



# 2019 SMP/SHIP NATIONAL CONFERENCE

The Opiate Crisis: Its Impact on Older Adults,  
their Access to Care, and the Organizations that  
Serve Them

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# What are Opioids?

- Opioids are derived from opium found in the poppy plant or created synthetically and act by binding to specific "receptors" in the brain, spinal cord, and gastrointestinal tract. Opioids can change the way a person experiences pain.

## Examples

- Codeine (Tylenol #3<sup>®</sup>)
- Oxycodone (OxyContin<sup>®</sup>, Percocet<sup>®</sup>, Percodan<sup>®</sup>)
- Hydrocodone (Vicodin<sup>®</sup>, Lortab<sup>®</sup>)
- Morphine (MS Contin<sup>®</sup>, Roxanol<sup>®</sup>)
- Meperidine (Demerol<sup>®</sup>)
- Hydromorphone (Dilaudid<sup>®</sup>)
- Tramadol (Ultram<sup>®</sup>)
- Fentanyl (Duragesic<sup>®</sup> transdermal patch)

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# Chronic Pain and Other Chronic Conditions Among Older Adults

- Chronic Pain
  - 30% of older adults have chronic pain
  - Negative impact on their quality of life
  - Pain leads to increase physician visit, hospital stays, medication use
- Depression is highly prevalent (14-20%)
  - Depression is a risk factor for substance use disorders and suicide
  - Depression is linked to pain and social isolation.
- 80% of older adults have at least one chronic disease; over 60% have multiple chronic conditions
  - 95% of health care costs for older Americans are for chronic conditions
- Fragmented care, especially for individuals with multiple chronic conditions, makes conditions difficult to manage

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# Opioid Use Among Medicare Part D Beneficiaries

- 1 in 3 Medicare Part D enrollees received an opioid prescription in 2017
- 500,000 enrollees received high amounts of opioids
- Almost 90,000 enrollees were at serious risk of addiction due to being prescribed high amounts of opioids
- More than 6 out of every 1,000 Medicare enrollees are diagnosed with an opioid disorder, compared with 1 of every 1,000 enrollees in commercial plans

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## Impact of the Opioid Epidemic on Community-based Organizations in the Aging Services Network

Lauren Popham, PhD  
National Council on Aging

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# Opioid Misuse is a Rising Public Health Concern

- More than 42,000 people died from opioid overdoses in the U.S in 2016 (National Survey on Drug Use and Health, Mortality in the US, 2016)
- 2.1 M had an opioid disorder in 2016 (DHHS, Office of Inspector General, 2018)

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# The Opioid Epidemic Impacts Older Adults in Two Ways

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1. Older adults can become dependent on or misuse opioids
  - Emergency department visits by adults age 65 and older with opioid-related diagnoses increased 220% between 2006 and 2014 (Carter et al., in press)
  - Nearly three in ten (29%) older adults were prescribed opioid medications in the past two years, oftentimes for pain related to arthritis, back injuries, and surgeries (National Poll on Healthy Aging, University of Michigan, 2018)





## The Opioid Epidemic Impacts Older Adults in Two Ways

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2. When an adult child struggles with opioid addiction, older adults may take on caregiving for their grandchildren or other child relatives



# Survey Methodology

- The National Council on Aging (NCOA) surveyed aging services providers on whether the opioid epidemic has impacted their clients and the services they need to provide to older adults
- Goals of this research
  - Better understand how older adults and their caregivers are affected by the opioid epidemic
  - Identify the kinds of new resources and tools that are needed for organizations to better serve older adults

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# Survey Methodology

- Over 200 organizations responded to the survey
  - AAAs (23%)
  - Senior Centers (21%)
  - Health care organizations (15%)
  - Multi-purpose social services organizations (14%)
  - Etc.

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# **SURVEY FINDINGS**

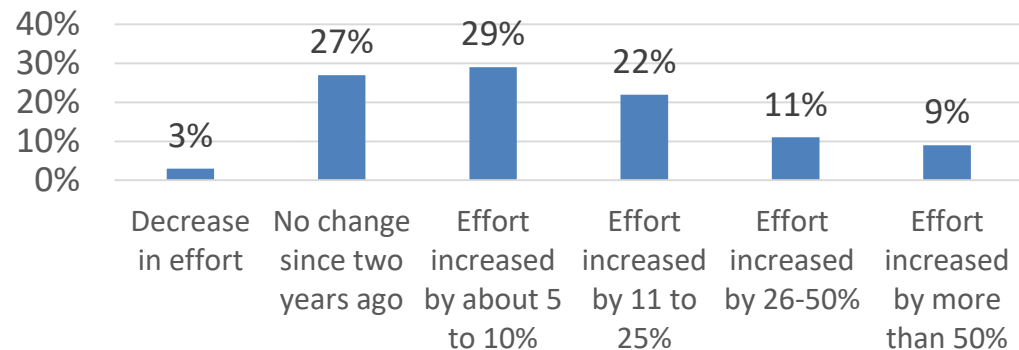
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# Increased Efforts Focused on Older Adult Clients Affected by the Opioid Crisis

- Organizations in the Aging Services Network report that in the last two years they have had to increase the amount of effort they spend addressing issues related to the opioid crisis

Figure 1. Compared to two years ago, how much more effort is your organization spending addressing the issues of older adult or caregiver clients who are adversely affected by opioid misuse/abuse?



