



SOONERCARE PAIN MGMT PROGRAM INDEPENDENT EVALUATION

THE PACIFIC HEALTH POLICY GROUP
DECEMBER 2018

INTRODUCTION

- ▶ PHPG is conducting an evaluation of the SoonerCare HMP Pain Management Program, as part of our larger HMP evaluation activities
- ▶ This presentation contains interim evaluation findings
- ▶ Evaluation activities are continuing and will be reported going forward as part of the larger SoonerCare HMP annual evaluation released in the Spring

EVALUATION HYPOTHESES

1. Practices that undergo pain management practice facilitation will become more effective in treating patients with alternatives to opioids and/or benzodiazepines to transition to safer treatment alternatives
2. Patients at these practices who are dependent on opioids and/or benzodiazepines will reduce their use of the drugs post-facilitation, both in absolute terms and compared to patients of practices that have not undergone facilitation
3. Patients at these practices who are dependent on opioids and/or benzodiazepines will experience lower ED and inpatient hospital utilization rates, and overall health expenditures
4. The pain management program will be cost-effective, taking into consideration its impact on patient utilization and program administration costs (Spring 2019 component)

EVALUATION COMPONENTS

- ▶ In-depth interviews with a small sample of providers who have undergone practice facilitation, to discuss their expectations and experience (completed Summer 2018 and used to inform development of structured survey)
- ▶ Structured survey of providers who have undergone practice facilitation, to inquire about its effectiveness
- ▶ Structured survey of adult patients of practice facilitation providers who are long term users of opioids, to inquire about the providers' effectiveness and approach to pain management
- ▶ Analysis of prescription drug prescribing patterns among practice facilitation providers (pre- and post-facilitation)
- ▶ Analysis of ED and inpatient hospital utilization among long term opioid users of practice facilitation providers

PROVIDER SURVEY

- ▶ PHPG conducted 24 interviews in October – November 2018
- ▶ Respondents included 22 Family/General Practice physicians, one internist and one office manager
- ▶ Respondents were long-time Medicaid providers, with 21 of 24 reporting that they have participated in Medicaid for more than five years
- ▶ Medicaid, on average, accounted for approximately 25% of the providers' caseloads
- ▶ The greatest percentage of respondents reported learning of the program from Telligen (44%), followed by the OHCA (33%), another provider (11%) or attendance at a meeting (11%)

PROVIDER SURVEY

- ▶ What were your reasons for deciding to participate? (Multiple reasons allowed)

Reason	Percent
Improve care management/education of patients with chronic pain	89%
Improve monitoring of patient prescription pain medicine use	83%
Obtain information on alternative pain management techniques	44%
Receive assistance in referring patients for behavioral health services/counseling	44%
Receive assistance in referring patients for pain management services	39%
Other	6%

PROVIDER SURVEY

- ▶ How important are these pain management practice facilitation activities? (Percent saying “very important”)

Activity	Percent
Receiving baseline assessment of how well have been managing	79%
Receiving training on conducting initial patient pain assessments	71%
Receiving training on methods for monitoring medication use	70%
Receiving training on monitoring pain/functional status	67%
Receiving ongoing education and assistance after onsite	63%
Receiving copies of pain/substance use risk assessment tools	58%
Receiving information on alternative pain management techniques	58%
Receiving assistance in referring to pain management resources	58%
Having a practice facilitation nurse onsite	50%
Receiving training on motivational interviewing	46%

PROVIDER SURVEY

- ▶ How helpful were each of these activities in improving management of patients with chronic pain? (Percent saying “very helpful”)

Activity	Percent
Receiving baseline assessment of how well have been managing	78%
Receiving training on conducting initial patient pain assessments	48%
Receiving training on methods for monitoring medication use	52%
Receiving training on monitoring pain/functional status	52%
Receiving ongoing education and assistance after onsite	70%
Receiving copies of pain/substance use risk assessment tools	52%
Receiving information on alternative pain management techniques	39%
Receiving assistance in referring to pain management resources	30%
Having a practice facilitation nurse onsite	43%
Receiving training on motivational interviewing	35%

PROVIDER SURVEY

- ▶ 83% of respondents (20 out of 24) reported making changes in the management of patients with chronic pain
- ▶ Examples of changes included:
 - ▶ Limiting/titrating medications/lowering MMEs
 - ▶ Incorporating forms/tools into patient monitoring
 - ▶ Conducting urinary tests/screens at every visit
 - ▶ Having better discussions with patients about their chronic pain and medication needs
 - ▶ Improving documentation

