



Opioid Use Disorder Diagnosis and High Dosage Opioid Use

An Analysis of the CT Adult
Medicaid Population



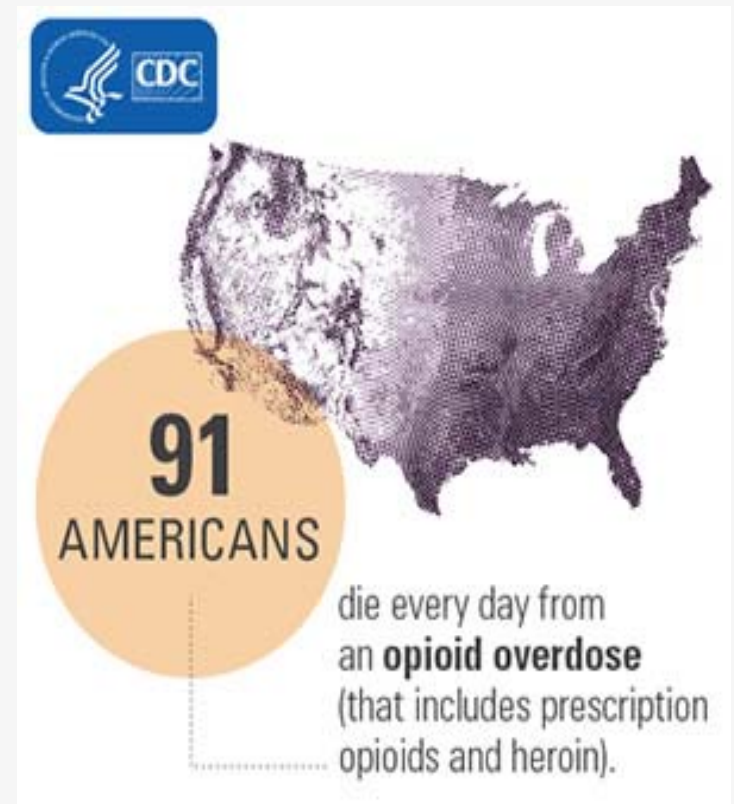
Presentation Goals

- Use CT Specific data to better inform key stakeholders regarding the scope, nature, demographics, and costs of opioid use within the Adult Medicaid Population
- Leverage the data to assist in identifying practical interventions that Beacon can employ to improve care and reduce the burden of disease
- Promote dialogue and facilitate decision making regarding which interventions to pursue



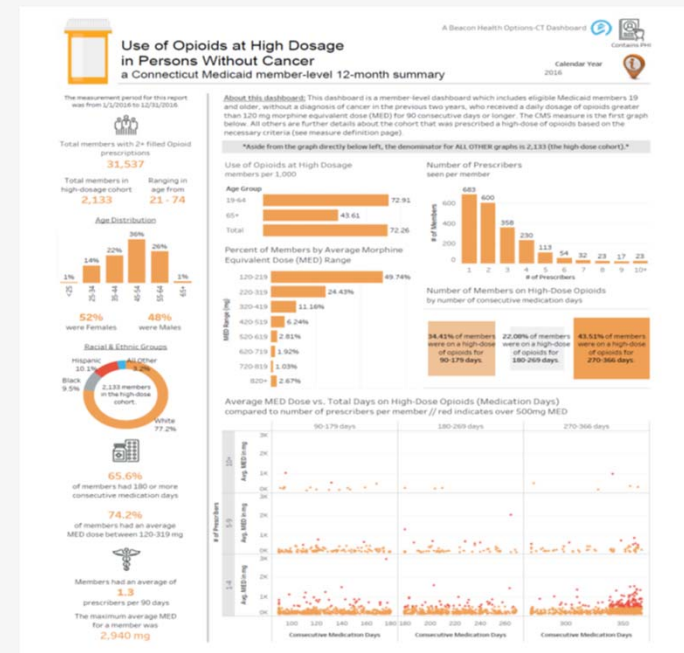
Overview of Presentation

- The Opioid Crisis continues in CT as it has in the rest of the country
- The rate of Opioid related overdose deaths continues to rise and CT is on track for over 1,000 this year.
- Beacon has organized data regarding rates of **Opioid Diagnoses** and **High Opioid Prescribing** in the Adult Medicaid Population



