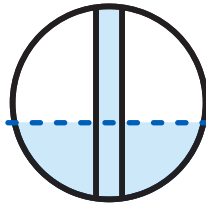
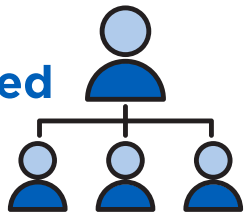


CMS Roadmap

FIGHTING THE OPIOID CRISIS

Opioids killed more than 47,000 in 2017, or 130 people per day.¹



36% of all opioid overdose deaths involve a prescription opioid.¹



PRESCRIPTION OPIOID MISUSE



When used correctly, prescription opioids are **helpful** for treating pain.



The CDC issued **guidelines** for safe prescribing of opioids in primary care.



An estimated **11.4 million** people misused prescription opioids²—putting them at risk for dependence and addiction.



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

OPIOID USE DISORDER



Over **two million** people have an opioid use disorder.



Treatment **options** exist, including medication-assisted treatment (MAT).



Only 20% of people with opioid use disorder receive treatment.³

[Learn more about prescription opioid misuse](#)

[Learn more about opioid use disorder and treatment](#)

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 **medication-assisted treatment across all CMS programs**—Medicare, Medicaid, and Exchanges.



AWARENESS

CMS sent 24,000 letters in 2017 and 2018 to Medicare physicians to highlight that they were prescribing higher levels of opioids than their peers to incentivize safe prescribing practices.



DATA

CMS released data to show where Medicare and Medicaid opioid prescribing is high to help identify areas for additional interventions.



TRACKING

Due to safe prescribing policies, the number of Medicare beneficiaries receiving higher than recommended doses from multiple doctors **declined by 40% in 2017**.



BEST PRACTICES

CMS activated over 4,000 hospitals, 120,000 clinicians, and 5,000 outpatient settings through national quality improvement networks to rapidly generate results in reducing opioid-related events.



ACCESS

As of September 2019, CMS approved **27 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** diagnosis of OUD to get people the support they need earlier
3. **Promote** effective, non-opioid pain treatments

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

1. **Understand** opioid use 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 ACT

The SUPPORT for Patients and Communities Act was enacted on October 24, 2018. CMS is implementing a number of new initiatives under that law that aim to increase options for treating beneficiaries with opioid use disorder, ensure prescriber accountability and improved safety for patients across CMS programs, and illuminate Medicaid prescribing data.



A CLOSER LOOK: DETAILED ACTIVITIES ON THE 2019 ROADMAP

PREVENTION

Continue reducing inappropriate opioid prescribing by:

- Implementing a new authority to limit Medicare beneficiaries to certain pharmacies and doctors (or “lock-in”).
- Strengthening real-time prescription controls with the use of prescription drug databases and point of sale pharmacy edits.

Incorporate incentives for appropriate prescribing into future Medicare Quality Star Ratings and the Quality Payment Program.

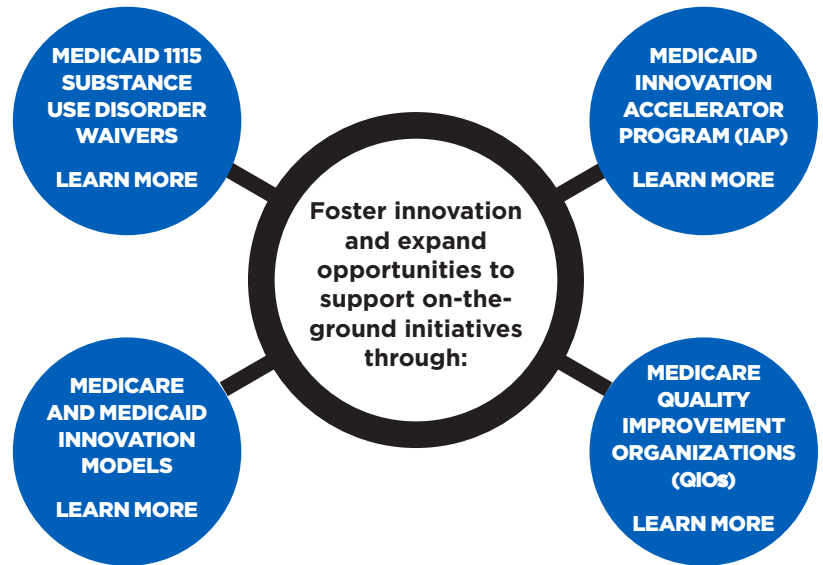
Align monitoring of systemic inappropriate prescribing to the CDC Guideline for primary care practitioners and partner with law enforcement to stop egregious prescribers.

Outline options and share best practices for state Medicaid agencies and other payers on non-opioid treatments and other tactics to help address pain and the opioid crisis.

TREATMENT

Identify and develop solutions for treatment barriers for pain and opioid use disorders across Medicare, Medicaid, and private health plans, including:

- Access to non-opioid pain treatments,
- Access to medication-assisted treatments (MAT), and
- Access to providers in rural and other low-access communities.

