



THE OPIOID EPIDEMIC: CHALLENGES AND SOLUTIONS

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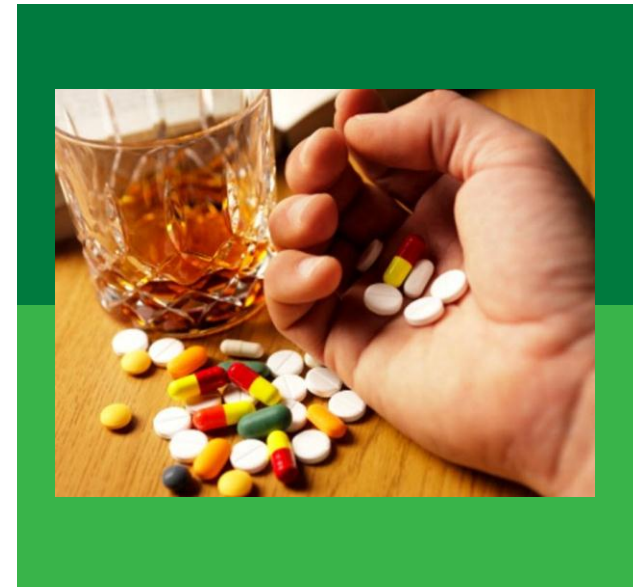
Substance use disorder

The National Survey on Drug Use and Health defines **substance use disorder (SUD)** as follows:

When recurrent use of alcohol or other drugs (or both) causes clinically significant impairment, including Health problems, disability, and failure to meet major responsibilities at work, school, or home.

Prevalence:

Approximately 20.8 million people aged 12 or older in 2015 had a SUD in the past year.



The growing opioid epidemic

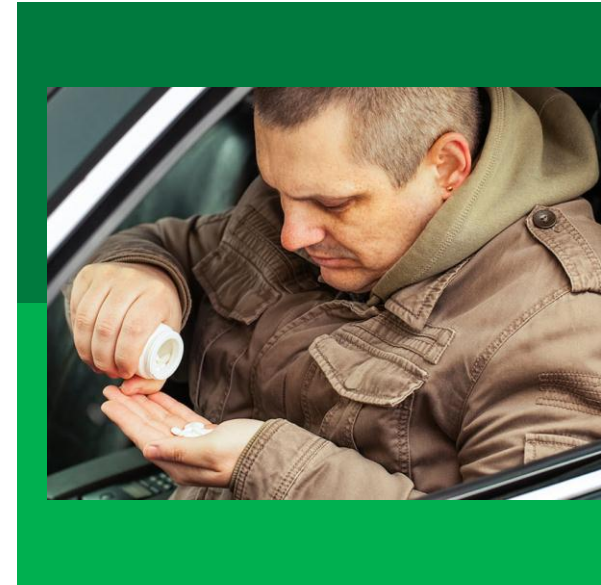
What are **opioids**?

Opioids are prescription pain relievers that are derived from the opium poppy or its synthetic version. Examples of commonly prescribed opioids include:

- Hydrocodone (e.g., Vicodin)
- Oxycodone (e.g., OxyContin, Percocet)
- Morphine (e.g., KADIAN®, Avinza®)
- Codeine.

Prevalence:

- Approximately 2.5 million Americans have a SUD related to opioids or heroin.