# What are the key factors leading to the opioid crisis in their communities?

- Common themes

- Sheer volume of opioids available to older adults and their family members
- Older adults are not informed of the potential for misuse or addiction or told about alternative treatments

“overprescribing patients to a point of addiction and then cutting them off, which leads them to look elsewhere for pain management knowing they can only get it from illegal street drugs”

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# Health-Related Concerns Related to the Opioid Crisis are Common

- 81% report their clients do not understand safe, effective, and affordable alternatives to reducing pain without prescription opioid medications
- 77% report concerns about accessing alternative therapies for pain management
- 71% report concerns with finding available and affordable treatment options for substance abuse for older adults, adults with disabilities, or their family members

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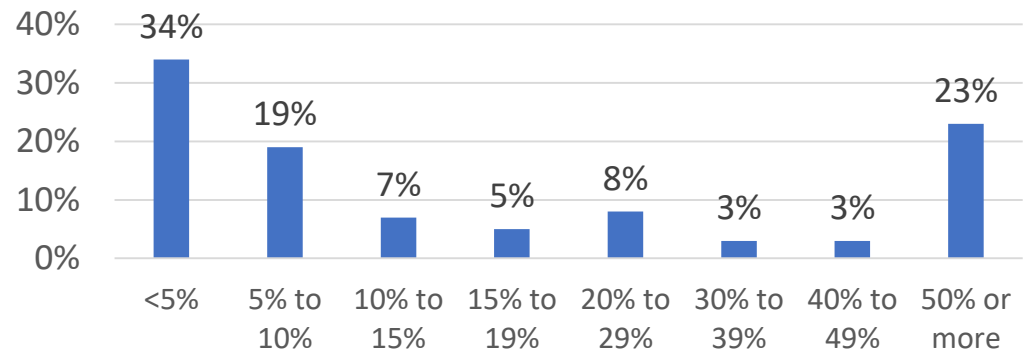
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# Opioid Misuse is a Common Reason Why Some Older Adults Take on Caregiving Responsibilities

- More than half (57%) say that 5-10% of their older adult clients are the primary caregiver for their grandchildren
- About a quarter (23%) say that half of those situations where an older adult is raising his/her grandchildren is due to the child's parent's opioid addiction

Figure 2. Of your older adult clients who are the primary caregiver of their grandchildren, approximately what percent are raising them due to their adult children's opioid addiction?



# Health and Financial Impacts of Raising Grandchildren

- CBOs report that their older adult clients who are raising their grandchildren have:
  - Health-related concerns from managing the burden of caring for grandchildren (35%)
  - Financial concerns about affording the added cost of caring for grandchildren (78%)

# Organizations Report Needing More Resources, Training, and Support for Opioid-Related Issues

- Most organizations in the aging services network do not routinely screen for opioid abuse and dependency (72%)
- CBOs report the following would be most useful as opioid-related resources:
  - Best practices (case studies, tip sheets, issue briefs) – 92%
  - Referral sheets of local and national resources – 92%
  - Webinars – 89%
  - Online training modules (short bite-sized segments) – 87%
  - Ready to use marketing templates/print materials – 82%
  - Substance use screening or assessment tools – 80%

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# Conclusions

- The opioid epidemic is a widespread problem
  - Older adults are prescribed opioids without being informed of long-term risk of dependency and misuse
  - Older adults who take on caregiving of their grandchildren often do so because their adult child is struggling with opioid addiction and unable to care for their child
  - Aging services network is spending more time/effort on opioid-related issues in past two years
- The aging services network needs more resources and trainings

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# West Virginia's Experience

Rebecca Gouty, SHIP Director

- Background
- Access issues/concerns
- Grandparents raising grandchildren

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## Medicare coverage of addiction services

Policy responses and effects on beneficiaries

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## Learning objectives

1. Know how Medicare covers addiction services
2. Describe drug management lock-in programs and safety edits
3. Identify upcoming policy changes
4. Recognize how policies affect beneficiaries

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# Parts of Medicare

Original Medicare

Medicare Advantage

Part A  
(Hospital insurance)

Part B  
(Medical insurance)

Part D  
(Prescription drug coverage)

## Part C

Hospital Insurance  
(Part A)

Medical Insurance  
(Part B)

(Usually also)  
Prescription drug coverage  
(Part D)

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# Medicare coverage of addiction services

- **Inpatient care**
  - Part A covers hospitalizations, including for substance use disorder treatment
- **Outpatient care**
  - Part B covers outpatient treatment for substance use disorder care from clinic or hospital outpatient department
- **Prescription drugs**
  - Medications used to treat substance use disorder can be covered under Part A
  - Some are covered under Part D
  - Many common medication treatments are not covered by Part B or Part D (why? – not a policy determination)

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# Medicare prescription drug coverage

- Covers most outpatient prescription drugs
- Each Part D plan has a **formulary**, the list of drugs covered by plan
- Part D plans may have coverage restrictions on certain drugs
  - ▣ **Prior authorization**
    - Plan requires beneficiary to get approval from plan before it will pay for drug
    - Beneficiary's doctor can help get prior authorization
  - ▣ **Quantity limit**
    - Plan restricts the amount of drug beneficiary can get per prescription fill
  - ▣ **Step therapy**
    - Plan requires beneficiary to try cheaper versions of drug before it will cover more expensive drug
  - ▣ **Safety Edits**
    - Holds or stops on prescription fills at the point of sale
    - Can be related to drug interactions, black box warnings, etc.

