Addressing the Opioid Crisis: Health Plan Strategies and Innovations Transforming Care

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  - In the Event window, in the Panels drop-down list, select Q & A.
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”Mad men” generation

Major Gaps for Substance Use Disorder Treatment for Medicare Beneficiaries

$12.1B Excess cost of beneficiaries with SUD but that did not receive treatment

0 Star ratings related to SUD services

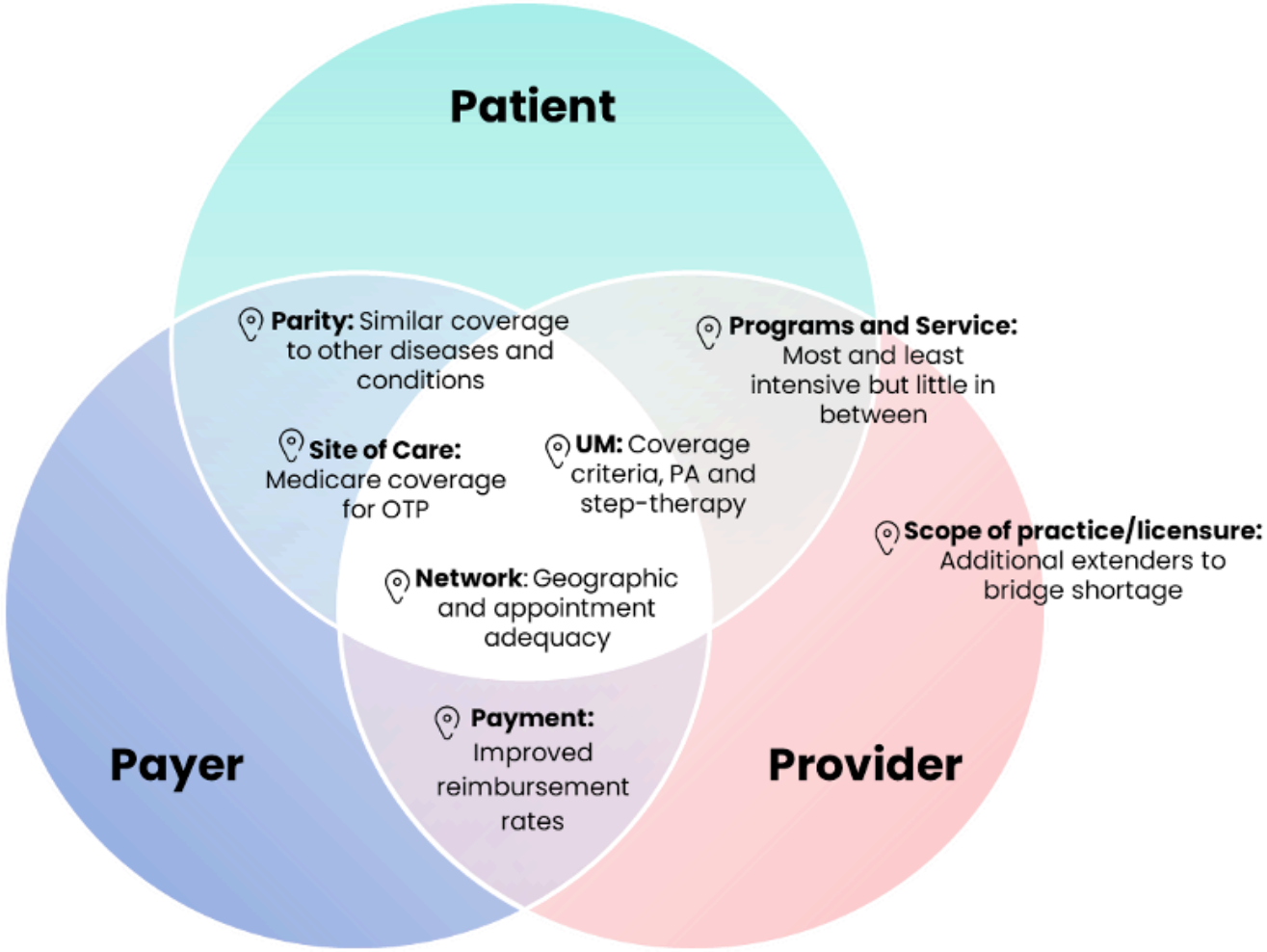
5.7M Medicare beneficiaries have SUD

11% of beneficiaries received treatment services

300% increase in OUD prevalence among Medicare beneficiaries

52k reported overdoses for Medicare beneficiaries in 2022

<5 Active mental health or substance use providers per 1k Medicare enrollees



Other Barriers

Stigma and misconceptions

Lack of awareness

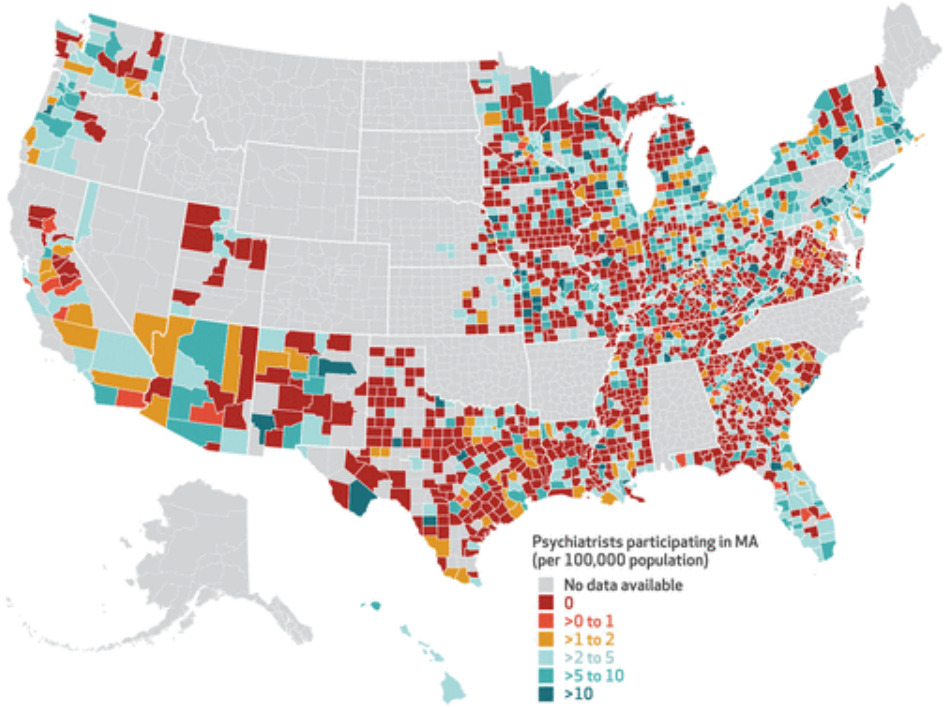