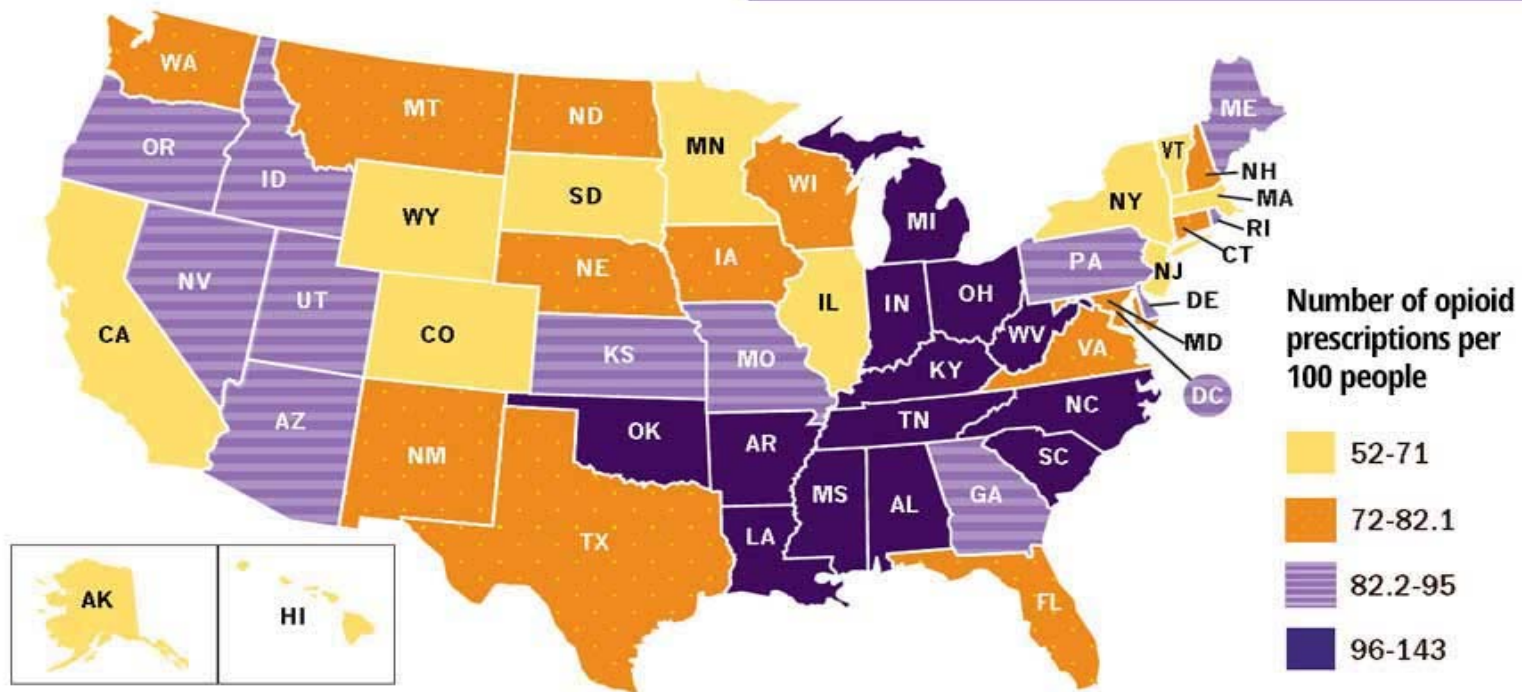
Three Sets of Data

- The rate of Opioid Use Disorder diagnoses in the Medicaid Population
- The rate of High Opioid Use in the Medicaid Population
- The rate of Opioid Use Disorder diagnoses in the population of High Opioid Users



Opioid Prescribing by State

Some states have more opioid prescriptions per person than others.



SOURCE: IMS, National Prescription Audit (NPA™), 2012.

High Dosage Opioid Prescribing in Ontario Province, CA

High-Dose Opioid Prescribing & Opioid Toxicity Events in Ontario



13.7%

Decline in
opioid use

Following the 2010 introduction of Canadian clinical practice guidelines for use of opioids in chronic non-cancer pain

Despite the decreasing use of opioids...

2x



The prevalence of
high-dose
opioid prescribing more
than doubled since 2003



Rates of opioid-related
hospital visits increased

55%

since 2003 with no
impact seen from the
Canadian clinical
practice guidelines

2 in 5



Number of long-acting opioid users
receiving more than 200 mg
morphine equivalents (MEQ) by 2014

Further, almost **20%** of all long-acting
opioid users received more than 400 mg
MEQ

ODPRN ONTARIO
DRUG POLICY
RESEARCH NETWORK

St. Michael's
Inspired Care.
Inspiring Science.



For more information:
www.odprn.ca

Spooner L et al. High-dose opioid prescribing and opioid-related hospitalization: A population based study. PLOS ONE, 2016.

@ODPRN_Research



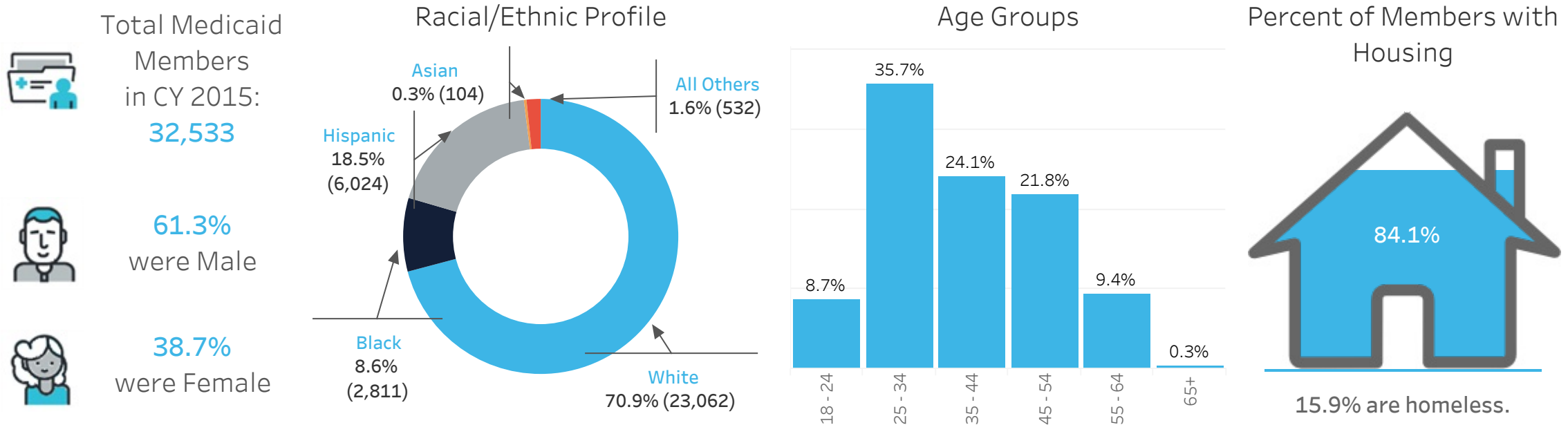
Dashboard: Opioid Use Disorders in the Medicaid Population

