Addressing the Challenge of Opioid Use Disorder

Executive summary

The sense of urgency is palpable. Almost daily, news headlines describe the human toll of prescription pain reliever and heroin overdoses. The question is: What are health care organizations like Optum doing to support individuals with opioid use disorder? And how is Optum helping employers and payers manage the staggering costs associated with this disorder?

Highlights of this paper:
- Prescriptions for opioids have quadrupled since 1999, as have opioid overdose deaths
- The cost to employers in lost productivity associated with substance abuse is $197 billion yearly
- Most individuals with opioid use disorder don’t receive treatment; inappropriate opioid prescribing practices, treatment variability and provider non-compliance with evidence-based care guidelines exacerbate the challenge
- Out-of-network treatment facilities that provide suboptimal care use sophisticated marketing tactics to drive up utilization and costs
• Optum helps members, employers and payers address the opioid challenge:
  – Encouraging local, in-network care yielded $11,543 average savings per episode of care for non-inpatient treatment using network providers over two years
  – Identifying high performing substance use treatment programs helps members compare outcomes and costs when searching online provider directories
  – Investing in expanding our nationwide network of Medication-Assisted Treatment (MAT) providers (MAT is a nationally recognized standard of care, combining medication, therapy and recovery support)
  – Monitoring and reviewing treatment practices of out-of-network providers to ensure compliance with evidence-based treatment; expanding efforts to combat fraud, waste and abuse in treatment and billing
  – Emphasizing a wide variety of treatment options to support individualized treatment plans for members; providing EAP support, substance use toll-free helpline and online tools; and expanding post-treatment recovery programs

The current situation

In a recent letter to every doctor in the United States, the U.S. Surgeon General asked for help in solving what he calls an “urgent health crisis facing America: the opioid epidemic.” It’s the first time that the nation’s top doctor has reached out to all physicians.

Prescriptions for opioids have quadrupled since 1999, as have opioid overdose deaths – 28,647 in 2014, up 14 percent from the previous year. Opioid prescriptions peaked in 2012, but many drug users have been turning to illegal opioids like heroin which are often easier and cheaper to obtain.

The impact on employers and payers is also staggering. Many individuals with substance use disorders (abuse of alcohol, painkillers, marijuana, opioids or other drugs) require frequent, high-cost readmissions and need specialized attention to encourage and support recovery.

Some sobering statistics:
  • 10.8 million full-time workers in the U.S. have a substance use disorder (SUD)
  • In 2015, the share of U.S. workers testing positive for illicit drug use (including marijuana, heroin and methamphetamine) increased for the third year in a row
  • $197 billion per year – the cost to employers in lost productivity, including absenteeism and poor job performance associated with substance abuse
  • In 2015, private payors’ average costs for a patient diagnosed with opioid abuse or dependence were more than 550 percent higher – almost $16,000 more per patient – than the per-patient average cost based on all patients’ claims.

For over a decade, Optum has been actively involved in addressing SUD through its medical, pharmaceutical and behavioral health services. We collaborate with employers, payers, providers, recovery organizations, community leaders and governments at all levels to help individuals get their lives back.

This paper examines the drivers behind this pressing public health challenge; Optum’s unique insights into this issue based on its position as the nation’s leading managed behavioral healthcare organization; the ways Optum helps members, employers and payers address SUD; and Optum’s in-the-works innovations to further assist individuals in their recovery journey.

“Opioid prescriptions have increased markedly – almost enough for every adult in America to have a bottle of pills. Yet the amount of pain reported by Americans has not changed. Now, nearly 2 million people in America have a prescription opioid use disorder.…”
— Vivek H. Murthy, M.D., U.S. Surgeon General, August 2016
Drivers behind the opioid use disorder challenge

- **Broad Demographics.** Opioid use disorder affects individuals regardless of age, gender, race, socioeconomic status or geography. The rate of drug overdose deaths increased significantly from 2013 to 2014 for both sexes, people age 25-44 years old and over 55 years old, non-Hispanic whites and non-Hispanic African Americans. Drug overdoses are driving up the death rate of young white adults in the United States to levels not seen since the end of the AIDS epidemic more than two decades ago. Currently, individuals using heroin are more likely to be white, middle-class, and live in more suburban and rural areas.

