

OUR RESPONSE TO ADDRESS THE GROWING OPIOID EPIDEMIC

Updated August 2016

The United States is facing an opioid use crisis. Approximately 2.5 million Americans have a substance use disorder (SUD) related to opioids and heroin.¹ In 2014, there were approximately 29,000 drug overdose deaths linked to opioids and heroin in the United States, or about 80 people every day.² Authors of a 2011 study estimated that opioid misuse cost the United States \$56 billion in 2007.³ These costs are likely much higher today. Cigna currently has many initiatives under way, including an enterprise work group to identify and help drive solutions to further address the opioid epidemic.

| Drivers of the epidemic | |
|--|---|
| Limited public awareness and understanding | <ul style="list-style-type: none"> › Lack of public funds for education › Social stigma causes patients to delay seeking treatment for SUD |
| Availability of opioids | <ul style="list-style-type: none"> › Overly generous prescribing of opioids for acute pain and lack of access to effective alternatives to opioids for chronic pain places patients at risk for developing a SUD › Opioids are readily available for “experimentation,” which often leads to SUD and drug-seeking behaviors, such as prescriber shopping |
| Barriers to early detection and acute treatment | <ul style="list-style-type: none"> › Screening not universally performed in all relevant settings › Limited treatment resources available for acute treatment |
| Lack of effective chronic treatment options | <ul style="list-style-type: none"> › Comprehensive treatment options not uniformly available or affordable › No universally accepted best practice treatment guidelines or centers of excellence standards |
| Lack of alignment between criminal justice and health care systems | <ul style="list-style-type: none"> › Patients with SUD in the criminal justice system often do not receive effective treatment › Treatment alternatives to incarceration not uniformly available |
| Current Cigna responses | |
| Advocacy and awareness | <ul style="list-style-type: none"> › Engage state and federal policymakers to promote awareness of the opioid epidemic and develop strategies for addressing it › Support organizations dedicated to SUD prevention and treatment, such as Shatterproof |
| Identification and detection | <ul style="list-style-type: none"> › Enhance detection of SUD through our prescription drug monitoring program and when permitted notify physicians of potentially harmful opioid prescriptions |
| Treatment | <ul style="list-style-type: none"> › Encourage referral of patients to safe, timely, effective, and efficient acute detoxification and chronic treatment programs, including centers of excellence › Provide ongoing support to customers through specialty care management services › Engage stakeholders to help further develop evidence-based treatment guidelines |
| Fraud and abuse prevention | <ul style="list-style-type: none"> › Apply medical necessity guidelines to coverage requests and address cases of inappropriate billing through referrals to our Special Investigations Unit as appropriate |

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OPIOID EPIDEMIC FREQUENTLY ASKED QUESTIONS

Current situation

What are opioids?

- › Opioids are prescription pain relievers that are derived from the opium poppy or its synthetic version. Examples of commonly prescribed opioids include hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin, Percocet), morphine (e.g., KADIAN®, Avinza®), and codeine.
- › 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 very 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.⁴ 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.

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. Between 2007 and 2012, per capita prescriptions for opioids increased by 7.3%.⁵ In 2012, 259 million opioid prescriptions were written, which is nearly enough for every American adult to have a bottle of pills.⁶
- › Opioid over-prescription is believed to be the cause of a significant increase in heroin use and heroin-related overdose deaths. Four of five new heroin users start out misusing prescription pain relievers.⁷ Most people who move to heroin do so because it is less expensive and easier to obtain.⁸
- › There are five primary drivers of the opioid epidemic: 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 2014, approximately 47,000 individuals died from drug overdoses, more than any year on record. Death rates from drug overdose increased across all adults, races, and sexes. Approximately 60% of these drug overdose deaths were from opioids or heroin.⁹

What is the societal impact?

