June 2020

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS Roadmap

STRATEGY TO FIGHT THE OPIOID CRISIS

Opioids killed more than 47,000 in 2018, or over 130 people per day.[1]

32% of all opioid overdose deaths involve a prescription opioid.[2]

PRESCRIPTION OPIOID USE AND MISUSE

When used correctly under a health care provider's direction, prescription opioids are **helpful** for treating pain.

The CDC has issued **a guideline** for safe prescribing of opioids in primary care.[3]

An estimated **10.3 million** people misused prescription opioids in 2018[4]—putting them at risk for dependence and opioid use disorder.

3 out of 4 people who used heroin misused prescription opioids first.[5]

OPIOID USE DISORDER

Over **two million** people have an opioid use disorder.[1]

Treatment options exist, including medication-assisted treatment (MAT)[6], and naloxone prescribing for people at risk.[7]

Only 20% of people with opioid use disorder (OUD) receive treatment.[3]

KEY AREAS OF CMS FOCUS

As one of the largest payers of healthcare services, CMS has a vital role in addressing the opioid epidemic and is focused on three key areas:

PREVENTION

Manage pain using a safe and effective range of treatment options that rely less on prescription opioids

TREATMENT

Expand access to treatment for opioid use disorder

DATA

Use data to target prevention and treatment efforts and to identify fraud and abuse

SUCCESSES SO FAR

COVERAGE

CMS coverage policies now ensure some form of MAT across all CMS programs. Starting January 1, 2020, for the first time, Medicare covers methadone for MAT and related services furnished by opioid treatment programs (OTPs). On January 21, 2020, Medicare coverage expanded to include acupuncture for certain beneficiaries with chronic low back pain.

BEST PRACTICES

While implementation of drug management programs (DMPs) by Part D sponsors has been optional since 2019, 87% have already adopted them to address opioid overutilization among their enrollees.[8] Implementation of DMPs by Part D sponsors will be mandatory in CY 2022. In 2020, for the first time, all plans have at least one naloxone product on a non-branded tier.

DATA

CMS published a data book containing new, nationwide Medicaid data on substance use disorder (SUD) prevalence and treatment, helping researchers and policymakers better evaluate and improve treatment for Medicaid beneficiaries.

TRACKING

Due to policies promoting safer use, the number of Medicare beneficiaries receiving higher doses of opioids (≥ 90 morphine milligram equivalents (MME) for at least one day) declined by 45% between 2016 and 2019.

AWARENESS

CMS sent 25,000 letters from 2017 to 2019 to Medicare clinicians to compare their prescribing practices to those of their peers and to emphasize patient-centered care and safety.

ACCESS

As of June 2020, CMS approved 28 state Medicaid 1115 demonstrations to improve access to opioid use disorder treatment, including new flexibility to cover inpatient and residential treatment.

MOVING FORWARD

PREVENTION

Significant progress has been made in identifying inappropriate prescribing patterns

TREATMENT

Medicare, Medicaid, and private health plans provide some coverage for pain and opioid use disorder treatments

DATA

Data provides insight into doctor, pharmacy, and patient use of prescription opioids and effectiveness of treatment

CMS CAN BUILD ON THESE EFFORTS TO FURTHER:

1. **Identify** and stop inappropriate prescribing of opioids
2. **Enhance** screening for OUD to get people the support they need earlier
3. **Focus** best practices education and support resources on hardest hit areas

1. **Ensure** access to treatment across CMS programs
2. **Give** patients options for a broader range of treatments
3. **Support** innovation through new delivery models and by sharing best practices

1. **Understand** opioid use and misuse patterns across populations
2. **Promote** sharing of actionable data across continuum of care
3. **Monitor** trends to assess impact of prevention and treatment efforts

IMPLEMENTING THE SUPPORT FOR PATIENTS AND COMMUNITIES (SUPPORT) ACT

CMS is implementing nearly 50 provisions of the SUPPORT Act, enacted in 2018, that aim to increase options to treat beneficiaries with substance use disorders including opioid use disorder, ensure appropriate prescribing, improve the treatment of acute and chronic pain, heighten safety, and illuminate prescribing data.

