

OUR RESPONSE TO ADDRESS THE GROWING OPIOID EPIDEMIC

Updated May 2017

The United States is facing an opioid use crisis. Approximately 2.5 million Americans have a substance use disorder related to opioids.¹ In 2015, there were approximately 33,000 drug overdose deaths that involved opioids in the United States, more than 90 people every day.² Authors of a 2016 study estimated that the economic burden of prescription opioid misuse to the United States was \$78.5 billion in 2013.³

Established in the 1990s, the concept of “the 5th vital sign” for pain treatment and management led to an increase in opioid prescriptions.⁴ Today, many individuals who are prescribed opioids for chronic pain lack access to effective alternatives, potentially leading to addiction and contributing to the current opioid crisis. These factors, coupled with the prevailing stigma around behavioral health disorders, and substance use disorders in particular, have all contributed to the opioid crisis we are experiencing today.

In 2016, Cigna committed to helping reduce opioid use among customers by 25 percent in three years. Cigna currently has many initiatives underway to identify and help drive solutions to further address the opioid epidemic.

Cigna leading the way

Public Policy	<ul style="list-style-type: none"> > Support adoption of the National Pain Management Strategy and the new Centers for Disease Control and Prevention (CDC) Opioid Prescribing Guidelines > Participate in AHIP’s task force on opioid use disorder prevention and treatment > Advocate with policymakers, Congress and the Administration > Raise awareness among stakeholders. In 2016, David Cordani, Cigna President and CEO, presented at two Cigna-sponsored events focused on building dialogue around the epidemic and driving solutions, and penned two op-eds around addressing stigma and the actions insurers can take to drive solutions
The Community	<ul style="list-style-type: none"> > Support community organizations, such as Shatterproof, that work to raise awareness and decrease deaths from addiction > Reduce stigma by changing the language around substance use disorders > Collaborate with industry associations to create evidence-based measures for more effective treatment of chronic pain, such as through our collaboration with the American Society of Addiction Medicine (ASAM)
Health Care Providers	<ul style="list-style-type: none"> > Request providers sign pledge to prescribe opioids with caution and to follow the CDC guidelines we support; to date, we have more than 150 signed pledges representing nearly 62,000 providers/prescribers⁵ > Notify health care providers when their patients are receiving hazardous levels of opioids through our Narcotic Therapy Management Program and offer case management assistance > Focus on total health care management through integration of behavioral, pharmacy, and medical services > Help providers manage chronic opioid usage by making a variety of helpful resources and support tools readily available, including a provider playbook of quality improvement initiatives and treatment resources
Customers & Clients	<ul style="list-style-type: none"> > Provide specialty substance use disorder case management to help guide customers into effective treatment programs > Identify designated treatment centers that meet our quality and cost-efficiency criteria and continue to expand our network; we have identified and included more than 120 facilities to date⁶ > Expand access to affordable reversal agents, deterrent formulations and medication-assisted treatment > Decrease risk of a fatal relapse by making Narcan® prescriptions available to covered family members of customers with a substance use disorder

Together, all the way.®



OPIOID EPIDEMIC FREQUENTLY ASKED QUESTIONS

Current situation

What are opioids?

- > Opioids are narcotics that are derived from the opium poppy or its synthetic version, and include prescription pain relievers and heroin. Examples of commonly prescribed opioids include hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin, Percocet), morphine (e.g., KADIAN®, Avinza®), and codeine.
- > Just as heart attacks change the ability of the heart to function normally, opioids fundamentally change the ability of the brain to function normally. This alteration in brain function makes it particularly difficult for individuals suffering from opioid addiction to make the difficult choices that lead to recovery. Opioids increase the amount of dopamine in the limbic reward system of the brain, which reduces pain but also causes intense feelings of pleasure. Use can quickly lead to physical and psychological dependence. The limbic system will begin to affect other brain systems that drive judgment, planning, and organization, and will stimulate individuals to seek the pleasure of drug use.⁷
- > Part of what makes opioids so deadly, is that they also act on the brainstem, which controls breathing. In this area of the brain, opioids help reduce pain but can also impact basic functions by slowing or even stopping breathing.⁸

What is happening now?