- › In the United States, prescription opioid misuse costs totaled about \$56 billion in 2007.¹⁰
- › It is estimated that emergency department visits involving nonmedical opioid use increased from 145,000 to 306,000 from 2004 to 2008.¹¹
- › It is estimated that the nonmedical use of opioid pain relievers costs health plans up to \$72 billion annually.¹²

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.
- › 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 Obama has publicly called for support to combat this epidemic and included \$1.1 billion in his budget proposal for mandatory funding over two years to expand access to treatment.
 - The U.S. Food and Drug Administration (FDA) is creating an action plan to reassess its opioid review policy.
 - On March 15, 2016, the Centers for Disease Control and Prevention (CDC) released final guidelines for prescribing opioids for chronic pain.¹³
 - In March 2016, Health and Human Services (HHS) Secretary Sylvia M. Burwell announced a plan to spend \$94 million to help more than 270 health centers expand substance use disorder treatment services in an effort to combat the opioid and heroin epidemic.
 - In July 2016, the Substance Abuse and Mental Health Services Administration (SAMHSA) increased the patient limit to 275 for qualified physicians to treat opioid use disorder with Medication-Assisted Treatment (MAT).

- › In July, the U.S. Congress approved the Comprehensive Addiction and Recovery Act (CARA) of 2016 (S. 524) with overwhelming bipartisan support. The legislation authorizes – but does not appropriate – grants to states, localities and Indian tribes for opioid misuse programs and would 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. The goal of the “lock-in” program is to curb prescription drug misuse and “doctor/pharmacy shopping” while ensuring that legitimate access is not impeded. The President signed the bill into law on July 22, 2016.

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 2016, 42 states and the District of Columbia have passed legislation protecting health care professionals who dispense naloxone, a drug administered to reverse a life threatening overdose.¹⁴ 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 SUD to turn in unused opioids without being arrested.
- › Other initiatives states are considering include:
 - Mandating continuing education on opioid addiction issues for health care professionals.
 - Requiring health care professionals 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 monitoring program (PMP) before prescribing opioids.
 - Requiring parental consent before prescribing opioids to minors.
 - Sharing PMP data with other states.
- › The National Governors Association is devising treatment protocols to reduce opioid use. The guidelines will likely include restrictions on the number of prescriptions that patients can fill.¹⁵

What is being done in the private sector?

- › America’s Health Insurance Plans (AHIP), a national trade association representing the health care industry, has formed a work group to share best practices for treating opioid SUD and developing advocacy efforts.
- › In February 2016, Walgreens announced it will install safe medication disposal kiosks in more than 500 drug stores in 39 states and the District of

Columbia.¹⁶ They will also make naloxone available without a prescription at Walgreens pharmacies in 35 states and the District of Columbia in accordance with state regulations.¹⁷

Our response to address the crisis

What are we doing to help improve behavioral health care for our customers?

- › We partner with employers to help our customers lead healthier and more productive lives. We realize that this is not possible without the understanding that behavioral health is as important as physical health. We have been working to integrate behavioral health management with medical management to focus on total health care management and are piloting behavioral integration with large physician groups in our value-based care models.

How are we participating in the national response?

- › 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 new task force focused on opioid use disorder prevention and treatment.
- › Additionally, 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.
- › We are supporting organizations dedicated to addiction prevention and treatment. In August 2016, the Cigna Foundation announced its second \$100,000 World of Difference grant to Shatterproof, a non-profit organization committed to giving those living with addiction and their families resources and information to overcome addiction. These funds will be used to create the Shatterproof Resource Portal, which will create content and consolidate up-to-date, evidence-based information on how to understand, prevent, intervene, treat, and recover from addiction.

How do we approach early detection and referral to appropriate treatment?

- › We try to prevent and proactively identify SUD early through our prescription drug monitoring program. When permitted by law we notify health care professionals when our customers appear to be receiving a harmful level of opioid prescriptions, potentially from multiple prescribers. We also refer customers to our specialty care management services to encourage those with chronic pain or addiction to access appropriate treatment.

How do we approach treatment?

