



INCREASING MAT CAPACITY FOR CHRONIC OPIOID USE AND OUD

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Chief Medical Officer, TennCare

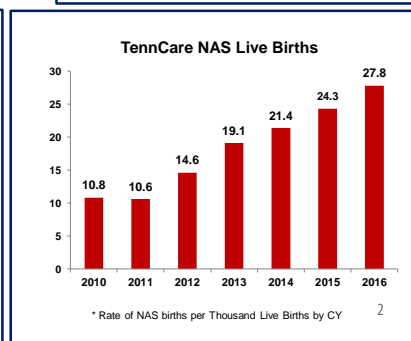
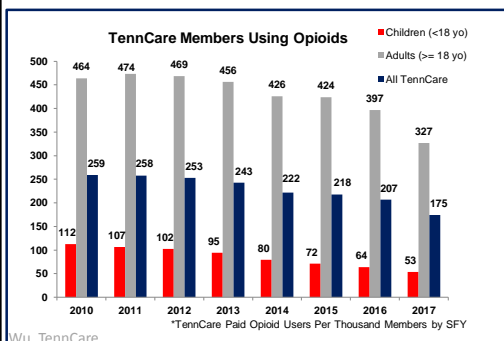
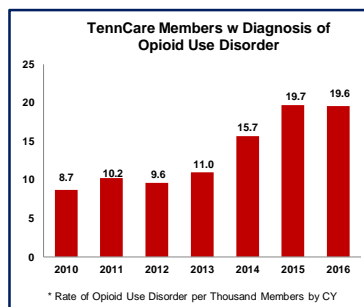
August 14th, 2018

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The impact of the Opioid Epidemic within TennCare

TennCare has been actively engaged in fighting the opioid epidemic

- Pharmacy lock-in program
- Opioid Preferred Drug List (PDL)
- Increased prior authorization and clinical criteria for controlled substances
- Implementation of State of TN/CDC chronic pain guidelines
- 7-day first fill requirement
- Top 100 Prescribers report card
- Statewide collaborative efforts including NAS subcabinet, Governor's Children's Cabinet, and buprenorphine treatment guidelines committee



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Capturing Opioid Use Disorder (OUD) in the data

TennCare has approximately 48,000 members taking opioids > 90 days a year

When analyzing data, TennCare uses a broad list of diagnoses to define OUD.

This method allows for TennCare to capture wider pain-seeking behaviors that lead to chronic opioid use.

Codes include:

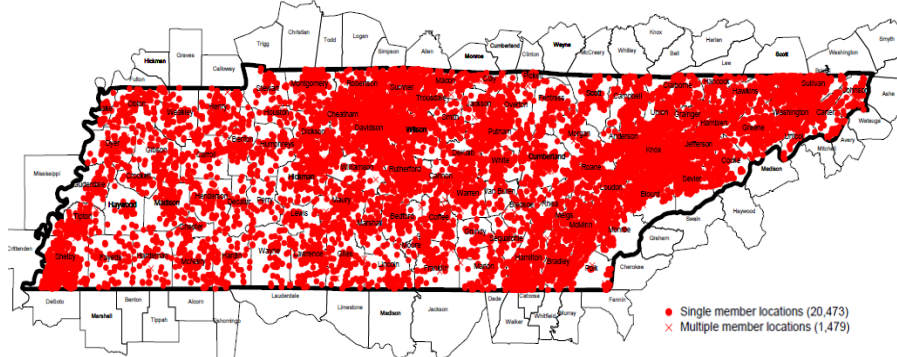
- Chronic opioid dependence
- Overdoses or poisonings
- Opioid abuse
- Opioid misuse



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3

TennCare Members with an OUD Claim from January 2016 – June 2017



24,163 members at 21,952 locations



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4

TennCare's Opioid Strategy

Primary Prevention

limit opioid exposure to prevent progression to chronic opioid use

Non-Chronic and First Time Users of Opioids

- Implemented rule on Jan 16 placing dosage and day coverage allowances on opioid prescriptions for naïve and acute users.
- Improve access to non-opioid pain medication therapies
- Increased prior authorization requirements for all opioid refills
- Served on Governor's Opioid Taskforce that led to passage of TN Together legislation focusing on statewide response to opioid epidemic
- MCOs will continue to cover and educate providers and members about non-pharmacological pain management and provide clinical services such as physical therapy