- **Barriers to treatment.** Nearly 80 percent of individuals with an opioid use disorder do not receive treatment. Obstacles they face include:
  - A misunderstanding of substance and opioid use disorder
  - Negative public attitudes toward those with this disorder
  - Privacy concerns
  - Lack of information on how to get help
  - Limited availability of addiction-related services, including a lack of physicians certified in addiction medicine
  - Negative perceptions of the treatment process
  - Insufficient social support

- **Inappropriate prescribing.** Opioids may be appropriate treatment for some chronic pain, such as cancer-related pain. However, according to the National Institute of Drug Abuse (NIDA), "many other chronic pain patients are inappropriately prescribed opioid medications that may be ineffective or even harmful, often due to lack of adequate clinician education on pain management and screening for substance use disorder risk." Opoid medications are often “overprescribed or are prescribed without adequate safeguards and monitoring and …their misuse can have devastating effects,” reports NIDA. According to a study on addiction medicine, “most physicians and other health professionals do not identify or diagnose the disease or know what to do with patients who present with identifiable and treatable signs and symptoms.” In short, according to experts, “the root cause of our nation’s opioid epidemic is not unethical or illegal medical practice, but the well-intentioned yet tragically misguided practice of over-prescribing opioids for common conditions.”

- **Lack of adherence to evidence-based treatment.** SUD is a treatable condition. Research shows that SUD responds to evidence-based treatment. Yet, “only a fraction of the spectrum of care for SUD is validated by the most rigorous evidence in the current scientific literature.” According to a report by the National Center on Addiction and Substance Abuse at Columbia University, “Nothing short of a significant overhaul in current approaches is required to bring practice in line with the evidence and with the standard of care for other public health and medical conditions.”

- **Co-occurring disorders.** SUD is often difficult to identify and treat because many people with an alcohol and/or drug use disorder also experience co-occurring mental health disorders such as depression. In 2014, among the 20.2 million adults with SUD, 7.9 million (39.1 percent) had a mental health disorder.
How the opioid challenge impacts Optum’s members and their employers

The number of members with an opioid use disorder is on the rise, as is their share of Optum’s total spend on substance use treatment. From 2015 to 2016, residential admissions for opioid use disorder treatment increased 14% per 1,000 Optum commercial customers. In addition, of Optum’s total substance abuse spend on its members from July 1, 2015 to June 30, 2016 — $507.5 million — people with opioid use disorder accounted for an estimated 34 percent, or $174.5 million. This is an increase of 4 percent from the previous twelve-month period.

Surge in treatment for young adults

A key driver is the emergence of adult dependents that are now covered by their parent’s employer-sponsored insurance up to age 25 under the Affordable Care Act. Optum has seen a spike in opioid use disorder treatment for this age group, particularly at residential treatment centers. The cost to treat these 18- to 25-year-olds has more than doubled from 2010 to 2014.

Out-of-network treatment: high cost, questionable quality

Another driver of high utilization is the rising use of out-of-network providers, which has nearly tripled from 2010 to 2014. Many out-of-network facilities, particularly those located in Florida and California (“destination facilities”) use sophisticated marketing tactics, pay-for-referral scams and false claims of providing superior, world-class treatment.

- **Increased utilization**
  - Members travelling 500 or more miles for SUD treatment with out-of-network providers between 2010-2014, experienced a
    - 340 percent increase in acute inpatient admissions (detoxification programs)
    - 394 percent increase in residential treatment facilities (rehabilitation and partial hospital programs)

- **Higher costs**
  - Out-of-network destination providers cost employers and employees an estimated $47,000 per 90-day episode of residential treatment, compared to an estimated cost of $10,000 to $12,000 for the same treatment delivered by in-network providers

- **Quality concerns**
  - 30-day and 90-day readmission rates are 53.5 percent to 62 percent higher per year for commercial members discharged from out-of-network residential treatment programs, compared with in-network facility discharges