PROVIDER SURVEY

- ▶ 88% of respondents reported attempting to make a referral to a pain management provider
- ▶ Respondents reported some difficulty in making referrals, with 24% describing it as “very difficult”, 67% as “somewhat difficult” and only 10% as “not at all difficult”
- ▶ Respondents who have experienced difficulty cited multiple causes (providers could give more than one reason)

Referral Difficulty Reason	Percent
Lack of providers willing to take Medicaid	95%
Providers require patients not to use any prescription opioids	32%
Providers rely too heavily on prescription opioids	5%
Other	37%

“Other” included: lack of providers in rural community; referral facility is full; lack of success when referred in the past

PROVIDER SURVEY

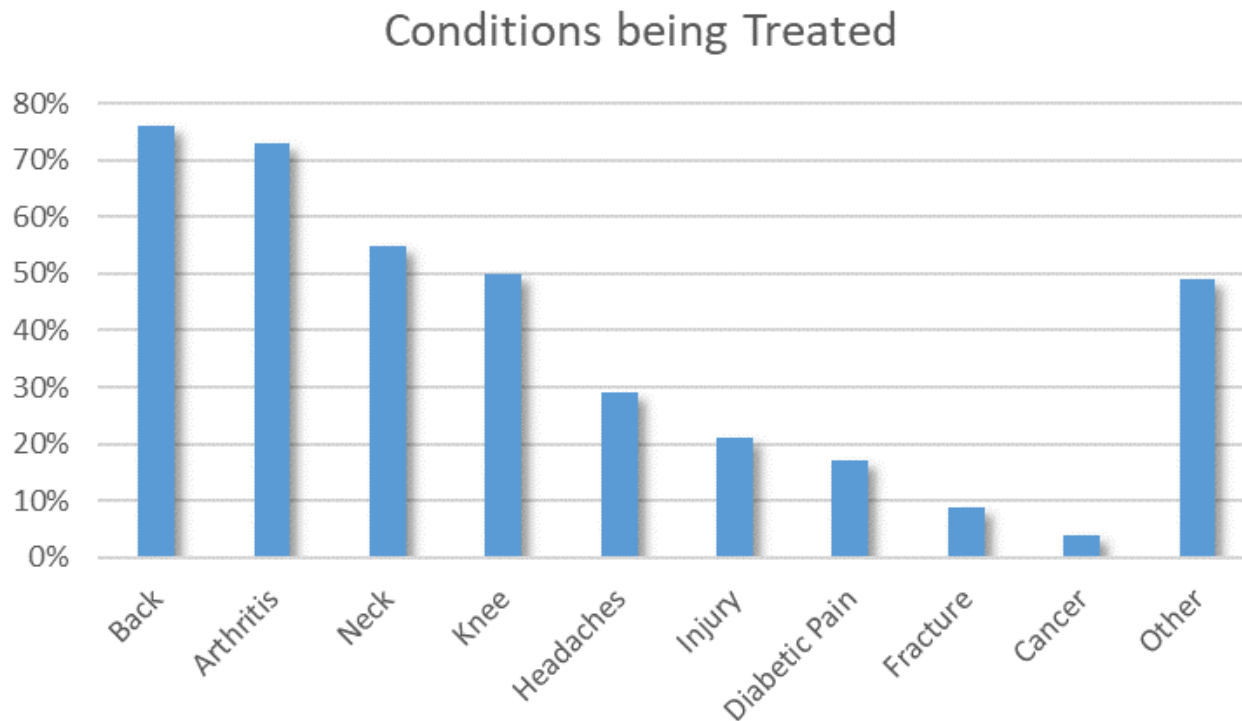
- ▶ Respondents were generally satisfied with their experience:
 - ▶ 52% reported being “very satisfied”, 44% were “somewhat satisfied” and only 4% were “somewhat dissatisfied” (one provider)
 - ▶ 91% would recommend the program to colleagues
 - ▶ Six respondents also had an embedded Telligen health coach; five of six said it would be “very helpful” to integrate pain management into the health coach’s duties (one said “somewhat helpful”)
- ▶ Respondents did have suggestions for improving the program:
 - ▶ Shorten meeting times and do more via email
 - ▶ Bring their own computer
 - ▶ Provide examples of office policies
 - ▶ Routine follow-up after completion of the onsite portion
 - ▶ More training on all of the alternative treatment techniques

PATIENT SURVEY

- ▶ PHPG created a survey universe of patients who were treated at practice facilitation sites
 - ▶ Patients were long-term users of prescribed opioids
 - ▶ The survey universe was stratified by number of prescriptions filled; PHPG targeted patients with highest counts
- ▶ Patients were notified by mail in advance of being contacted
- ▶ The survey was structured to ask about their experience with the provider and not explicitly about their opioid use
- ▶ PHPG conducted 103 interviews in November 2018

