Healthcare Benefits to Increase Access to Evidence-Based Services

Health benefits should align with evidence-based opioid use disorder (OUD) prevention, treatment, and recovery services to ensure that health plan members are able to access appropriate, timely, and effective care. Employers should compare their current health plan benefits to the recommendations below and identify any opportunities for enhancement. As purchasers of services from these entities, employers are in a position to dictate that they will only pay for evidence-based healthcare services. Data analytics and medical best practice standards can help inform these decisions.

Employers should consider the following design characteristics when evaluating their healthcare benefits and recommendations presented in this toolkit.

Coverage Limitations | The severity and complexity of a member's disease can affect the characteristics of their needed services. Due to the chronic nature of substance use disorders and pain, coverage limitations on lengths of stay, number of visits, or associated spend can become barriers to treatment. Furthermore, member access to high quality and appropriately located services can be impacted by in-network vs. out-of-network providers.

Cost-Sharing | Costs associated with prevention and treatment for OUD and pain can be a significant barrier for members to access the services that they require. A review of the health plan's cost-sharing requirements, such as co-payments, coinsurance, and deductibles, around these services can help assess the possible magnitude of this barrier. These requirements should be considered in the context of employee income and cost of living.

Utilization Management | Utilization management assesses the appropriateness of a service before it is provided using evidence-based criteria or guidelines to approve or deny services. The appropriate application of utilization management is an important consideration for benefits related to OUD and pain. Prospective, concurrent, and retrospective reviews of services and claims can influence a health plan member's access to treatment as well as protect against health care fraud, waste, and abuse. Employers should examine the structure of these reviews, the frequency and justification of denials and approvals, and align prior authorization requirements to ensure that individuals get timely access to quality care.

Network Adequacy | Network adequacy refers to whether a health plan covers providers that sufficiently allow members to receive timely, quality, and convenient care. Inadequate provider coverage can impede care, leading members to absorb significant financial costs in order to get care specific to their needs. When evaluating network adequacy for care related to prevention, treatment, and recovery services and a biopsychosocial model of pain treatment, employers should consider standards based on physician availability, geographic accessibility, and clinical appropriateness.

Prevention

Help Employees Manage Pain

As is true for the treatment of substance use disorders, treating pain requires an individualized, multidisciplinary, and multimodal approach. Employers should aim to include a broad spectrum of pain treatment modalities in their health plan and take special care not to create or support barriers to their use. Coverage limitations, cost-sharing requirements, utilization management, and network adequacy for these benefits should be considered. Employers should consider weighing these variables against how opioids are covered to understand how and why opioids may have historically been prescribed more prevalently than these alternatives. Special attention should be paid to both medical and dental plans.

Dental Plans

Despite most dental pain being acute in nature and manageable with non-opioid analgesics, dentists are among the top prescribers of opioids in the U.S.[17] This is particularly true among adolescents ages 10-19. A 2019 study in the Journal of the American Medical Association found that dentistry accounts for approximately 25% of first-time opioid prescriptions in this population.[11] Exposure to opioids earlier in life is associated with an increased risk of opioid misuse and opioid use disorder.

Many pain management modalities have been proven to provide the same or better pain relief benefits as opioids without the associated risks, excluding some specific clinical conditions. Health plan coverage of these treatments can help prevent OUD and opioid related consequences by reducing the likelihood of an initial exposure to prescription opioids. In some instances, health plan members are constrained by what their health plan will cover as opioids have historically been less expensive than other pain management treatment such as physical therapy.

Although there are numerous risks associated with opioids, there are some situations where they are necessary For instance, opioids may be appropriate when used for cancer and end-of life patients among other conditions. Comprehensive pain assessment, management, and prescribing techniques are largely a responsibility of health care providers. However, employers can design their benefits to not incent opioid prescribing and to provide coverage of non-opioid options.

