

# Maryland Medicaid and Opioid Epidemic

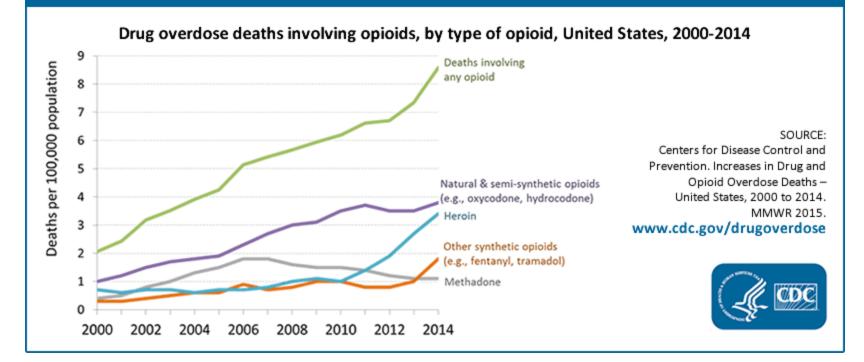
Erin McMullen Chief of Staff Office of the Deputy Secretary for Health Care Financing Maryland Department of Health and Mental Hygiene

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### **National Opioid Addiction and Overdose Epidemic**

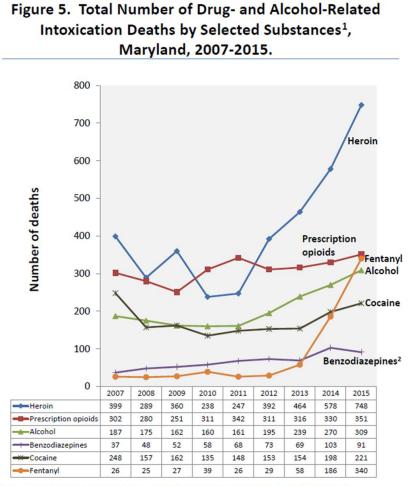
#### **Opioid overdoses driving increase in drug overdoses overall**







#### **Maryland Opioid Addiction and Overdose Epidemic**



<sup>1</sup>Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not sum to the total number of deaths.

<sup>2</sup>Includes deaths caused by benzodiazepines and related drugs with similar sedative effects.

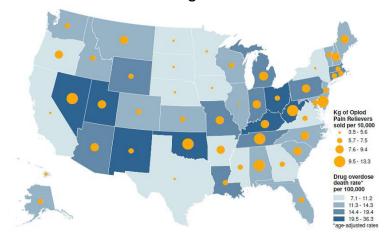




### **Drivers of the Opioid Epidemic**

- Prescription Drug Sales
- Changing Economics of Heroin
- Rise of Fentanyl

States with More Opioid Pain Reliever Sales Tend to Have More Drug Overdose Deaths



#### Prescription opioid misuse is a major risk factor for heroin use



**3 out of 4 people** who used heroin in the past year misused opioids first

**††††** †**††**†

7 out of 10 people who used heroin in the past year also misused opioids in the past year

Jones, C.M., Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers – United States, 2002–2004 and 2008– 2010. Drug Alcohol Depend. (2013).





## **Medicaid and Opioid Epidemic**

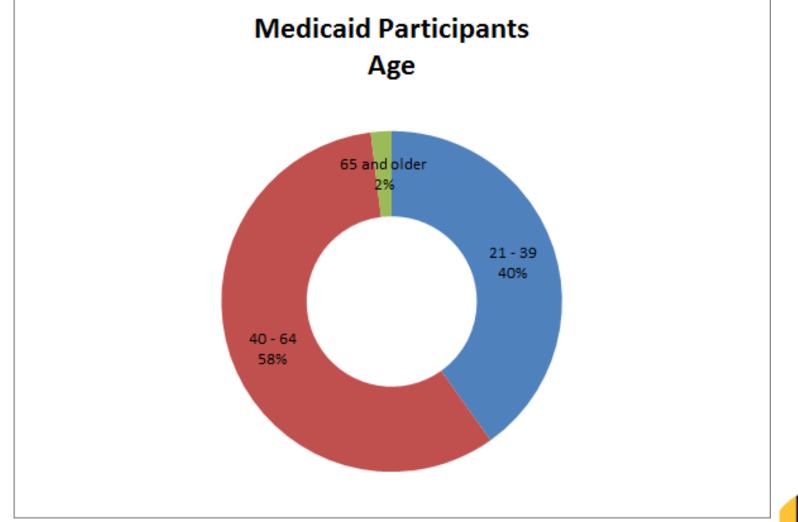
- 816 (65%) of opioid overdose deaths in 2015 were enrolled in Medicaid at any point after January 1, 2011. Of that amount, 691 were enrolled in Medicaid at some point during CY 2015.
  - 67.5% of participants were male
  - The majority of participants were white (61.9%) or African American (29.2%).
  - Most participants lived in suburban Baltimore (35%), Baltimore City (33.1%), and Western Maryland (10.5%)







