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PATHWAY TO DISCOVERY FOR THE PROFESSIONAL CASE MANAGER

Trends and challenges:
Case Managers Tackle the Opioid Epidemic

Robert LoNigro MD, MS
SVP and Chief Clinical Officer
Envolve PeopleCare
Centene Corporation

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PATHWAY TO DISCOVERY FOR THE PROFESSIONAL CASE MANAGER

Agenda

- Welcome and Introductions
- Learning Objectives
- **Robert LoNigro,** M.D., MS, Chief Clinical Officer, ENVOLVE PeopleCare/The Envolve Center for Health Behavior Change
- Question and Answer Session

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Audience Notes

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Learning Objectives Overview

After the webinar, participants will be able to:

1. Describe the current opioid abuse phenomenon: Who does it affect? What unique issues does it present for health care organizations?
2. Discuss the intersection of behavioral health and physical health in terms of opioid abuse and care transitions; and
3. Understand the role case managers play in programs that are designed to address opioid addiction.

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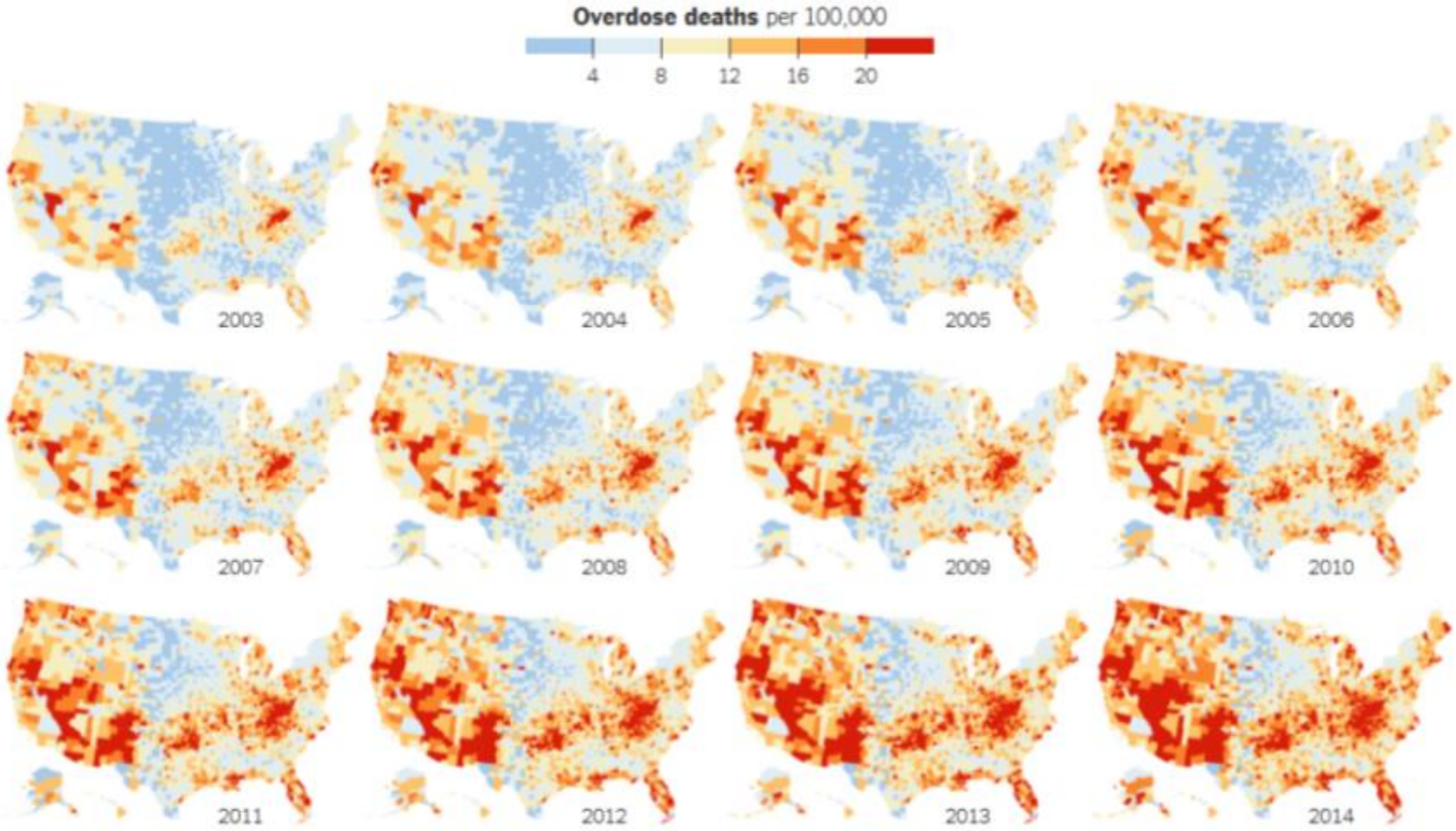
How the Epidemic of Drug Overdose Deaths Ripples Across America

By HAEYOUN PARK and MATTHEW BLOCH JAN. 19, 2016

Source: *The New York Times*, June 1, 2016



http://www.nytimes.com/interactive/2016/01/07/us/drug-overdose-deaths-in-the-us.html?version=meter+at+3&module=meter-Links&pgtype=article&contentId=&mediaId=&referrer=http%3A%2F%2Fwww2.smartbrief.com%2Fredirect.action%3Flink%3Dhttp%253A%252F%252Fwww.nytimes.com%252F2016%252F06%252F01%252Fhealth%252Famerican-death-rate-rises-for-first-time-in-a-decade.html%26encoded%3DhHmECxknuYoHhNhQfDqLcofCGlKO&priority=true&action=click&contentCollection=meter-links-click

The New York Times

Prince Died From Accidental Overdose of Opioid Painkiller

By JOHN ELIGON and SERGE F. KOVALESKI JUNE 2, 2016

Prince in 2007. Kevin Winter/Getty Images for NCLR

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Case Management following the Chronic Care Model

Components of the Chronic Care Model*	Components of the Interventions

Delivery System Redesign	• Care/case management
	• Medical care, mental health, or substance use treatment enhancement (on-site or off-site by appropriate specialists) that provides:
	  ○ Supervision of case managers
	  ○ Direct patient care when needed
	  ○ Education and consultation for clinicians
	• Systematic follow-up of symptoms and adherence to treatment plan
	• Screening

Patient Self-Management Support (often delivered by case managers)	• Educational programs (e.g., Life Goals Program) and materials • Goal setting • Motivational interviewing • Brief psychological treatments (e.g., problem-solving therapy) • Links to community resources (e.g., travel, housing) [NOTE: not commonly found but seen as important]
Decision Support	• Clinician education • Treatment algorithms and guidelines • Expert advice from specialists
Clinical Information Systems	• Patient registry (electronic or paper) • Refill monitoring through pharmacy databases

Wagner EH, Austin BT, Von Korff M. Organizing care for patients with chronic illness. *Milbank Q*. 1996;74(4):511-544.

