

UPMC HEALTH PLAN

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**The Center for Rural Pennsylvania Public Hearing:
Confronting the Heroin/Opioid Epidemic in Pennsylvania
June 2, 2016**

**Testimony of John Lovelace, President, UPMC *for You*
President, Government Programs and Individual *Advantage***

Thank you, Senator Yaw and the other members of the panel for the opportunity to speak to you today about UPMC's efforts to combat opioid addiction. UPMC's unique structure as an Integrated Delivery and Financing System (IDFS) enables us to utilize complete data and clinical evidence of the highest quality to shape innovative, successful insurance protocols to serve our members. By aligning provider and payer incentives under an IDFS, we are able to focus on the best interests of our patients, and provide a strategic, compassionate, and coordinated approach to developing how to treat individuals struggling with opioid addiction.

As many of you know, UPMC is a world-renowned health care provider, insurer and academic center of excellence that is dedicated to the advancement of world-class care, quality, and patient safety. As an IDFS, UPMC operates more than 20 academic, community, and specialty hospitals and 500 outpatient sites throughout Western Pennsylvania. We employ more than 3,500 physicians, operate a wide array of rehabilitation, retirement, and long-term care facilities and insure approximately 3 million lives through the UPMC Insurance Services Division, which includes UPMC Health Plan.

UPMC Health Plan offers a wide range of commercial and governmental products to consumers in Pennsylvania, West Virginia, and Ohio. In particular, UPMC *for You*, UPMC's physical health Medicaid Managed Care Organization (MCO), has proudly been one of the highest ranked and fastest growing Medicaid managed care plans in the areas in which it operates. Notably, the National Committee for Quality Assurance's (NCQA) recently ranked it twenty-first in the nation and second in the Commonwealth in its Medicaid Health Insurance Plan rankings for 2014-2015; it received the highest scores in the categories of preventive care and treatment. We also operate the largest not-for-profit behavioral health MCO in the country through Community Care Behavioral Health Organization ("Community Care"). Serving 950,000 Medicaid recipients in 39 counties across

Pennsylvania, Community Care has helped to develop a broad range of community-based programs focused on minimizing institutional care and maximizing family and community support and involvement. Together with UPMC's Western Psychiatric Institute and Clinic and the University of Pittsburgh, Community Care has worked to lead national efforts in understanding addiction medicine and other serious problems impacting adult's and child's health outcomes.

We at UPMC recognize that Western Pennsylvania is an epicenter of prescription opioid problems. In fact, the Centers for Disease Control and Prevention (CDC) indicates that our region is in the upper quartile of opioid prescribing with corresponding rates of prescription opioid complications, such as addiction and overdose. As an IDFS, we have the ability to address this crisis in a comprehensive fashion along a continuum, from the perspectives of point-of-care decision making regarding opioids, to policies at the level of the physician organization, sophisticated formulary management, and ultimately to multi-pronged interventions at UPMC Health Plan.

One such intervention is the Magee Woman's Hospital of UPMC's Pregnancy Recovery Center (PRC) that aims to tackle the ill-effects of opioid addiction on pregnant women and their children. The program, created in conjunction with Allegheny County and four managed care organizations – *Community Care, UPMC for You, Gateway Health, and United Healthcare Community Plan* – provides pregnant women who struggle with an opiate dependency the opportunity to begin treatment with buprenorphine on an out-patient basis that is integrated with their obstetric services.

Before the creation of the PRC and over the past decade, Magee offered (and still offers, as buprenorphine treatment is not the best alternative for all women with opiate use disorders) a medication assisted treatment and recovery program for pregnant women that included utilizing methadone as treatment throughout the pregnancy. By way of background, methadone, an opiate narcotic itself, is used to reduce the pain and ill-effects of opiate withdrawal symptoms. In this case, the pregnant woman is initially hospitalized and converted to a medically monitored methadone regimen and then given routine doses throughout the pregnancy – *through subsequent clinic visits at a licensed methadone maintenance clinic*. After birth, the mother and child are both addicted to methadone, thus causing health issues for the child, often requiring a potentially lengthy neonatal intensive care unit (NICU) hospital stay.