How big is the problem



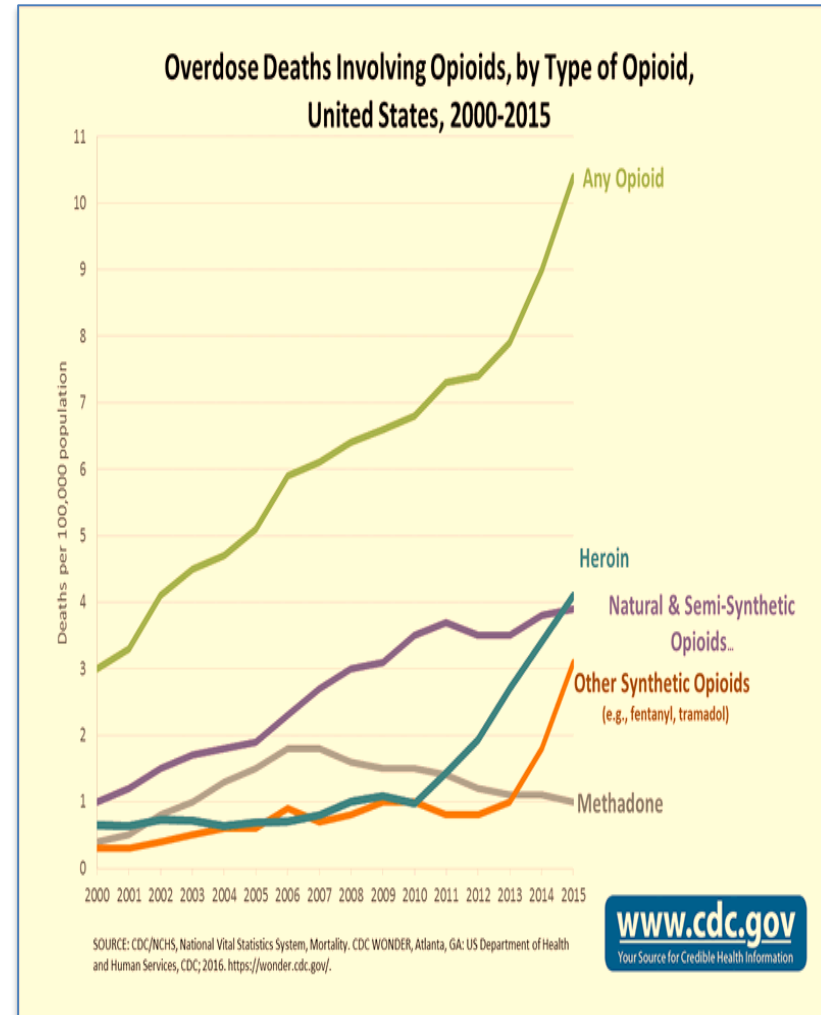
Deaths involving any opioid have **QUADRUPLED** since 2000*.



Accidental opioid overdoses **KILL MORE** people than motor vehicle accidents**.



In 2014, opioids (including prescription pain relievers and heroin) led to more than **300,000** ER visits and 29,000 deaths***.



*CDC, *Injury Prevention & Control: Opioid Overdose*, "Prescription Opioid Overdose Data," 12 March 2016.

**Cleveland Clinic, "Opiates Kill More People than Car Accidents," 26 September 2014.

***Rudd, R.A., et al. Morbidity and Mortality Weekly Report (MMWR), "Increases in Drug and Opioid Overdose Deaths – United States, 2000–2014," 1 January 2016.

How did we get here

Early 90s

Guidelines encouraged aggressive treatment of both chronic and acute pain.



Since 1999, the amount of prescription opioids sold in the United States nearly quadrupled.¹



Today

Opioids killed more than 33,000 Americans in 2015, more than any year on record.⁵



Acute pain patients:

- Over treated with opioids
- Provided oversupply
- Unaware of the risks

Chronic pain patients:

- Progressively increased doses
- Opioids instead of Nonsteroidal Anti-inflammatory Drugs (NSAIDs)
- Disease-specific pain medications
- Alternative therapies

Approximately 2.5M people in the United States have a substance use disorder (SUD) related to opioids and heroin²

- The United States consumes 80% of the world supply of prescription opioids³
- 80% of opioid addicts begin with a prescription opioid⁴
- Heroin is readily available and a cheap alternative

1. CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: National Center for Health Statistics; 2016. Available at <http://wonder.cdc.gov>.

2. CDC, *Injury Prevention & Control: Opioid Overdose*, "Prescription Opioid Overdose Data," 12 March 2016.

3. Cleveland Clinic, "Opiates Kill More People than Car Accidents," 26 September 2014.

4. Rudd, R.A., et al. Morbidity and Mortality Weekly Report (MMWR), "Increases in Drug and Opioid Overdose Deaths – United States, 2000–2014," 1 January 2016.

5. CDC. "Injury Prevention & Control: Opioid Overdose." Web. 2015. Last reviewed 20 December 2016.

* CDC. "Injury Prevention & Control: Opioid Overdose – Understanding the Epidemic." Last Updated: 16 December 2016.

What Cigna is doing to help curb this epidemic



GOALS

- ✓ Reduce consumption – of opioids by U.S. commercial customers by 25%*
- ✓ Prevent addiction – identify & direct those at risk to effective evidence-based treatment
- ✓ Adopt CDC guidelines – for opioid prescribing with providers and consumers NOW
- ✓ Stop the stigma – change the speak around substance use disorders

*Cigna news release, "Cigna Outlines Steps to Help Curb National Drug Epidemic," Web. 19 May 2016, <https://www.cigna.com/newsroom/news-releases/2016/cigna-outlines-steps-to-help-curb-national-drug-epidemic>
cdc opioid prescribing checklist, https://www.cdc.gov/drugoverdose/pdf/pdo_checklist-a.pdf.