- > Over the last two decades, there has been a sharp increase in the number of opioids prescribed for acute and chronic pain. Since 1999, the number of prescription opioids sold in the U.S. has nearly quadrupled, as have the number of overdose deaths involving opioids.⁹
- > Prescription opioid misuse is a contributing factor to heroin use. Four of five heroin users start out misusing prescription pain relievers.¹⁰ Most people who move to heroin do so because it is less expensive and easier to obtain.¹¹
- > There are many drivers of the opioid epidemic, including: 1) limited public awareness and understanding, 2) availability of opioids, 3) barriers to early detection and acute treatment, 4) lack of effective chronic treatment options, and 5) a lack of alignment between the criminal justice system and health care system.

Who is affected?

- > In 2015, approximately 52,000 individuals died from drug overdoses, more than any year on record; death rates from drug overdose increased across all races and sexes.¹² Approximately 33,000, or 63 percent, of these drug overdose deaths were from opioids.¹³

- > Certain populations are more vulnerable to misusing prescription opioids. Some examples include youths and young adults (ages 12-25), older adults (age 50+), and veterans and military service members.¹⁴

What is the societal impact?

- > In the United States, it is estimated that prescription opioid misuse costs totaled about \$78.5 billion in 2013.¹⁵
- > In 2011, over 500,000 emergency department (ED) visits involved opioids and/or heroin.¹⁶

Why should we care?

- > Opioid addiction can impact anyone. “Addiction afflicts our friends and families, colleagues and communities. This is nothing less than a national tragedy – and a continued failure to address it will constitute a national crisis.”
– David M. Cordani, Cigna’s President and CEO.
- > There is significant stigma surrounding substance use disorders, which makes individuals struggling with them less likely to seek the treatment they need. Lawmakers and health care leaders are working to reframe opioid misuse as a behavioral health issue rather than a criminal act, and are working to raise awareness and implement new initiatives to address this growing behavioral health crisis.

National response

What is the national response?

- > President Trump signed an Executive Order establishing a commission to assess the federal response to the opioid crisis and offer recommendations for improvements. The commission is specifically directed to review the availability of addiction treatment and overdose reversal drugs throughout the country, measure the effectiveness of state prescription drug monitoring programs, and evaluate public messaging campaigns and identify best practices for prevention. It will produce an interim report within 90 days and submit all final findings and recommendations by October 1, 2017. New Jersey Governor Chris Christie will lead the commission.
- > As of March 2017, the Administration has not filled several key leadership positions at the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Drug Enforcement Administration (DEA). President Trump recently replaced Kemp Chester as Acting Director of the Office of National Drug Control Policy with Rich Baum.
- > The Department of Health and Human Services (HHS) released the Confidentiality of Substance Use Disorder

Patient Records Final Rule, which seeks to modernize regulations to facilitate integration of care while protecting the privacy of patients with substance use disorders. The rule went into effect in March 2017.

- > In November 2016 former Surgeon General Vivek Murthy released a report on opioids and addictions, which included tools and recommendations to address the crisis.
- > The U.S. Food and Drug Administration (FDA) created an action plan to take steps towards reducing the impact of opioid misuse.
- > On March 15, 2016, the Centers for Disease Control and Prevention (CDC) released final guidelines for prescribing opioids for chronic pain.¹⁷
- > In July 2016, SAMHSA increased the number of patients with opioid use disorder that qualified physicians can treat with medication-assisted treatment to 275.
- > On July 22, 2016, former President Obama signed the Comprehensive Addiction and Recovery Act (CARA) of 2016 (S. 524) into law. The legislation authorizes – but does not appropriate – grants to states, localities and Indian tribes for opioid misuse programs and will expand treatment services for veterans. The measure also allows Medicare Part D prescription drug plans to limit access to frequently misused drugs starting on or after Jan. 1, 2019.
- > In December, former President Obama signed into law the “21st Century Cures Act,” which included \$500 million in funding to support state initiatives addressing the opioid crisis. The law also requires that HHS convene a group of stakeholders one year after it finalizes regulations on substance use disorder data.

What is being done at a state and local level?

- > States and municipalities are taking different approaches to addressing the opioid epidemic. As of February 2017, 47 states and the District of Columbia passed legislation protecting health care providers who dispense naloxone, a drug administered to reverse a life threatening overdose. Some states and cities are allowing pharmacists to directly dispense naloxone over the counter and are developing programs such as needle exchanges and safe disposal programs for individuals seeking treatment for a substance use disorder to turn-in unused opioids without fear of arrest.
- > Other initiatives states are considering include:
 - Reducing prior authorization for inpatient stays.
 - Developing requirements for length of stay, appropriate type of treatment (e.g., inpatient/outpatient).
 - Mandating continuing education on opioid addiction issues for providers.
 - Requiring providers to educate patients on the dangers of opioid addiction prior to prescribing the drug.