PATIENT SURVEY

- ▶ Respondents were asked to name the conditions for which they were receiving treatment (multiple answers allowed)



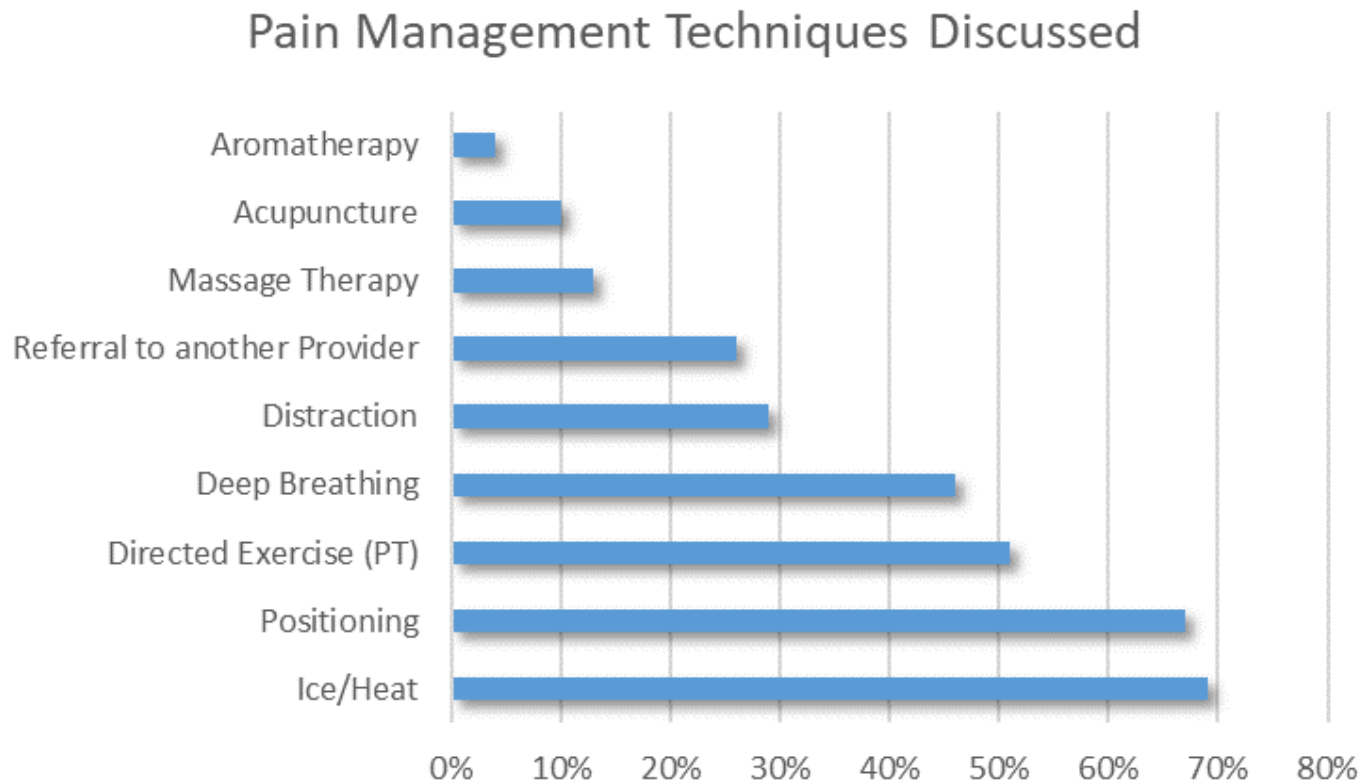
Note: Most common "other" included other joints (e.g., hip, shoulder) and nerve pain

PATIENT SURVEY

- ▶ Respondents were asked how long they had been receiving treatment for pain – 77% said three or more years
- ▶ Respondents were asked if their provider has worked with them to develop a pain treatment plan to reduce their pain – 67% said “yes”
- ▶ Respondents were next asked whether their doctor had discussed one or more techniques for helping patients with pain to feel better (see next slide)