Co-occurring health issues

Social and cultural factors

Access: Ghost Networks

The inability to see a provider when and where a patient wants is leading to ongoing health issues

Provider shortages in MA lead to patients not getting the care they need



Variance in Medicare standards and uniformity add complexity

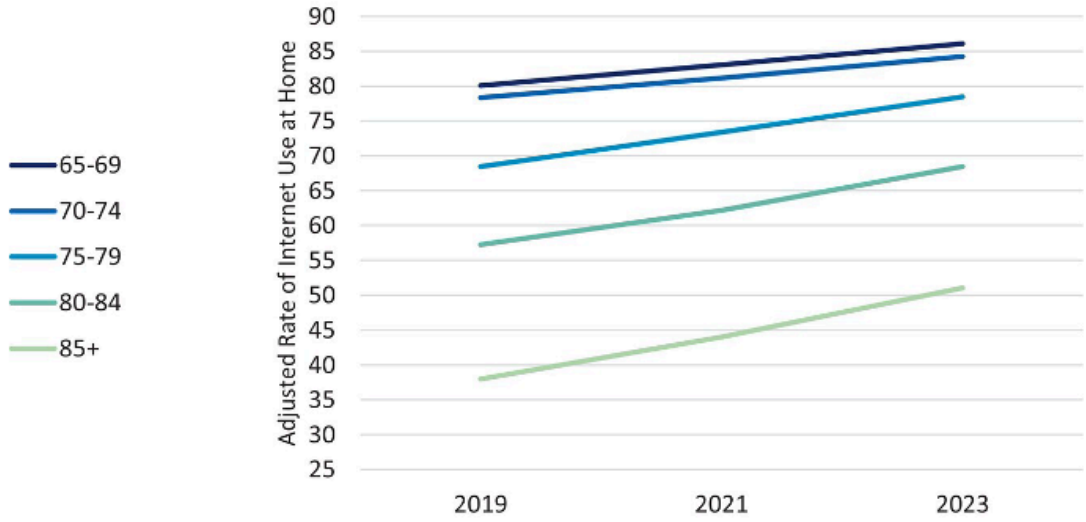
Large Metro		Metro		Micro		Rural		CEAC	
T	D	T	D	T	D	T	D	T	D
20	10	40	25	55	40	60	50	110	100

T= Time (minutes)
D= Distance (miles)

- *For 2025, 90% network standards expanded to OBH*
- *AWP laws*
- *No similar standards for traditional Medicare*
- *Calculations are from provider directories which can be out of date*
- *CMS allows 30 days (compared to 10 days for Medicaid & ACA plans); undermines access to care*
- *Provider shortage is getting worse due to payment parity since Medicare is not subject to Mental Health Parity and Addition Equity Act*

