Alabama Medicaid
Opioid Prescribing Trends and Outcomes

P&T Committee Meeting

May 9, 2018

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ALABAMA MEDICAID AGENCY

Today's Agenda

Opioid Prescribing Trends

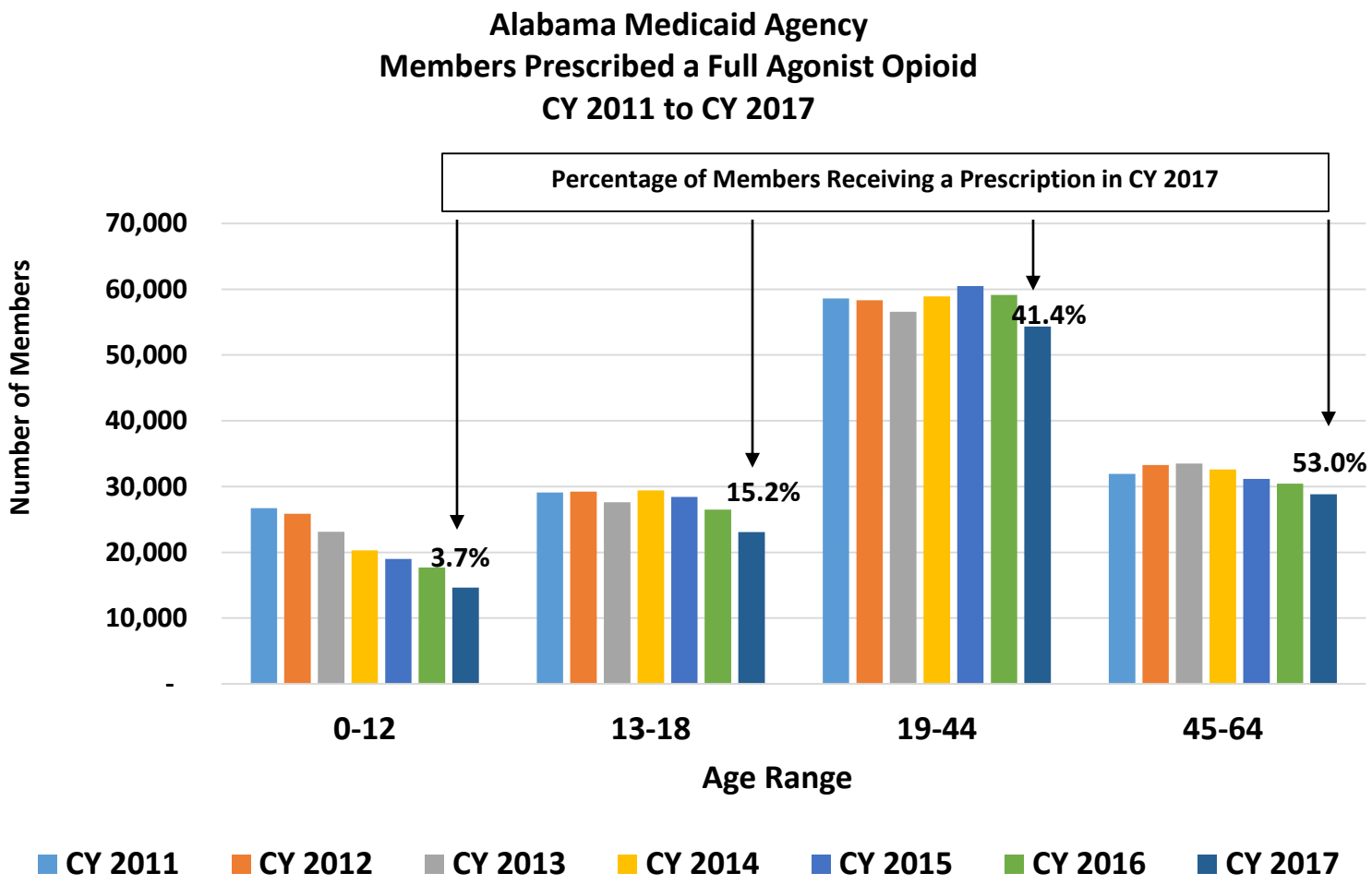