Key drivers that have influenced substance abuse treatment

Media

Legislative
Patient Protection
and Affordable Care Act
(PPACA)
(4th Qtr 2010)
Dependent coverage to
age 26

**Mental
Health
Parity**



The rise of boutique substance abuse rehabilitation

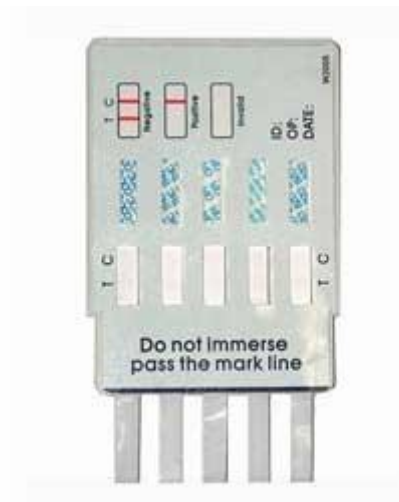
- Prominent online marketing campaigns
- Long lengths of stay
- Luxury settings and amenities
 - Oceanfront
 - Horseback riding therapy (Equestrian)
 - Art therapy
 - Massage therapy
 - Acupuncture
 - Gourmet meals
 - Ropes courses
 - Adventure travel therapy (Bali)
 - Wolf Therapy



Substance Abuse Treatment: Areas of Concern

Unnecessary Drug Testing

- The rehab facilities perform unnecessary point of care testing up to 7 days a week.
- Screens are performed based on a predetermined schedule, not random and/or based on suspicion.
- Regardless of the result, the specimen is sent to an outside lab for confirmation.



Tools to manage out-of-network substance use treatment and costs

Predictive modeling

Identifies customers likely to go out of network for a substance use service. Those individuals receive an educational flyer in the mail and get a follow-up phone call.

Goal:

Increase reach rate, engagement rate and encourage use of in-network facilities, providers.

Pilot program showed

60%
engagement of individuals reached.¹

It pays to know your plan. See how you can save money by staying in-network.

SAVE MONEY STAY IN-NETWORK

See how to get more from a plan with this helpful guide.

Together, all the way. Cigna.

It pays to know your plan. See how you can save money by staying in-network.

When you're out of network, you often cost more! A lot more when you're out of network. You can save money by staying in-network. Cigna has the resources to help you stay in-network. You can find a provider in-network who can help you stay in-network. You can find a provider in-network who can help you stay in-network. You can find a provider in-network who can help you stay in-network.

Visit CignaBehavioral.com. Select "Behavioral," then "Find a Therapist/ Psychologist."

Call the number on the back of your Cigna ID card. Specialists are available 24 hours a day, seven days a week.

Designated substance use provider program

Identifies in-network behavioral facilities that have earned a top ranking based on Cigna's measures of patient outcomes and cost-efficiency.

Goal:

Give customers information to help them choose a network facility. Can help them improve health outcomes and lower overall costs.



1. Cigna Out-of-Network Substance Use Predictive Model Pilot Analysis, 2015.



Individualizing Care in high quality settings

Designated substance use treatment provider - key focus treatment areas

✓ Extended family involvement

✓ Professional tracks

- Healthcare
- Nursing
- Business
- Law enforcement/first responders
- Military
- Baby boomers
- Pilots

✓ Alternative treatment options

- Music therapy
- Drama therapy
- Meditation
- Art therapy
- Adventure/ropes course

✓ Physical wellness programs

- Onsite gym/athletic facility
- Inclusion of physical wellness in treatment
- Yoga