- ▶ We have readily available resources, articles, and tools to help health care professionals manage chronic opioid usage. These include patient self-assessments, education on safe and effective prescribing, and a link to our behavioral health resources.
- ▶ Our strategy focuses on encouraging our customers to receive care, including behavioral health care, according to STEEEP principles (Safe, Timely, Efficient, Effective, Equitable, and Patient-centered). These are specific aims identified by the Institute of Medicine (IOM) as necessary for a health care system to deliver quality care.¹⁸ The IOM also identifies the importance of patient care being coordinated over time and across people, functions, activities, and treatment settings so each receives the maximum benefit from treatment services. We developed our medical necessity criteria for behavioral health and substance use disorders based on this core principle.
- ▶ We have a variety of ongoing behavioral health programs to help address substance misuse, including opioid addiction.
 - **Substance Use Disorder Specialty Program.** This specialty care 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 also answer questions, help arrange services, and provide support to help the whole family. The goal of this program is to improve customer engagement in substance use-related outpatient treatment.
 - **Substance Use Disorder Inpatient/Outpatient Collaboration.** Care 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. The ultimate goal is to help facilitate a smooth transition into the community.
 - **Cigna Health MattersSM Program – Behavioral Project.** The Health MattersSM Score (available for Cigna medical customers only) 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 one of these attributes, we will refer the customer directly to a behavioral specialty coach who will initiate outreach. The goal of this intervention is to increase outreach and engagement rates in coaching programs and to guide customers to education about benefits and resources from participating health care professionals.

Care management story

Customer example: A history of addiction*

Andrew, a Cigna customer, had a long history of alcohol use and, after a traumatic neck injury, also became addicted to narcotic pain medication. Because of his injury and addictions, Andrew had to stop working and go on disability leave. Eventually, his addictions led him to an inpatient detoxification program, followed by treatment in a drug rehabilitation center. Andrew was referred to a care manager from our Substance Use Disorder Specialty Team when he was discharged from his treatment programs.

Andrew's care manager:

- ▶ Explained the program and benefits.
- ▶ Helped Andrew evaluate his situation and identify challenges he might face in his recovery.
- ▶ Motivated Andrew to stick with treatment as part of his recovery when he was not sure he wanted to continue treatment.
- ▶ Coordinated necessary coverage authorizations for an intensive outpatient program.
- ▶ Helped him to find local Alcoholics Anonymous meetings.
- ▶ Coached him on how to talk to his doctor about anti-craving medications.
- ▶ Assisted him with choosing a psychiatrist who specialized in pain management.
- ▶ Coordinated with Andrew's medical care manager to help make sure his overall care needs were being met.
- ▶ Worked with Andrew on reconnecting with his children, with whom he lost touch during years of substance use.

Andrew completed the program after four coaching calls with his care manager. He finished his substance use intensive outpatient treatment and was able to return to work. He continues to attend Alcoholics Anonymous meetings, as well as a free program at a nearby outpatient facility. Andrew is active in his medical treatment and reunited with his children. Andrew has confidence that he will be able to maintain his sobriety and achieve the rest of his goals.

*This is an example used for illustrative purposes only. Not an actual Cigna customer experience.

How do we help guide customers to the right substance use treatment providers?

- 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. These facilities participate in our network and have been recognized as high-performing for patient outcomes and cost efficiency based on five measures.
- For our Out-of-Network Substance Use Disorder Project, we use a predictive model to identify customers – young adults ages 18 to 25 – likely to go out of network for a substance misuse service in the next six months using several predictive factors. A flyer is sent to customers providing education on participating health care professionals and a behavioral specialty care manager will follow up with a call. The goal of this intervention is to increase reach and engagement rates, and guide customers to use participating health care professionals.

How do we monitor and prevent fraud and abuse?

- The passage of the Mental Health Parity Act and Addiction Equity Act of 2008 caused a number of

for-profit SUD 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.

What are we planning to do in the future?

- We have initiated a work group focused on identifying areas of highest impact to help address the crisis, areas for improvement, 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/drugoverdose/epidemic/>.
- Health care professionals can refer to our Enhanced Narcotic Therapy Management resources on the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Pharmacy Resources > 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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