With MAT, a medication — typically methadone, buprenorphine or naltrexone — is prescribed in carefully controlled doses to help people overcome dependence on an opioid. MAT medications can:

- Reduce cravings and withdrawal symptoms
- Block the effects of opioids in the event of recurrence
- Adjust the chemical imbalances in the brain created throughout the development of opioid use disorder

At the proper dose, MAT medications do not impair a person's mental capability, physical functioning or employability. They allow people to more fully engage in proven behavioral interventions like counseling and to begin to reclaim their lives. Individuals can safely stay on a maintenance dose of medication for years.

Does MAT work?

Yes. MAT is one of the most effective treatments available for people addicted to opioids. Individuals who receive MAT are 50 percent more likely to remain free of opioid misuse, compared to those who receive either detoxification or psychosocial treatment alone.¹⁹

According to the Office of National Drug Control Policy, "Medication-assisted treatment should be the recognized standard of care for opioid use disorders Studies have shown that individuals with opioid use disorders have better outcomes with maintenance MAT."²⁰



THE ROOT OF LASTING CARE: LOCAL TREATMENT

For opioid use disorder treatment, many people turn to out-of-network providers, including expensive, resort-like treatment centers that are heavily marketed.

Some of these out-of-network "destination" facilities use sophisticated marketing tactics and unfounded claims of providing superior, world-class treatment. In addition to higher costs and higher readmission rates, these facilities exploit vulnerable populations seeking help.

In a recent study conducted by Optum, out-of-network residential treatment costs employers and employees an estimated \$44,000 per 90-day episode, compared to \$13,000 for the same treatment delivered by in-network providers.²¹ And destination facilities' 30-day and 90-day readmission rates are 100 percent higher, compared with in-network facility discharges.²²

Expanding access to care

Opioid use disorder is not about weakness or lack of control. People who struggle with these highly addictive medications should receive care similar to other medical conditions — free of shame, judgment and fears for their privacy. People also need a safe, supportive environment, which is most often available through local, coordinated care.

Effective treatment must be accessible to those who need it. In addition to shortages of local care, barriers to MAT include provider misperceptions about effective treatment, stigma about using medications to treat substance use disorder, and a lack of certified MAT providers, especially in rural areas.

Optum is taking steps to expand access to evidence-based care, including:

- **Greater access to MAT:** To administer MAT, doctors take eight hours of training. Nurse practitioners and physician assistants can apply for a waiver to prescribe MAT after 16 additional hours of training. We are educating and encouraging providers to pursue this training. Between 2013 and 2017, we increased our MAT network size by 75 percent. Currently, 90 percent of Optum members are within 20 miles of a MAT provider.²³
- **Facilities where they are needed:** We use advanced analytics to monitor demand for treatment. Then we use geo-mapping to identify and credential facilities in those regions where growing demand threatens to outstrip the capacity of local providers.
- **Making treatment more affordable:** We've implemented policies that make it easier for people and providers to budget for treatment and focus on care, not paperwork. Alternative payment models compensate MAT providers for a group of services associated with an episode of care, rather than for each individual service — and they enable patients to have one predictable copayment instead of a series of copays.
- **Optum Substance Use Disorder Helpline:** Via a confidential web-based chat or a toll-free number (1-855-780-5955), people can get help developing a personalized care strategy. A specialized substance use recovery advocate will arrange a face-to-face assessment of treatment needs, usually within 24 hours.

SUPPORTING LONG-TERM RECOVERY

Opioid use disorder is a chronic medical condition with a high risk of recurrence if not properly treated over time. Local treatment and ongoing support increases the likelihood that a person will sustain recovery over a lifetime.

Treatment and recovery in the local community creates a strong and readily accessible support system, according to the American Society of Addiction Medicine (ASAM).²⁴ Local treatment supports individuals as they rebuild positive relationships, return to work and address relationships that threaten recovery.

In addition to local treatment, Optum's support for lifelong recovery includes:

- **Certified peer support specialists:** Peer support coaches are individuals who are uniquely qualified to offer guidance because they have made the journey from substance use disorder to recovery themselves. Peer support provides a safe, trusting coaching connection and demonstrates how sustained recovery is possible.



“Using MAT to treat a chronic disease such as opioid use disorder is very similar to the approach used in other chronic illnesses, like diabetes or hypertension.”

— DR. MARTIN ROSENZWEIG
CHIEF MEDICAL OFFICER,
OPTUM BEHAVIORAL
HEALTH

- **Online portals and apps:** Optum Behavioral Health's dedicated member portal includes a Recovery and Resiliency center with hundreds of online self-help resources. Mobile apps empower people to manage their recovery plan privately and at their convenience so they can take charge of their health.
- **Community resources:** After people complete initial treatment, Optum Wellness Recovery Care Advocates refer them to local chapters of national support groups, community sobriety supports, mutual aid organizations and faith-based groups focused on recovery and resiliency. Advocates also muster family support and other resources.
- **Provider education:** Optum supplies providers with tools such as Screening, Brief Intervention, and Referral to Treatment (SBIRT), a resource of the Substance Abuse and Mental Health Services Administration (SAMHSA).
- **Pharmacy claims-data monitoring:** OptumRx reviews opioid prescription claims daily for safe and appropriate utilization. When potential opioid overutilization or misuse is identified, the program implements collaborations between the individual, prescriber and pharmacy to divert abuse and ensure access when appropriate. Working closely together, pharmacists and prescribers determine when drug-level restrictions should be instituted as a result of high-risk behavior. In addition, rigorous monitoring prevents overutilization, drug-drug interactions, duplication of therapy and potential abuse.

Conclusion: Hope for the future

The opioid crisis presents a challenge of a magnitude that our nation has seldom faced. Years in the making, the problem of opioid use disorders now affects individuals, families, employers, care providers, health plans, governments and the treatment community.

Through our various businesses, Optum is uniquely positioned to address this crisis by connecting efforts across the entire health system and continuum of care. Underpinning our work are Optum's vast data resources and powerful analytics capabilities, which help us understand the nature of opioid use disorder, the circumstances that lead to it and who is most at risk — enabling care providers to focus prevention and treatment where and when they really matter.

Turning the tide on this crisis is important for the health of individuals, and for the stability of families and our communities, business productivity and public safety. Erasing the stigma of addiction and treatment, supporting national recovery programs, and promoting local access to prevention, treatment and support are the keys.

For more information and recommendations for addressing opioid use disorder and challenges in your population, please visit optum.com/opioidepidemic or contact your Optum representative.

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