Pain management modalities to consider for health plan coverage include:

Medication | Acetaminophen, NSAIDS, Select anticonvulsants and antidepressants, Musculoskeletal agents, Antianxiety medications, Topical agents, Opioids

Restorative Therapies | Physical/occupational therapy, Chiropractic care, Transcutaneous electric nerve stimulation (TENS), Massage therapy, Traction, Therapeutic ultrasound

Interventional Procedures | Local anesthetics (Peripheral nerve injections, Sympathetic nerve blocks, Facet joint nerve block and denervation injection, Trigger points), Steroid injections (Epidural injections, Joint injections), Medication pumps, Radiofrequency ablation, Neuromodulation, Cryoneuroablation, Vertebral augmentation, Regenerative and stem cell-based therapies, Interspinous process spacer devices

Behavioral Health Approaches	Cognitive behavioral therapy (CBT), Acceptance and commitment therapy (ACT), Mindfulness-based stress reduction (MBSR), Self-regulatory or psycho-physiological approaches
Complementary and Integrative Health	Acupuncture, Massage and manipulative therapies, Mind-mody exercise (ex. yoga, tai chi)

Pain Management Innovation

There are other promising practices for pain management. However, they are not always considered evidence-based by health plan standards. Consequently, they may not always be readily available for addition to health plan coverage. Employers should stay up to date on innovative technologies in this area and initiate regular conversations with their heath plans regarding their support of these innovations.

Cover Screening in Primary Care Offices

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach to identifying high-risk substance use behaviors that is recommended to be conducted in primary care settings.[13] Identification of risky substance use can help providers intervene with behaviors prior to the development of SUD or OUD. SBIRT is both an effective and cost-effective approach to the prevention of OUD and related harms. This service should be covered by your health plan and administered yearly to health plan members.

SBIRT

The Kentuckiana Health Collaborative has created resources for implementing SBIRT. Although intended for primary care providers, employers may consider reviewing these resources to become informed and initiate conversations with their health plans. View them at www.KHCollaborative.org/sbirt/.

Cover Site-of-Use Disposal

After being prescribed a prescription opioid, many people are left with an excess of unwanted, expired, or unused doses. These doses are often left in the home, available to be accidentally or intentionally misused by anyone who has access to them, a process called diversion. In fact, half of those misusing prescription opioids obtained them from a friend or family member for free.[16] Safe disposal of prescription opioids can help reduce the likelihood of this occurring.

There are many ways to safely dispose of medications including medicine take-back options and site-of-use disposal. Improper disposal can lead to environmental contamination or sustained access to

the medication. One way to help people avoid confusion around proper disposal methods is to provide site-of-use disposal technologies. Multiple technologies exist that can be provided by a pharmacist or doctor and taken home to dissolve or neutralize excess prescription opioids. Employers should consider covering these technologies as part of their benefits.

Offer Employee Assistance Programs

Employee Assistance Programs (EAP) are intervention programs that offer a variety of services to assist employees who are having personal or work-related problems. These programs can play an important role in assisting employees or their dependents who may be facing substance use issues by providing a confidential and easily accessible option for receiving necessary services. EAPs are separate entities from employers, meaning that any interaction with employees is private and not reported to the employer unless the employee authorizes it. EAPs can be voluntarily accessed by employees. Supervisors and managers can also initiate referrals in response to performance and conduct issues or identification of drug misuse or addiction. EAP services can include:

- **Crisis Intervention**
- **Assessment**
- **Treatment Referral**
- **Short-Term and Follow-Up Counseling**
- **Treatment Monitoring**
- **Supervisor and Management Training**

EAP models and services can vary widely. When selecting an EAP, employers should consider how each option fits their budget, workforce, and general support and health-related goals. Employers should insist that their EAPs screen for risky substance use behaviors and provide referral services to evidence-based treatment programs. If an employer has the capacity, integrating an EAP at the worksite can help increase utilization, referrals, and care coordination.

EAPs are an added expense to employers, but show measurable cost-savings benefits when implemented. Research shows that for every dollar invested in an EAP, employers have a return on investment ranging from $3 to $10.[3] An added benefit to EAP implementation is its availability to all employees, not just those who are covered by employer-sponsored health insurance.