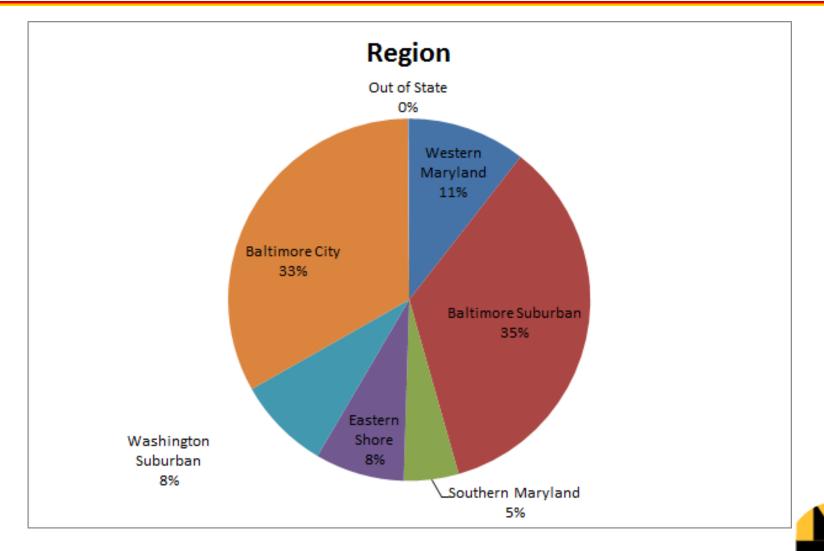
## Demographic Characteristics of Medicaid Participants with a Death Caused by Opioid Overdose







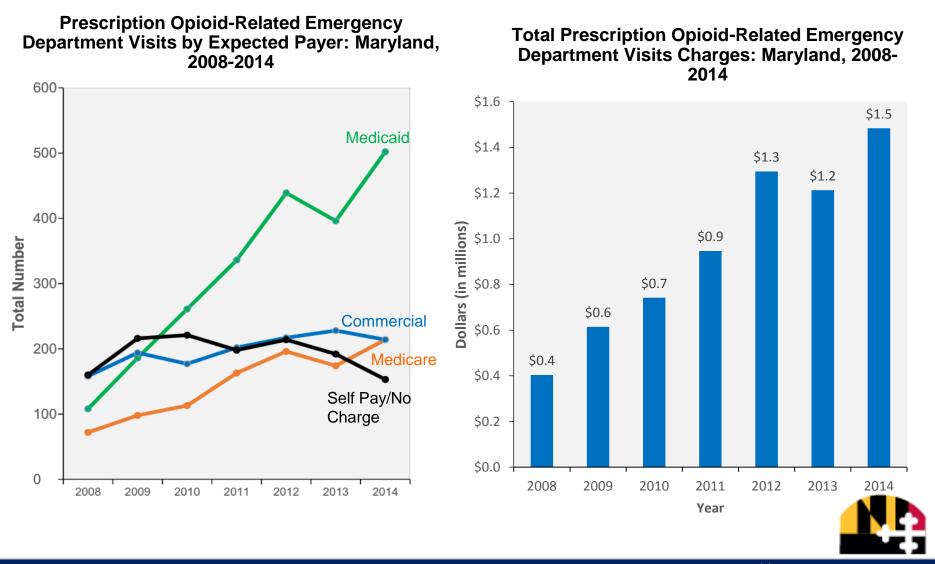
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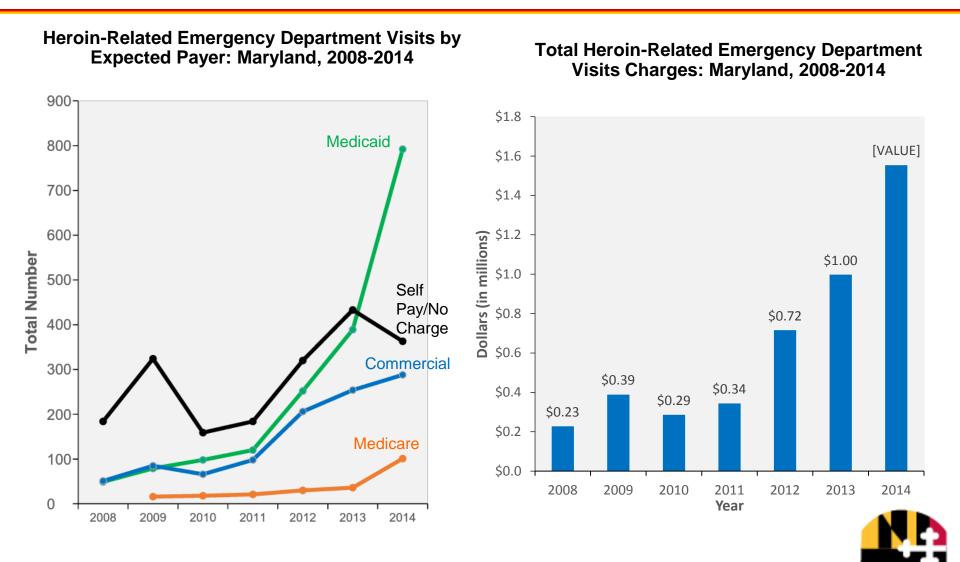