Access and Treatment Issues are Exacerbated by Digital Inverse Care Law

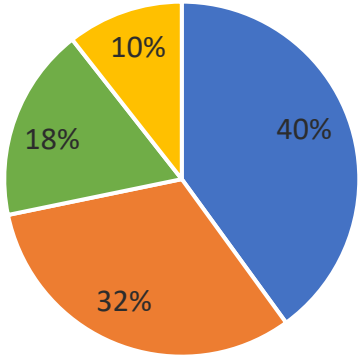
22M Seniors don't have adequate broadband access with rural seniors being 1.6 times more likely to lack internet



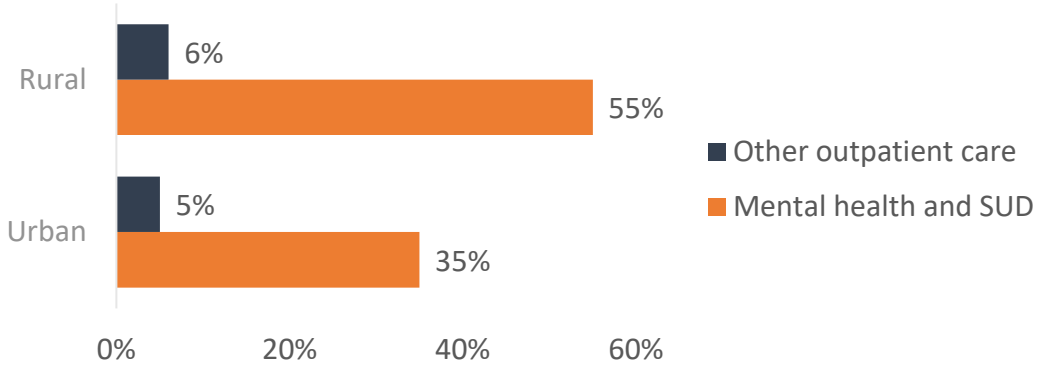
- Gaps in internet use narrowed for Medicare beneficiaries during the COVID-19 pandemic but it still exists for those that are older
- Institutional wandering from access across multiple organizations
- Data poverty from missing data results in lower engagement
- Affordability connectivity program ended February 2024

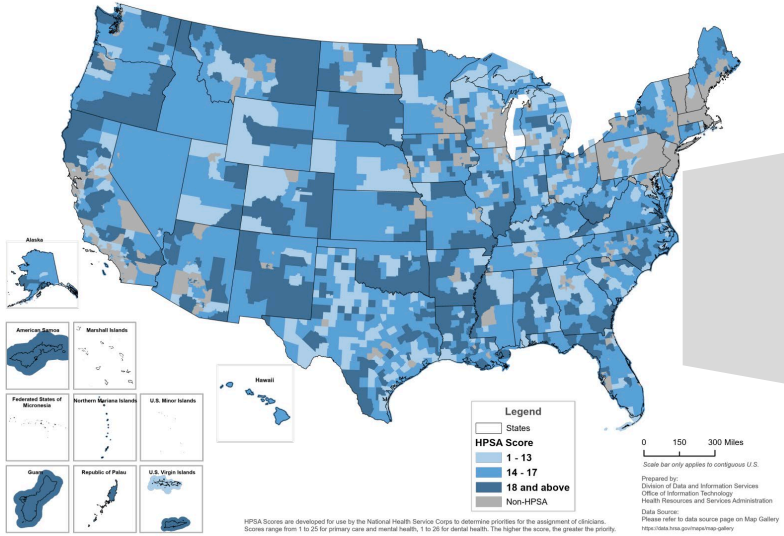
For OUD Digital Access is Still Limited

COVID opened up the ability for telehealth substance use treatment. Patients with OUD, use technology to support recovery and rates are highest in rural areas which have a shortage of mental health providers.



- Use 1 category of technology
- Remote mental health therapy
- Virtual peer support
- Digital recovery support





