The Role of Health Plans in Addressing the Opioid Crisis in Massachusetts: Innovations, Limitations, and Sustainability of HCS Initiatives

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BACKGROUND

Health plans are key players in substance use treatment and are challenged in responding to the opioid crisis. This paper is part of the **HEALing Communities Study** (HCS) funded by NIH, which seeks to facilitate commu..ties' adoption of activities that might reduce overdose deaths, such as wider access to medication for opioid use disorder (MOUD). We examine the role health plans play in one state (Massachusetts) to encourage or sustain activities that some communities adopt to address opioid use disorder (OUD).

METHODS

Contacted 10 health plans in MA and **interviewed 8 representing commercial and public lines of business** that covered behavioral health benefits for:
- 91% of commercial beneficiaries
- 100% of Medicaid beneficiaries
- 97% of Medicare beneficiaries

Conducted **semi-structured interview** with Director of Behavioral Health Services at each plan.
Sent respondents a **pre-interview survey** to collect data related to services and member benefits.
Conducted **three stakeholder interviews** to contextualize findings from the health plan interviews.
Used grounded theory to analyze qualitative data

DISCUSSION

Health plan respondents were aware of the **urgency** of the opioid crisis and are looking for innovative ways to address it, BUT currently **they do not fully reimburse costs** related to some strategies adopted by HCS communities, such as pharmacy-based naloxone, interventions outside the healthcare system, and community initiatives to link people to MOUD.
- Some employers determine decisions about reimbursement for MOUD, often driven by stigma.
- Most health plans are more active in intervening on the **provider level** than on other two levels (patient, system)
- Health plans adopt key Medicaid policies regarding benefits
- Influencing **OUD prevention** is largely done through pharmacy benefit managers
- **Barriers** at all 3 levels (patient, provider and system) restrain health plans from implementing system wide reforms
- The current structure of **reimbursement by billing code** constrains health plans' ability to pay for HEAL innovative strategies.

RESULTS

Health plans reported the following interventions to address the opioid crisis, which are categorized on three levels:

Patient (member)

Increase access to treatment	Provide or pay for tools to remain in treatment
Reduce financial barriers-eliminate co-pays	Recovery coaching/case management
Reduce time to treatment-point of contact intervention	In-home recovery services
Reduce geographic barriers-provide services in areas of need	Access to mobile recovery apps
Identify at-risk members-data analytics	Contingency management
Provide virtual care	
Provide access to naloxone	

Provider

Structural interventions	Educational interventions
Remove prior authorization requirements	Provide trainings about MOUD
Increase reimbursement	Offer financial incentives to offset cost of waiver training
Use quality metrics and evidence-based standards	Influence opioid prescribing-limit quantity, tier placement of opioid medications
Provide technical assistance for virtual platforms	Reimburse for screening for OUD

Healthcare system

Within their network	Outside their network
Increase capacity to prescribe MOUD	Use mapping techniques to identify underserved areas
Pilot new initiatives-usually through private philanthropy	Reimburse for MOUD training that increases supply of providers systemwide
Educate employers and unions about MOUD	
Co-ordinate with prescription benefit managers to develop predictive modeling	

Barriers to effective interventions

Member level	Provider level	System level
Social determinants of health impact ability to access treatment	Motivation to reform is low if all health plans do not pay	Stigma influences benefit packages employers purchase
"Doctor shopping" is hard to detect across systems	Low motivation to treat "difficult" patients when reimbursement for "easier" patients is equal	Siloed system prevents medical and behavioral health systems from working together

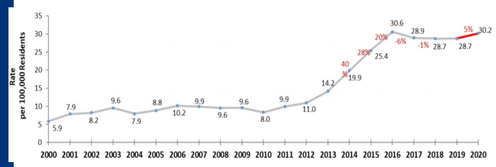
CONTEXT

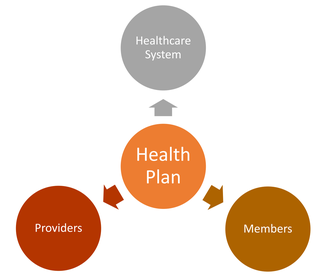
Health plans could be key players in addressing the opioid crisis

The **Healing Communities Study (HCS)** seeks to decrease opioid-related overdose deaths by 40% in four states highly impacted by the opioid crisis:
Massachusetts, Kentucky, New York, Ohio

Three main HEAL intervention areas :
- Improving opioid prescribing safety
- Increasing access to medications for opioid use disorder (MOUD)
- Increasing naloxone distribution and overdose prevention education

The annual opioid-related death rate in MA increased dramatically from 2011 to 2016. Although it has plateaued in recent years, there was a 5% increase in the rate in 2020 compared with the previous year.





Funding and Disclosures:
This research was supported by the National Institutes of Health through the NIH HEAL Initiative under award number UM1DA049412. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health or its NIH HEAL Initiative.
The authors have no financial disclosures.
This study protocol (Pro00038088) was approved by Advarra Inc., the HEALing Communities Study single Institutional Review Board (sIRB).