Opioid-Related Dx (Y/N)
Yes

Select Age Group
Adults

Population Profile Demographic Data

for Medicaid Members in CY 2015



Diagnostic Prevalence Rates for Medicaid Members in CY 2015

▼ Select Medical Diagnosis
Hypertension

Hypertension: **19.3%**



▼ Select Mental Health Diagnosis
Suicide Attempt Rate

Suicide Attempt Rate: **7.2%**



▼ Select Substance Use Diagnosis
Alcohol

Alcohol: **27.6%**



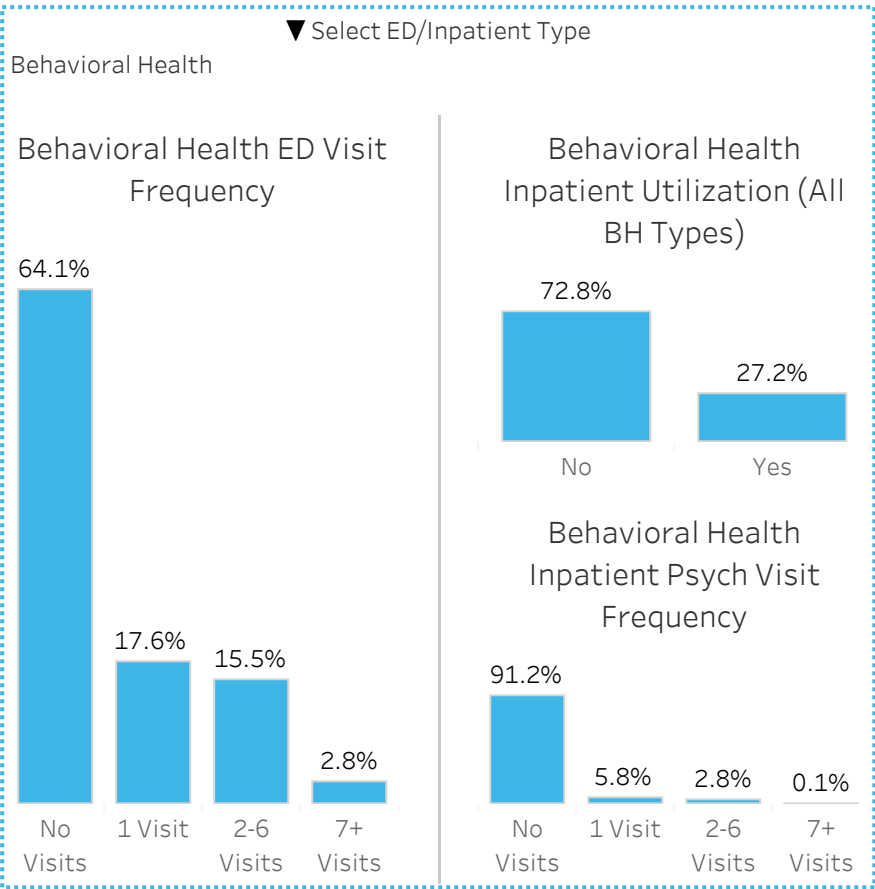
Co-occurring Disorders (MH & SA): **67.7%**

Comorbid Diagnoses (BH & Med): **51.8%**

Total Avg. Dollars per Member: **\$17,500**



Total Spend	
Total Dental Cost	\$7,723,363
Total Pharmacy Cost	\$195,601,146
Total Med/BH Claims Cost	\$366,011,899
Total Member Cost	\$569,336,408



Summary of Findings - 2015



32,533 or 6.2% of the Adult Medicaid Population (AMP) has an Opioid Use Disorder (OUD)



Although the majority of the AMP is female (55.9%), the majority (61%) of those with an OUD are male.



White's constitute 52.3% of the AMP however they comprise 71% of those with an OUD

25
34

The largest age band in the AMP is 25-34 year olds (27.5%) but this age group is over-represented among those with OUD (35.7%)



Those with an OUD are 4 times as likely to be homeless than their undiagnosed peers (16% vs. 4%)

Summary of Findings – 2015 (continued)



The OUD population is almost 2.5 times as likely to have a comorbid medical diagnosis (52% vs. 22%) the most frequent being hypertension



The average total spend in Medicaid is more than 2.5 times as high for those with an OUD diagnosis compared to the AMP (\$17,500 vs. \$6,765)



The OUD population is 4 times as likely to have a BH ED visit (36% vs. 9%) and 8 times more likely to have had a BH IP Admission (27% vs. 3.3%)