122 M
Population in Mental Health HPSAs

6,234
HPSAs

6,143
Mental health practitioners Needed

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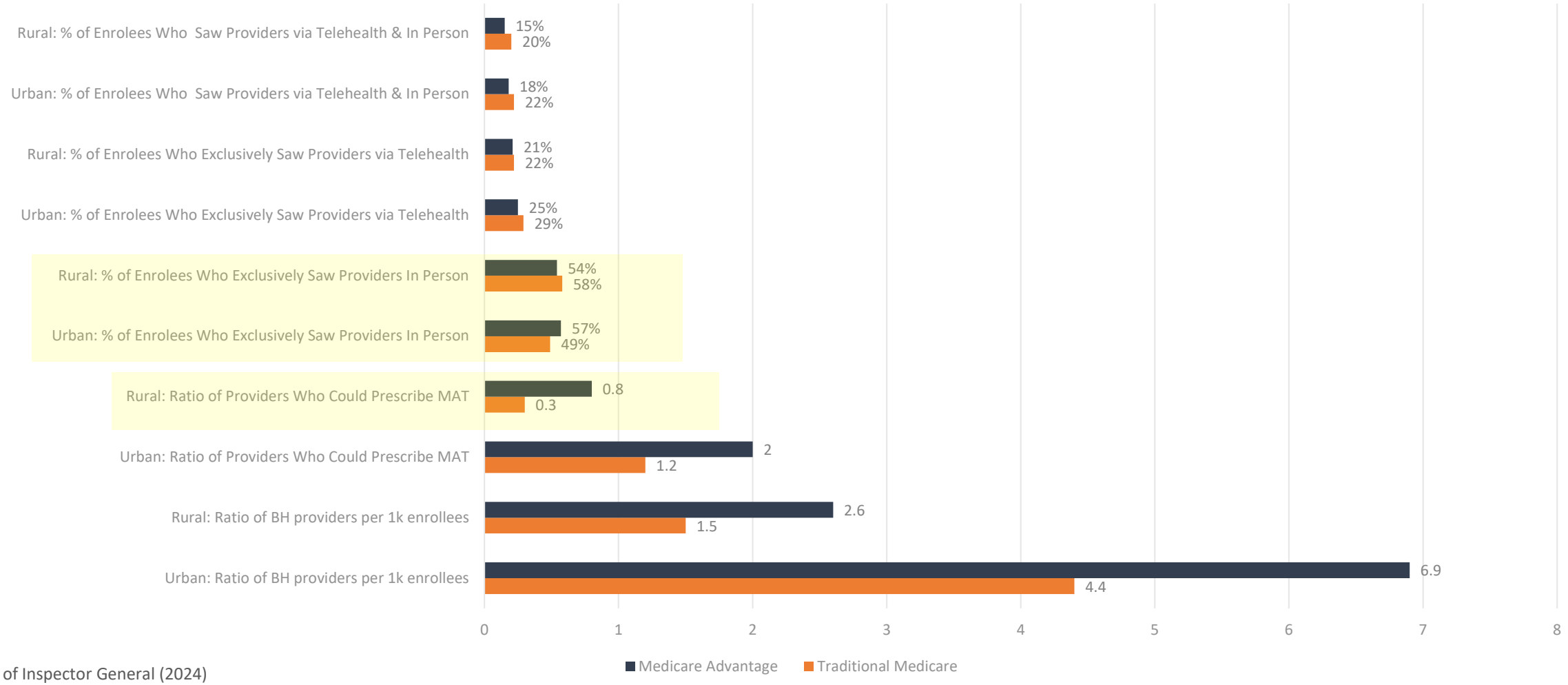
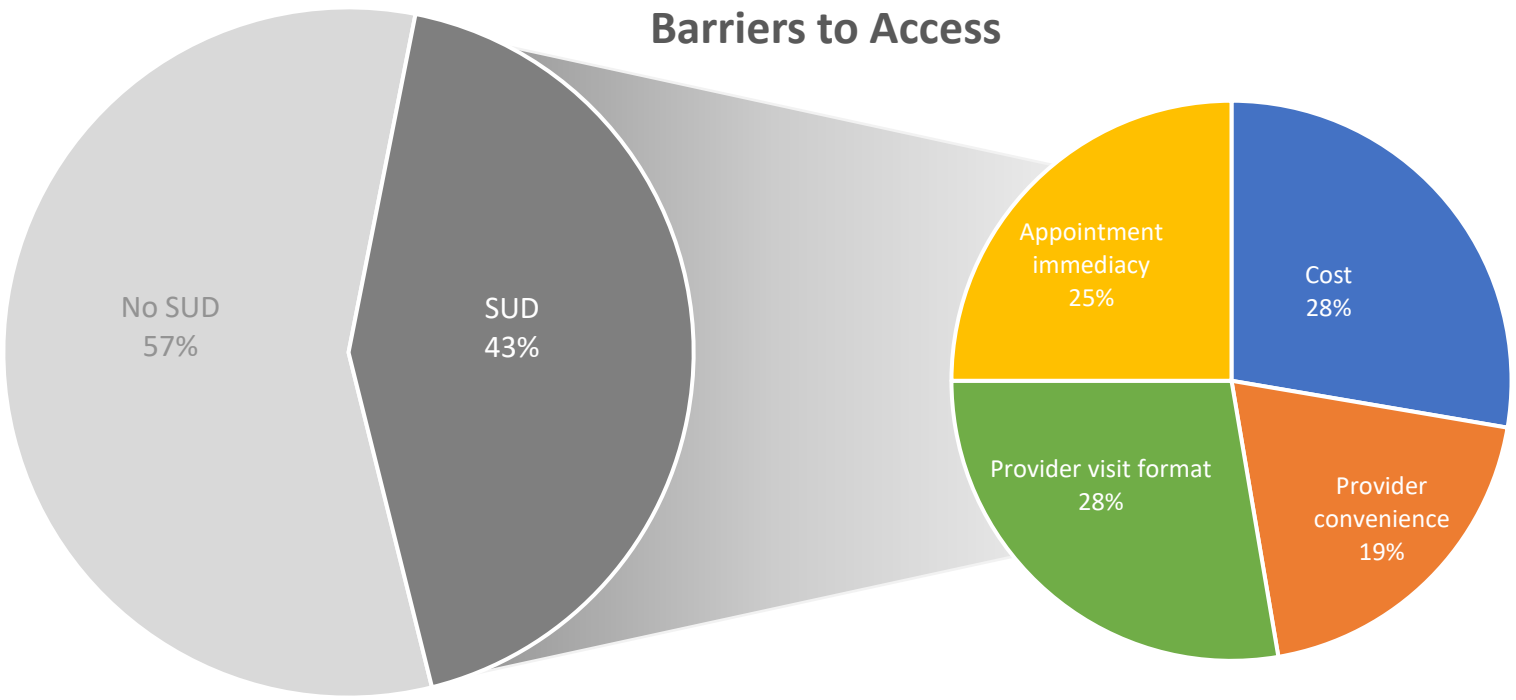
Access to Behavioral Health: Comparing Urban & Rural Geographies