- Requiring or strongly encouraging physicians to check their state’s prescription drug monitoring program before prescribing opioids.
- Requiring parental consent before prescribing opioids to minors.
- Sharing prescription drug monitoring data with other states.

- > The National Governors Association has developed a road map to help guide effective state-level health care and public safety strategies in response to the opioid crisis.¹⁸

What is being done in the private sector?

- > America’s Health Insurance Plans (AHIP), a national trade association representing the health care industry, formed a work group to share best practices for treating opioid substance use disorder and developing advocacy efforts.
- > Following increasing public awareness, Cigna’s commitment to address the epidemic, and a variety of public sector actions, other insurers have begun to take an active role in addressing the crisis.

Our response to address the crisis

In 2016, as part of our efforts to alleviate the crisis, Cigna committed to reducing opioid use among customers by 25 percent over three years. In April 2017, we announced a reduction of nearly 12 percent in the past 12 months.¹⁹ We recognize substance use disorders are complex, chronic conditions that are frequently accompanied by other behavioral or medical conditions. This is why our approach focuses on reducing stigma, collaborating with key stakeholders and encouraging prevention, early detection, and holistic treatment. Here is how we plan to meet our goal.

How are we influencing public policy?

- > We are actively engaged in dialogue with state and federal legislators and federal agencies to promote awareness of the opioid epidemic and to discuss strategies for addressing it. Additionally, we are participating in AHIP’s task force focused on opioid use disorder prevention and treatment.

How are we supporting community efforts?

- > We are supporting organizations dedicated to addiction prevention, treatment, and stigma reduction. Since 2015, the Cigna Foundation has awarded \$100,000 annually in World of Difference grants to Shatterproof, a non-profit organization committed to giving those living with addiction, and their families, resources and information to overcome addiction. Cigna’s funding helped Shatterproof establish a comprehensive substance use disorder resource website, which went online in January 2017.

- > We have partnered with the American Society of Addiction Medicine (ASAM) and Brandeis University to develop and validate evidence-based quality outcome measures for substance use disorder treatment.

How are we engaging providers?

- > We are engaging providers across our commercial and Medicare business to encourage them to commit to our pledge to reduce opioid prescribing and treat opioid use disorder as a chronic condition (in accordance with the U.S. Surgeon General's Turn the Tide pledge and the CDC opioid prescribing guidelines). To date, we have more than 150 signed pledges representing nearly 62,000 providers and prescribers.
- > We try to proactively identify substance use disorders early through our Narcotic Therapy Management program. This program integrates Cigna pharmacy with medical capabilities. When permitted by law, we notify health care providers when customers appear to be receiving a harmful level of opioid prescriptions, potentially from multiple prescribers, to help enable providers to proactively address the issue with their patients (excludes cancer or hospice patients).
- > We are working to integrate behavioral health management with medical management and are piloting behavioral integration with large physician groups in our value-based care models. We piloted a program with medical groups to provide insights into their prescribing patterns. Based on the feedback received, we are expanding those efforts to additional groups in order to encourage the adoption of CDC guidelines and quality improvement activities.
- > For our Medicare business, we added an opioid measure to our Partnership for Quality value-based care program. This measure incentivizes providers to alter prescribing practices by tracking the percentage of patients (excluding cancer or hospice patients) with chronic, high-dose usage, and rewarding providers who are able to limit the portion of their patients receiving long-term, high doses.
- > We have readily available resources, articles, and tools to help health care providers manage chronic opioid usage. These include patient self-assessments, education on safe and effective prescribing, a provider playbook of quality improvement initiatives and treatment resources, and an educational series on the epidemic for dentists.

How are we supporting our customers and clients?

- > We are educating our customers on the risks associated with prescription pain relievers and helping them talk to their providers about how to address their pain while minimizing their risk of developing a substance use disorder.