Exploitation of vulnerable populations

Upon reviewing a health plan customer’s data and meeting with several of its members, Optum discovered that a hugely disproportionate spend was triggered by those with opioid and alcohol disorders seeking care from out-of-network destination facilities in California. Indeed, 79 members (2 percent of the payer’s total membership) drove approximately $2 million in costs (40 percent of all costs for the year).
Plan members told similar stories: in many cases, a broker who was paid a referral fee by the facility, enrolled members in the health plan’s buy-direct insurance plan and paid the premium. The broker then paid for the members’ airfare (usually one-way) to the facility and provided room and boarding while they participated in their treatment programs. Besides waivers of co-pays and deductibles, members received weekly grocery store gift cards and even complimentary admission to nearby theme parks and museums.

Later, ninety days after members consumed their behavioral health benefits, the facility terminated them for non-payment of premiums. In response, the health plan shut down its buy-direct web site, and along with Optum, is taking additional steps to prevent members from being further exploited.

Helping employers address the opioid challenge

SUD is a chronic, complex disorder. and recovery is a life-long process. That is why we believe members have a better chance of sustaining long-term recovery with evidence-based treatment in their local community.

Emphasizing local care to improve the chance of sustained recovery

Optum’s focus on recovery in a local setting is a key factor in promoting quality. Typically, after release from a destination facility, the member returns home without a built-in support system. That, in turn, may trigger a return to previous self-destructive behavior and a relapse, followed by readmission to another treatment facility.

The American Society of Addiction Medicine (ASAM) endorses local care for opioid use disorder. According to the ASAM treatment guideline, “Psychosocial treatment is recommended in conjunction with any pharmacological treatment of opioid use disorder. At a minimum, psychosocial treatment should include the following: psychosocial needs assessment, supportive counseling, links to existing family supports, and referrals to community services.”

Treatment and recovery within the person’s local community creates a strong and readily accessible support system. Local treatment allows the individual to rebuild positive relationships, get back to work, and break off relationships that can threaten recovery. A local support network may include primary care providers, mental health professionals, friends, family, peers, and community sober supports.

Promoting quality treatment services and performers

Optum invests significant resources to ensure its network providers meet high standards and are held accountable for the quality of care they deliver. Optum compares clinical performance and the cost of care among its network providers to let members identify the top performers. For example, the Achievements in Clinical Excellence (ACE) program uses advanced data analytics to rate the performance of in-network behavioral health treatment facilities for quality of care and efficiency in treatment.

Optum has leveraged the ACE analytics to identify the highest performing substance use treatment programs. Consumers are now able to see which programs are rated most highly for effective SUD treatment when they search online directories.

“Choosing an out-of-network treatment program is risky. No one is routinely checking that these programs offer even minimum standards of care. To make matters worse, there is often little recourse if the care is poor or not as promised in their marketing material.”

— Martin Rosenzweig, MD and Senior Medical Director for Optum

“People do not go away and get cured of either their diabetes or addictive disease. Most people will need medication, psychological skills for daily disease management and social interventions which include their family to be educated and supportive of their care. This is exactly how the evidence shows us we must deal with opioid addiction.”

— Kelly J. Clark, MD, MBA, DFAPA, DFASAM, Chief Medical Officer of CleanSlate Centers and President-Elect of the American Society of Addiction Medicine
Some metrics Optum uses to determine these “preferred” SUD residential providers include:

- 90-day admission rates
- Member engagement rates
- Case-mix adjusted average length of stay
- Average spend per episode

**Promoting evidence-based treatment**

There is no standard treatment and recovery program that works for all people. Substance use treatment, like the treatment for many chronic medical diseases, requires an individualized treatment plan based on a comprehensive range of effective treatment options. Optum routinely reviews industry SUD best practices to ensure that its policies and care networks are aligned with the latest evidence-based treatment.

**Embracing Medication-Assisted Treatment**

Medication-Assisted Treatment (MAT) is one example of evidence-based treatment. MAT combines the use of FDA-approved medications with counseling, behavioral therapy and recovery support services to provide a comprehensive approach to treating SUD. MAT has been shown to stabilize physical cravings that may lead to relapse.