Secondary Prevention

early detection and intervention to reduce impact of opioid misuse

Women of Child Bearing Age & Provider Education

- Launched state-wide initiative to increase inpatient post-partum LARC access for women immediately after delivery
- Developed claims-based algorithm for women of child bearing age using opioids to determine clinical risk related to opioid use (e.g. OUD, NAS). Based on risk stratification, MCOs targeted care coordination and outreach to connect high risk women with behavioral and primary health care services.
- TennCare is working with the TDH to integrate CSMD data with TennCare data to better clinically engage TennCare members using opioids
- Focused provider education on appropriate prescribing habits and tapering of chronic opioid use

Tertiary Prevention

support active recovery for severe opioid dependence and addiction

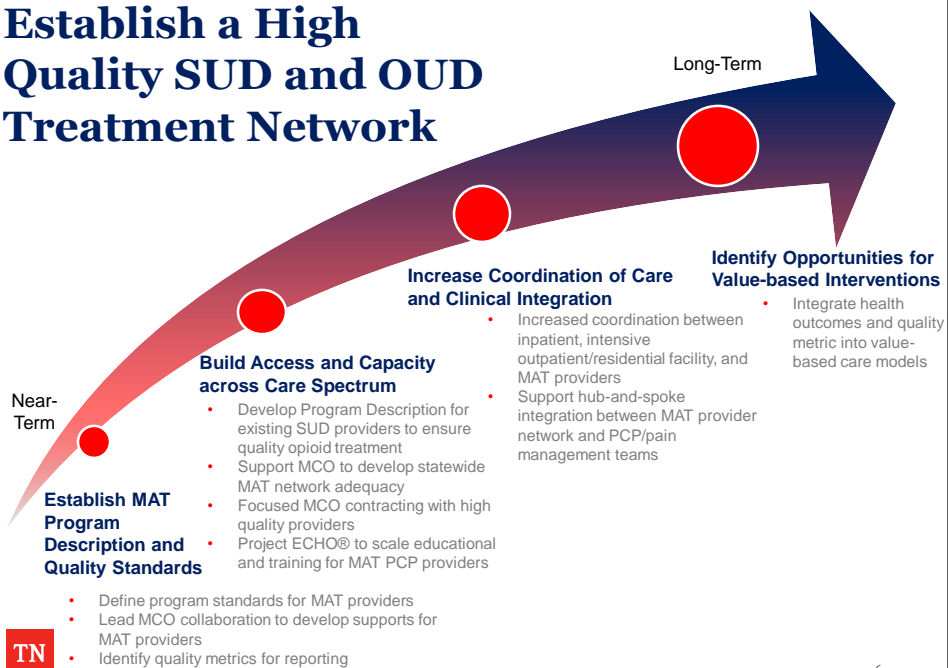
Chronic Dependent and Addicted Users

- TennCare's MCOs significantly increasing resources and support for network of high-quality Medication Assisted Treatment (MAT) providers as part of TennCare directive to develop broader OUD
- TennCare and MCOs Increasing outreach to highest risk chronic opioid use members to refer for treatment
- TennCare coordinating the lowering of TennCare-allowed maximum MED dosage for chronic opioid use with increased patient engagement

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5

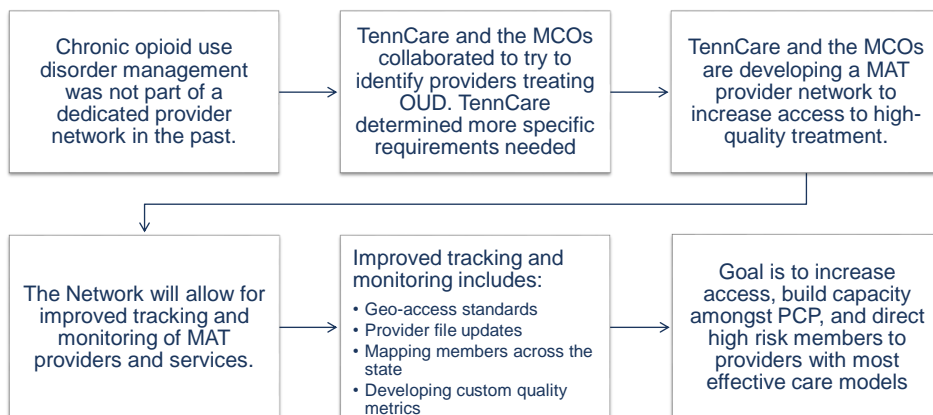
Establish a High Quality SUD and OUD Treatment Network



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6

Developing the Medication Assisted Treatment (MAT) Network

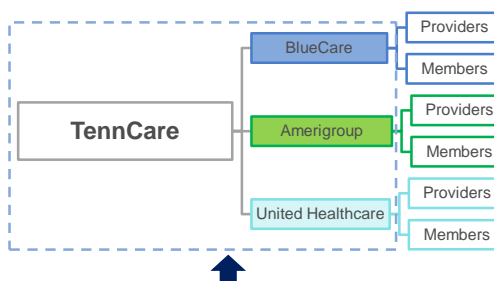


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7

Strategic Partnership with the MCOs to establish the MAT Network

TennCare is a 100% Managed Care and contracts through 3 MCOs to provide services.