General Conclusions



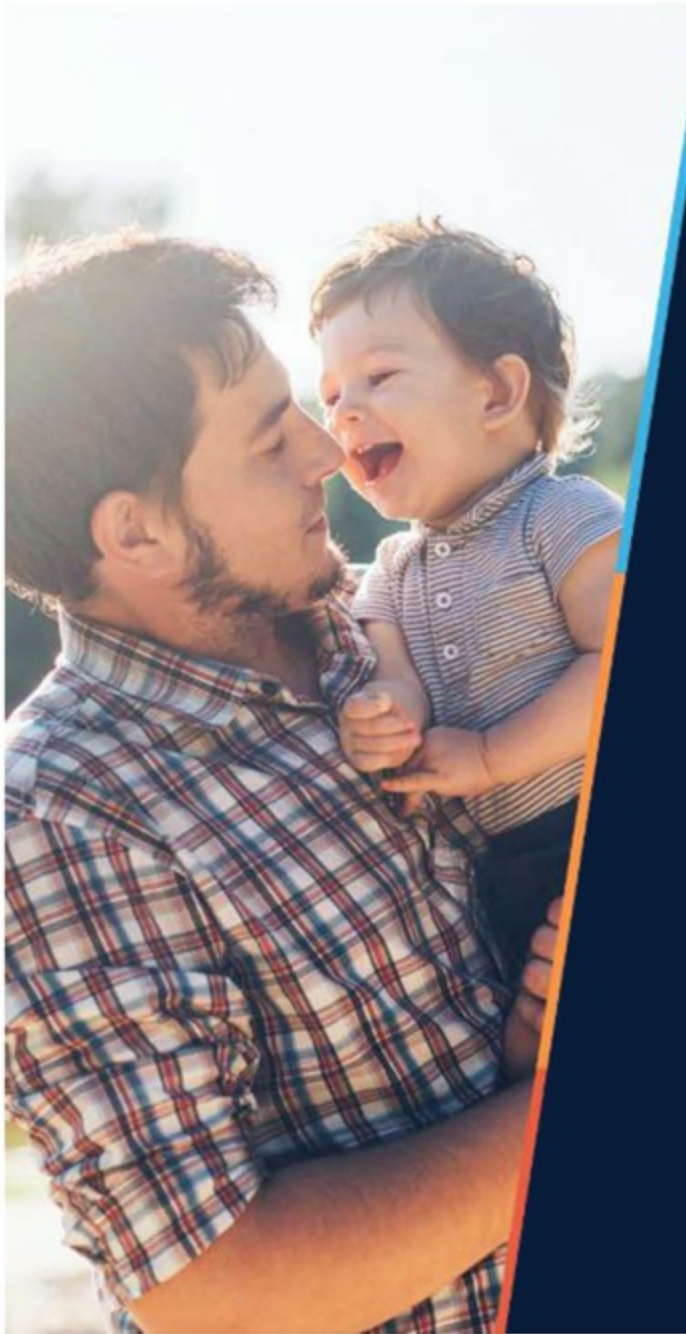
A significant number (32,533) of the AMP has received an OUD diagnosis



The cohort of those with an OUD diagnosis is primarily **WHITE, MALE, and 25-34**



Those with an OUD diagnosis experience significant burden of DISEASE (COMORBIDITY) and SOCIAL DISADVANTAGE (HOMELESSNESS).



Dashboard: Opioid at High Dosage in Individuals Without Cancer



Use of Opioids at High Dosage in Persons Without Cancer

a Connecticut Medicaid member-level 12-month summary



The measurement period for this report was from 1/1/2015 to 12/31/2015.



Total members with 2+ filled Opioid prescriptions

37,802

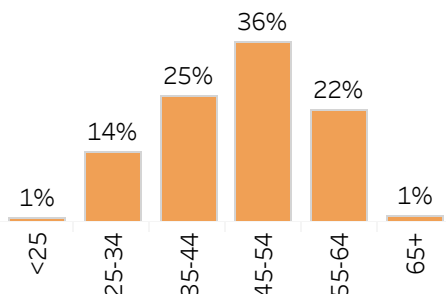
Total members in high-dosage cohort

2,912

Ranging in age from

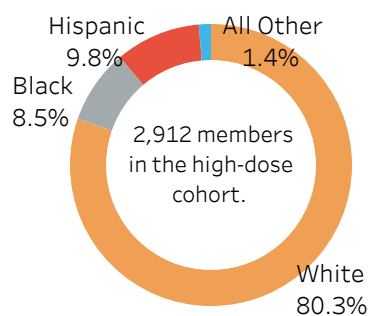
20 - 73

Age Distribution



50% were Females
50% were Males

Racial & Ethnic Groups



63.9%

of members had 180 or more consecutive medication days

75.7%

of members had an average MED dose between 120-319 mg



Members had an average of

1.5

prescribers per 90 days

The maximum average MED for a member was

2,069 mg

About this dashboard: This dashboard is a member-level dashboard which includes eligible Medicaid members 19 and older, without a diagnosis of cancer in the previous two years, who received a daily dosage of opioids greater than 120 mg morphine equivalent dose (MED) for 90 consecutive days or longer. The CMS measure is the first graph below. All others are further details about the cohort that was prescribed a high-dose of opioids based on the necessary criteria (see specifications page).

