

## TRACK 2: TREATMENT OPTIONS & THIRD-PARTY PAYERS - STATUS REPORT

Provided as a Reference to the Governor's Opioid State Action Accountability Taskforce.

### Report Timeframe

From: 3/16/2018

To: 6/30/2018

### Description

Track 2 is focused on treatment options and third-party payers across four areas:

- 1) opioid management to address the unprecedented access to prescription drugs leading to an increased need for medication assisted treatment through opioid treatment programs, and addressing medicated and access barriers;
- 2) coverage for non-opioid pain management therapies, such as cognitive behavioral health, chiropractic, and acupuncture therapies;
- 3) early interventions strategies; and,
- 4) overdose education and naloxone distribution.

One of the key strategies for Nevada's approach to improving treatment opportunities is the development of Integrated Opioid Treatment and Recovery Centers (IOTRCs). Three organizations were named IOTRCs in Nevada and are providing services in communities throughout the state.

### Highlights

- **Technical Assistance.** IOTRCs worked with STR personnel to strengthen policies and procedures, one of the components of new certifications.
- **New Relationships that Facilitate Connection and Referral.** The IOTRCs worked with professionals at hospitals and other organizations to enable "warm handoffs" for individuals that need treatment.
- **Partnerships in Place.** New partnerships were established to help promote treatment in more situations and for more people. Examples include Washoe County Sheriff's Office and the Clark County Detention Center's work with individuals needing withdrawal management or who are at risk for an opioid overdose.
- **Evaluation on Implementation of Mobile Recovery Outreach Team,** A research team at UNR (Principal Investigator: Karla D. Wagner, Ph.D) has received funding from the Laura and John Arnold Foundation (GR-00004936) to assess the feasibility and acceptability of the IOTRC Mobile Recovery Outreach Teams. Preliminary findings from the initial year of the MERIT study suggest that the concept of the teams is generally well-received by Emergency Department staff. Research is ongoing to identify the facilitators and challenges related to the implementation efforts, and will assess the outcomes of the program through longer-term follow-up.

### Milestones Completed

- Integrated Opioid Treatment and Recovery Center development:
  - 2,500+ individuals accessed treatment through IOTRCs (February through April, 2018)
  - 100+ received Peer Recovery support services (February through April, 2018)
- Ongoing outreach and expansion by Mobile Recovery Teams into hospital emergency departments
- More than 1,100 naloxone kits were distributed statewide through STR and state funding (February through April, 2018) as follows:
  - 949 2-dose naloxone nasal kits for Law Enforcement
  - 236 new 2-dose naloxone nasal kits for the IOTRCs

- 1 opioid overdose reversal reported back
- Additionally, 682 naloxone kits were distributed through Southern Nevada Health District (3/16/18-6/30/18), as follows:
  - Community: 291
  - EMS: 150
  - Law Enforcements: 241
- Opioid Needs Assessment published
- Establishment of webpage for STR information: [casat.org/str](http://casat.org/str)
- Release of Year 2 RFA process for Project Expansion through 8 areas; 1-Outpatient Clinical Treatment and Recovery Services; 2-Mat Expansion for SAPTA Certified Providers; 3-Tribal Treatment and Recovery; 4-Criminal Justice; 5-Community Paramedicine; 6-Neonatal Abstinence Syndrome; 7-Recovery Support Services, and 8-Community Preparedness Planning
- Submitted data for Year 1 to SAHMSA
- Completed continuation sub-grants for Year 2 subawards
- Established foundation for submission of 1115 Demonstration Waiver
- Worked with Nevada's MCOs to articulate services provided and trends related to opioids\*
- Discussions were held to establish a pilot project with Department of Corrections to provide a long-lasting buprenorphine (MAT)

#### Selected Data and Strategies in Progress through Nevada's Managed Care Organizations

*\*Updates were provided by Nevada's Managed Care Organizations at the July 17<sup>th</sup> Governor's Opioid State Action Accountability Taskforce Meeting. Highlights are listed, below:*

#### 1) **Health Plan of Nevada**

- a. Implemented five intervention strategies: practice modification; prescription over-utilizers; NAS reduction; Naloxone promotion; and MAT
- b. Seen a 38% decrease in total prescriptions and average unique utilizers since June 2016
- c. Increased prescribing rates for Medication Assisted Treatment (MAT) by 115% since June 2016; removed the prior authorization requirement for MAT oral therapy, and removed the behavior health services prior authorization requirements
- d. Focused on 10 areas of pain management policies; encouraged members and their doctors to consider non-pharmacologic and non-opioid alternatives