Key areas of TennCare guidance and accountability:

- Amended the MCO statewide contract to define access standards, reporting requirements, and timelines
- Developed a single MAT program description for all MCOs to use with contracted providers
- Hosting reoccurring implementation calls to monitor operations and logistics of MAT network
- Aligning pharmacy incentives with MCO implementation
- Organizing joint webinars to educate providers the MAT network
- Developing common set of provider MAT quality metrics



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8

MAT Provider Benefits

Benefits of Contracting as MAT Provider

Clinical and
care
coordination
support from
MCOs

Broadened
TennCare
MAT
Pharmacy
benefits

Increased
data on
quality and
health
outcomes

Reimburse-
ment from
the MCOs
for defined
MAT
services



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9

MAT Program Description: Overview

- ❖ The Buprenorphine MAT Program Description is the **same for all three MCOs** (BlueCare, Amerigroup and United Healthcare)
- ❖ The Program Description was developed **based on national guidelines** (i.e. ASAM, SAMHSA) and is in line with State of Tennessee OBOT guidelines
- ❖ This webinar will focus on **buprenorphine**
 - ❖ A separate program description exists for naltrexone



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Buprenorphine Medication Assisted Treatment (MAT) Program Description Division of TennCare

Overview of the Opioid Use Disorder Medication Assisted Treatment Program

The Division of TennCare along with the contracted Managed Care Organizations (Amerigroup, BlueCare and United Healthcare) has determined the need for a comprehensive network of providers who offer specific treatment for members with opioid use disorder. These providers may be agencies or licensed independent practitioners, but all must attest to provide treatment as outlined in this program description to be included in this network.

Medication Assisted Treatment (MAT) for persons diagnosed with opioid-use disorder is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. The duration of treatment should be based on the needs of the persons served. The Food and Drug Administration (FDA) has approved several medications for the use in treatment of opioid-use disorder which include buprenorphine containing products and naltrexone products.

Treatment with buprenorphine for opioid use disorders is considered an evidence-based best practice by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center and the American Society of Addiction Medicine (ASAM) for substance abuse treatment. This Buprenorphine MAT Program Description outlines treatment and clinical care activities expected of providers who prescribe buprenorphine products and professionals who provide therapy, care coordination or other ancillary services for those members who are being treated with buprenorphine products. For providers who prescribe naltrexone based products, refer to Naltrexone MAT Program Description.

Treatment Elements

The required treatment elements for providers rendering Medication Assisted Treatment using buprenorphine are as follows:

- The preferred medication would be the buprenorphine/naloxone combination (as covered by the TennCare formularies) for induction as well as stabilization unless contraindicated (e.g. pregnancy) and then the buprenorphine monotherapy is recommended. The buprenorphine/naloxone combination serves to minimize diversion and intravenous abuse.

UHCOP MAT Program Description V1 4.17.18

10

TennCare's MAT Program Description

Sections of the Program Description

Treatment
Elements

Treatment
Protocols
and
Guidelines

Program
Components

Quality of
Care

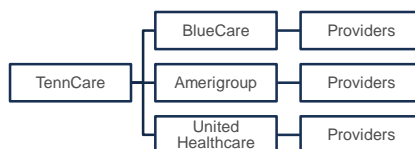


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11

General Contracting Overview

TennCare contracts with the three Medicaid Managed Care Organizations (MCOs).



Provider Contracting with MCOs

- **Contracts:**
Each participating MCO:
 - Creates their own contracts with providers
 - Maintains their own fee schedules
 - Processes their own claims
 - Creates specific in-network specialists and providers
- **CAQH:** TennCare is now using web-based technology to simplify and improve the provider registration and re-verification process. Providers must register with TennCare before they can complete the contracting process with a MCO.
- **Licensure:** All staff, subcontractors and providers must be appropriately licensed prior to the start date of operations.



