Opioid Misuse in Our Aging Population
Using Your Data to Save Lives and Resources

December 13, 2017

Agenda

1. Introductions

   - Kevin Hutchinson, Public Consulting Group
   - Robert Finlayson, Pulselight

2. Opioid Abuse Statistics

3. Recent Oversight Actions

4. Data Analytics to Combat Opioid Abuse

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Opioids in Aging Population: Recent Oversite Action

HHS OIG Report: Opioids in Medicare Part D

- One in three Medicare Part D beneficiaries received a prescription opioid in 2016

- ~ 500,000 beneficiaries received high amounts

- ~ 90,000 beneficiaries are at serious risk; some received extreme amounts; others appeared to be doctor shopping

- ~ 400 prescribers had questionable opioid prescribing patterns -- far outside the norm and warranting further scrutiny

Source: *Opioids in Medicare Part D: Concerns about Extreme Use and Questionable Prescribing*
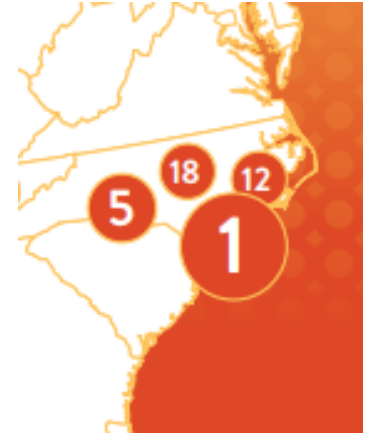https://oig.hhs.gov/oei/reports/oei-02-17-00250.asp

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2016 HealthCare Information Report

- 4 of Top 25 cities for opioid abuse are in NC
  - Wilmington (1st in the nation), Hickory, Jacksonville, Fayetteville

- 57.3% of abusers are age 50 or over

- People older than the age of 50 are four times more likely to abuse opioids than those under 30

Source: *The Opioid Crisis in America's Workforce.*
Castlight Health: http://content.castlighthealth.com/Opioid-Research-Report_LP.html

"*Medicare* beneficiaries went from the **smallest**

proportion of [opioid-related] hospitalizations in the 1990s

to the **largest** share by the mid-2000s."

\- Dr. Zirui Song, Harvard Medical School

HHS OIG Report: SNF's

- Government should compare Medicare claims for ER treatment with claims for SNF services to identify incidents of potential abuse/neglect of Medicare beneficiaries
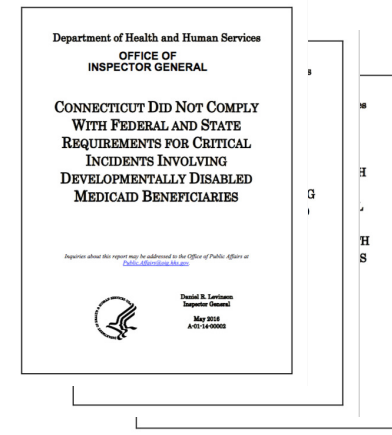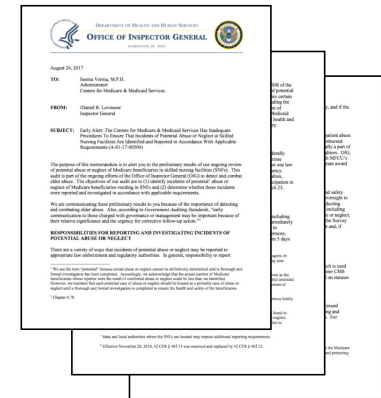
HHS OIG Report: Waiver Group Homes

- Maine, Massachusetts, Connecticut
- Government should analyze Medicaid claims to identify unreported and unrecorded critical incidents