However, in recent years, clinical evidence has shown that utilizing buprenorphine – *also an opiate used to reduce the pain and ill-effects of withdrawal symptoms* – rather than methadone can produce better health outcomes for both the mother and the child after birth. The PRC tested and implemented this new intervention that utilizes buprenorphine. In comparison to the traditional methadone treatment program, the PRC operates from the outset on an outpatient basis – *rather than requiring the initial hospitalization* – and is able to provide consistent and collaborative care throughout the individual's pregnancy. In addition to the buprenorphine treatment regimen, patients meet with social

workers and midwives and receive behavioral health counseling and clinic visits as well as routine prenatal care throughout their pregnancy.

While the PRC is available for all pregnant women who struggle with opiate dependency, there are strict criteria the individual must follow to remain in the program. The individual must refrain from any other narcotic or substance use and therefore cannot at any point fail a drug test. They must also follow the buprenorphine treatment regimen, as prescribed. If an individual is unable to adhere to these protocols, they are discontinued from the program. While not every participating woman successfully completed the PRC program, overall, women who did complete program participation delivered babies with fewer complications related to the mother's substance use disorder, spent less time in the hospital post-delivery, and were treated with higher satisfaction at lower cost.

Ultimately, this effort is an excellent example of a payer and provider collaboration to develop an innovative initiative that improves outcomes for pregnant women and their children while also preventing unnecessary and costly hospitalizations. With rigid criteria and protocols coupled with willing participants, the PRC further demonstrates the positive benefits of a value-based, collaborative effort to help solve this growing epidemic. It also seeks to utilize resources in a targeted, results-oriented way: providing more effective recovery and support services during pregnancy opens a critical window of opportunity for success, as women struggling with addiction are often the most motivated to fight the opioid dependency to better enable them to deliver and care for healthy babies,

In addition to interventions like the PRC and as a part of our coordinated IDFS approach to fighting the opioid epidemic, UPMC Health Plan sought additional system-wide interventions and convened a workgroup across the UPMC enterprise several years ago. Participants included addiction specialists, pain specialists, psychiatrists, pharmacists, and primary care physicians. The goal of the work group was to develop best-practice strategies on how the Health Plan could best support providers regarding opioid use. The collaboration produced a number of initiatives that we have implemented.

First, the Health Plan created a comprehensive provider toolkit with resources for physicians on appropriate opioid prescribing, strategies for acute and chronic pain management, patient assessments and screening tools for early identification of misuse, along with charts to help physicians compare doses of different analgesics. The toolkit also recommends non-pharmacological treatment of chronic pain when possible, including behavioral health options and initiatives to address underlying emotional, social and vocational issues that may be exacerbating pain.

Second, the Health Plan developed an algorithm to identify individuals who exhibit warning signs of addiction, improperly managed pain, opioid abuse, and/or fraud. This algorithm identifies individuals with or at risk of a substance use disorder through analysis of medical and pharmacy claims. If abnormal use patterns continue for an extended period, UPMC Health Plan then sends prescribing physicians a list of these patients' names along with their prescription drug history. Providers can

request help in referring any of these patients to specialists or can ask for pharmacist assistance in determining appropriate dosing or possible drug interactions. Care management nurses are also available to patients and providers to manage psychosocial issues, assist with scheduling appointments and conduct patient outreach to facilitate referrals to pain and addiction specialists in convenient locations, often a part of UPMC's Community Care network.

In addition to the aforementioned strategies, UPMC Health Plan has taken steps regarding formulary changes and medication management including being one of the first issuers to mandate that the drug *Actiq* be prescribed only by oncologists and that a prior authorization process confirm a cancer diagnosis before usage of the drug. Further, we removed OxyContin from our medication formulary, resulting in nearly 13 percent of members who had been using the drug not only to stop taking the medication, but stop using opioid painkillers altogether, and rather use other strategies for acute and chronic pain management.

Finally, UPMC Health Plan also utilizes advanced analytics to support these organizational interventions. Examples include physician opioid prescribing benchmarking, multi-pronged fraud and abuse detection programs, as well as initiatives to curb high emergency room use correlated with drug seeking behavior. Ultimately, UPMC's integrated solution seeks to optimize care coordination for patients and overall management of opioids.

We thank Senator Yaw and the Center for Rural Health for its commitment to finding substantive, bipartisan solutions to this critical problem. My colleagues and I are ready and willing to provide you with any additional clinical, operational or other expertise as you formulate your legislative response.

Sincerely,

A handwritten signature in black ink, appearing to read "John Lovelace". The signature is written in a cursive, flowing style.

John Lovelace

President, UPMC *for You*

President, Government Programs and Individual *Advantage*