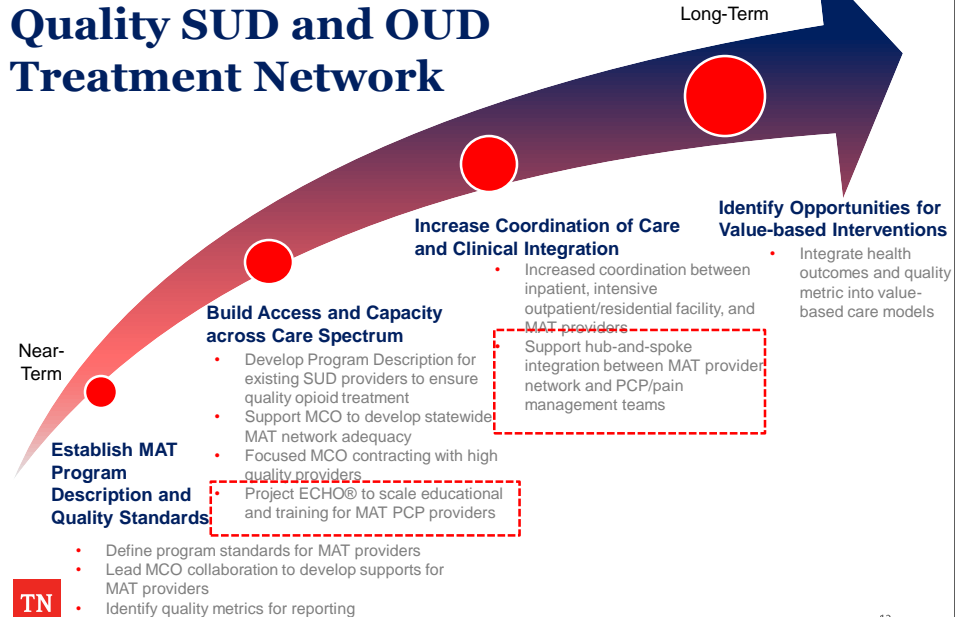
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MCO Provider Networks

- The MCOs must maintain their own provider network
- The MCOs shall provide or ensure the provision of all covered services.
 - Accessibility of covered services, including geographic access and appointments and wait times shall be in accordance with the access and network adequacy standards

12

Establish a High Quality SUD and OUD Treatment Network



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13

Building Capacity at the Primary Care Provider (PCP) level

	Patient Centered Medical Homes (PCMH)	Tennessee Health Link
	Holistic approach to care coordination for all patients	Coordinated approach for highest-needs behavioral health members
Access	<ul style="list-style-type: none"> Ensure access to the full spectrum of needed care for all patients¹, including those with long-term services and supports needs 	<ul style="list-style-type: none"> Ensure access to a range of behavioral-health related supports aligned with level of need
Joint decision making	<ul style="list-style-type: none"> Foster joint decision making across the continuum of care providers 	<ul style="list-style-type: none"> Foster joint decision making across behavioral and other health providers
Mindsets	<ul style="list-style-type: none"> Instill awareness of quality, cost, and patient access across range of providers 	<ul style="list-style-type: none"> Instill awareness of interaction of behavioral and physical health needs including quality and cost impact
Sources of value	<ul style="list-style-type: none"> Expected sources of value to include <ul style="list-style-type: none"> Appropriateness of care setting² Appropriateness of treatment³ Improved patient treatment compliance Referrals to high-value providers Reduced readmissions 	<ul style="list-style-type: none"> Expected sources of value to include <ul style="list-style-type: none"> Appropriateness of behavioral health care setting / forms of delivery Choice of behavioral healthcare providers Referrals to high-value providers Medication management

Primary care transformation aims to enhance coordination and integration across behavioral and physical health

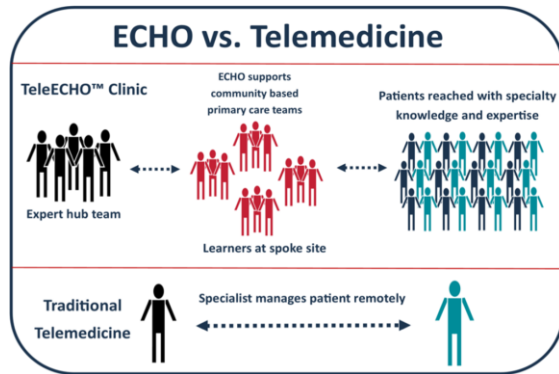
TN

¹ E.g., Extended office hours, open scheduling; ² E.g., Reduction in unnecessary ED visits and inpatient admissions; shift to lower cost facilities
³ E.g., Improved medical management, appropriate length of stay, effective resource utilization

14

Project ECHO®: Building Capacity in Primary Care

- Collaborative MCO initiative to establish holistic “best care” model for SUD treatment
- Model includes medication assisted treatment, behavioral health and peer supports
- Deploy Project ECHO training to MAT providers in TN
- Evaluate outcomes at system and practice team levels
- Expand the model and the training



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15

WHAT QUESTIONS DO YOU HAVE?



THANK YOU

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