Treatment and Recovery

Provide Access to Inpatient and Outpatient Care

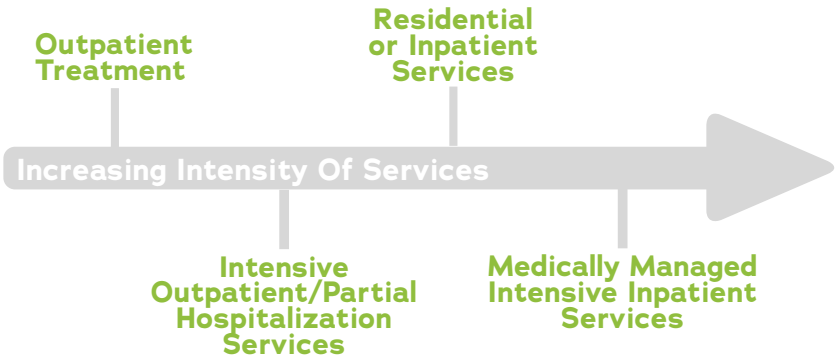
After a SUD is diagnosed, ease of access to timely, high quality treatment is critical to initiate remission. Treatment of SUDs is a highly individualized process that often requires multiple treatment approaches. The inclusion of a variety of treatment modalities in the health plan can help improve the likelihood of members recovering.

Care for SUD can be carried out in a variety of settings and types of facilities, typically identified by types of treatment, length of stay, and intensity of treatment. It is important for members to be placed in the most appropriate level of care for their condition, situation, and goals as determined by the American Society of Addiction Medicine's (ASAM) Levels of Care. A member's level of care is determined by a

provider after a diagnostic evaluation and comprehensive assessment. The assessment could be done by a primary care provider, mental health professional, or treatment facility covered by the health plan. There is no right course to moving between levels of care. To ensure members will have access to the treatment that they require, the heath plan should cover all levels of care.

ASAM Levels of Care

There are 10 total levels of care, encompassed by four broader levels. Learn more at https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/



Coverage limitations, cost-sharing requirements, and utilization management should be especially considered when designing benefits for inpatient and outpatient treatment. Employers should critically evaluate the financial and health-related impact that these components would have on their specific employee population based on income, location, and other social characteristics. Additionally, employers should require their health plans to examine network adequacy for treatment at the various levels of care and administration of evidence-based modalities.

Components of Care[5]

The US Surgeon General recommends consideration of the following characteristics when looking for well-constructed treatment programs:

- Personalized diagnosis, assessment, and treatment planning
- Long-term disease management
- Access to FDA-approved medications
- Effective behavioral interventions delivered by trained professionals
- Coordinated care for co-occurring diseases and disorders
- Recovery support services

Provide Access to Behavioral and Mental Health Services

When compared with the general population, people with OUD are more likely to have a mental health disorder. Conversely, people with mental health disorders are more likely to have an OUD.[18] An integrated approach to addressing these co-occurring conditions is important to fully supporting an individual's recovery. For most people, a combination of medication and counseling is demonstrated to be the most effective method for promoting health and recovery. As with any chronic disease, treatment and recovery for behavioral health disorders are highly individualized processes. Necessary treatment methods, as well as their duration and frequency, can vary greatly among those affected.

Pain and psychological heath are also closely intertwined. An individual's experience with pain can be

strongly influenced by psychological factors, including its duration and severity, as well as the individual's treatment adherence. The experience of pain can lead to increased psychological distress.

Employers should consider closely evaluating their behavioral and mental health offerings. Medical and mental health services should be adequately covered in accordance with the Mental Health Parity and Addiction Equity Act. (MHPAEA). Network adequacy is important when evaluating coverage. In Kentucky, the integrated care needed to address co-occurring conditions is not widely adopted. Therefore, primary care providers who encounter patients with these conditions are challenged with assessing, referring, and managing patients' behavioral health needs.

Mental Health Parity and Addiction Equity Act

The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 requires the same approach to benefits for mental or SUD services that are available for medical/surgical care. The law does not require that health plans cover MH/SUD diagnoses, treatments, or services but rather requires health plans that do offer these benefits to do so equitably. The regulation applies to:

- Co-pays, coinsurance, and out-of-pocket maximums
- Limitations on service utilization
- Use of care management tools
- Coverage for out-of-network providers
- Criteria for medical necessity determination

Learn more at https://www.cms.gov/cciio/programs-and-initiatives/other-insurance-protections/mhpaea_factsheet.html.