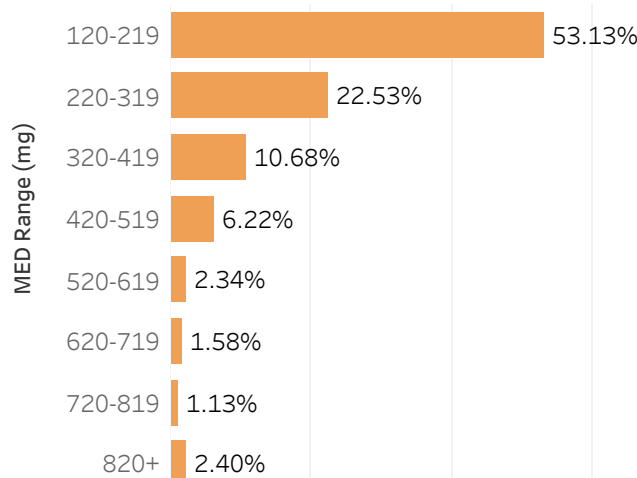
Aside from the graph directly below left, the denominator for ALL OTHER graphs is 2,912 (the high-dose cohort).

Use of Opioids at High Dosage
members per 1,000

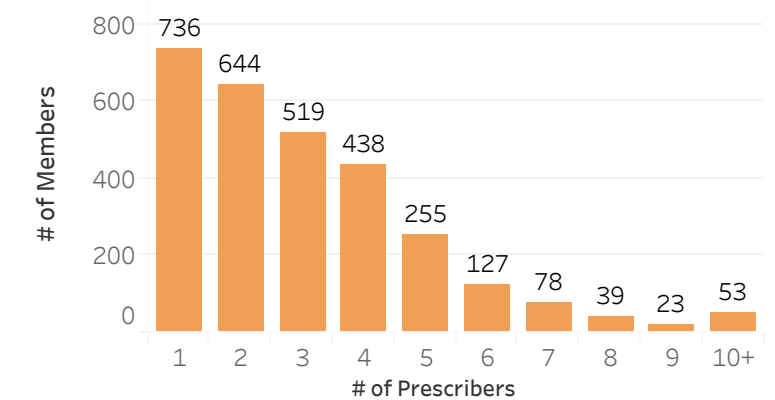
Age Group



Percent of Members by Average Morphine
Equivalent Dose (MED) Range



Number of Prescribers
seen per member



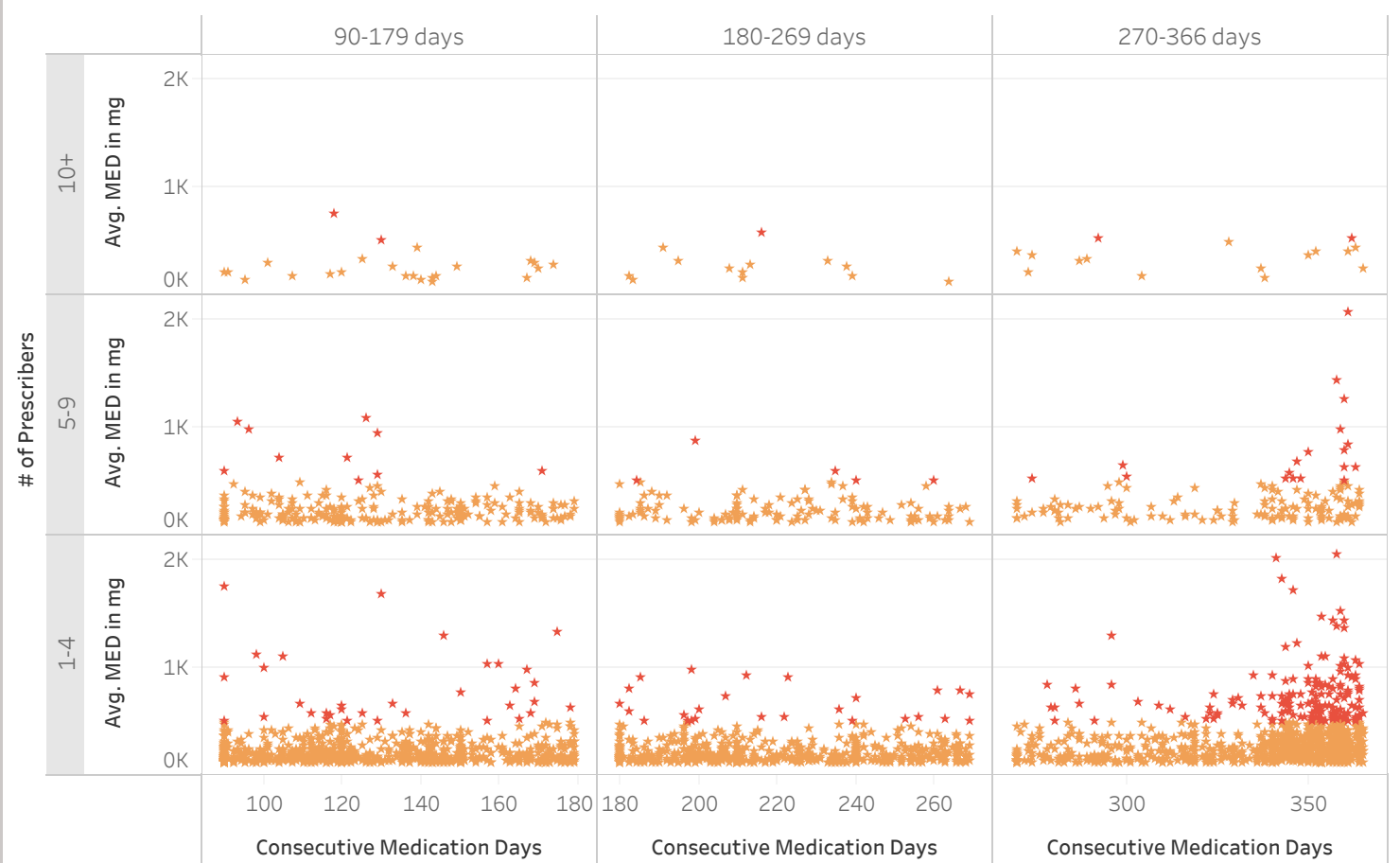
Number of Members on High-Dose Opioids
by number of consecutive medication days