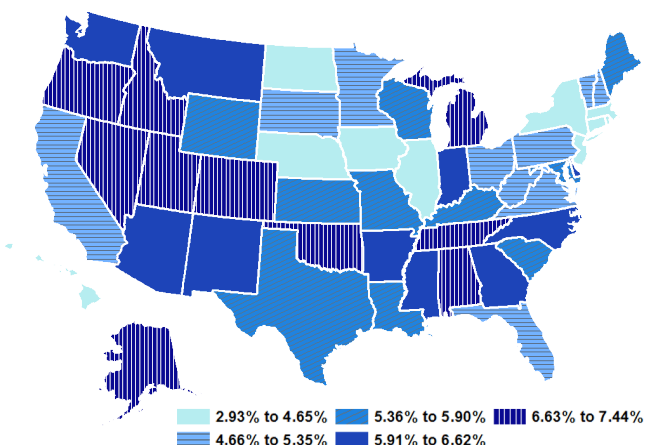


DATA & ANALYTIC TOOLS

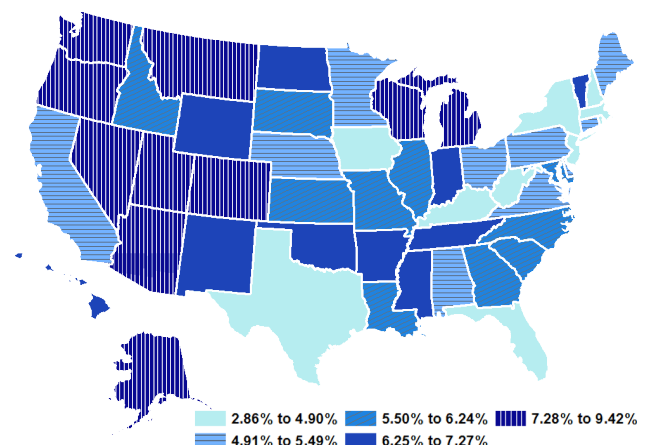
CMS will focus our data efforts and provide tools for states, plans and providers to:

- **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, with dual Medicare/Medicaid eligibility, and with certain health conditions.
- **Support** state Medicaid program capacity to track and report data.

2016 MEDICARE PRESCRIBING RATES ⁴



2016 MEDICAID PRESCRIBING RATES ⁵



HIGHLIGHTING INNOVATION



MEDICAID DEMONSTRATION PROJECT

CMS approved an 1115 Medicaid demonstration project for Virginia and worked with the state to strengthen the delivery system for treatment of substance use disorders, including opioid use disorder.

Virginia's Medicaid demonstration project has significantly improved access to treatment by increasing reimbursement, which led to increased provider capacity and a 49% increase in number of members accessing opioid use disorder treatment. It also resulted in a 39% decrease in opioid-related emergency department visits in the first 5 months.⁶



HUB AND SPOKE MAT

CMS approved and provided technical assistance to Vermont on its Hub and Spoke MAT program to add the Health Home optional Medicaid state plan benefit to promote coordinated care for chronic conditions, which has led to dramatic reductions in opioid use, overdoses and emergency department visits related to opioid use.



INNOVATIVE MODELS

CMS introduced 2 innovative opioid models focused on particularly vulnerable populations. The Integrated Care for Kids (InCK) Model focuses on integrating physical and behavioral health care, preventing opioid abuse, and improving outcomes for children affected by family opioid abuse. The Maternal Opioid Misuse (MOM) Model supports transformation in the care of pregnant women with opioid use disorder. By supporting the coordination of clinical care and the integration of other services critical for health, wellbeing, and recovery, the model has the potential to improve quality of care and reduce costs for mothers and infants. States and care delivery partners will begin implementing changes in 2020.



COLLABORATIVE LEARNING

CMS's Transforming Clinician Practice Initiative (TCPI) is a collaborative learning initiative that facilitates information sharing and practice reform on a large scale, with over 90% of clinicians operating in small, rural, or underserved areas participating. One TCPI member—the Integrated Pain Care program at Community Care of West Virginia—achieved promising results, including:

1. Zero opioid-related deaths among the 2,628 patients over the past 2 years
2. A reduction in opioid prescriptions by 86% in 4 years.⁷



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%.

SOURCES:

- 1 CDC: <https://www.cdc.gov/drugoverdose/data/index.html>
- 2 HHS: <https://www.hhs.gov/opioids/about-the-epidemic/index.html>
- 3 SAMHSA: https://www.samhsa.gov/sites/default/files/aatod_2018_final.pdf
- 4 https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/OpioidMap_Medicare_PartD.html
- 5 https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/OpioidMap_Medicaid_State.html

- 6 Virginia: <https://www.macpac.gov/wp-content/uploads/2018/01/Examining-Residential-Substance-Use-Disorder-and-the-IMD-Exclusion.pdf>
- 7 WV results: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=40604>

**FIGHTING THE
OPIOID CRISIS**