Office of Inspector General (2024)

Barriers to Treatment

Though barriers are patient specific, the healthcare system needs to change to provide more convenient access to patients



Other reasons for not receiving treatment

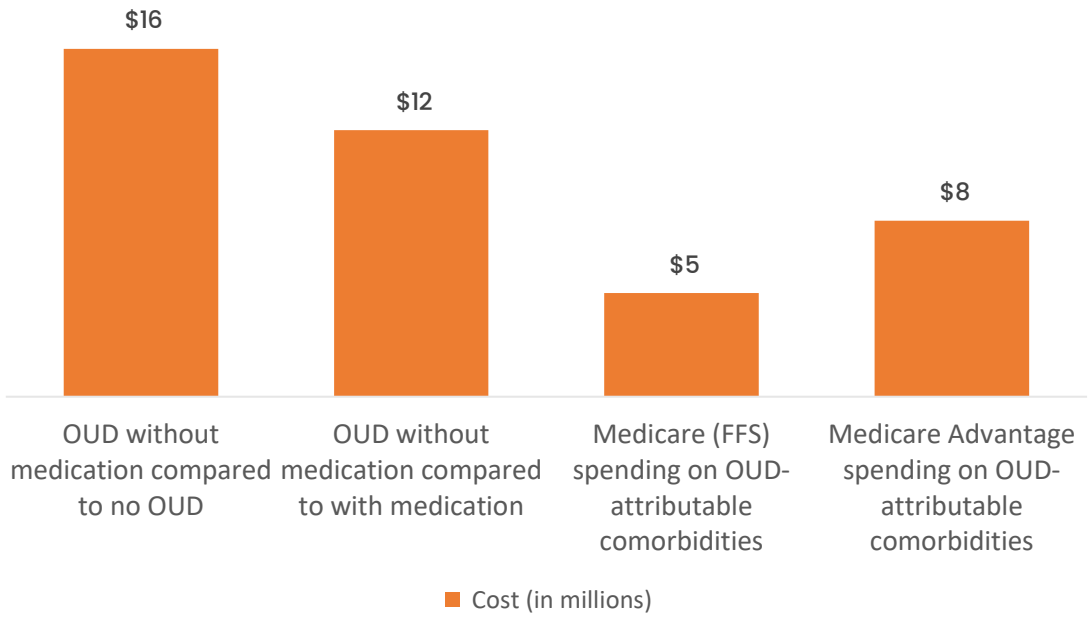
- 24% Stigma
- 21% SDoH issues
- 13% Uncertain about treatment efficacy

National Council for Mental Wellbeing (2023)

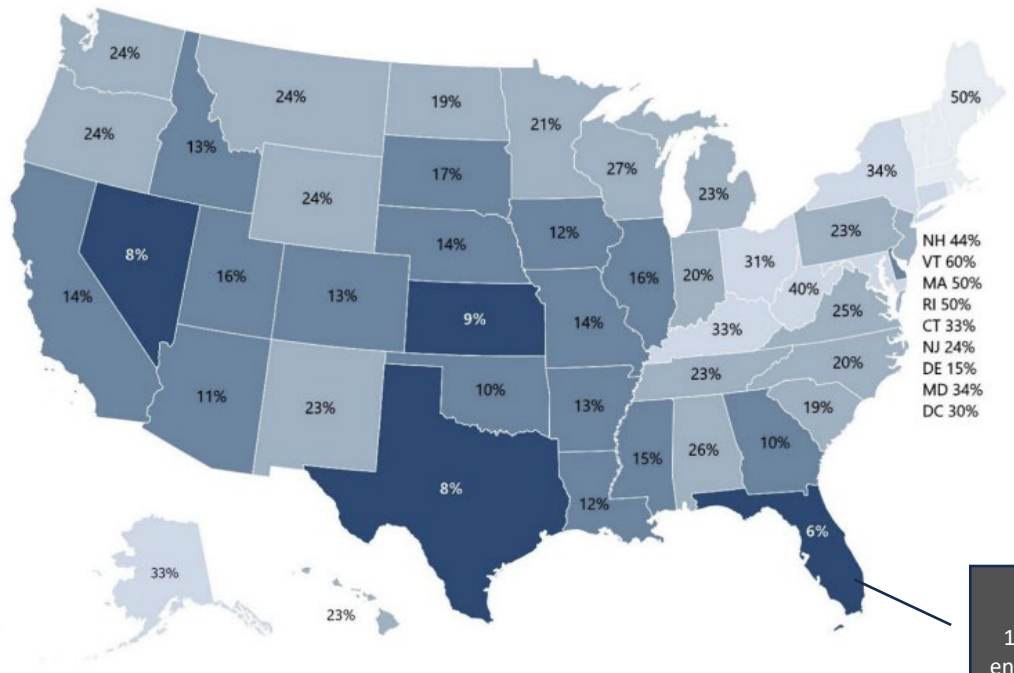
American Journal of Preventive Medicine (2022)