National Opioid Overdose Epidemic

- Drug overdose is the leading cause of accidental death in the US, with 47,055 lethal drug overdoses in 2014. Opioid addiction is driving this epidemic, with 18,893 overdose deaths related to prescription pain relievers, and 10,574 overdose deaths related to heroin in 2014.[5]
- From 1999 to 2008, overdose death rates, sales and substance use disorder treatment admissions related to prescription pain relievers increased in parallel. The overdose death rate in 2008 was nearly four times the 1999 rate; sales of prescription pain relievers in 2010 were four times those in 1999; and the substance use disorder treatment admission rate in 2009 was six times the 1999 rate. [6]
- In 2012, 259 million prescriptions were written for opioids, which is more than enough to give every American adult their own bottle of pills.[7]
- Four in five new heroin users started out misusing prescription painkillers. As a consequence, the rate of heroin overdose deaths nearly quadrupled from 2000 to 2013. During this 14-year period, the rate of heroin overdose showed an average increase of 6% per year from 2000 to 2010, followed by a larger average increase of 37% per year from 2010 to 2013. [8]
- 94% of respondents in a 2014 survey of people in treatment for opioid addiction said they chose to use heroin because prescription opioids were “far more expensive and harder to obtain.”[9]

National Opioid Overdose Epidemic

Impact on Special Populations: Adolescents (12 to 17 years old)

- In 2014, 467,000 adolescents were current nonmedical users of pain reliever, with 168,000 having an addiction to prescription pain relievers. [3]
- In 2014, an estimated 28,000 adolescents had used heroin in the past year, and an estimated 16,000 were current heroin users. Additionally, an estimated 18,000 adolescents had heroin a heroin use disorder in 2014.[3]
- People often share their unused pain relievers, unaware of the dangers of nonmedical opioid use. Most adolescents who misuse prescription pain relievers are given them for free by a friend or relative.[10]
- The prescribing rates for prescription opioids among adolescents and young adults nearly doubled from 1994 to 2007. [11]

National Opioid Overdose Epidemic

Impact on Special Populations: Women

- Women are more likely to have chronic pain, be prescribed prescription pain relievers, be given higher doses, and use them for longer time periods than men. Women may become dependent on prescription pain relievers more quickly than men.[12]
- 48,000 women died of prescription pain reliever overdoses between 1999 and 2010. [12]
- Prescription pain reliever overdose deaths among women increased more than 400% from 1999 to 2010, compared to 237% among men. [12]
- Heroin overdose deaths among women have tripled in the last few years. From 2010 through 2013, female heroin overdoses increased from 0.4 to 1.2 per 100,000. [8]

National Opioid Overdose Epidemic

Overdose Deaths

- Among those who died from prescription opioid overdose between 1999 and 2014:
- Overdose rates were highest among people aged 25 to 54 years.
- Overdose rates were higher among non-Hispanic whites and American Indian or Alaskan Natives, compared to non-Hispanic blacks and Hispanics.
- Men were more likely to die from overdose, but the mortality gap between men and women is closing.[4]

Additional Risks

- Overdose is not the only risk related to prescription opioids. Misuse, abuse, and opioid use disorder (addiction) are also potential dangers.
- In 2014, almost 2 million Americans abused or were dependent on prescription opioids.[5]
- As many as 1 in 4 people who receive prescription opioids long term for noncancer pain in primary care settings struggles with addiction. [6]
- Every day, over 1,000 people are treated in emergency departments for misusing prescription opioids.[7]

National Opioid Overdose Epidemic: References

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3 Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf.

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6 Paulozzi MD, Jones PharmD, Mack PhD, Rudd MSPH. Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United State, 1999-2008. Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, Center for Disease Control and Prevention. 2011:60:5.

7 Centers for Disease Control and Prevention. (2014). Opioid Painkiller Prescribing, Where You Live Makes a Difference. Atlanta, GA: Centers for Disease Control and Prevention. Available at http://www.cdc.gov/vitalsigns/opioid-prescribing/.

8 Hedegaard MD MSPH, Chen MS PhD, Warner PhD. Drug-Poisoning Deaths Involving Heroin: United States, 2000-2013. National Center for Health Statistics Data Brief. 2015:190:1-8.