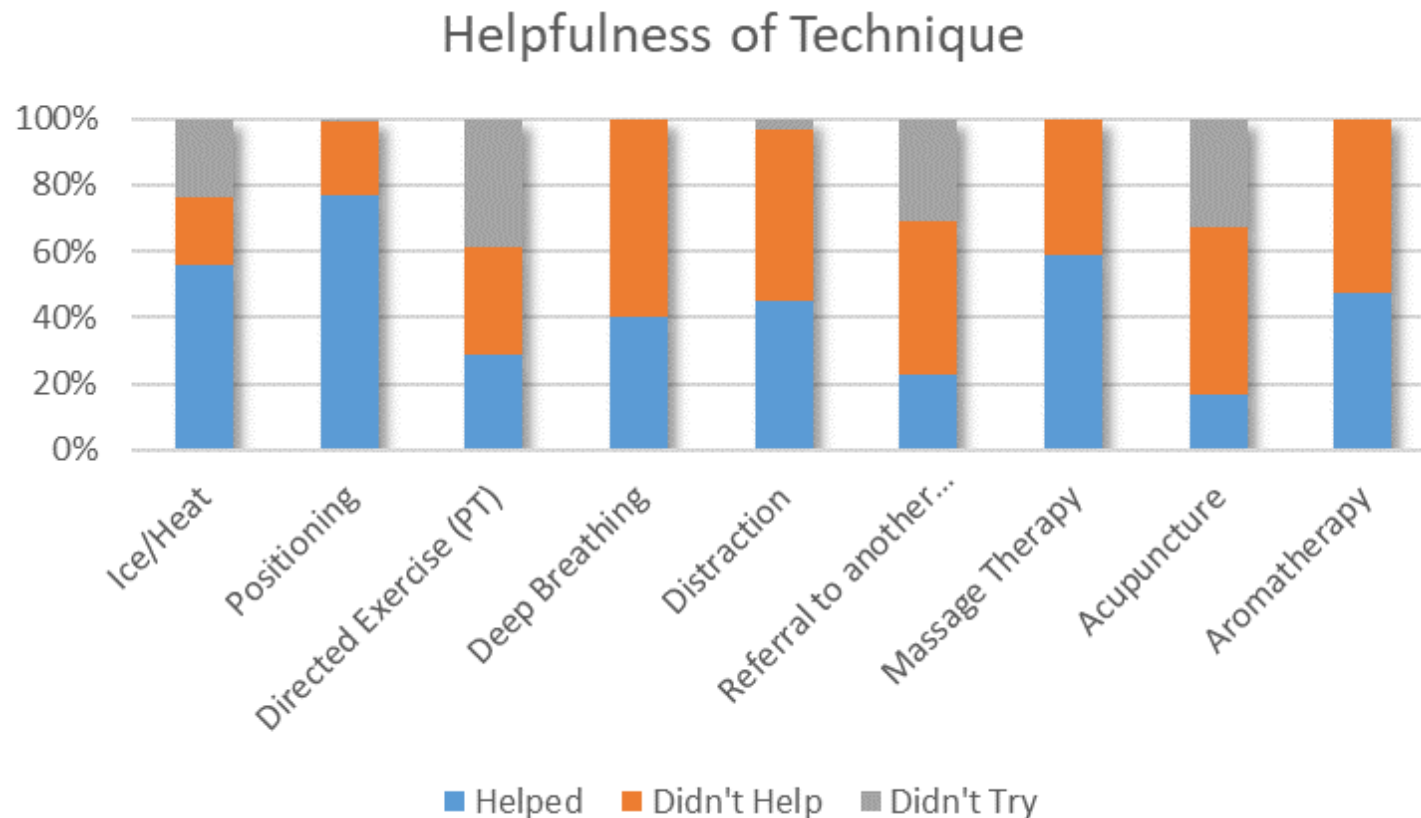
PATIENT SURVEY

- ▶ Pain management techniques discussed with provider (percent saying “yes”)



PATIENT SURVEY

- ▶ Among those who said “yes”, respondents were asked if they tried the technique and if it helped