36.09% of members
were on a high-dose
of opioids for
90-179 days.

24.35% of members
were on a high-dose
of opioids for
180-269 days.

39.56% of members
were on a high-dose
of opioids for
270-366 days.

Average MED Dose vs. Total Days on High-Dose Opioids (Medication Days)
compared to number of prescribers per member // red indicates over 500mg MED



Summary of Findings - 2015



37,802 Members filled 2 or more opioid prescriptions and 2,912 met the criteria for HDO use



Unlike those with a OUD diagnosis, those on HDO are just as likely female as male (50%)



White's constitute an even higher percentage of those with HDO use than those with OUD (80% vs. 71%)

45
54

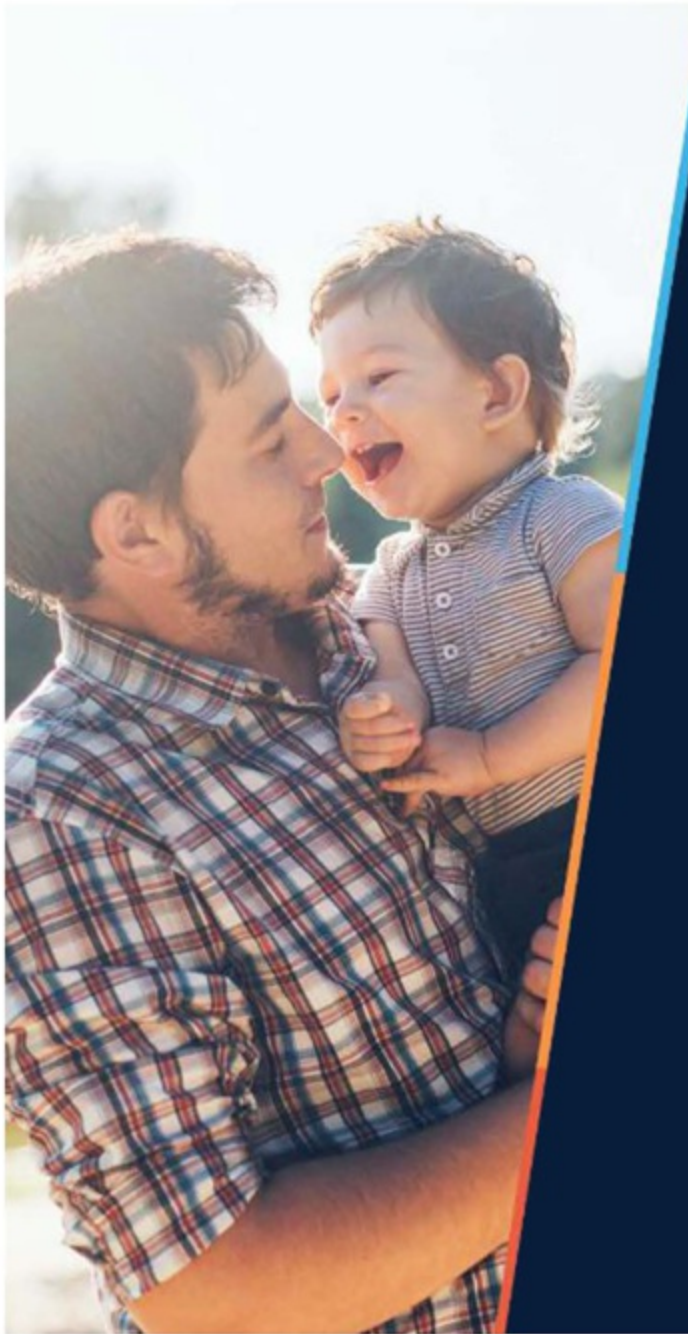
Unlike those with an OUD diagnosis, the modal age group for those with High Dosage Opioids (HDO) is 45-54.



Over 800 members with HDO use have more than 3 prescribers and most prescribers are medical vs. BH




Between 2015 and 2016, the rate per thousand of HDO use declined by 11%.