A CLOSER LOOK: DETAILED ACTIVITIES ON THE 2020 ROADMAP

PREVENTION

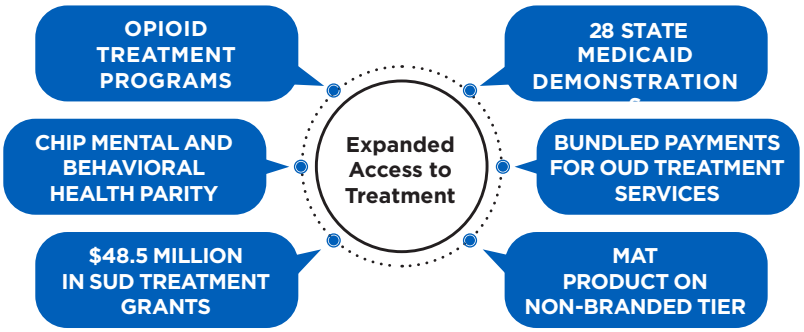
CMS has continued reducing inappropriate opioid prescribing by:

- Introducing new Medicare Part D opioid safety policies that include improved safety alerts at the pharmacy for Part D beneficiaries who are filling their initial opioid prescription or who are receiving high doses of prescription opioids, in addition to requiring pharmacies and prescribers to have tools to designate if a prescription is a partial fill.
- Outlining options and sharing best practices for state Medicaid agencies and other payers to expand access to non-opioid pain treatments and other tactics to help address pain and the opioid crisis.[9]
- In Medicare, supporting opioid alternatives offered by MA plans, Part D and Original Medicare, for example through new coverage of acupuncture to address lower back pain and educating providers on other non-opioid alternatives.
- Issuing guidance to states on drug utilization reviews to improve prescription safety in the Medicaid program.[10]

TREATMENT

CMS is pursuing solutions to eliminate treatment barriers for opioid use disorders across Medicare, Medicaid, and CHIP, including:

- Increasing access to MAT through providing coverage of comprehensive episodes of care for OUD treatment.
- Supporting the development of the OUD treatment workforce by issuing grants to states for capacity planning.
- Expanding access to SUD treatment in CHIP.

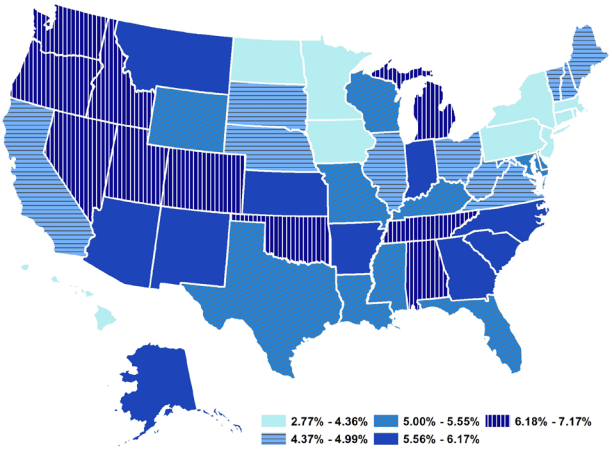


DATA & ANALYTIC **TOOLS**

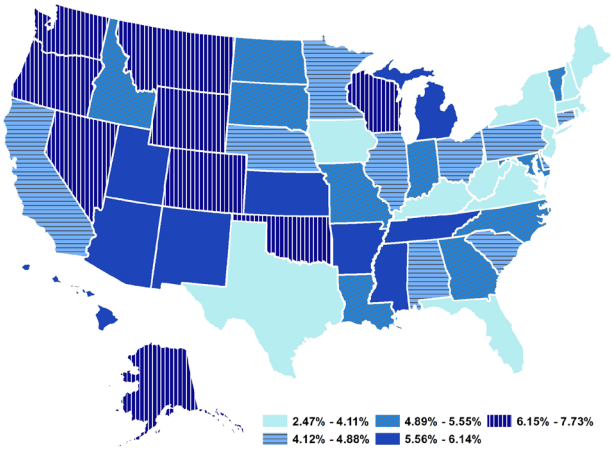
CMS will focus our data efforts and provide tools for states, plans and providers to:

- **Monitor** success of prevention measures related to reducing overuse and misuse of prescription opioids.
- **Improve** transparency tools and interoperability, and expand data tools like the "heat map" of prescribing rates in Medicare and Medicaid that help determine where to target safe prescribing efforts (see maps below).
- **Analyze** prescription opioid use patterns across CMS programs and in special populations such as individuals in rural areas, dually eligible for Medicare and Medicaid, and with certain health conditions.
- **Support** state Medicaid program capacity to track and report data.