According to an analysis in The New England Journal of Medicine, “When prescribed and monitored properly, MATs have proved effective in helping patients recover. Moreover, they have been shown to be safe and cost-effective and to reduce the risk of overdose.”

The Office of National Drug Control Policy concurs: “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.”

- **Doubling the size of the MAT provider network**
  In response to the growing opioid challenge, Optum has made a major investment in building a nationwide MAT network of providers at locations where the need is greatest. In the past three years, Optum more than doubled its MAT network, to over 1,800 providers, groups and facilities in over 4,000 locations across the country.

  Optum recruits providers – group practices that include a psychiatrist and/or an addictionologist – who offer a comprehensive approach to SUD that combines medication with behavioral therapy. Recently, in recognition of the fact that many physicians who are not psychiatrists prescribe MAT, Optum has been recruiting primary care physicians, general internists, pain management specialists and other providers who are board-certified in addiction medicine. To increase member access to MAT providers, Optum also partners with groups such as CleanSlate, a multi-state network of more than 20 physician-led outpatient addiction treatment centers.

- **Bundling payments**
  Optum bundles payments to MAT providers – paying them for a group of services associated with an episode of care, rather than for each individual service. This reimbursement model, popular with many providers, enables them to focus on a member’s care, rather than paperwork.

  For example, Optum pays a group of services needed to help a member with an opioid use disorder – which might include medication, individual therapy several times per week, weekly group therapy, lab tests, and peer support – as a single monthly unit. The provider doesn’t have to request authorization from Optum for each service separately. Providers who demonstrate outstanding outcomes, such as a low readmissions rate, also receive financial rewards from Optum.

**$2,389 per-member savings**

Optum analyzed twelve months of claims data for our commercially insured members with a primary diagnosis of opioid use disorder. Based on those claims, we compared members who received MAT services as a part of their facility-based care to members who did not. Members who received MAT services as a part of their facility-based care and continued MAT as an outpatient during the first 90 days after discharge were 14.4% less likely to be re-admitted to facility-based care, which yielded a $2,389 savings per member.
Members see increased benefits too. They make only a single co-payment for an entire unit, such as a month of care. This is critical. Often, people drop out of treatment because they can’t afford the out-of-pocket expenses. Under this model, a member could potentially receive treatment every day for a month and just pay a one-time copayment.

According to the Harvard Business Review, “The payment approach best aligned with value is a bundled payment…Well-designed bundled payments directly encourage teamwork and high-value care. Providers benefit from improving efficiency while maintaining or improving outcomes.”

Expanding alternative communications
Access to care for those with co-occurring conditions like SUD and depression is a major obstacle. That is why Optum has rapidly expanded its proprietary telemental health network. Over 1,800 behavioral health specialists in our network in all 50 states have the capability to conduct telemental health, and we expect to have over 3,000 contracted telemental health providers in 2017. Using data-encrypted technology to ensure confidentiality, members can “visit” their therapist from the comfort of their home computer. Telemental health appointments can usually be made within one week and, as we know from experience, people who can access care quickly are more likely to engage in treatment and have better outcomes which, in turn, can help reduce costs.

Addressing dubious practices
With the goal of ensuring quality care and cost savings, Optum is working with out-of-network providers to ensure that they follow evidence-based treatment and best practices. We also conduct site audits and clinical chart audits when concerns have been identified.

Optum has also expanded its efforts to combat fraud, waste and abuse. We aggressively pursue anti-kickback efforts, phantom providers, common ownership and shared members practices which are prevalent in some parts of the Florida treatment community.

Expanding coverage in 2017
Beginning on January 1, 2017, United Healthcare, Optum’s sister company, will remove the exclusion for coverage for methadone maintenance treatment. As of that date, all fully insured commercial health plans will cover this treatment as provided in the applicable insurance contract.

Empowering members and providers
Optum emphasizes treatment choices and early intervention through a variety of contact points.

Personalized treatment plans
Several factors determine the appropriate treatment program for each individual, such as age, medical and mental health, and social factors. The best chance of recovery starts with an in-depth, face-to-face assessment by a substance use treatment professional before the member enters any treatment program.