#### 2) **Nevada Anthem Blue Cross Blue Shield Healthcare Solutions**

- a. Made progress in each of its five Pharmacy Programs and Strategies goals: Goal - Reduce the number of opioids dispensed by 35% by the end of 2019; strategies include Prescription Opioid management, retrospective monitoring (provider engagement); early identification and treatment (MAT and CSUM programs)
- b. Experienced a 27% reduction in opioid utilization measured as RX/1000 and a slight reduction in Units/RX in our Nevada Medicaid Plan since first quarter 2016; since 7/2017 Hydrocodone fell out of top 10 most utilized drugs and even out of top 20
- c. Increased MAT services for Nevada Medicaid Plan; three-fold increase on naloxone prescriptions
- d. Established use of a lock-in list, partial hospitalization program and intensive outpatient programs (e.g., well care program that is showing results)
- e. Launched High Outreach to Promote Engagement (May, 2019); and implemented motivational interviewing technique (Nevada Recovery Coaching) to improve continuity of care for detox patients

#### 3) **SilverSummit Healthplan**

- a. Seen a declining rate (percentage) of members with Opioid Prescriptions.
- b. Established pain management and prescribing policies in place for Methadone, Opioid analgesics, Oxycodone SR; POS edits in place for retail refills

- c. Established coverage for non-pharma pain treatment (medically necessary chiropractic care, PT and prescribed home exercises, CBT, and Interdisciplinary Rehab)
- d. Noted slightly increasing rates for co-prescribing Naloxone and consistent rates for MAT
- e. Documented decreasing rates for NAS Newborns Rate per 100 Births

### Ongoing Action Items

- Hold bi-weekly STR Core Team Meetings on the STR grant to coordinate partners and activities
- Continue training for community-based organizations (CBOs) that will distribute naloxone
- Continue DHCFP and DPBH to support sustainability and accessibility
- Development and technical assistance for IOTRCs to align with newly created Division Criteria
- Continue outreach to hospitals that will implementation of IOTRC Mobile Recovery Outreach
- Support and promote pain management and Medication Assisted Treatment (MAT) clinics through Project ECHO
- Work to establish access to MAT in Tribal communities

### Milestones Anticipated in the Next Quarter

Description of Action Item	Progress
1) Use RFA process to identify organizations that can provide MAT expansion services and work collaboratively with an Integrated Opioid Treatment and Recovery Center (IOTRC)	In process
2) Allocate funding to each “spoke service” delivery organization in an effort to establish a coordinated system of care through the build-out of a referral network inclusive of the following services: Peer Recovery Supports, Criminal Justice Partners, Community Paramedicine, Mobile Recovery Outreach Teams, and expansion of Residential and Transitional Housing services	In process
3) Use STR funds for NAS Expansion and Expansion of Services for Pregnant Women and Women with Dependent Children	In process
4) Finalize application for new CDC 2018 Opioid Overdose Crisis Cooperative Agreement Supplement	Completed
5) Continue to assess spending for each award; redirect where needed	In process
6) Continue to coordinate between funding streams to ensure no duplication	In process

### Challenges and Recommendations

*To support ongoing improvement, challenges that were identified are shared along with suggested actions.*

*Challenge:* As new programs and resources are developed; people within existing systems may not be ready or aware of what’s available or how to utilize new services. In the short term, new resources may be under-utilized.

*Suggested Action:* Continue outreach, communication, and formal agreements that ensure systems are coordinated and effective for clients.

### Resources/Information

**Prescribe 365 Nevada (DPBH)** <http://prescribe365.nv.gov/>

**SAPTA Funded Programs** <http://dpbh.nv.gov/Programs/ClinicalSAPTA/Home - SAPTA/>

**Project ECHO Pain Management Resources** <https://med.unr.edu/echo/clinics/pain-management>

**Project ECHO Research MERIT Study Flier** <http://bit.ly/2wlvkyz>

**Nevada State Targeted Response Grant (STR)** <https://casat.org/nevada-state-targeted-response-grant-str/>

### Nevada's IOTRCs

- **Center for Behavioral Health:** <http://centerforbehavioralhealth.com/treatment-center-nevada/>
- **The Life Change Center:** <http://tlccreno.org/>
- **Vitality Unlimited:** <http://www.vitalityunlimited.org/>

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