MARYLAND DEPARTMENT OF HEALTH & MENTAL HYGIENE

#### **Medicaid and Opioid Epidemic**



#### **Medicaid and Opioid Epidemic**



## **Response to Opioid Epidemic**

- Given the complexities of the epidemic and its far reaching nature, addressing the opioid epidemic requires comprehensive action by multiple stakeholders, including:
  - Preventing medical and non-medical opioid misuse, abuse, and addiction from developing;
  - Identifying and treating opioid dependence early in the course of the disease;
  - Preventing overdose deaths, medical complications, psychosocial deterioration, transition to injection drug use, and injection-related infectious diseases through expansion of treatment and harmreduction approaches, such as access to naloxone; and
  - Using data to monitor and evaluate activities.







## **Key DHMH Activities**

- Increased Surveillance
- Primary Prevention
  - OMPP
  - Communications
  - Clinical Education
- Early Identification
  - PDMP
  - Medicaid Corrective
    Managed Care
  - SBIRT

- Treatment and Recovery
- Community Interventions/Harm Reduction
  - Naloxone Expansion
  - Crisis Hotline
  - LOFRTs
  - OSOP



Maryland Department of Health & Mental Hygiene

## Why Target the Managed Care Organizations (MCOs)?

- Over 20% of Marylanders enrolled in Medicaid
- Statewide reach
- 6 of 8 MCOs are integrated provider and payer networks

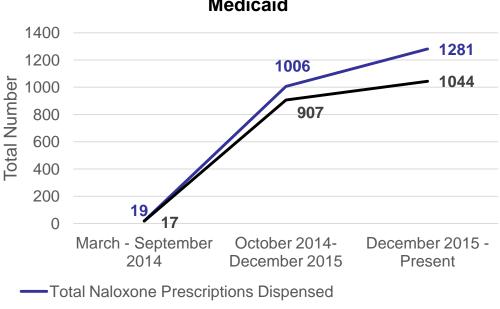




## **Medicaid Overdose Activities**

#### Accomplishments:

- MCO Corrective Managed Care Program
- Medication Assisted Treatment (MAT) Access
- Screening, Brief
  Intervention, and
  Treatment (SBIRT)
  coverage
- Naloxone Expansion



— Total Number of Unique People with a Naloxone Prescription

Naloxone Prescription Trends In Maryland Medicaid





#### **Future Activities/Goals:**

- Drug Utilization Review Activities: Early stage development of minimum standards for Drug Utilization Review activities
- Substance Use Disorder (SUD) waiver: Aims to allow Medicaid to pay for SUD treatment services in an Institute for Mental Disease; Medicaid is working with the Centers for Medicare & Medicaid Services and technical assistance providers with goal of amendment approved in July 2017.
- Rebundling: The Department has solicited stakeholder input to rebundle the weekly rate for methadone services to improve access to counseling services. A revised draft proposal was circulated at the end of April.
- Pharmacy and Therapeutics (P&T) Committee: Use P&T Committee as a forum for overdose education and drug access/contraction