In many cases, the most appropriate treatment does not necessarily mean being admitted into a facility. Many clinical advancements have been made in treating addiction. These include ambulatory detox, outpatient services, MAT and individual and group counseling. It is critical that the treatment plan is designed specifically for the member.
Employee Assistance Program support

For employers who have purchased Optum’s Employee Assistance Program (EAP), Optum provides their members and eligible family members confidential short-term counseling, assessment, referral and case management services to assist with personal problems and concerns, including SUD.

Because there may be less stigma associated with an EAP than mental health service, many employees are more likely to use EAP services early on when problems develop, rather than waiting until they have full-blown symptoms. An EAP can help minimize claims dollars for mental health and substance use disorder services through early identification and brief counseling.

SUD toll-free helpline 1-855-780-5955

Optum’s Substance Use Treatment Helpline is an easy way for members and their loved ones to make the best choices when seeking treatment for substance use disorder. This toll-free helpline provides a direct link to our expert team of licensed clinicians who are standing by 24/7 to listen, evaluate and arrange for an almost immediate face-to-face assessment. The assessment is conducted by a trusted network specialist who will create a unique, member-centered care strategy, usually within 24 hours.

Once treatment begins, a dedicated licensed Care Advocate is assigned to provide ongoing support for up to six months to help ensure the best chance of recovery. The Care Advocates help guide the member through the care and post-care process. They also play an essential role in supporting the families of those in treatment with guidance on how to cope with emotional distress and build family participation strategies that will support the long-term recovery of their loved one.

Encouraging local, in-network care

Optum’s Facility Benefit Inquiry (FBI) program educates members about their treatment options and guides them to in-network providers and the most appropriate level of care.

Here is how the FBI program works: Optum receives an inquiry from an out-of-network facility for SUD benefits of a member. Optum’s care coordination team then contacts the member to discuss various SUD treatment options and may recommend an immediate face-to-face evaluation by a local in-network clinician. The care advocate may also recommend, based on the member’s clinical history, appropriate care provided by in-network, local providers.

- **Successful redirection.** Of the 1,049 members Optum reached between September 2014 and August 2016, 539 (54 percent) accepted our in-network referral. Of those 539 members, up to 40 percent subsequently received treatment at an in-network facility.38

- **Cost savings.**39
  - $11,543 average savings per episode of care for non-inpatient treatment using network providers
  - $10,875 average savings per episode of care for inpatient treatment using network providers
Post-treatment peer support

Optum has long utilized peer support programs to help connect people suffering from SUD and a co-occurring mental health condition. Peer support coaches are individuals who successfully managed their own recovery from major substance use and/or mental health issues. Peer support provides a safe and trusting connection for members and introduces hope, self-empowerment and the possibility of recovery.

A recent example of applying peers to support SUD recovery is Optum’s partnership with the Anchor Recovery Community Center, a Rhode Island-based provider of addiction and community support to those in recovery or seeking recovery. Anchor identifies Optum members in hospital emergency rooms who have overdosed and recommends that they receive support from specially trained recovery coaches (services are covered by Optum’s behavioral benefit). These coaches are peer support specialists who mentor members and help them access community services and other resources so that they can reclaim their lives. During January to October 2016, 282 of the 376 Optum members that received an Anchor referral participated in the recovery coaching program.40

Optum has also established peer recovery coaching programs in several states, including Massachusetts, Rhode Island, California, Maryland, and Oregon. These programs employ both Optum network peers and external organizations that provide peer services.

Online SUD help

Optum recently expanded its online Substance Use Resource Center, available at www.liveandworkwell.com/recovery – where members can access a wealth of confidential information and educational materials that support recovery, including:

- A Whole-Health Tracker tool for people to monitor their health and progress, which they can share with post-care providers to help them stay on track with their recovery goals
- An Addiction Recovery Toolkit offering links to local support programs and resources
- Family Recovery & Resiliency Empowerment Tools offering links to resources that can help them better support a loved one in recovery
- Educational Videos from clinicians and actual people in recovery that offer tips and encouragement to members and family on their recovery journey
- Links to free helpful Smartphone Apps that serve as self-directed tools for people to manage their recovery plan and their overall health

Community-based support

Optum Wellness Recovery Care Advocates refer members who are discharged from treatment to local chapters of national support groups, community sober supports, mutual aid organizations and faith-based groups focused on recovery and resilience.