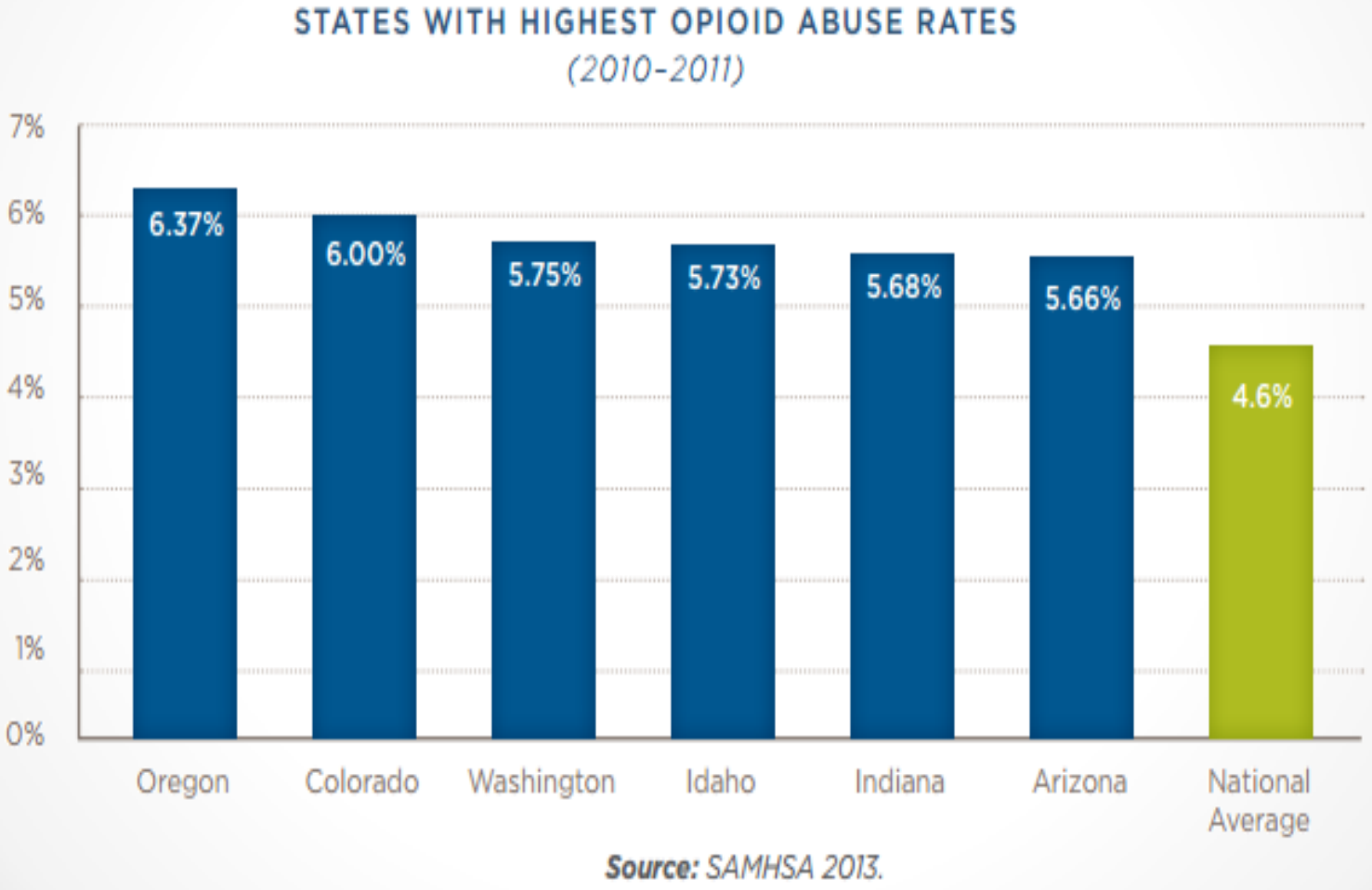
9 Cicero TJ, Ellis MS, Surratt HL, Kurtz SP. The changing face of heroin use in the United States: a retrospective analysis of the past 50 years. JAMA Psychiatry. 2014;71(7):821-826.

10 National Institute of Drug Abuse. (2015). Drug Facts: Prescription and Over-the-Counter Medications. Bethesda, MD: National Institute of Drug Abuse. Available at http://www.drugabuse.gov/publications/drugfacts/prescription-over-counter-medications.

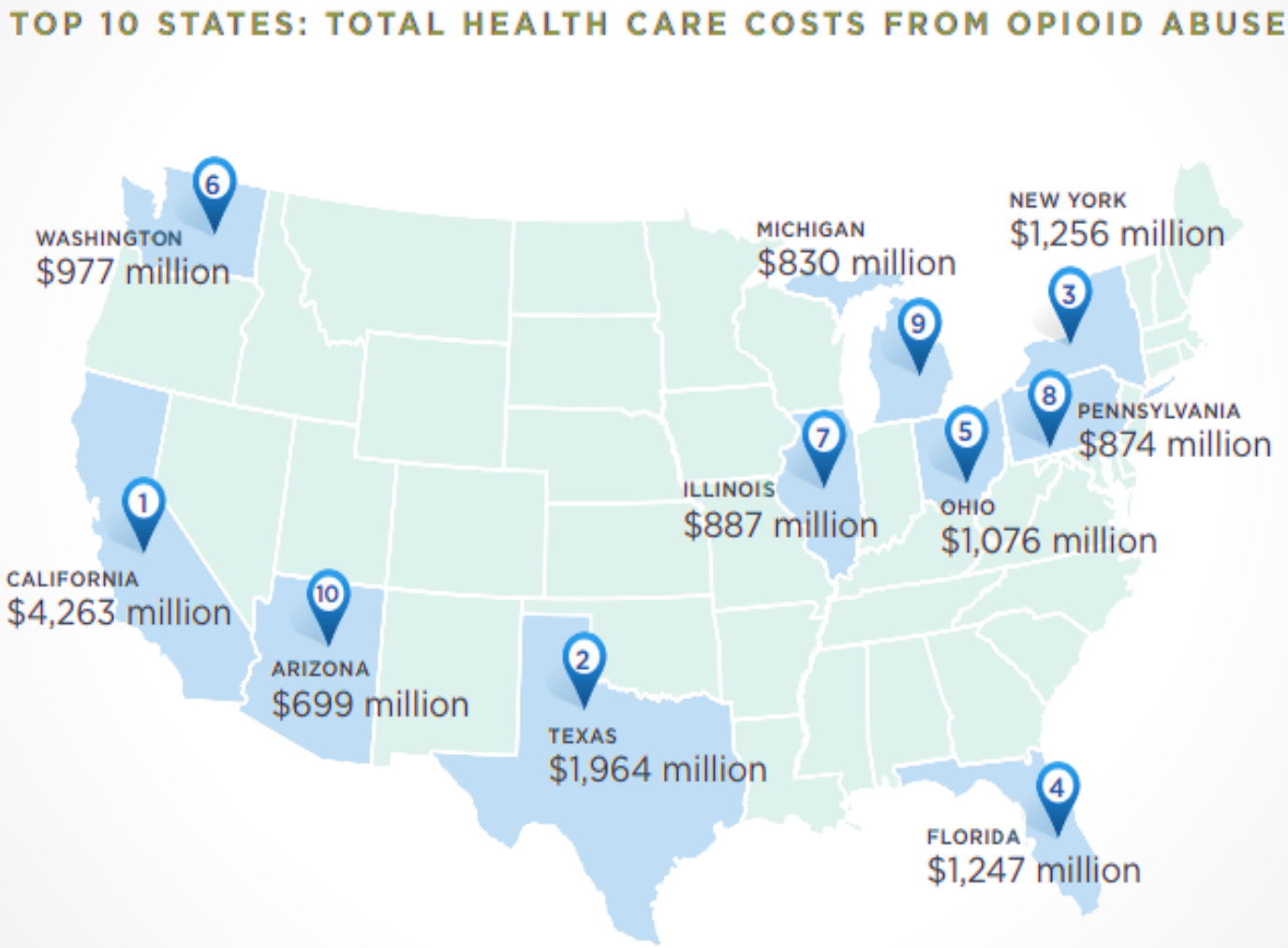
11 Fortuna RJ, Robbins BW, Caiola E, Joynt M, Halterman JS. Prescribing of controlled medications to adolescents and young adults in the United States. Pediatrics. 2010;126(6):1108-1116.