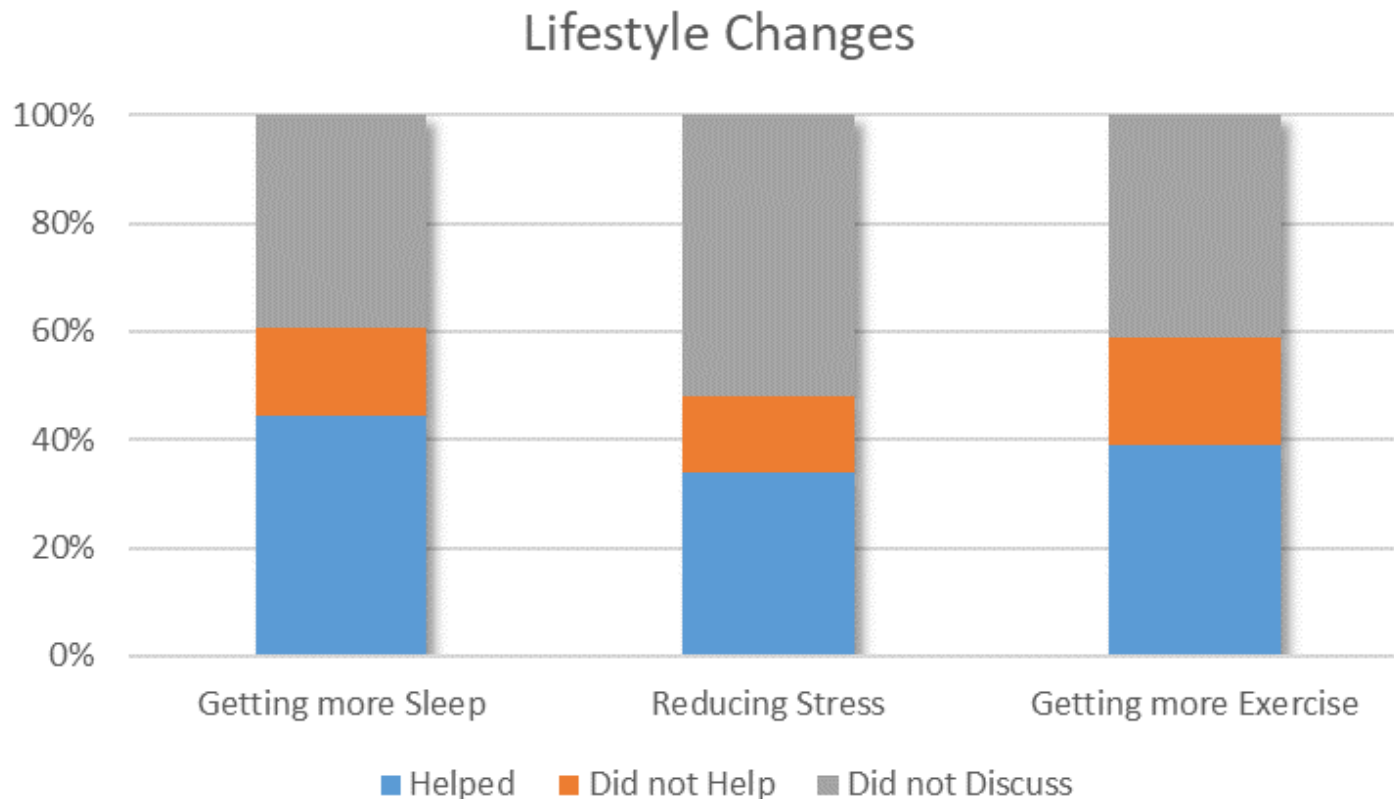
PATIENT SURVEY

- ▶ 90% of respondents stated that their provider was currently treating their pain with medication
- ▶ 63% stated that their provider had made a change since treatment first started

Change Made	Percent
Stopped taking prescription pain medication	24%
Changed at least one old medication to a new (different) one	24%
Reduced number of pills or dosage taken	21%
Stopped taking at least one medication but continue with others	11%
Take same medication but prescription is for fewer days	8%
Take old medication along with new medication	6%
Stopped at least one but take other(s) at a higher dosage	5%

PATIENT SURVEY

- ▶ Respondents also were asked if they discussed – and tried – any of several potential lifestyle changes to reduce pain; if so, did the change help?



PATIENT SURVEY

- ▶ Respondents were generally very satisfied with their provider
 - ▶ 93% stated their provider listens carefully to them when discussing pain treatment
 - ▶ 92% stated their provider explains options for treating pain in a way that is easy to understand
 - ▶ 82% stated they were “very satisfied” overall with how their provider has helped them manage pain
- ▶ Respondents fell into three equal categories in terms of changes in pain level since treatment began:
 - ▶ 33% have “more pain”
 - ▶ 33% have “the same amount of pain”
 - ▶ 25% have “somewhat less pain” and 7% have “very little pain”

CLAIMS ANALYSIS

- ▶ Identified Practice Facilitation sites with start dates between January 1, 2016 and July 31, 2017
- ▶ Reviewed claims volume by provider to ensure the adequacy of data
- ▶ Analysis based on 40 Practice Facilitation providers
- ▶ Identified opioid, benzodiazepine and buprenorphine prescriptions based on NDC listing published by Center for Disease Control (CDC) in September 2018
- ▶ Created an “anchor date” for each member based on Practice Facilitation Start Date plus 60 days
- ▶ Categorized pharmacy and medical claims based on Dates of Service in the twelve months prior to the modified PF Start Date and twelve months following the modified PF Start Date
- ▶ Data includes individuals with a diagnosis of cancer
- ▶ Morphine Milligram Equivalent Conversion Factors obtained from CDC NDC listing