**Dashboard: Population Profile
– High Dosage Opioid Use and
Opioid Use Disorder Diagnosis**

Population Profile Demographic Data


for Adult Medicaid Members with High Dosage Opioid Use in CY 2015



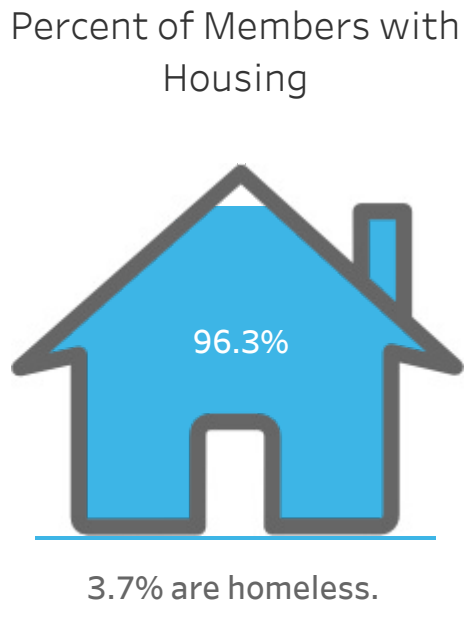
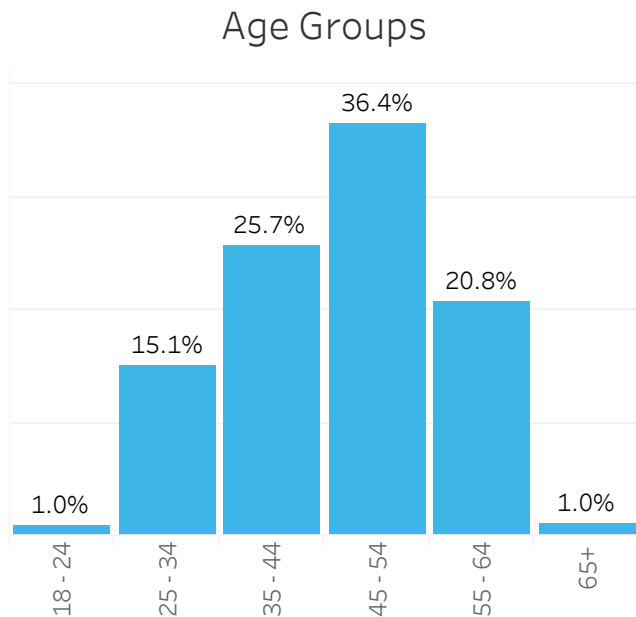
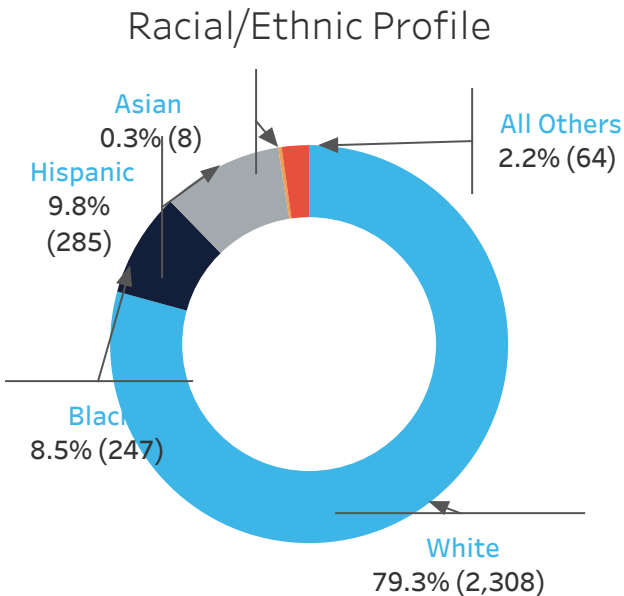
Total Medicaid Members in CY 2015: **2,912**



50.0% were Male



50.0% were Female




Diagnostic Prevalence Rates for Adult Medicaid Members with High Dosage Opioid Use in CY 2015

▼ Select Medical Diagnosis

Hypertension


Hypertension: **42.6%**



▼ Select Mental Health Diagnosis

Anxiety Disorder


Anxiety Disorder: **41.6%**



▼ Select Substance Use Diagnosis

Alcohol


Alcohol: **11.7%**



Co-occurring Disorders (MH & SA): **45.7%**

Comorbid Diagnoses (BH & Med): **66.3%**

Total Avg. Dollars per Member: **\$29,097**

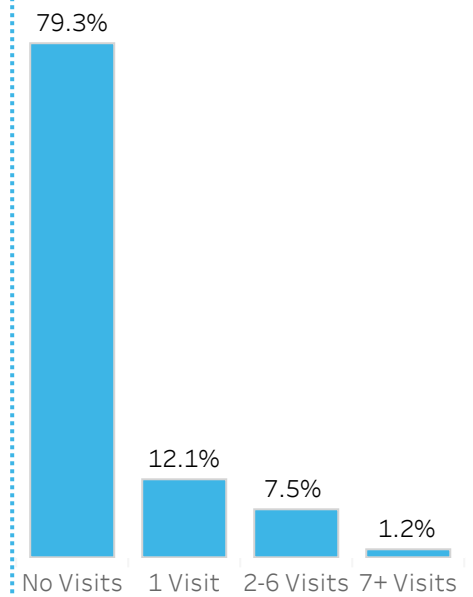


Total Spend	
Total Dental Cost	\$644,847
Total Pharmacy Cost	\$41,432,168
Total Med/BH Claims Cost	\$42,652,981
Total Member Cost	\$84,729,996