Source: *US HHS Office of the Inspector General*

https://oig.hhs.gov/oei/reports/oei-02-17-00250.asp

https://oig.hhs.gov/reports-and-publications/oas/cms.asp

Risk of Long-Term Human Cost

Financial Cost

Initial Incident

Events Over Time

Opportunity for Early Identification & Intervention

Human and Financial cost without Intervention

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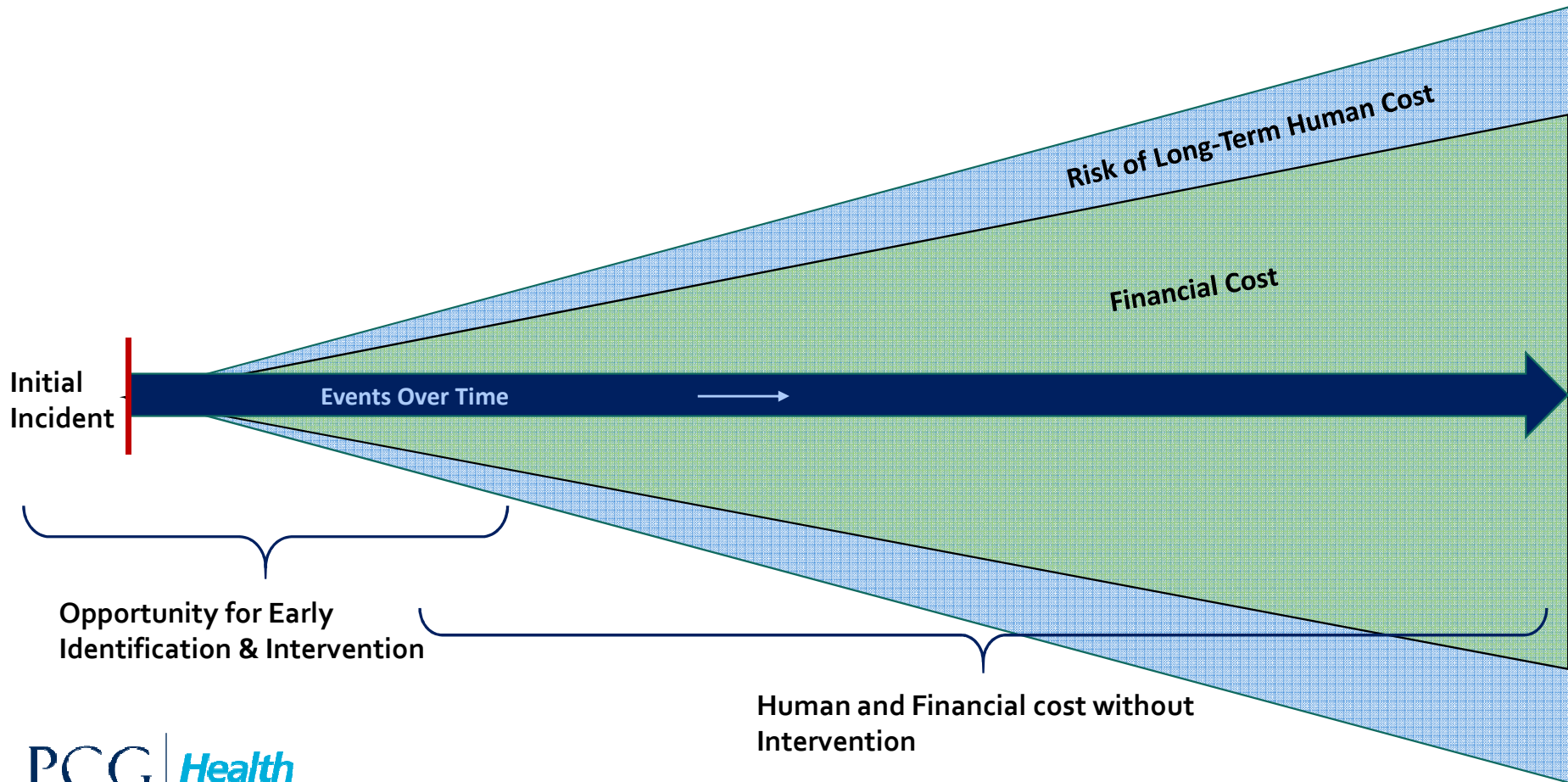
Technology is No Longer an Obstacle to Action