Barriers to Treatment Cont.: Medication

MA patients initiating MAT therapy after removing prior authorization requirements has reduced relapse and ED visit rates.



% of Medicare Enrollees Receiving Treatment for their Opioid Use Disorder

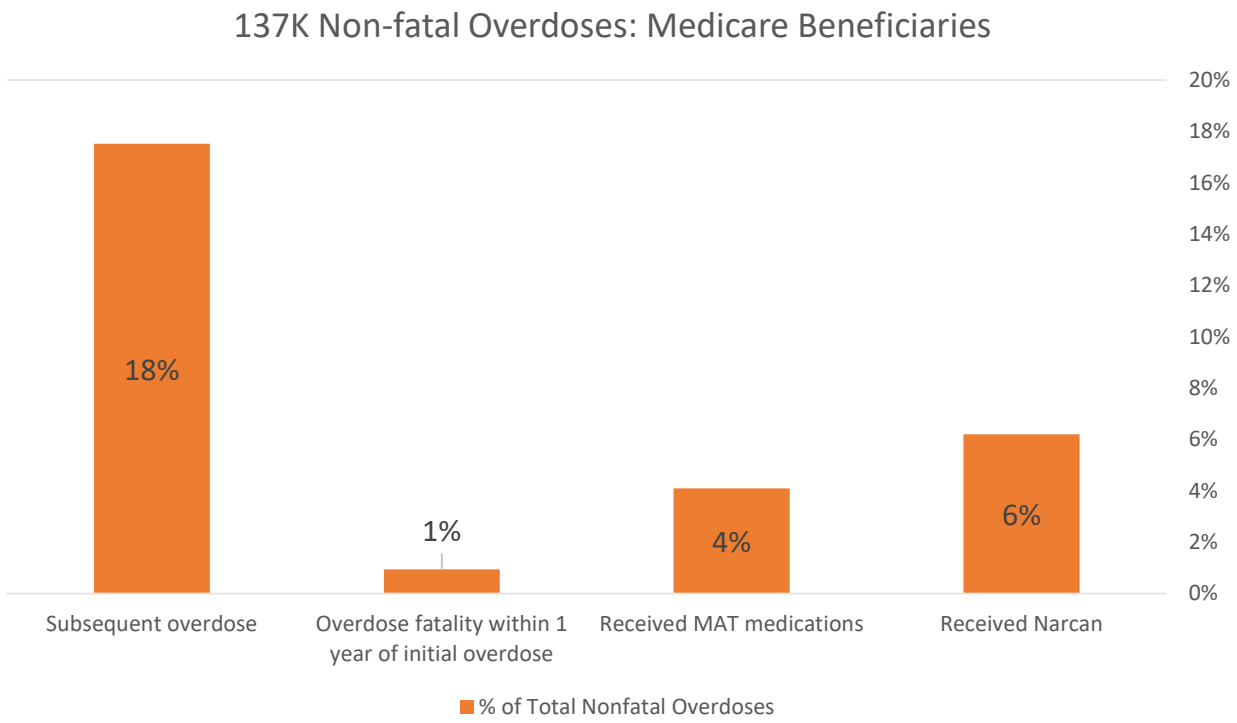


14% of Medicare enrollees with OUD live in Florida; yet it has the lowest percent of enrollees receiving medication (6%)

Source: OIG analysis of Medicare claims data, 2023.

Barriers to Treatment: Medication Cont.