Provider education

Optum offers valuable screening tools to providers such as Screening, Brief Intervention, and Referral to Treatment (SBIRT). SBIRT, as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), is “an approach to the delivery of early intervention and treatment to people with substance abuse disorders and those at risk of developing these disorders.”41
Innovations that continue to promote quality treatment and recovery

Optum is dedicated to strengthening collaboration with treatment programs, pharmacy benefit managers, chronic pain management programs and community-based organizations to address SUD.

- **Pharmacy limits.** Implementing edits and dosage changes designed to limit the quantity of medication given to members to allow for better control (including provider/pharmacy lock-ins which limits members to one doctor and one pharmacy from whom they can get a prescription), tighter refill windows and stronger prior authorization requirements for refills.
- **Provider education.** Reinforcing the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain, issued in 2016 for primary care physicians; recommending the use of “prescription contracts” for each member to agree to fill prescriptions with that single clinician and use the medications as prescribed.
- **Prescriber outreach.** Developing data analytics to identify and conduct outreach to opioid prescribers who are outliers and promote best practices and non-opioid alternatives to managing chronic pain.
- **Research.** Conducting research project to identify predictors of opioid risk, determine which treatments are most effective and safe, and investigate alternative treatments for musculoskeletal pain management which is a primary source of opioid over-prescribing.
- **Peer support.** Expanding recovery coaching programs in several markets across the United States.
- **Member outreach.** Targeting education and outreach for members identified at risk for developing a substance use disorder.
- **Recovery check-in.** Initiating program of brief weekly phone calls from peer coaches to members to check on their recovery progress and offer support and coping strategies.
- **Community partnerships.** Expanding partnerships with community groups such as Young People in Recovery to establish local chapters offering peer-delivered SUD recovery support and advocacy services.
- **MAT network.** Consulting with several medical centers and hospitals, at their request, to develop MAT programs so that they will be eligible to join Optum’s MAT provider network.

Together, we are the solution

Turning the tide on this crisis is important not only for the health of individuals, but also the stability of families and our communities, business productivity and public safety. Addressing such an immense challenge requires collaboration among employers, health plans, health care providers, community organizations and government. As this article describes, Optum embraces such partnerships and is deeply committed to improving the way we identify, treat and support recovery efforts of individuals with opioid and other substance use disorders.

For more information and recommendations for addressing opioid use disorder and other substance use disorder challenges in your population, please contact your Optum representative.
Sources:
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27. Comparison of average 90-day episode-of-care cost for out-of-network residential treatment ($46,877) to that for in-network residential treatment ($9,914–$11,599); “Episode of care” is defined as claims between three days prior to admission through 90 days after discharge; Source: Optum Achievements in Clinical Excellence Substance Use Disorder subcommittee developmental analysis for purposes of facility ranking, April 2016 report.
34. Optum national behavioral health provider directory, September 2016.
35. Based on an October 2015 Optum analysis comparing facility-based behavioral health service utilization rates among 1,201 commercial members diagnosed with opioid use disorder who participated in medication-assisted treatment (MAT) services from May 1, 2014 to April 30, 2015, compared to utilization rates of 1,201 members diagnosed with opioid use disorder who did not participate in MAT services during the same period. Members who participated in MAT were matched to similar members who did not participate in MAT services. Source: Conroy, March 30, 2016.
36. Based on an October 2015 Optum analysis comparing per-member costs for facility-based and non-facility-based behavioral health treatment among 1,201 commercial members diagnosed with opioid use disorder who participated in medication-assisted treatment (MAT) services from May 1, 2014 to April 30, 2015, compared to per-member costs of 1,201 members diagnosed with opioid use disorder who did not participate in MAT services during the same period. Members who participated in MAT were matched to similar members who did not participate in MAT services. Source: Conroy, March 30, 2016.
38. Contact and engagement results among 8,478 total commercial members identified by Optum’s Facility Benefit inquiry program between September 1, 2014 and August 31, 2016; Nussbaum, September 15, 2016.
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