Opioid Cost Trends

Medicaid Initiative to Reduce Opioid Prescribing

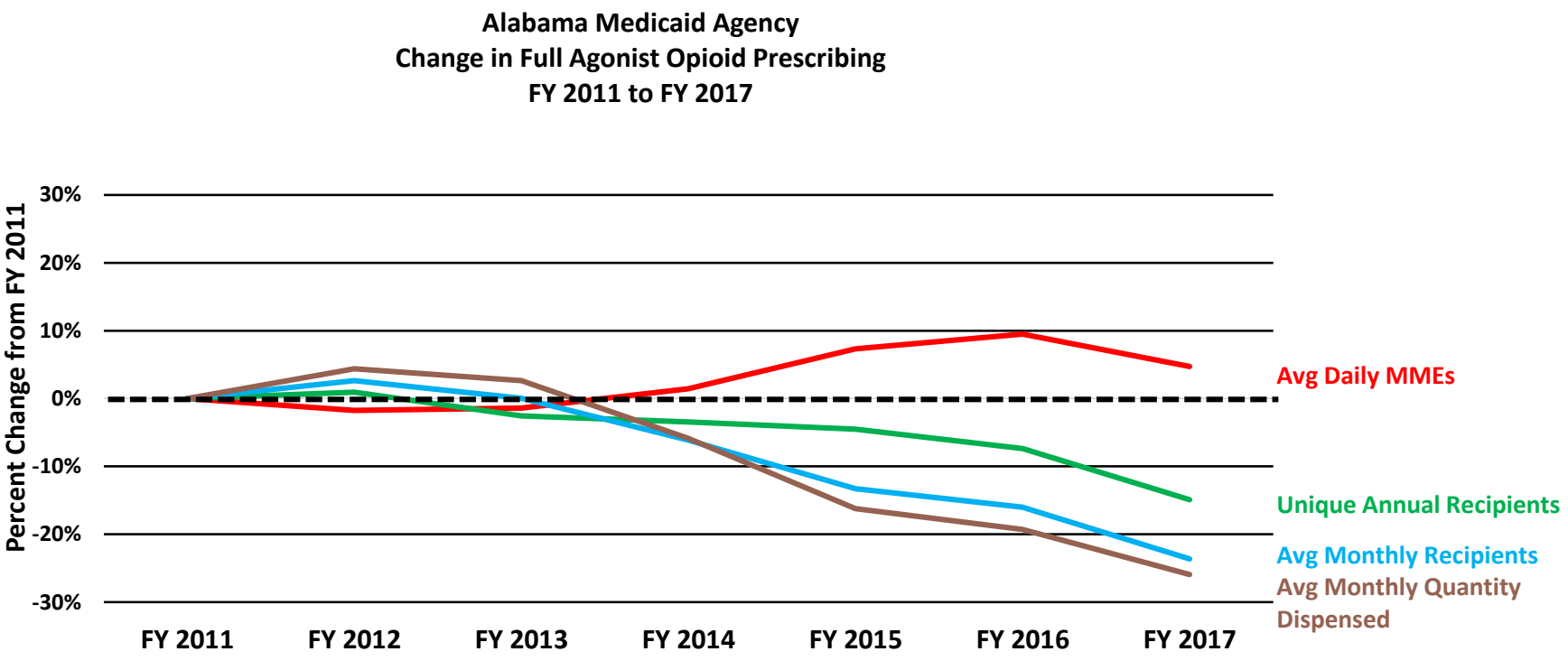
Case Presentation: NAS

Medicaid Opioid Prescribing Trends

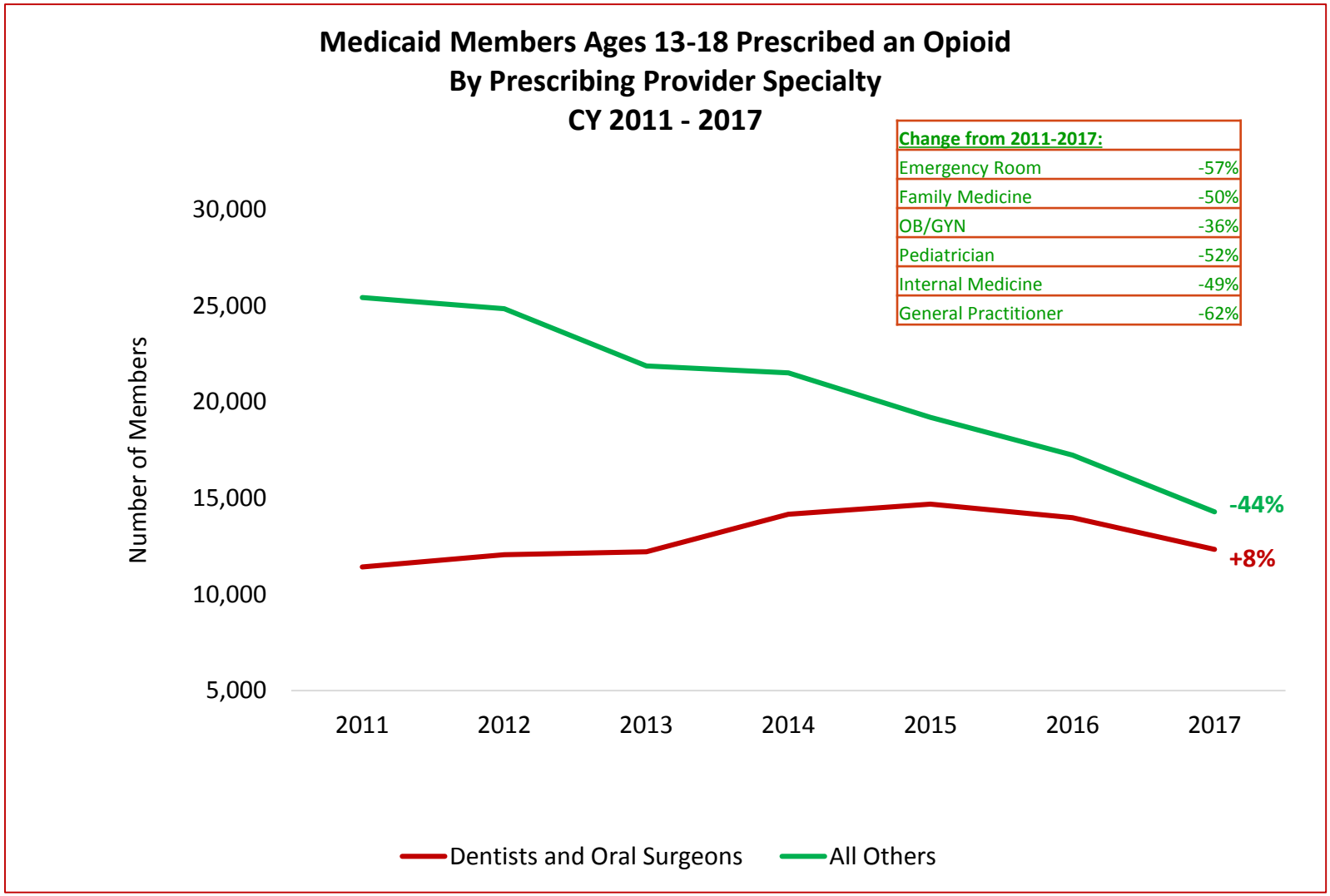
MEDICAID OPIOID PRESCRIBING TRENDS: CY 2011- CY 2017