12 Center for Disease Control and Prevention. (2013). Prescription Painkiller Overdoses: A Growing Epidemic, Especially Among Women. Atlanta, GA: Centers for Disease Control and Prevention. Available at http://www.cdc.gov/vitalsigns/prescriptionpainkilleroverdoses/index.html.

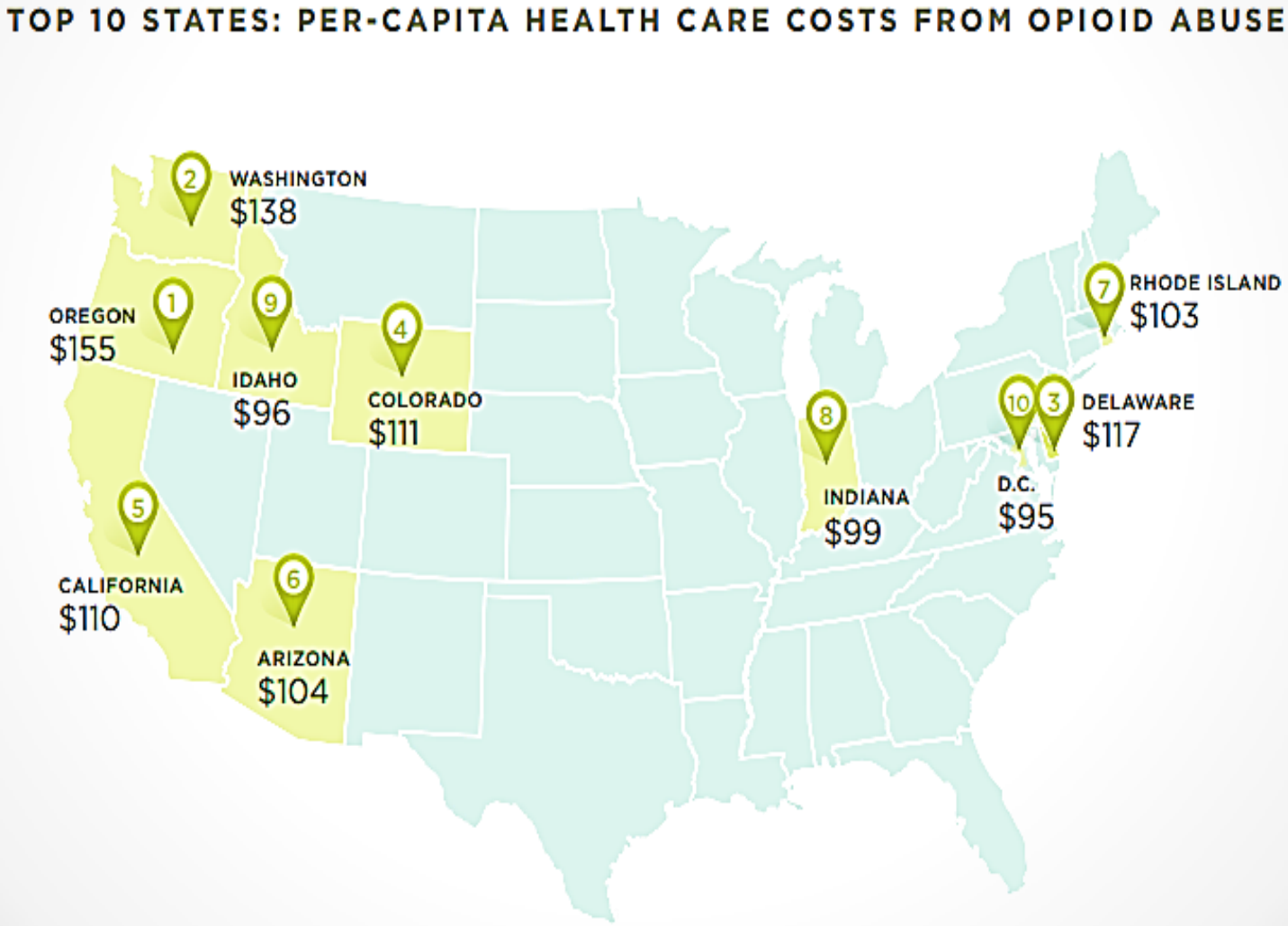
Opioid Epidemic at the State level



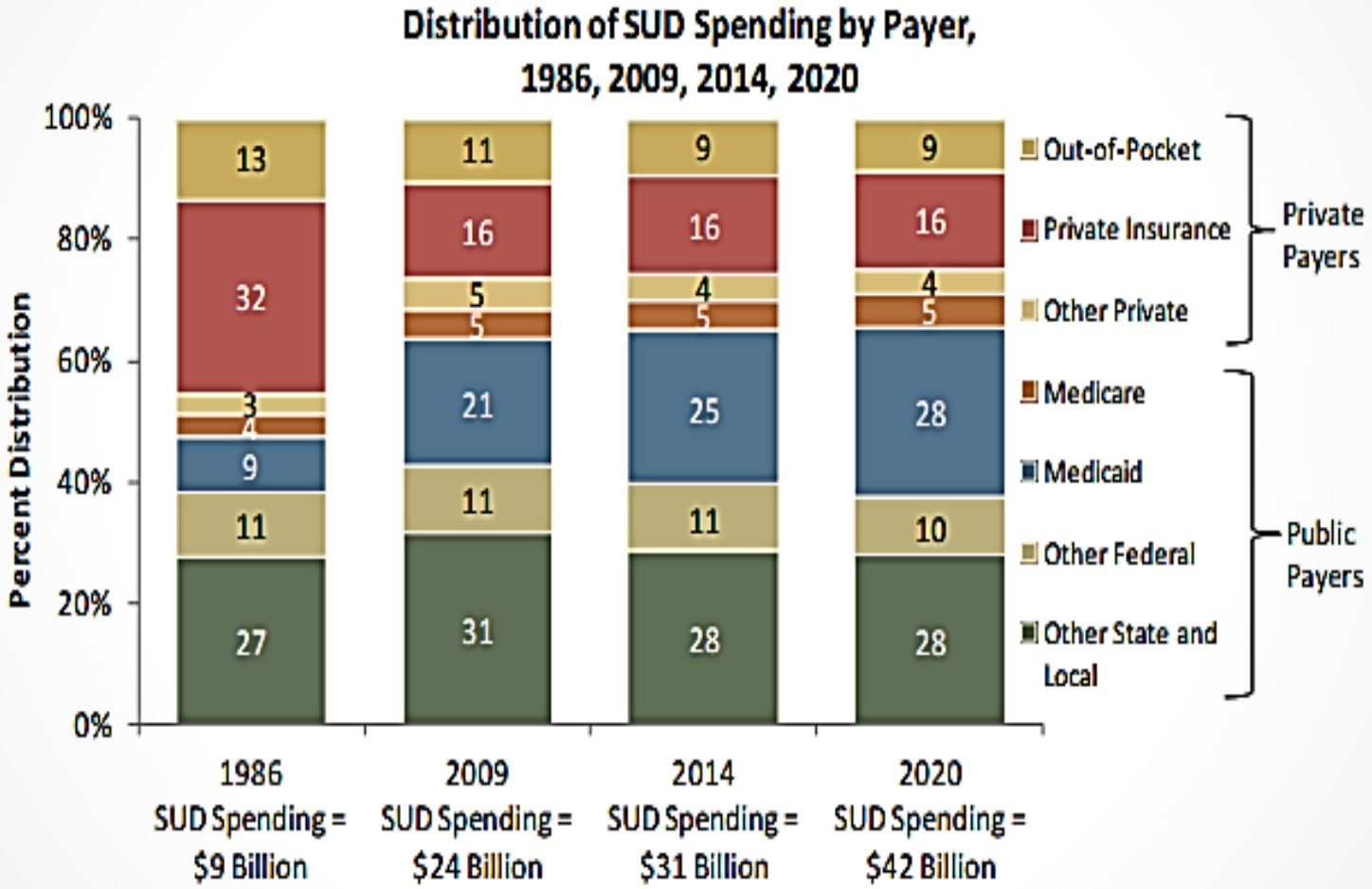
Opioid Epidemic at the State level



Opioid Epidemic at the State level



Opioid Epidemic at the Payer level



Note: Percentages may not add to 100 due to rounding.

Source: SAMHSA Spending Estimates.

Opioid Epidemic at the Family level

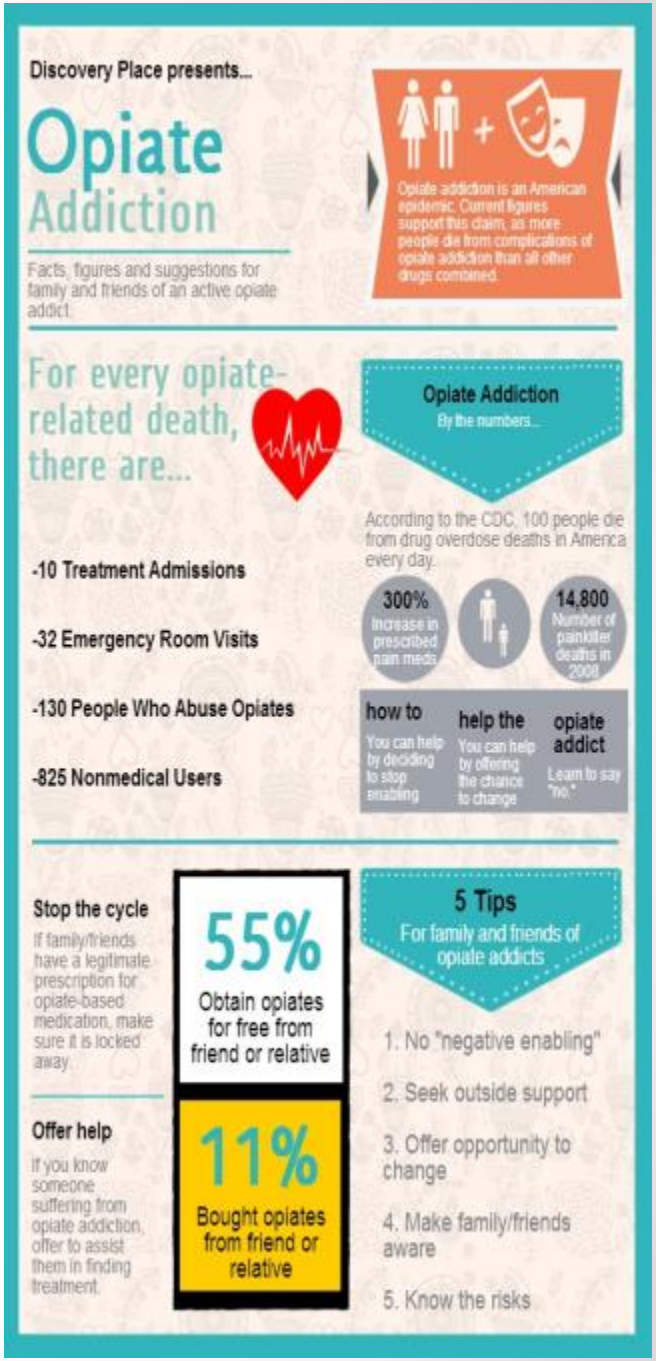
- The effects of a substance use disorder (SUD) are felt by the whole family.
- The family context holds information about how SUDs develop, are maintained, and what can positively or negatively influence the treatment of the disorder.
- Family systems theory and attachment theory are theoretical models that provide a framework for understanding how SUDs affect the family.
- In addition, understanding the current developmental stage a family is in helps inform assessment of impairment and determination of appropriate interventions.
- SUDs negatively affect emotional and behavioral patterns from the inception of the family, resulting in poor outcomes for the children and adults with SUDs.