CLAIMS ANALYSIS

Baseline Summary (Twelve Months Preceding Practice Facilitation)

	Benzodiazepines	Buprenorphine	Opioids	Total
Providers	40	11	40	40
Prescriptions	14,553	592	30,047	45,192
Average Prescriptions per Provider	363.8	53.8	751.2	1,129.8
Patients	2,641	89	4,778	5,600
Average Patients Per Provider	66.0	8.1	119.5	140.0
Pharmacy Expenditures	\$ 89,899	\$ 220,699	\$ 1,292,474	\$ 1,603,072
Average Prescription Expenditures per Provider	\$ 2,247	\$ 20,064	\$ 32,312	\$ 40,077
Average Paid per Prescription	\$ 6.18	\$ 372.80	\$ 43.02	\$ 35.47
Average Paid per Patient	\$ 34	\$ 2,480	\$ 271	\$ 286

CLAIMS ANALYSIS

Summary of Benzodiazepine Drugs

Name	Paid Amount	Percent of Total
Alprazolam	\$ 36,557	40.7%
Clonazepam	\$ 15,779	17.6%
Diazepam	\$ 15,604	17.4%
Lorazepam	\$ 5,119	5.7%
Temazepam	\$ 4,950	5.5%
Diazepam; lubricant	\$ 3,371	3.8%
Triazolam	\$ 3,050	3.4%
Clorazepate Dipotassium	\$ 2,687	3.0%
Amitriptyline Hydrochloride/Chlordiazepoxide	\$ 1,322	1.5%
Oxazepam	\$ 985	1.1%
Flurazepam Hydrochloride	\$ 311	0.3%
Chlordiazepoxide Hydrochloride	\$ 164	0.2%
Total	\$ 89,899	100%

CLAIMS ANALYSIS

Summary of Buprenorphine Drugs

Name	Paid Amount	Percent of Total
Buprenorphine/naloxone	\$ 193,502	87.7%
Buprenorphine	\$ 25,817	11.7%
Buprenorphine Hydrochloride	\$ 1,380	0.6%
Total	\$ 220,699	100%

CLAIMS ANALYSIS

Summary of Opioid Drugs

Name	Paid Amount	Percent of Total
Oxycodone Hydrochloride	\$ 451,482	34.9%
Acetaminophen/hydrocodone Bitartrate	\$ 367,476	28.4%
Acetaminophen/oxycodone Hydrochloride	\$ 185,538	14.4%
Morphine Sulfate	\$ 59,370	4.6%
Fentanyl	\$ 38,701	3.0%
Acetaminophen/codeine Phosphate	\$ 34,537	2.7%
Hydrocodone Bitartrate/ibuprofen	\$ 28,668	2.2%
Oxymorphone Hydrochloride	\$ 25,670	2.0%
Hydromorphone Hydrochloride	\$ 24,307	1.9%
Tramadol Hydrochloride	\$ 23,023	1.8%
Hydrocodone Bitartrate	\$ 18,876	1.5%
Naloxone Hydrochloride/pentazocine Hydrochloride	\$ 8,914	0.7%
Butorphanol Tartrate	\$ 7,330	0.6%
Aspirin/butalbital/cafeine/codeine Phosphate	\$ 7,060	0.5%
Apap/butalbital/caff/codeine Phos	\$ 5,431	0.4%
Methadone Hydrochloride	\$ 5,018	0.4%
Meperidine Hydrochloride	\$ 758	0.06%
Aspirin/oxycodone Hydrochloride	\$ 176	0.01%
Acetaminophen/tramadol Hydrochloride	\$ 84	0.01%
Codeine Sulfate	\$ 55	0.004%
Total	\$ 1,292,474	100%

CLAIMS ANALYSIS

Summary of Opioid Utilization: Number of Prescriptions

Number of Prescriptions	Number of Patients		Change	Percentage Change
	Twelve Months Prior to Practice Facilitation	Twelve Months Following Practice Facilitation		
1	1,272	1,088	(184)	-14.5%
2	539	447	(92)	-17.1%
3	323	263	(60)	-18.6%
4	288	219	(69)	-24.0%
5	228	210	(18)	-7.9%
6	222	192	(30)	-13.5%
7	180	175	(5)	-2.8%
8	185	168	(17)	-9.2%
9	191	143	(48)	-25.1%
10 or More	1,350	1,154	(196)	-14.5%
Total	4,778	4,059	(719)	-15.0%