MEDICAID OPIOID PRESCRIBING TRENDS: FY 2011- FY 2017

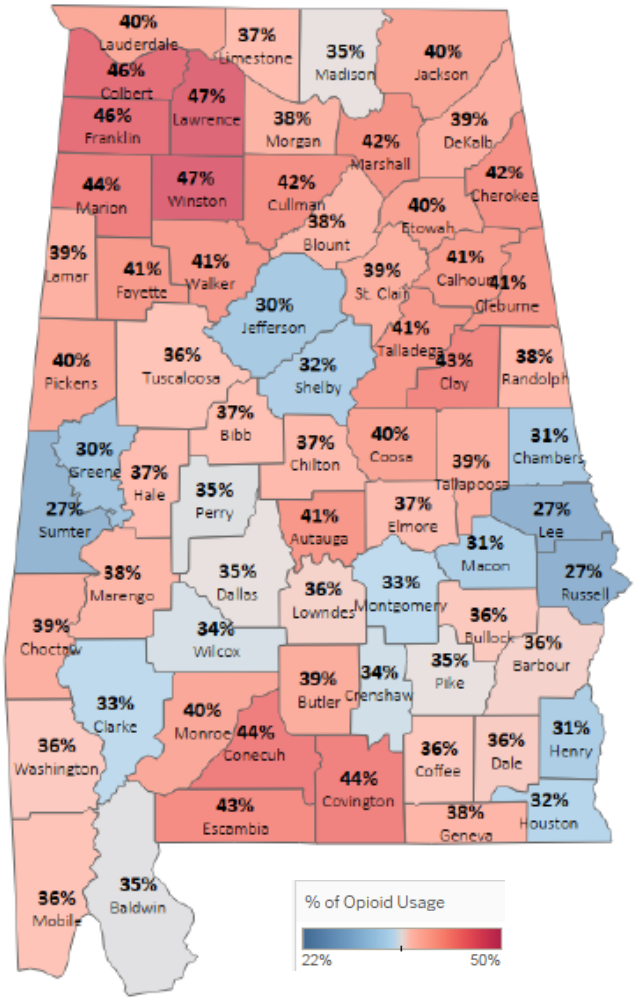


Trends in Prescribing Sources

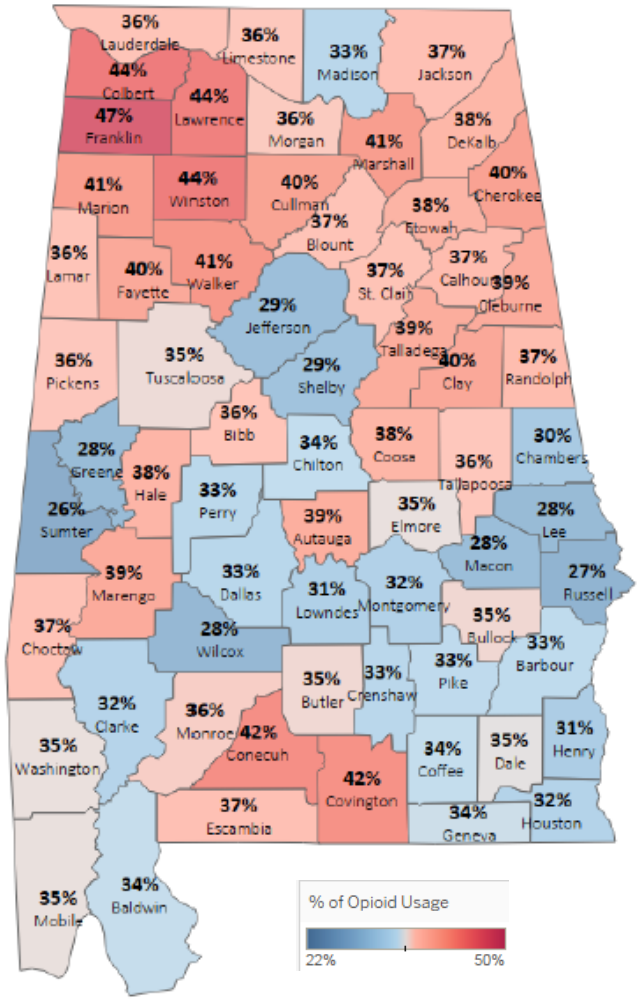


Percentage of Adult Medicaid Members Prescribed an Opioid*

CY 2016



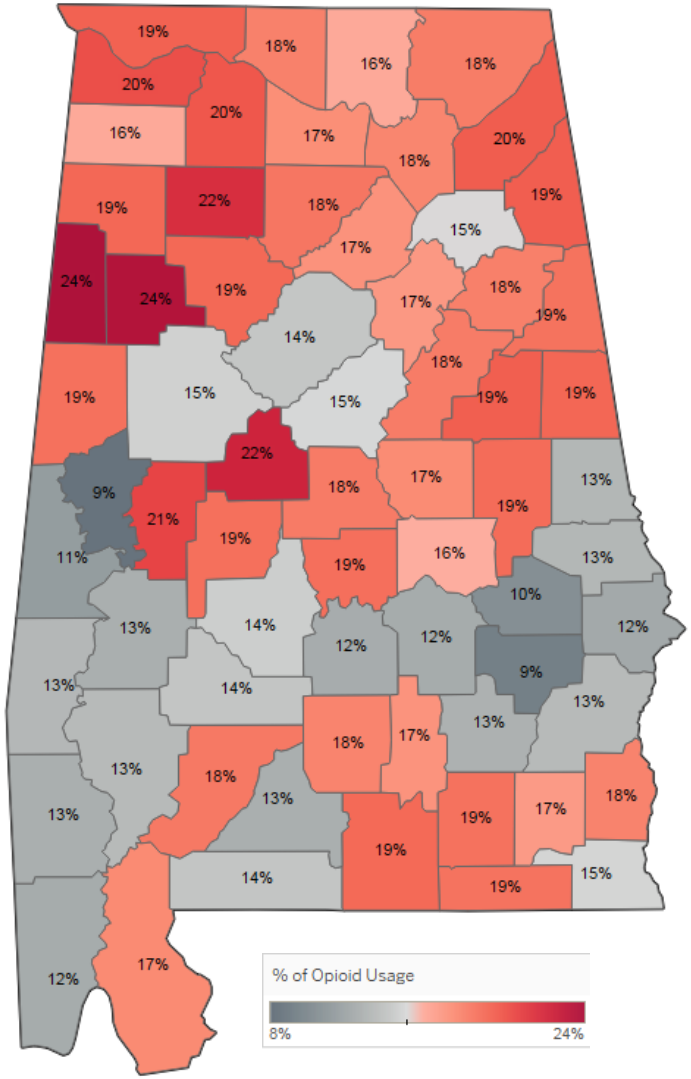
CY 2017



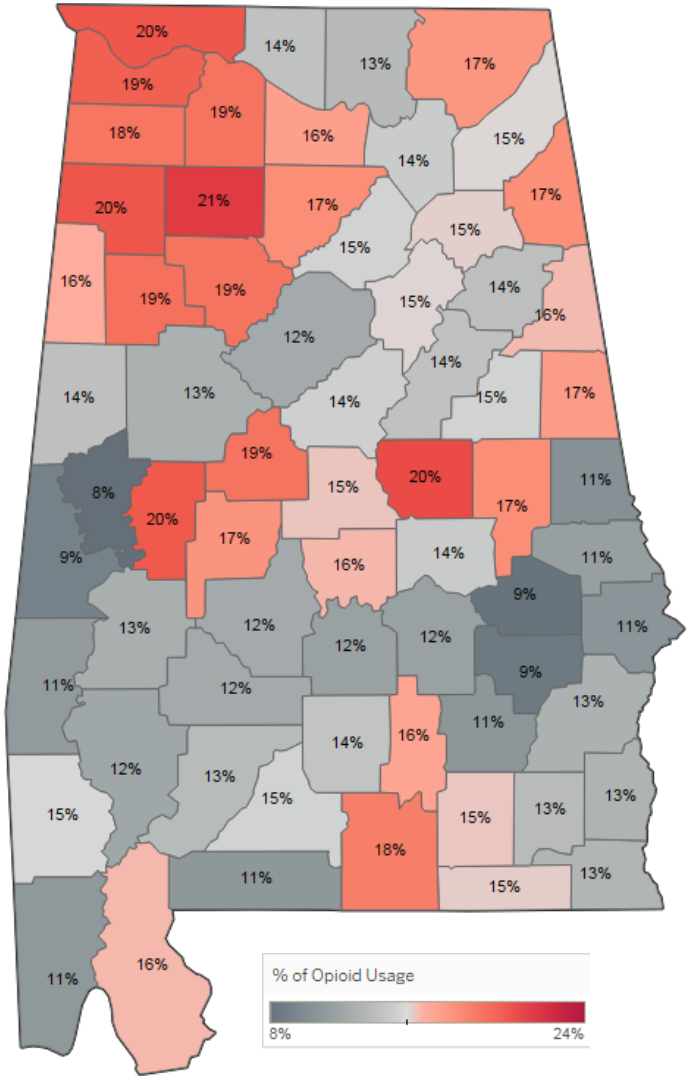
- Based on address of fully-eligible recipients
- Recipients with greater than 11 months of eligibility

Percentage of Medicaid Members Aged 13-18 Prescribed an Opioid*

CY 2016



CY 2017



- Based on address of fully-eligible recipients
- Recipients with greater than 11 months of eligibility

Still work to be done…

CDC State Opioid Prescribing Rates Per 100 Population

	Alabama Rate	Alabama Rank	Comparison State Rank	Comparison State	Comparison State Rate	Alabama Compared to #2 State	Number of State Rates Over 100
2016	121.0	#1	#2	Arkansas	114.6	5.6%	4
2015	125.0	#1	#2	Arkansas	117.2	6.7%	8
2014	135.2	#1	#2	West Virginia	126.4	7.0%	9
2013	142.4	#1	#2	West Virginia	129.0	10.4%	10
2012	143.8	#1	#2	West Virginia	136.9	5.0%	11
2011	136.6	#4	#1	West Virginia	139.6		12
2010	134.3	#4	#1	West Virginia	143.1		12
2009	131.6	#4	#1	West Virginia	146.9		10
2008	126.1	#4	#1	West Virginia	145.5		9
2007	120.3	#4	#1	West Virginia	135.1		8
2006	115.6	#4	#1	West Virginia	129.9		7

Over the last 10 years West Virginia decreased their prescribing rate by 26% while Alabama increased its rate by 5%.