One Organization's Advice to Family and Friends…

DISCOVERY PLACE
drug and alcohol recovery programs

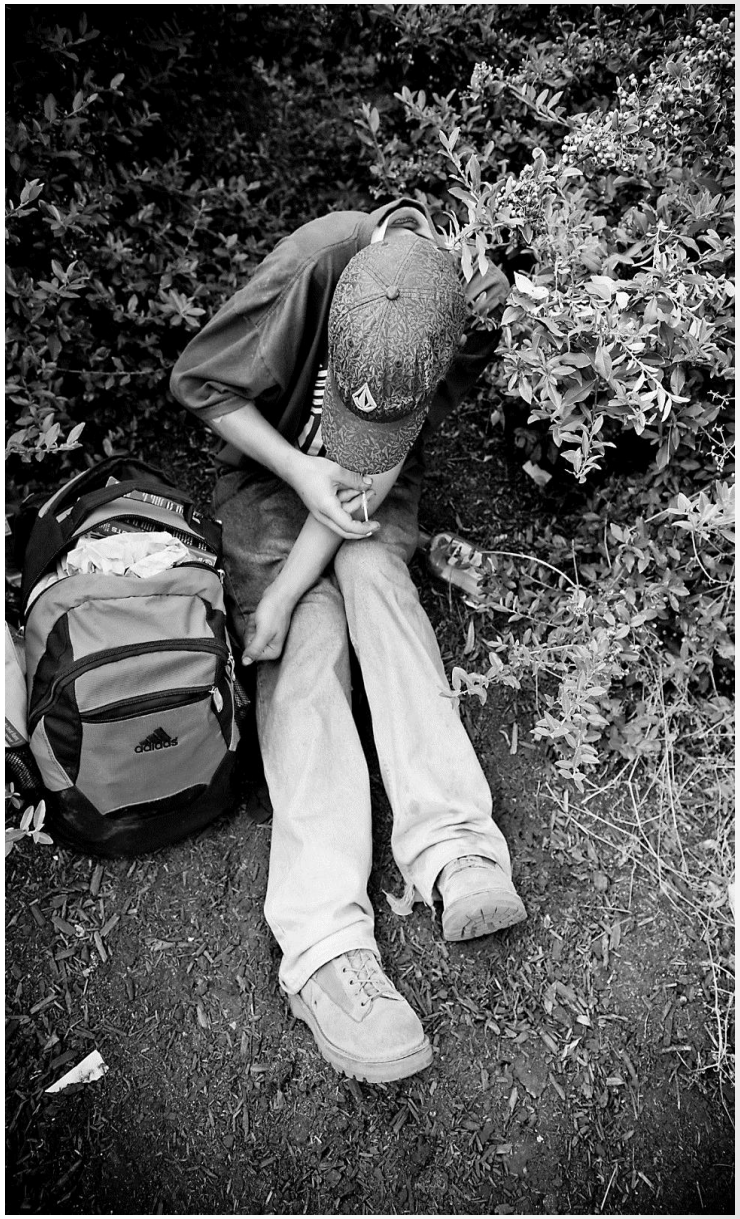
Nashville, TN

…and case managers?



Opioid Epidemic at the Member level

- 5-10% of people prescribed chronic opioids exhibit aberrant use and behaviors
- Patient characteristics:
  - History of opiate abuse
  - History of prior SUD treatment
  - Presence of Serious Mental Illness, ADHD or OCD
  - Family history of SUD
  - Age 16-45
  - History of preadolescent sexual abuse
- Validated Screening Tools:
  - Opioid Risk Tool (ORT)
  - Diagnosis, Intractability, Risk, Efficacy Score (DIRE)
- 80% of heroin users began by abusing prescription opioids



Behavioral health "carve out" model and opiate addiction treatment

Table 2: Selected States' Coverage of Behavioral Health Benefits for Newly Eligible Medicaid Enrollees in 2014

	Delivery systems			
State	**Physical health services**	**Mental health services**	**Substance use services**	**Behavioral health prescription drugs**
Connecticut	Fee-for-service (FFS)	FFS; contracted separately from physical services	FFS; contracted separately from physical services	FFS; contracted separately from physical and behavioral health services
Kentucky	Managed care (MC)	MC[a]	MC[a]	MC[a]
Maryland	MC	Carved out; FFS	MC[b]	Carved out; FFS[c]
Michigan	MC	Carved out; limited benefit plan	Carved out; limited benefit plan	Carved out; FFS
Nevada[d]	FFS and MC[e]	FFS and MC[e]	FFS and MC[e]	FFS and MC[e]
West Virginia[f]	FFS	FFS	FFS	FFS; contracted separately from physical and behavioral health services

Source: GAO analysis of information from state Medicaid programs. | GAO-15-449

Behavioral health "carve out" model and opiate addiction treatment

- Carve out entities contract specifically with BH providers at all levels
- This works well for Mental Health, and some substance use disorder activities (methadone treatment centers, outpatient detox facilities, residential rehab, etc.)
- With the advent of more advanced medication therapy (buprenorphine, injectable naltrexone), more non-BH providers are now offering outpatient opiate addiction treatment.
- These providers are NOT contracted by BH carve outs
- Health Plans do not have the expertise to contract for these services either, though they are being forced to
- Thus there is often a "battle" for who owns the cost of opiate addiction treatment

Opiate Addiction and its Medical Complications

Opiate addicts suffer from a variety of medical complications:

- Overdose
- Skin Abscesses
- Endocarditis

- Medicaid Expansion Plans are seeing the greatest use of acute care facilities by acute substance intoxication and the complications of chronic SUD (e.g., MA Medicaid expansion plan reported 23% of admissions to acute care due to SUD)
- Additionally, many of these patients have underlying chronic pain issues, so coordination between medical and behavioral CM is critical