Access to treatment and life saving drugs must be improved for Medicare aged adults



58%

Less likely to die from an overdose

75%

Lower change of a fatal overdose with **health assessments and crisis intervention**

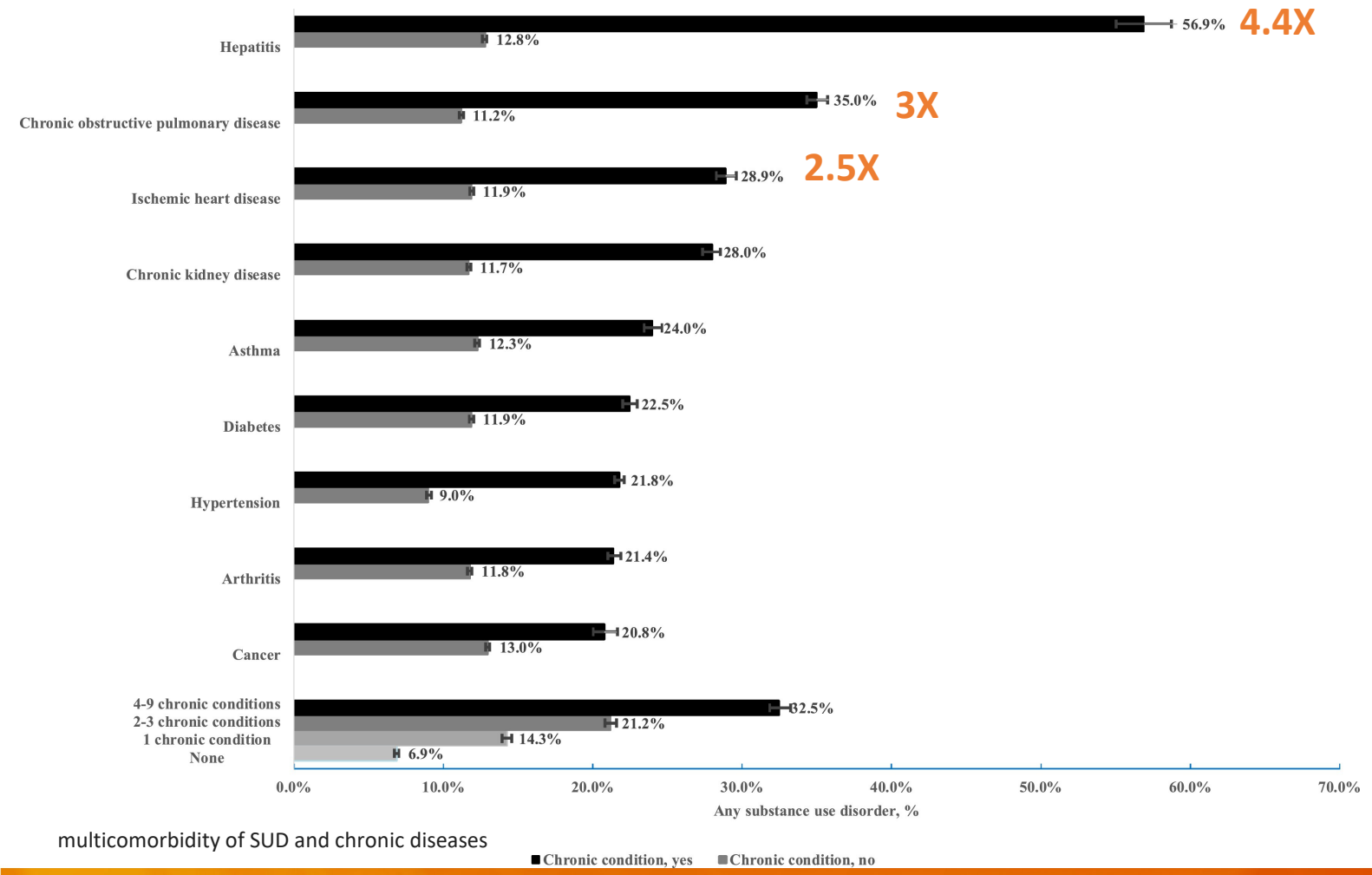
30%

Lower change of a fatal overdose with **Naloxone**

CMS, SAMSA, NIH, CDC, and NIDA Study: Overdoses Among Medicare Beneficiaries

Other Limitations: Comorbidities

60% of patients with OUD have at least one chronic condition with a high pattern of multicomorbidity of SUD and chronic disease



multicomorbidity of SUD and chronic diseases

- Hepatitis, COPD, and heart disease most prevalent comorbidity with SUD
- Patient with OUD and any comorbid condition have roughly 3x the healthcare costs of those with no diagnosed OUD
- OUD contributes to ~ $23K in excess Medicare healthcare costs per patient per year
- Individuals with OUD have moderately lower quality of care across preventive and chronic illness care and care coordination for non-OUD care compared with individuals without OUD.
- Only 18% of substance abuse programs and 9% of mental health programs are equipped to properly treat co-occurring disorders.
- 80% of primary care providers have no interest in treating

Science Direct
American Addiction Centers
Milliman
Annals of Internal Medicine

Regulatory Changes to Address The Challenges

1

CMS MA and Part D Final Rule (04/2024)

Addresses ghost networks by requiring MA plan to verify provider services at least 20 unique patients per year (to avoid ghost networks)