CLAIMS ANALYSIS

Summary of Opioid Utilization: Total Prescribed Days Supply

Total Days Supply	Number of Patients		Change	Percentage Change
	Twelve Months Prior to Practice Facilitation	Twelve Months Following Practice Facilitation		
15 or Less	727	658	(69)	-9.5%
16 to 30	705	575	(130)	-18.4%
31 to 60	491	394	(97)	-19.8%
61 to 90	311	250	(61)	-19.6%
91 to 180	751	628	(123)	-16.4%
180 or More	1,793	1,554	(239)	-13.3%
Total	4,778	4,059	(719)	-15.0%

CLAIMS ANALYSIS

Summary of Opioid Utilization: Episodic "New Patients"

Prescriptions	Number of Patients		Change	Percentage Change
	Twelve Months Prior to Practice Facilitation (No Prescriptions Post-PF)	Twelve Months Following Practice Facilitation (No Prescriptions Pre-PF)		
1	1,036	855	(181)	-17.5%
2	368	246	(122)	-33.2%
3	198	126	(72)	-36.4%
Total	1,602	1,227	(375)	-23.4%

CLAIMS ANALYSIS

Summary of Opioid Utilization: Patients with Opioid Prescriptions Before and After Practice Facilitation

Number of Prescriptions Prior to Practice Facilitation	Total Patients	Reduction in Number of Prescriptions		Same Number of Prescriptions		Increase in Number of Prescriptions	
		Number of Patients	Percentage of Total	Number of Patients	Percentage of Total	Number of Patients	Percentage of Total
1	236	-	0.0%	80	33.9%	156	66.1%
2	171	44	25.7%	26	15.2%	101	59.1%
3	125	38	30.4%	9	7.2%	78	62.4%
4	117	42	35.9%	7	6.0%	68	58.1%
5	121	44	36.4%	14	11.6%	63	52.1%
6	122	47	38.5%	12	9.8%	63	51.6%
7	96	41	42.7%	6	6.3%	49	51.0%
8	109	55	50.5%	9	8.3%	45	41.3%
9	120	75	62.5%	7	5.8%	38	31.7%
10 or More	1,198	702	58.6%	225	18.8%	271	22.6%
Total	2,415	1,088	45.1%	395	16.4%	932	38.6%

CLAIMS ANALYSIS

Baseline Summary: Patients with High Opioid Utilization (Minimum of 180 Days Supply Before and After PF)

	Prior to PF	After PF	Change	Percentage Change
Patients	1076	1076	0	0.0%
Prescriptions	14,202	13,761	(441)	-3.1%
Pharmacy Expenditures	\$ 695,089	\$ 596,321	\$ (98,767.81)	-14.2%
Average Prescriptions per Patient	13.2	12.8	(0.4)	-3.1%
Average Paid per Prescription	\$48.94	\$43.33	\$ (5.61)	-11.5%
Average Paid per Patient	\$646	\$554	\$ (91.79)	-14.2%

CLAIMS ANALYSIS

Number of Prescriptions: Patients with High Opioid Utilization (Minimum of 180 Days Supply Before and After PF)

Number of Prescriptions	Number of Patients		Change	Percentage Change
	Twelve Months Prior to Practice Facilitation	Twelve Months Following Practice Facilitation		
Less than 10	172	215	43	25.0%
10 to 19	756	741	(15)	-2.0%
20 to 24	100	69	(31)	-31.0%
25 or More	48	51	3	6.3%
Total	1,076	1,076	-	0.0%

CLAIMS ANALYSIS

MME: Patients with High Opioid Utilization (Minimum of 180 Days Supply Before and After PF)

Average Morphine Milligram Equivalent (MME) per Patient (Prior to Practice Facilitation)	Total Patients	Reduction in MME		Same MME		Increase in MME	
		Number of Patients	Percentage of Total	Number of Patients	Percentage of Total	Number of Patients	Percentage of Total
Less than 30	272	72	26.5%	60	22.1%	140	51.5%
30 to 50	514	189	36.8%	160	31.1%	165	32.1%
51 to 90	140	62	44.3%	15	10.7%	63	45.0%
91 to 150	82	50	61.0%	7	8.5%	25	30.5%
Over 150	68	43	63.2%	6	8.8%	19	27.9%
Total	1,076	416	38.7%	248	23.0%	412	38.3%

CLAIMS ANALYSIS

Summary of Opioid Drug Screens: Procedure Code 80305

	Twelve Months Prior to Practice Facilitation	Twelve Months Following Practice Facilitation	Change	Percent Change
Patients	69	341	272	394%
Providers	2	18	16	800%
Number of Tests	105	452	347	330%