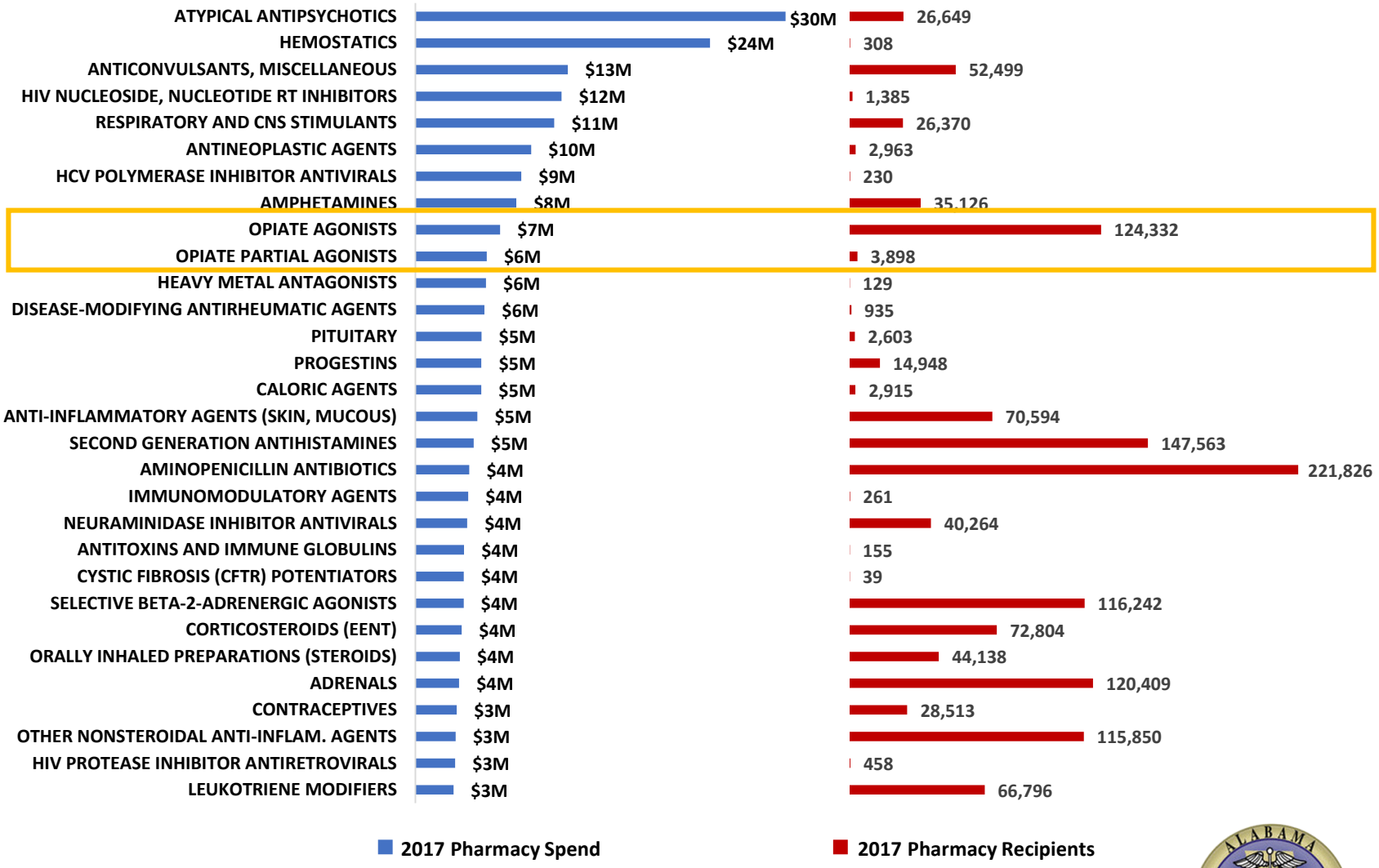
Data Source

https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html

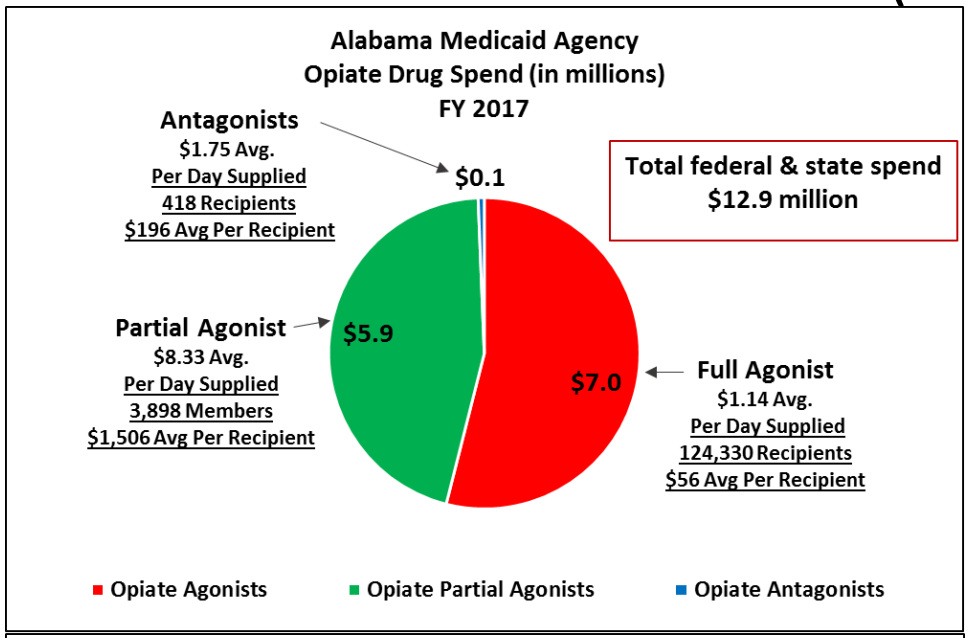
Opioid Prescribing Metrics.xl

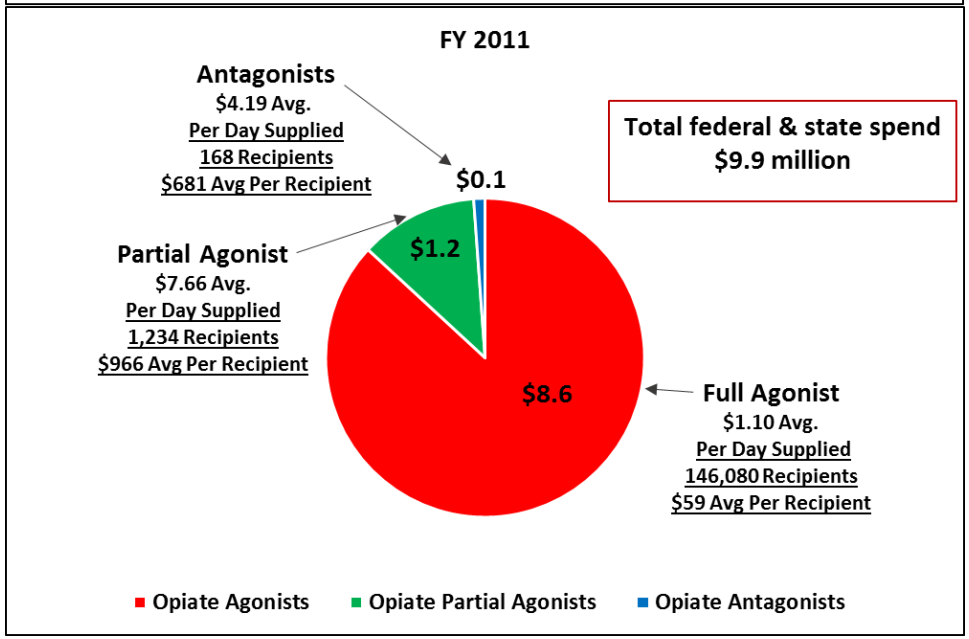
Medicaid Opioid Spending Trends

MEDICAID DRUG UTILIZATION BY AHFS CLASS: FY 2017

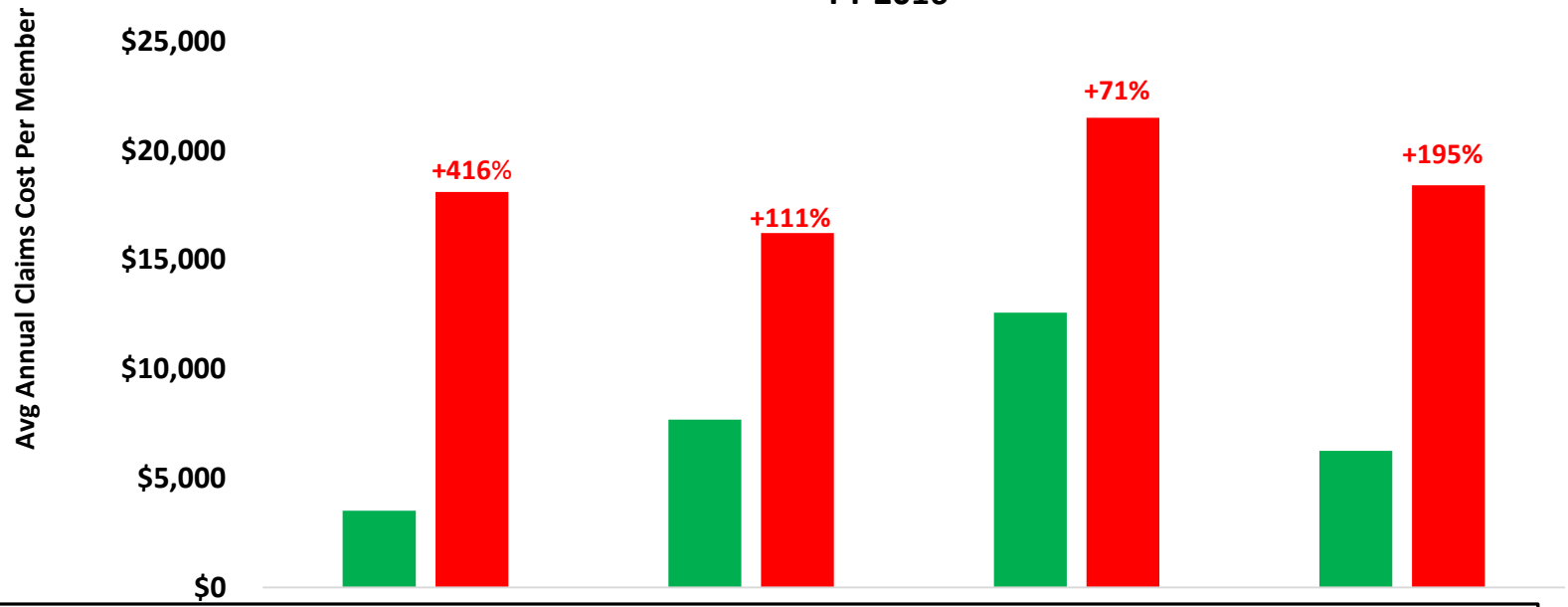


MEDICAID OPIOID DRUG SPEND: FY 2011 – FY 2017 (IN MILLIONS)





Alabama Medicaid Agency
Effect of Opioid Dependency on Avg Annual Claims Cost Per Member
FY 2016



Age Group	13-18	19-44	45-64	Overall
% Members Diagnosed	.08%	5.0%	5.3%	2.4%
Number of Members	106	3,168	2,267	5,441

Diagnosis Not Present Diagnosis Present