Added OBH to specialty types that receive 10% credit to meeting time and distance requirements if include telehealth

Network adequacy requirements

2

The Preventing and Treating Substance Use Disorders Among Older Adults Act bill (05/2024)

This bill will provide SAMHSA with **resources to improve comprehensive care coordination and integrated care, data collection, and collaboration** with older adults with SUD

3

Consolidated Appropriations Act (2021) and Connect for Health Act of 2023

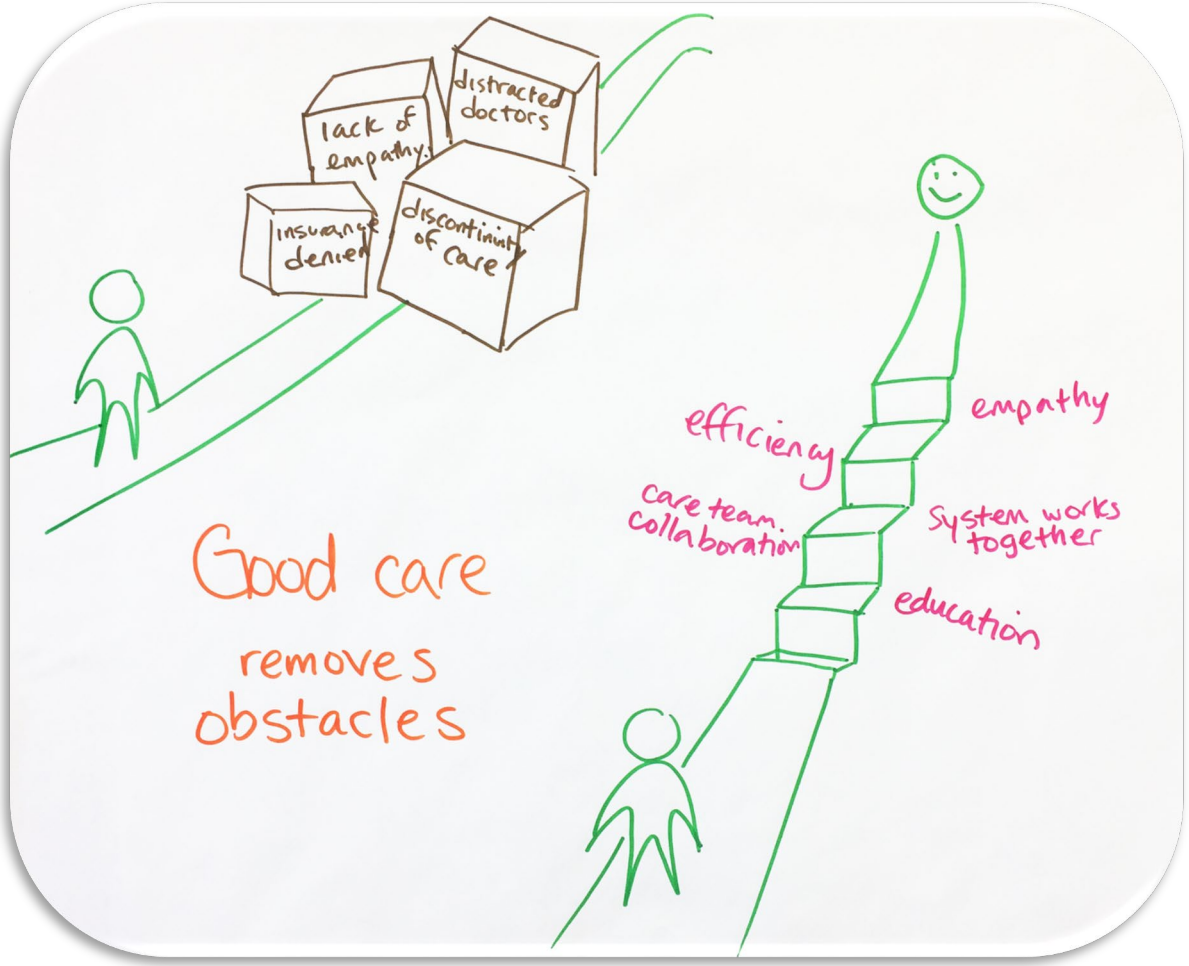
Lifted the telehealth restrictions imposed on the treatment for substance use disorder. Medicare has permanently removed geographic restrictions for telehealth mental health services Addressing underlying health concerns with SUD as a comorbidity

4

2025 Medicare Physician Fee Schedule Proposed Rule

CMS is proposing to **make permanent the current flexibility for furnishing periodic assessments** via audio-only telecommunications beginning January 1, 2025.

Where to go from here



Versatility in patient experience and real time engagement

Needed architect/sherpa to help guide experience

Patient education

Whole person treatment (rather than point solution based)

The areas coordinating care should be invisible to the patient

Real time data

Payment and network

THANK YOU