✓ Located near an international airport

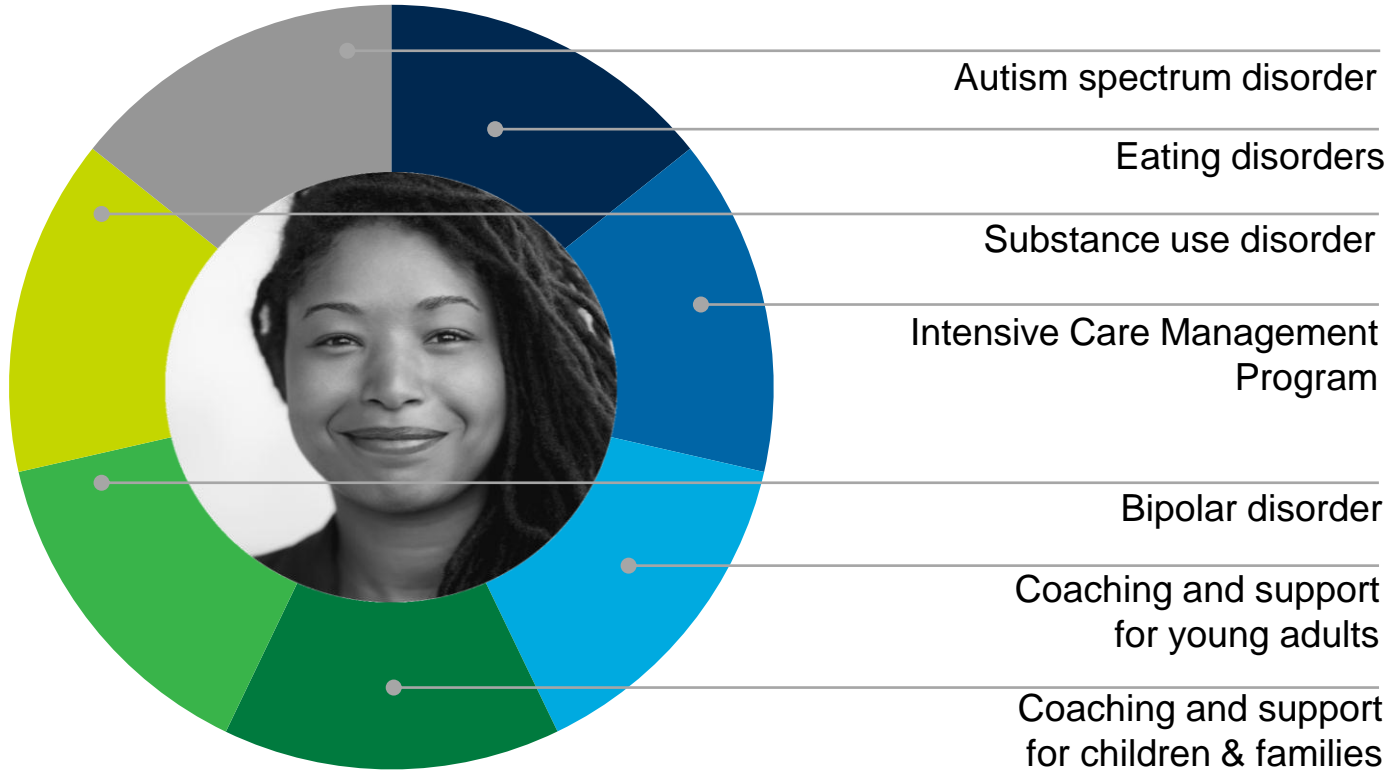
✓ Transportation to/from airport

✓ Boarding available for day treatment programs (partial hospitalization & intensive outpatient programming)



Specialty care management focuses on complex, high-cost conditions

Outreach + engagement = Better outcomes



THE CONNECT EFFECT®

An average of **63%** of the customers reached engage with our programs¹

1. Cigna Behavioral Health Program Evaluation, 2015 National Book of Business Evaluation. Actual engagement rates will vary.



Cigna's Response

Cost Containment Initiatives

- Medicare Gap Pricing for hospital-based substance-use-disorder treatment services not covered by Medicare
- Drug Screening Clinical Policy enhancements to limit the number of payable screenings per day and per year.
- Drug Screening Payment Policy updates to limit the amount paid per billed screening
- Applying Usual and Customary pricing for clients for hospital-based outpatient services
- Special Investigations Unit (SIU)



Why offer Employee Assistance Programs



Family and relationship challenges



Financial and legal concerns



Day care and caregiver services



Trauma and grief



Everyday stress of work and life



Substance abuse concerns

... and small issues can turn into **BIG COSTLY PROBLEMS**



Poor performance



Absence



Illness



Mental Health First Aid USA¹

- Mental health first aid is an 8 hour certification course that teaches participants how to recognize and support an individual who is experiencing a mental health crisis or problem *until professional help can be obtained.*²
- Mental Health problems are common with approximately 1 in 5 adults in the United States having a diagnosable mental disorder.³
- People are often unsure how to respond when a mental health crisis occurs. Mental Health First Aid teaches skills to provide initial help.
- Mental Health First Aid aims to increase mental health literacy and decrease the stigma around mental health problems.
- Mental Health First Aid is included on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP).⁴



1- Mental Health First Aid copyrighted 2015 National Council for Behavioral Health and The Missouri Department of Mental Health 2 -Mental Health First Aid – <https://www.mentalhealthfirstaid.org/>

3- Substance Abuse and Mental Health Services Administration, results from the 2014 National Survey on Drug Use and Health: Mental Health Findings, Rockville.

4- Mental Health First Aid, Research and Evidence Base, excerpt from <https://www.mentalhealthfirstaid.org/about/research/> , 2017

What can you do?

Client Recommendations

- Awareness: Be aware of what individuals are seeing/experiencing during their search for treatment options. This will help you to respond appropriately to questions or inquiries
- Encourage: Encourage individuals to contact their insurance / health services carrier with questions regarding treatment options
- Promote use of preventative behavioral health services, and trainings for managers





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