- > We are piloting a program for targeted customer outreach; we proactively identify customers at high risk for an overdose and use targeted interventions to educate them and engage them in Cigna case management.
- > We have a variety of ongoing behavioral health programs to help address substance misuse, including opioid addiction.
 - Substance Use Disorder Specialty Program. This specialty case management program is staffed by mental health professionals with extensive substance use and addictive disorder training. The team offers dedicated, one-on-one coaching, support, and education to our customers; they answer questions, help arrange services, and provide support to help the whole family.
 - Substance Use Disorder Inpatient/Outpatient Collaboration. Case managers from the inpatient and behavioral specialty teams work together on young adult (ages 18 to 25) substance misuse cases to increase engagement in coaching programs following discharge from the inpatient setting to help facilitate a smooth transition into the community.
 - Cigna Health Matters® Program – Behavioral Project. The Health Matters Score (may not be available or included with all medical plans) is a guide used to help us determine what health issues to focus on, as well as engagement outreach and mode of outreach. There are four behavioral attributes, and if a high-risk score is identified for at least one, we will refer the customer directly to a behavioral specialty coach who will initiate outreach.
- > We help customers who need acute detoxification receive it and subsequently receive the right level of chronic care. When customers call Cigna Behavioral Health for guidance on which facility to use, we encourage them to contact a Cigna Behavioral Designated Substance Use Treatment Provider, if possible. We have expanded our network to include more than 120 of these facilities, which have been recognized as high-performing for patient outcomes and cost efficiency based on five measures.²⁰
- > We are expanding access to affordable reversal agents and deterrent formulations. Additionally, we have agreed to voluntarily remove prior authorizations from medication-assisted treatment for opioid use disorder under pharmacy and medical benefits.
- > Our Out-of-Network Substance Use Disorder Project uses a predictive model to identify young adult customers likely to go out-of-network for a substance misuse service in the next six months, then outreaches to them to increase reach and engagement, and guide them to in-network providers.
- > We make Narcan prescriptions available to covered family members of customers to help avoid having a relapse turn into a fatal overdose.

- > The passage of the Mental Health Parity Act and Addiction Equity Act of 2008 caused a number of for-profit substance use disorder treatment centers to enter the market. We review claims submitted by providers for potential fraud or inappropriate billing practices and make referrals to our Special Investigations Unit, as appropriate.

Case management story

Customer example: Amy's story*

Amy, a Cigna customer, had a history of back pain and was trying, unsuccessfully, to manage her kidney stones, resulting in multiple emergency room visits. She had been prescribed opioids by her primary care provider in the past six months to manage her pain. She had a previous overdose, and was at high risk for another, triggering her for outreach through Cigna's high-risk opioid pilot. A behavioral case manager (CM) specializing in substance misuse reached out to Amy:



The CM educated her on the risks of taking opioids, the resources available to her, and alternative methods to manage pain.



Amy explained that she was seeing a pain management specialist, but was still unable to stop taking her pain medications. At times, she was taking more medication than prescribed, despite knowing the risks.



The CM reiterated the risks of opioid misuse and the benefits of addiction treatment to Amy.



Amy agreed she needed to stop taking opioids, and then admitted that she had been lying to her husband about taking her pain medication again because she was ashamed. Therefore, she was not able to pay the co-payment to see a Suboxone® provider and get a prescription for Suboxone.



The CM asked Amy if she thought she may be using her husband as an excuse to avoid addressing the issue. Amy agreed. The CM also helped Amy understand the importance of focusing on herself and managing her substance use disorder.

The next time the CM called Amy, she found her in a much better place.



Amy had been honest with her husband, who was supportive and was helping her find and pay for a Suboxone provider. She asked the CM to email her a list of Suboxone providers, as well as a list of therapists to address other stressors in her life.

Amy was able to connect with a Suboxone provider and reported that she had not taken any pain medications. Amy is now continuing to work on her recovery and is working with a therapist on a weekly basis with her husband by her side.

*This is an example of an actual Cigna customer experience. Names have been changed.

What are we planning to do in the future?

- > Cigna has a dedicated team focused on identifying areas of highest impact to help address the opioid crisis and appropriate engagement and action with policymakers.

Additional information

- > Additional information about the national response and the CDC Guideline for Prescribing Opioids for Chronic Pain is available at:
(<http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>)
- > Health care providers can refer to our Narcotic Therapy Management Program resources on the Cigna for Health Care Professionals website. Our opioid quality improvement pledge and our provider playbook of quality improvement initiatives and treatment resources can also be found there. (*CignaforHCP.com > Resources > Pharmacy Resources > Pharmacy Clinical Programs > Enhanced Narcotic Therapy Management*).
- > Customers can access our Coping with Substance Abuse Seminars on Cigna.com (<http://www.cigna.com/healthwellness/behavioral-awareness-series/coping-with-substance-abuse>).

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