2017 MEDICARE PRESCRIBING RATES [11]



2017 MEDICAID PRESCRIBING RATES [12]



HIGHLIGHTING **INNOVATION**

MEDICAID DEMONSTRATION PROJECTS

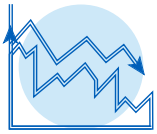
CMS approved **28 Medicaid demonstrations to improve access to OUD treatment**, including flexibility to cover inpatient and residential treatment. We're already seeing results: In Virginia, the number of Medicaid beneficiaries with SUD receiving SUD services increased 104%, from 13,389 to 27,319. And Utah reported an increase in the expenditures for SUD-related services from December 2017 ($1.2 million) through November 2018 ($4.6 million).

INCREASING SUD TREATMENT WORKFORCE

CMS announced $48.5 million in planning grant awards to 15 state Medicaid agencies to increase the treatment capacity of providers to furnish SUD treatment and recovery services. The planning grants are intended to increase the capacity of Medicaid providers to deliver SUD treatment or recovery services through: an ongoing assessment of the SUD treatment needs of the state; recruitment, training, and technical assistance for Medicaid providers that offer SUD treatment or recovery services; and improved reimbursement for and expansion of the number or treatment capacity of Medicaid providers.

PROMOTED ACCESS TO NON-OPIOID PAIN TREATMENTS

CMS released an informational bulletin[9] providing guidance to states aimed at reducing the use of opioids and promoting access to non-opioid options for chronic pain management, like the Oregon Health Plan initiative. Through this initiative, the state expanded Medicaid coverage for non-opioid treatment for pain to include chiropractic services, osteopathic manipulation, cognitive behavioral therapy, and physical therapy as potential alternatives, when appropriate, to surgeries, opioids, and epidural steroid injections.



ADVANCED ANALYTICS

CMS's Quality Improvement Organizations provided advanced data analytic support and clinical expertise to a network of 10 hospitals and partners across Colorado to change pain management practices and improve care. Over a 6-month timeframe, CMS data showed that these hospitals achieved a 36% reduction in the use of opioids—about 35,000 fewer administrations of opioids in the emergency department—and an increase in non-opioid pain medications by 31%.

INNOVATIVE MODELS

CMS entered into 18 cooperative agreements that include funding with state and local partners for two innovative opioid models focused on supporting advances in coordinated care for vulnerable populations, the Maternal Opioid Misuse (MOM)[13] and Integrated Care for Kids (InCK)[14] Models. The MOM Model supports the transformation in the care of pregnant women with an opioid use disorder. By merging clinical care and community services critical to health, well-being, and recovery, the model is expected to improve care quality and reduce costs for mothers and infants. InCK aims to improve the quality of care for at-risk children covered by Medicaid and CHIP through prevention, early identification, and coordinated care across behavioral, physical, and other pediatric providers. The pre-implementation periods for both MOM and InCK Models began January 2020.

SOURCES:

1 HHS: https://www.hhs.gov/opioids/sites/default/files/2019-11/Opioids%20Infographic_letterSizePDF_10-02-19.pdf

2 CDC: https://www.cdc.gov/drugoverdose/data/prescribing/overdose-death-maps.html

3 CDC: https://www.cdc.gov/drugoverdose/prescribing/guideline.html

4 SAMHSA: https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

5 SAMHSA: https://www.samhsa.gov/sites/default/files/aatod_2018_final.pdf

6 SAMHSA: https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat

7 CDC: https://www.cdc.gov/drugoverdose/pdf/Guidelines_At-A-Glance-508.pdf

8 GOVINFO: https://www.govinfo.gov/content/pkg/FR-2020-02-18/pdf/2020-02085.pdf

9. MEDICAID: https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/cib022219.pdf

10. MEDICAID: https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/cib080519-1004.pdf

11 CMS: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/OpioidMap_Medicare_PartD

12. CMS: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/OpioidMap_Medicaid_State.html

13. CMS: https://innovation.cms.gov/innovation-models/maternal-opioid-misuse-model

14.CMS: https://innovation.cms.gov/innovation-models/integrated-care-for-kids-model