Members Excluded: 1) Not eligible the entire year, 2) PlanFirst (family planning only) at any time during the year, 3) Ever had cancer diagnosis, 4) Ever had sickle cell anemia diagnosis, 5) Mothers giving birth during the year, 6) dually eligible for Medicare/Medicaid at any time during the year and 7) age 65 and older. Total cohort after exclusions of 232,166 members.

Oral Surgeon Opioid Prescribing Pilot

Oral Surgeon Opioid Prescribing Survey Initiative (June, 2017)

Objective

- Understand what influences the prescribing behavior of oral surgeons
- Raise oral surgeons' awareness of:
  1. Current recommended best practices in prescribing opioids and
  2. Their current opioid prescribing habits relative to their peers

Methodology

- Thirty oral surgeons were faxed a package containing: 1) a 7-question survey; and 2) a report comparing their opioid prescribing practices to the others receiving the survey
  - Fourteen doctors elected to respond to the survey

Results and Follow-up (February, 2018)

- Survey results provided to all 30 providers
- Updated history on the prescribing practices
- Letters from 2 practices describing their experience in lowering their opioid prescribing

Oral Surgeon Opioid Prescribing Survey Initiative

Survey Results Overview - Based on 14 Responses

All doctors who responded to the survey prescribe opioids to adolescent patients to treat *acute* pain.

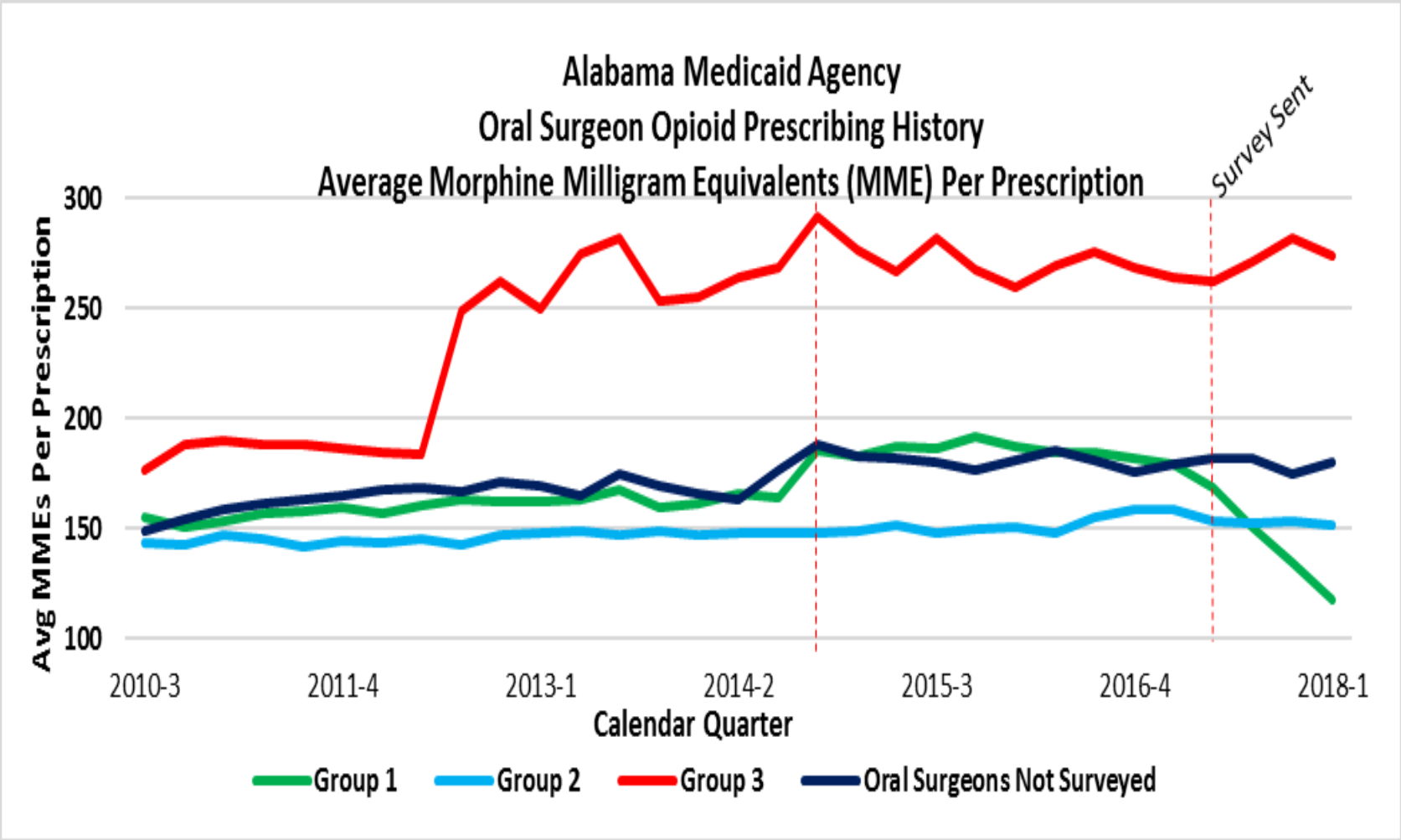
60% of the doctors advise patients some of the time that the combination of an NSAID with acetaminophen could be sufficient for pain management for tooth or post-op pain.