CLAIMS ANALYSIS

Summary of Emergency Department Visits

	Twelve Months Prior to Practice Facilitation	Twelve Months Following Practice Facilitation	Change	Percent Change
Visits	22,858	22,014	(844)	-3.7%
Expenditures	\$ 3,027,609	\$ 2,835,108	\$ (192,501)	-6.4%
Expenditures per Visit	132	129	(4)	-2.8%

CLAIMS ANALYSIS

Summary of Inpatient Hospital Visits

	Twelve Months Prior to Practice Facilitation	Twelve Months Following Practice Facilitation	Change	Percent Change
Admissions	3,374	3,236	(138)	-4.1%
Days	20,402	19,685	(717)	-3.5%
Average Length of Stay	6.05	6.08	(0.03)	0.6%
Expenditures	\$ 18,245,962	\$ 16,639,606	\$ (1,876,356)	-10.3%
Expenditures per Admit	\$ 5,408	\$ 5,059	\$ (349)	-6.5%

CLAIMS ANALYSIS

Utilization and Expenditure Summary: Benzodiazepine

	Twelve Months Prior to Practice Facilitation	Twelve Months Following Practice Facilitation	Change	Percentage Change
Providers	40	40	0	0.0%
Prescriptions	14,553	11,576	(2,977)	-20.5%
Average Prescriptions per Provider	363.8	289.4	(74.4)	-20.5%
Patients	2,641	2,175	(466)	-17.6%
Average Patients Per Provider	66.0	54.4	(11.7)	-17.6%
Pharmacy Expenditures	\$ 89,899	\$ 109,780	\$ 19,881	22.1%
Average Prescription Expenditures per Provider	\$ 2,247	\$ 2,744	\$ 497	22.1%
Average Paid per Prescription	\$ 6.18	\$ 9.48	\$ 3.31	53.5%
Average Paid per Patient	\$ 34	\$ 50	\$ 16	48.3%

CLAIMS ANALYSIS

Utilization and Expenditure Summary: Buprenorphine

	Twelve Months Prior to Practice Facilitation	Twelve Months Following Practice Facilitation	Change	Percentage Change
Providers	11	12	1	9.1%
Prescriptions	592	683	91	15.4%
Average Prescriptions per Provider	53.8	56.9	3.1	5.8%
Patients	89	96	7	7.9%
Average Patients Per Provider	8.1	8.0	(0.1)	-1.1%
Pharmacy Expenditures	\$ 220,699	\$ 265,331	\$ 44,633	20.2%
Average Prescription Expenditures per Provider	\$ 20,064	\$ 22,111	\$ 2,047	10.2%
Average Paid per Prescription	\$ 372.80	\$ 388.48	\$ 15.68	4.2%
Average Paid per Patient	\$ 2,480	\$ 2,764	\$ 284	11.5%

CLAIMS ANALYSIS

Utilization and Expenditure Summary: Opioids

	Twelve Months Prior to Practice Facilitation	Twelve Months Following Practice Facilitation	Change	Percentage Change
Providers	40	40	0	0.0%
Prescriptions	30,047	25,536	(4,511)	-15.0%
Average Prescriptions per Provider	751.2	638.4	(112.8)	-15.0%
Patients	4,778	4,059	(719)	-15.0%
Average Patients Per Provider	119.5	101.5	(18.0)	-15.0%
Pharmacy Expenditures	\$ 1,292,474	\$ 970,796	\$ (321,678)	-24.9%
Average Prescription Expenditures per Provider	\$ 32,312	\$ 24,270	\$ (8,042)	-24.9%
Average Paid per Prescription	\$ 43.02	\$ 38.02	\$ (5.00)	-11.6%
Average Paid per Patient	\$ 271	\$ 239	\$ (31)	-11.6%

CLAIMS ANALYSIS

Utilization and Expenditure Summary: All Three Drug Types

	Twelve Months Prior to Practice Facilitation	Twelve Months Following Practice Facilitation	Change	Percentage Change
Providers	40	40	0	0.0%
Prescriptions	45,192	37,795	(7,397)	-16.4%
Average Prescriptions per Provider	1,129.8	944.9	(184.9)	-16.4%
Patients	5,600	4,794	(806)	-14.4%
Average Patients Per Provider	140.0	119.9	(20.2)	-14.4%
Pharmacy Expenditures	\$ 1,603,072	\$ 1,345,908	\$ (257,164)	-16.0%
Average Prescription Expenditures per Provider	\$ 40,077	\$ 33,648	\$ (6,429)	-16.0%
Average Paid per Prescription	\$ 35.47	\$ 35.61	\$ 0.14	0.4%
Average Paid per Patient	\$ 286	\$ 281	\$ (6)	-1.9%