Integrated Case Management

- In order to create true Integration in case management, staff must work together as one team…after all, the brain is still connected to the body, last time I checked.
- Basics tenets include TRUST, SAFETY, and SUPPORT…of one another
- Medical CMs are fear they will cause a suicide
- Behavioral CMs are afraid they will cause death due to a chronic medical condition

Case Management Resources

- Resources to call upon to assist in the case management of opioid addicted members:
  - Each other!
  - Internal data/predictive modeling
  - Assessments
  - Identification of social determinants
  - Family/friends
  - Community supports
  - Housing
  - Recovery coaches
  - Medication Therapy sources

Specific steps case managers can take when an SUD is suspected or identified:

- Routinely assess for SUD problem and refer the individual to a specialty clinic for further assessment or treatment when indicated.
- If problem is identified, educate about SUD, treatment, recovery, and relapse.
  - Assess for past/present SUD in family or origin
- Explore impact of SUD on client and the family.
  - Explore feelings
  - Explore impact on children and extended family
- Know the structure of the family that the individual you are working with comes from (i.e., blended family, single-parent family).
- Know the developmental stage of the family that the individual you are working with comes from (family with teenagers, aging family).

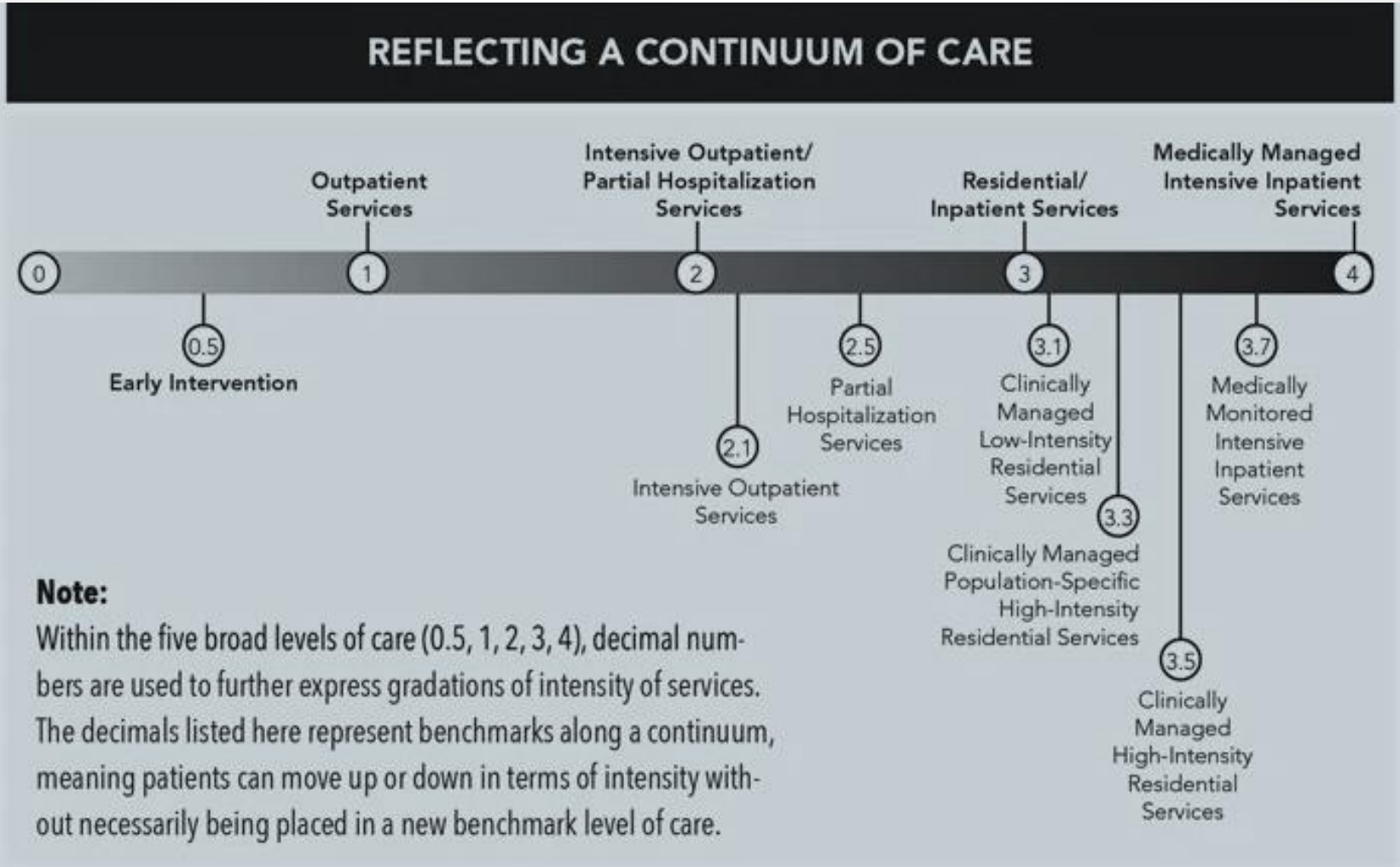
Specific steps case managers can take when an SUD is suspected or identified:

- Provide treatment referrals for family, members (children, spouses, adult parents) where appropriate.
  - Family therapy, couples therapy
  - Play therapy, social skills training
  - Parent training
  - Psychiatric services
- Coordinate with school systems to help clients access school-based services, after-school care, and tutoring. Help parents with advocating in the school system for their children if psychoeducational/neuropsychological testing is needed or the development of an Individualized Education Plan.
- Facilitate referrals to specialized courts is indicated: adult drug court, teen drug court, family court.
- Educate clients with SUDs about pregnancy prevention and provide education about risks of drug exposure on fetus.

Specific steps case managers can take when an SUD is suspected or identified:

- Inform about AA, NA for the patient with a SUD and Al-Anon, Nar-Anon, Alateen for family members. Provide location and times of meetings in their area.
- If there are safety issues with regard to children or the elderly, Child Protective Services or Elder Protective Services referral may be needed.
- Ask questions about if the current living situation is physically safe or if there have been past or present incidences of domestic violence.