71% of the doctors report some utilization of the Prescription Drug Monitoring Program (PDMP) Database.

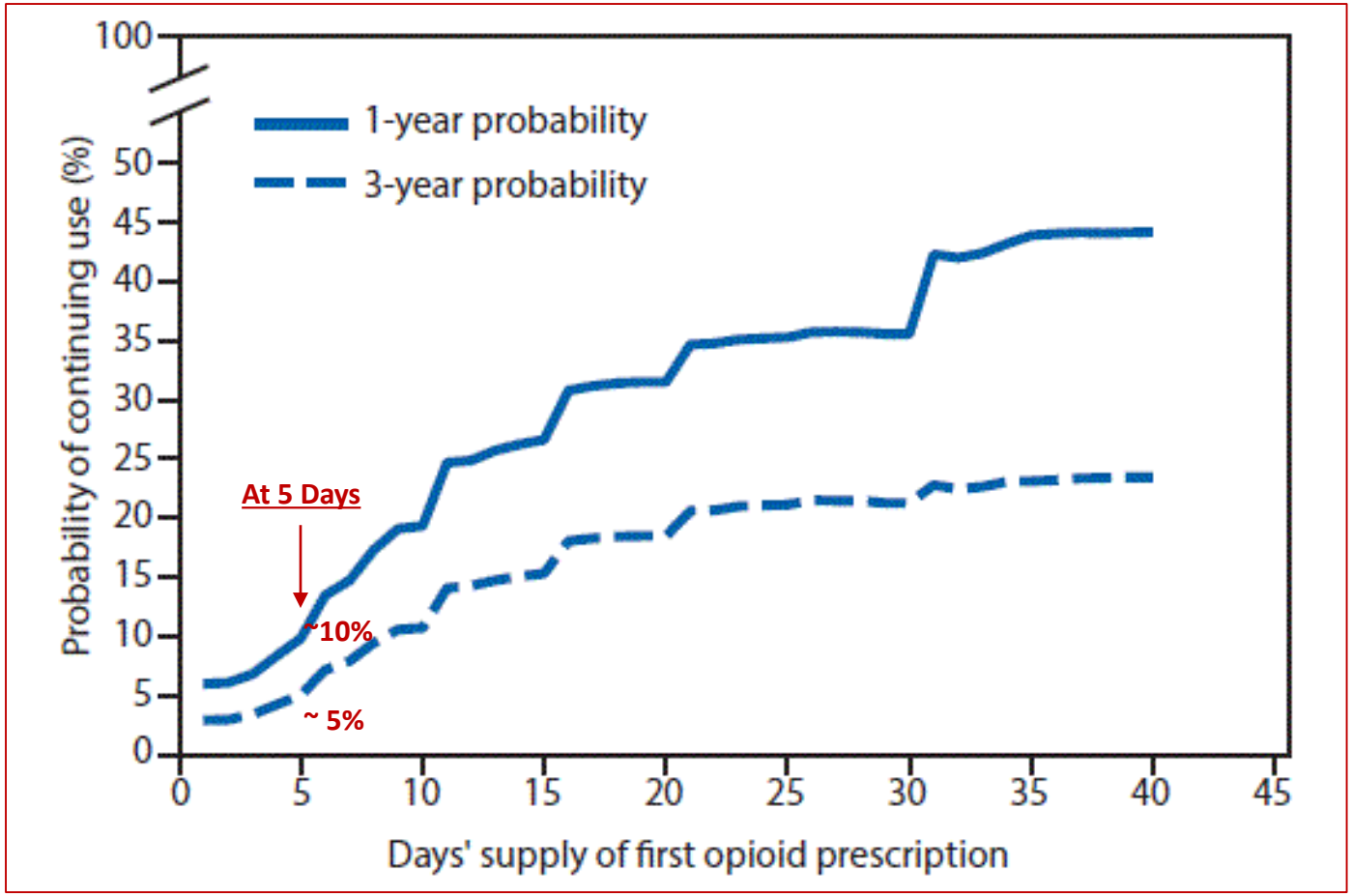
93% of doctors state that prior training/practice standard of care influences their prescribing habits

Oral Surgeon Opioid Prescribing Survey Initiative

Did Continuing Education and Data Have an Influence?