Cover Medication for Opioid Use Disorder

Three medications for the treatment of OUD have been approved by the Food and Drug Administration (FDA): methadone, buprenorprhine, and naltrexone. Evidence suggests that treatment plans that include these medications are more effective for reducing early deaths, medical complications, improving day-to-day function, and sustaining long-term recovery than treatment plans without.[3] Those seeking treatment for OUD should be offered access to all of these medications as well as any needed behavioral therapies and recovery support services. Healthcare providers can assist members in selecting which treatment option, or combination thereof, is best suited for their needs.

Coverage limitations, cost sharing requirements, and utilization management should all be reviewed as possible barriers to MOUD access. Employers should consider placing MOUD on a lower or lowest cost tier to reduce financial burden. Additionally, receipt of MOUD often requires physician office visits, so elimination or reduction of co-payments for associated visits could be beneficial. Network adequacy can also play a role in health plan member's ability to receive MOUD, since health care providers must maintain certain credentials to administer some forms of MOUD. Employers should have their plans ensure there is an adequate network of providers who administer MOUD.

Cover Naloxone to Reduce Mortality

Naloxone (also known as Narcan or Evzio) is a drug that can be administered during an overdose that temporarily stops many of its life-threatening effects, such as sedation, loss of consciousness, and suppressed breathing. Anyone who is misusing opioids is at risk of an overdose, and naloxone administration can be the immediate intervention that is the difference between life and death. Greater access to naloxone and education about its use are shown to reduce overdose deaths.[18]

Naloxone is available at most pharmacies without a prescription. The drug is not intended for only personal use. People who fear that their friends, family, or general members of their community are in danger of overdosing are encouraged to carry the drug. Those administering naloxone should call emergency services. Kentucky's Good Samaritan Law protects people who call for help in an overdose situation from criminal prosecution. Whether utilized personally or for others, the benefit of having naloxone available is unquestionable. Employers should remove cost-sharing requirements in their health plan to improve access to naloxone and be advised that increased spend and utilization of this drug is a positive indicator of reducing likelihood of fatal overdose.

Improve Access to Behavioral Health Care Through Telemedicine

Telemedicine is a promising service in treating and supporting recovery for individuals with SUDs and acute or chronic pain. Telebehavioral health, both web and mobile, expands access to quality, timely, and evidence-based services, including screening, treatment, and consultation. These services are useful in navigating significant barriers to treatment, including transportation to facilities, privacy, missed time from work, and childcare.

Telemedicine services can be offered as part of a health plan package or directly through vendor relationships. Employers should consult both their health plans and pharmacy benefit managers to learn about the telemedicine platforms that they currently use, what types of services are offered, adequate reimbursement rates, and the quality of care demonstrated.

Consider Centers of Excellence and Alternative Payment Models

Employers should consider steering their members to Centers of Excellence (COEs) for comprehensive-integrated pain management and addiction treatment. COEs are institutions that have demonstrated an exceptionally high level of expertise, resources, and outcomes for clinical areas of focus. Employers should talk to their health plan about COE options for their workforce.

Additionally, employers should consider talking to their health plans and consultants about payment reform models. Alternative Payment Models (APMs) are a payment approach that provides a different framework for paying for high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode, or a population.

Bundled payments are a type of APM that provides a single, comprehensive payment covering all of the services involved in a patient's episode of care. Several new bundled payment models have recently

emerged for SUD, including OUD. Some examples of some of these new bundled payments include the Patient-Centered Opioid Addiction Treatment (P-COAT) and Addiction Recovery Medical Home (ARMH).

Alternative payment models also exist for many painful conditions. To improve outcomes related to these conditions and ultimately mitigate pain, employers should consider exploring models that align with both their health plan members' top conditions and top conditions for which opioids are prescribed.

The benefits of these outcome-driven, complementary, and integrative pain management and addiction treatment payment reform strategies for self-funded or financially at-risk organizations may lead to significant cost-savings to the plan when compared to conventional care models. The weaving of plan design, network adequacy and utilization management policies can be challenging to health plans and purchasers. There are an increasing number of new strategies for employers to bring these new models of care to their healthcare benefits.

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