Modern technology now enables government to…

1. Leverage readily available data assets

2. Focus existing resources to take meaningful action

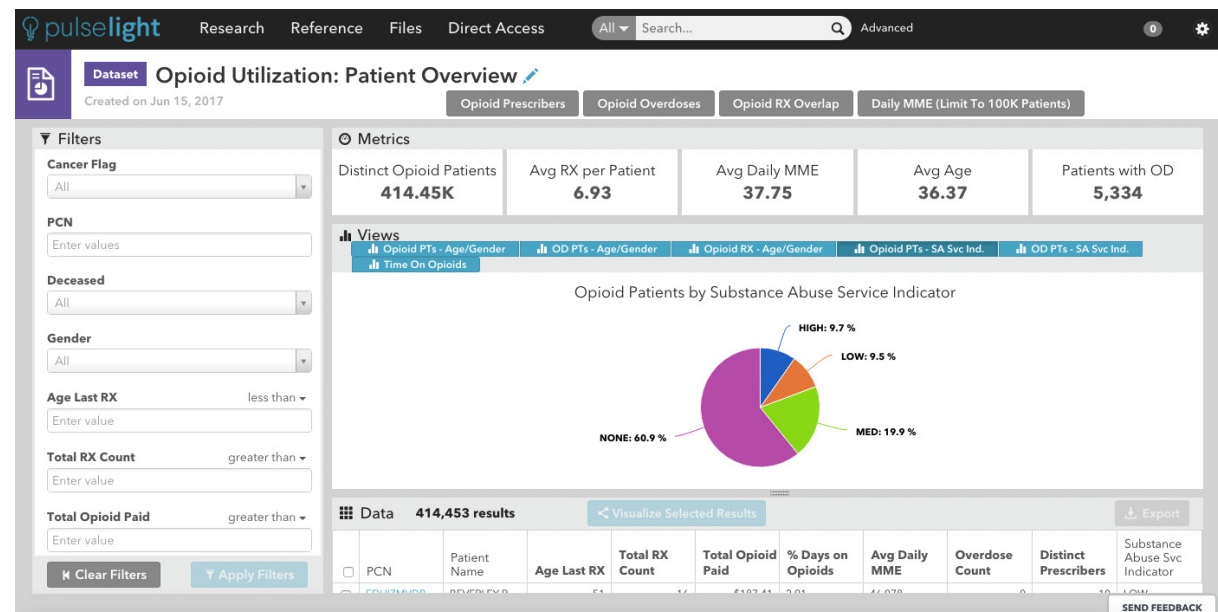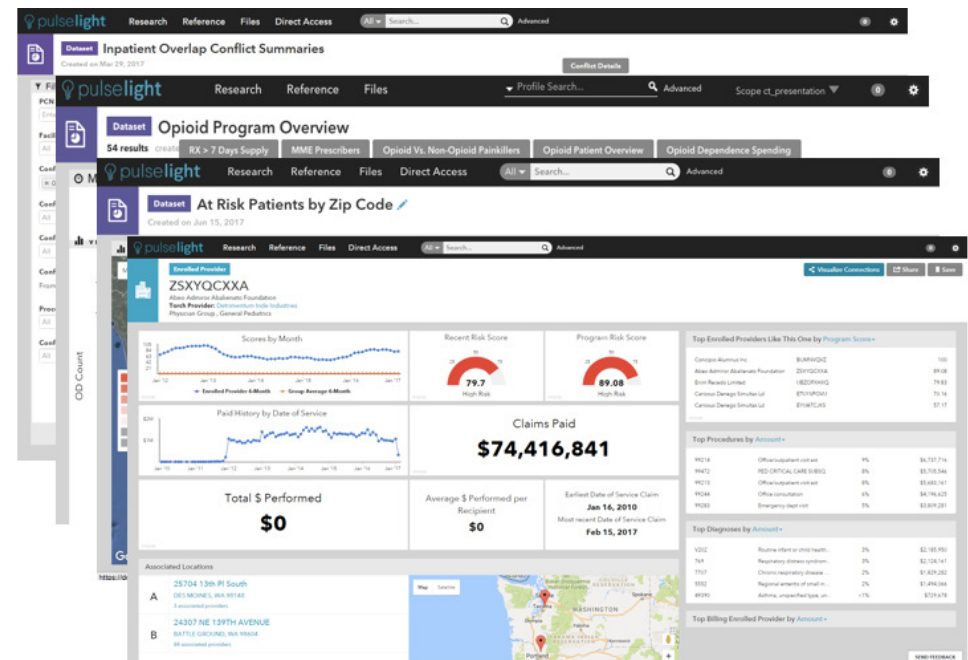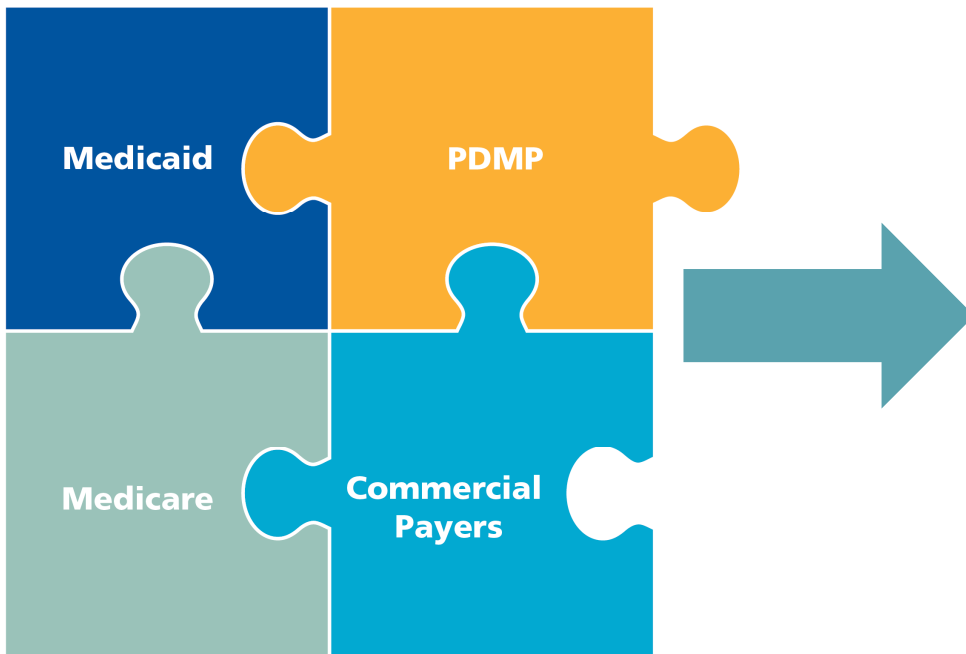# Immediately Turn Your Data into an Oversight Asset

Additional data sets can be layered and integrated for comprehensive analytics and risk modeling.

1. Immediately leverage existing data resources for data-driven approach

2. Identify areas of specific concern

3. Focus and direct existing resources to take action

Targeted Provider Intervention	Patient / Member Assistance	Policy Support
Provider and prescriber trainings Benefit: • Improved provider and prescriber behavior • Fewer instances of dangerous, costly provider mistakes **Provider and prescriber investigations** Benefit: • Recoupments on provider policy violations • Improved provider and prescriber behavior **Pharmacy trainings** Benefit: • Improved pharmacy behavior • Fewer instances of over-prescriptions per recipient **Pharmacy investigations** Benefit: • Recoupments on pharmacy policy violations • Improved pharmacy behavior	**Member referral** Benefit: • Better outcomes for members • Compliant member behavior **Care coordination** Benefit: • Better outcomes for members • Compliant member behavior **START program** Benefit: • Increased access to treatment • Better outcomes – increased sobriety and decreased foster care	**Policy Assessment and Recommendation** Benefit: • Increased impact and efficacy of substance abuse policy

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