Probability of Continued Opioid Usage Among Naïve Patients Based on Number of Days Supply in Initial Opioid Prescription



Source: Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015
Centers for Disease Control and Prevention

"Legitimate opioid use before high school graduation is independently associated with a **33% increase in the risk of future opioid misuse** after high school. This association is concentrated among individuals who have **little to no history of drug use** and…**strong disapproval of illegal drug use** at baseline."

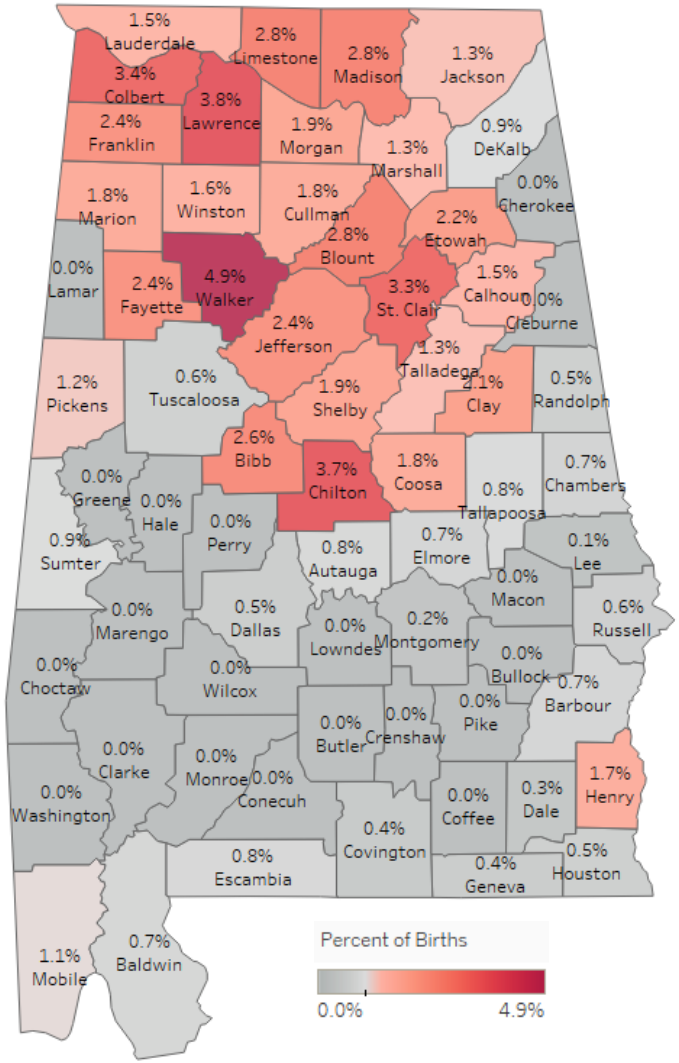
- Monitoring the Future Study National Survey Results on Drug Use, January 2017

Case Presentation
Neonatal Abstinence Syndrome (NAS)

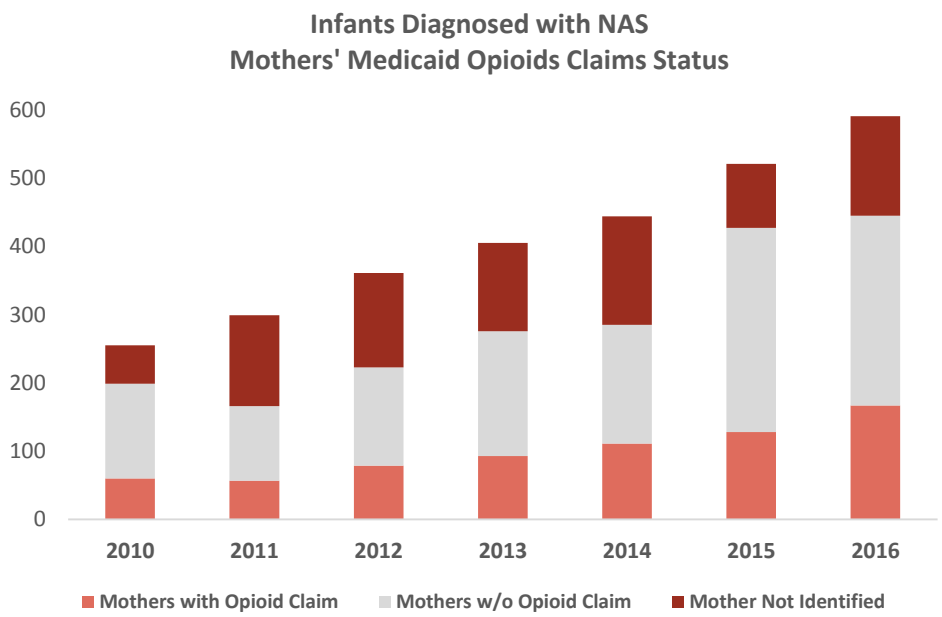
Neonatal Abstinence Syndrome (NAS)

NAS Drug withdrawal syndrome in newborns caused primarily by *in utero* exposure to opioids. [CDC]

NAS Infants by County (2016)



Medicaid Infants with NAS by Race In 2016 per 1,000 Births			
26.9	5.7	2.7	15.7
White	Black	Hispanic	Other



Cost Analysis of Neonatal Abstinence Syndrome

Alabama Medicaid Agency
Claims Data Analysis
Calendar Years 2010-2013

	Infants Diagnosed with NAS (N)	Number of NAS Infants Admitted to NICU	Average Days Spent in the NICU	Average NICU Cost per Infant
NAS Diagnosed from Mothers Who Had Claims For Less Than 30 days Supply of Opioids (Low Use)	143	112 (78%)	15	$ 27,450
NAS Diagnosed from Mothers Who Had Claims For More Than 30 days Supply of Opioids (High Use)	188	120 (64%)	11	$ 22,606
NAS Diagnosed from Mothers Who Had No Claims For Opioids	670	495 (74%)	23	$ 32,814

- Mothers with high use of opioids have a higher rate of NAS, but better fetal outcomes.
- Cost and length of stay are significantly reduced in physician managed mothers.
- 670 infants were diagnosed with NAS during the study time whose mothers had no claims for opioids.

*Reflects opioid claims during pregnancy with or without the use of other medications. Not exclusive.
*Based on CY 2010-2013

Questions