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# **DRUG MANAGEMENT LOCK-IN PROGRAMS**

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# Drug management lock-in programs

- Beginning in 2019, Part D plans can implement special drug management programs to limit opioid access for at-risk beneficiaries
- Plans use clinical guidelines to identify beneficiaries at risk of misuse or abuse of frequently abused drugs, such as opioids
- At-risk beneficiaries:
  - May be required to use one provider and one pharmacy to get flagged medications (known as pharmacy or provider lock-in)
  - Cannot use the Extra Help Special Enrollment Period (SEP) to make coverage changes

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# Beneficiary notification

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- Plan must send two notices
  - First declares beneficiary potentially at-risk
  - Second declares beneficiary at-risk and gives them option to select provider and pharmacy preferences
- If beneficiary or doctor disagrees with at-risk designation, they can appeal by following instructions on second notice

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# Exemptions

- Certain beneficiaries will not be labelled at-risk
  - Individuals who elect hospice or receive palliative end-of-life care
  - Individuals who reside in long-term care facilities
  - Individuals being treated for active cancer-related pain

# **SAFETY EDITS**

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# Safety edits

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- Used to address patient safety at point of sale (at pharmacy counter)
  - Stop on payment caused by interaction between plan and pharmacy computer systems
  - Intended to promote safe and effective medication utilization
  - Not a coverage determination
- Beneficiary may need to contact plan or provider after encountering edit at pharmacy
  - May lead to beneficiary submitting an exception request or coverage determination request and starting an appeal

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# Safety edit for opioid naïve patients

- Limit of 7-day supply for individuals who have not filled opioid prescription recently (within past 60 days)
- Should not affect people already taking opioids
- Pharmacist cannot fill full prescription until authorized by plan

**Centers for Disease Control and Prevention (CDC) prescribing guideline:** Opioids prescribed for acute pain should be limited to 3 days or fewer; more than 7-day supply is rarely necessary

# Possible next steps

- **Beneficiary**
  - Ask provider to request coverage determination for more than 7-day supply
- **Pharmacist**
  - Dispense partial quantity
  - Provide notice about requesting coverage determination
- **Prescriber**
  - Request coverage determination for more than 7-day supply
  - After 7 days, attest to plan that continued medication is medically necessary

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# Safety edit for care coordination alert

- Limit to opioid dosage beneficiary can receive at pharmacy
- May apply to:
  - Potentially unsafe opioid amounts
  - Potentially negative opioid interaction with benzodiazepines (Xanax<sup>®</sup>, Valium<sup>®</sup>, Klonopin<sup>®</sup>)
- Depending on opioid dosage, plan may have to authorize pharmacist to override safety edit

**CDC prescribing guideline:** Opioid dosages should not exceed certain amounts per day

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# Possible next steps

- **Beneficiary**
  - Ask provider to request coverage determination
- **Pharmacist**
  - Contact prescriber to confirm medical necessity for higher opioid dosage or use of opioid with benzodiazepines
  - For higher opioid dosage, override safety edit only with plan authorization
- **Prescriber**
  - Provide proof of medical necessity for higher opioid dosage
  - Request coverage determination
  - Discuss opioid overdose risk/prevention with beneficiary

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# UPCOMING POLICY CHANGES

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# Options for Part D plans

- Centers for Medicare & Medicaid Services (CMS) encourages Part D plans to:
  - Provide lower cost-sharing for opioid-reversal medications, like naloxone
  - Offer targeted benefits and cost-sharing reductions for individuals with chronic pain who utilize non-opioid therapies and those receiving treatment for addiction

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# Medication-assisted treatment (MAT)

- Legislative proposals to address the gap between Part B and Part D coverage for MAT
- Some newer MAT available by prescription at pharmacy and coverable (and covered) under Part D

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# IMPLICATIONS FOR BENEFICIARIES

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# Pharmacy confusion

- Pre-access anxiety/reluctance
- Conflating restrictions and taking incorrect steps toward resolution

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# Provider incentives/education

- Reluctance (appropriate or inappropriate) to prescribe opiates
- Patient-Provider conflicts

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# MAT and treatment access

- State restrictions on prescribing
- Non-Medicare providers

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# Opportunities to appeal

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- At-risk designation
- Pharmacy and prescriber lock-in
- Beneficiary-specific point-of-sale edit
- Information sharing for subsequent plan enrollments
- Coverage determinations (including for some safety edits)

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# QUESTIONS?

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