▼ Select ED/Inpatient Type

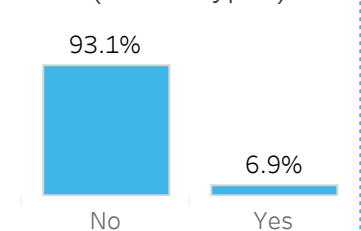
Behavioral Health

Behavioral Health ED Visit Frequency



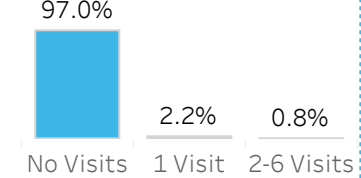
Frequency	Percentage
No Visits	79.3%
1 Visit	12.1%
2-6 Visits	7.5%
7+ Visits	1.2%

Behavioral Health Inpatient Utilization (All BH Types)



Utilization	Percentage
No	93.1%
Yes	6.9%

Behavioral Health Inpatient Psych Visit Frequency



Frequency	Percentage
No Visits	97.0%
1 Visit	2.2%
2-6 Visits	0.8%

Summary of Findings - 2015



Of the 2,912 members that met the criteria for HDO use, the majority (2,051) did not have a OUD and a minority (861) did.



Unlike those with a OUD diagnosis, those on HDO are just as likely female as male (50%)



White's constitute an even higher percentage of those with HDO use than those with OUD (79% vs. 71%)



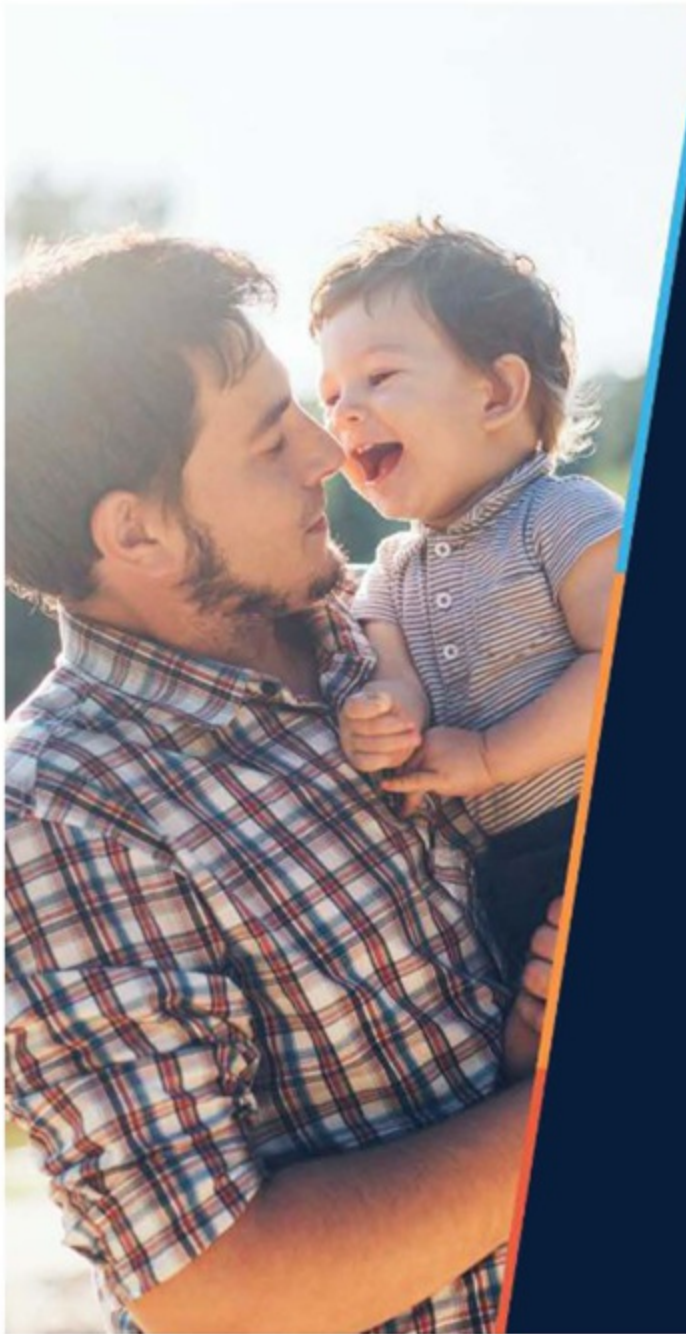
The rate of homelessness is significantly lower (high of 6.2%) among those with HDO use vs. those with a OUD Diagnosis (16%)

MH
SA

Individuals with both an OUD and HDO have significantly higher rates of co-occurring MH and SA than those with only HDO use (80.3% vs. 45.7%)



The total Medicaid annual spend for the group with both an OUD and HDO use was the highest at \$34,144 perhaps due to a high rate of medical comorbidity (76.5%).



Interventions: Current and Proposed

Interventions (Current & Proposed)

- Medication Assisted Treatment (MAT) Promotion
 - MAT Initiative
 - Project ECHO
- High Dosage Opioids Reduction
 - Prescriber Outreach



Interventions (Current & Proposed)

CURRENT INTERVENTIONS

- Medication Assisted Treatment (MAT) Promotion
 - Project ECHO
 - Buildout of BH Provider Network for MAT
 - Provision of Electronic Resources for MAT
 - High Cost High Need ICM/PEER
 - Follow-up after Hospitalization
- High Dosage Opioids
 - Production of Data Reports

PROPOSED INTERVENTIONS

- Medication Assisted Treatment (MAT) Promotion
 - Collaboration with CHN on MAT MAP
- High Dosage Opioids
 - Collaboration with CHN on Prescriber outreach and data methodology

Questions?