ASAM* Levels of Care for Addiction Treatment



*American Society of Addiction Medicine

http://asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/

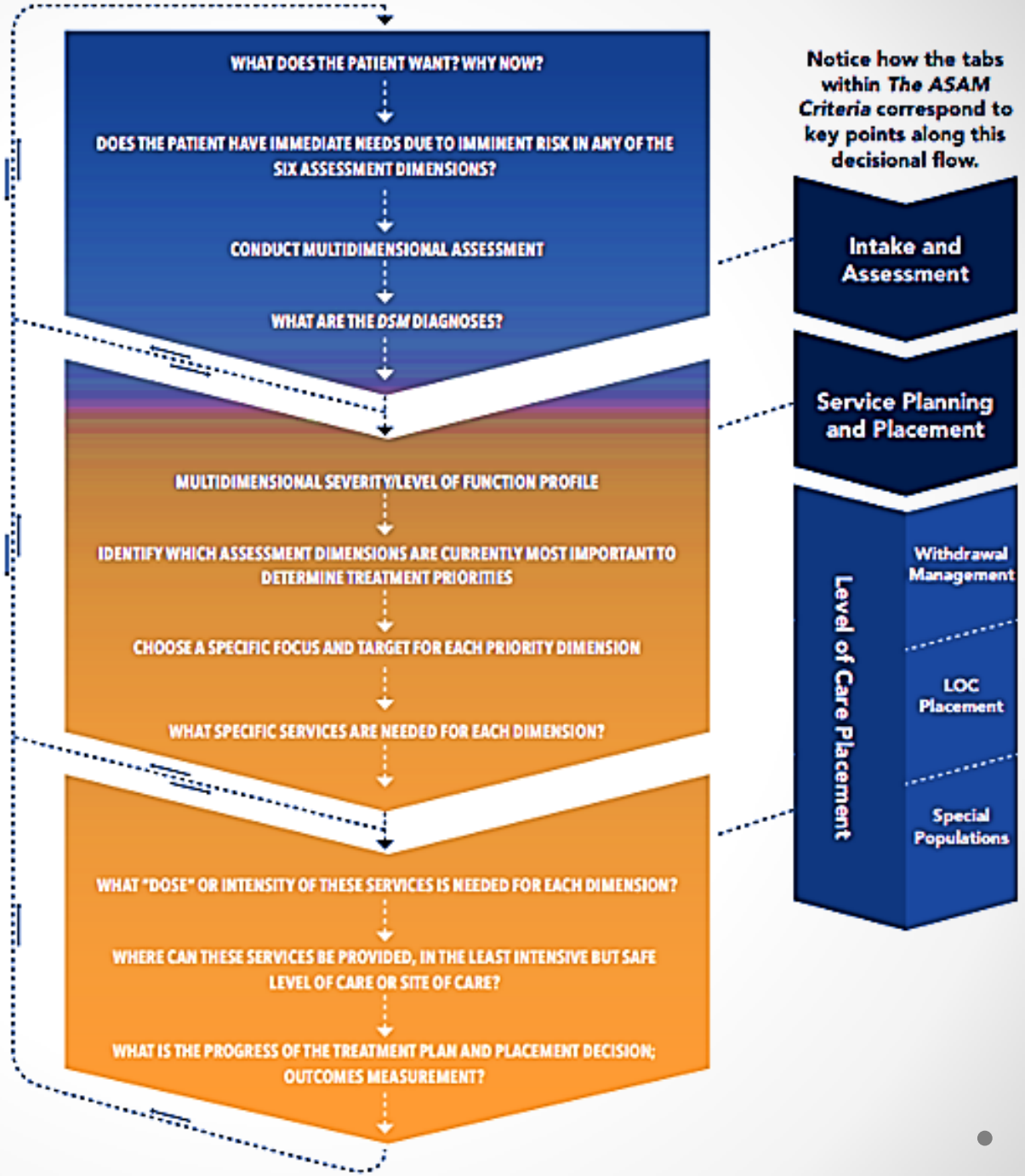
Example: ASAM Level of Care 3.3

- What is ASAM Level 3.3?

Called Clinically Managed Population-Specific High-Intensity Residential Services, this adult only level of care typically offers 24-hour care with trained counselors to stabilize multidimensional imminent danger along with less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community. Level 3 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which are staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services in a 24-hour treatment setting. A detailed description of the services typically offered in this level of care, the care setting and how to identify what patients would benefit best from these services based on an ASAM dimensional needs assessment, begins on page 234 of *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (2013).*

Using ASAM criteria: A multistep approach

Decisional flow to match assessment and treatment/placement



Overcoming the Substance Abuse Epidemic: Comprehensive Management Example

Programs and Initiatives		
Provider Behavior	**Member Engagement**	**Accessible Treatment and Recovery**
Foundational Programs		
• Provider Rx Limits • Abuse Deterrent Medications • Outlier Management	• State PMP (Intervention) • Pharmacy Lock-in Program • Integrated Case Management	• All ASAM Levels (1-4) covered • No PA for Outpatient Care • All FDA Approved Meds covered • SUD Disease Management
Innovative Initiatives		
• Opioid Rx Education (Prevention) • Rx Treatment Agreement (Prevention) • Urine Drug Testing Policies • Pain Mgmt. Summit (Prevention)	• Member Connections™ • Advocates™ ICM Outreach (Treatment) • Naloxone SafetyNet (Intervention) • Big Data Opioid Risk Stratifier (Intervention) • Learn To Cope™ (Intervention)	• Vivitrol and Suboxone Access • Provider Resource Line (Treatment) • Housing First (Recovery) • Peer Support Specialists (Recovery)

The terms "Prevention, Intervention, Treatment and Recovery" are intended to provide the reader with a crosswalk to the Action Items identified in the *Recommendations of the Governor's Opioid Working Group, June 11, 2015.*

Question and Answer Session

Robert LoNigro MD, MS
SVP and Chief Clinical Officer
Envolve PeopleCare™
Centene Corporation

Commission for Case Manager Certification
1120 Route 73, Suite 200, Mount Laurel, NJ 08054
1-856-380-6836 • Email: ccmchq@ccmcertification.org
www.ccmcertification.org

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- Those who signed up for continuing education will receive an evaluation from the Commission.
- A recording of today's webinar and slides will be available in one week at http://ccmcertification.org