

Blue Shield of California's

Narcotic Safety Initiative

SF HSS Educational Forum

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Blue Shield's Narcotics Safety Initiative

A three-year effort to reduce opioid use by 50% among Blue Shield members with non-cancer pain by end of 2018

Reduce the number of people on chronically high doses of opioids

Prevent progression to chronic use for members newly starting opioids

Reduce the number of prescriptions and refills for members newly starting opioid

Through evidence-based interventions

Prudent prescribing and proactive management

Access to programs to manage pain, addiction, and substance abuse

Diligence on fraud, waste, and abuse

Enhanced coverage policies and formulary management



Program Timeline

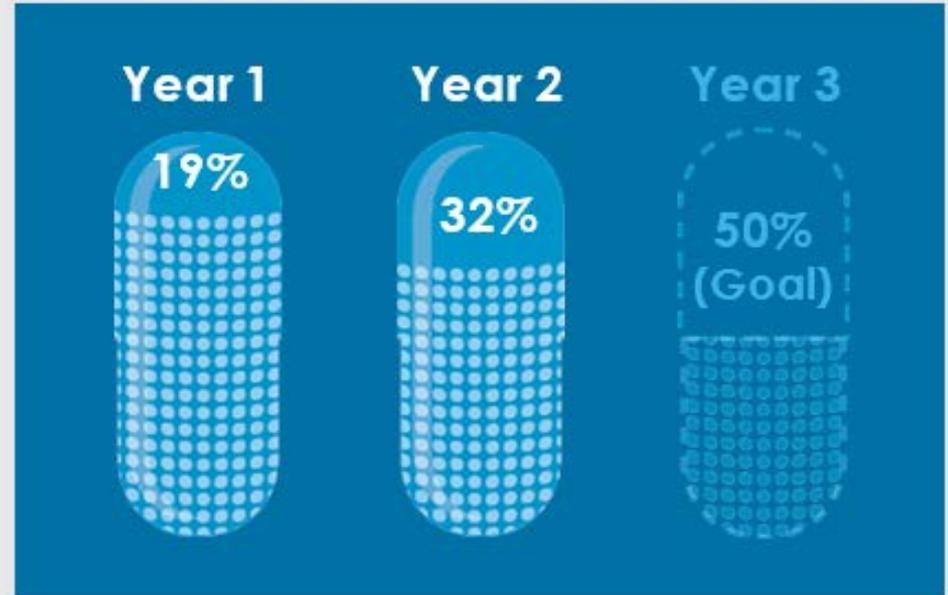


2014	2015	2016	2017
<p>Scope the problem >20k mbrs, \$40M/yr</p> <p>BSC Board review and approval of NSI</p>	<p>NSI launched</p> <p>Restrict extended release opioids</p> <p>NSI case management</p> <p>ACO provider awareness & public awareness</p> <p>Start limiting high doses (not to exceed 90 mg morphine equivalent dose/day)</p>	<p>Prevent stockpiling</p> <p>Prevent extended use for acute pain</p> <p>Pharmaco-medical analysis</p> <p>Public awareness</p> <ul style="list-style-type: none"> • Senate HELP Committee briefing • CHCF case study published • SafeMedLA collaboration 	<p>↑ access to Medication Assisted Therapy</p> <p>Limit over prescribing for acute pain</p> <p>Prescriber education/ training</p> <p>Chronic pain management program</p> <p>Harvard Univ. research & publication</p>

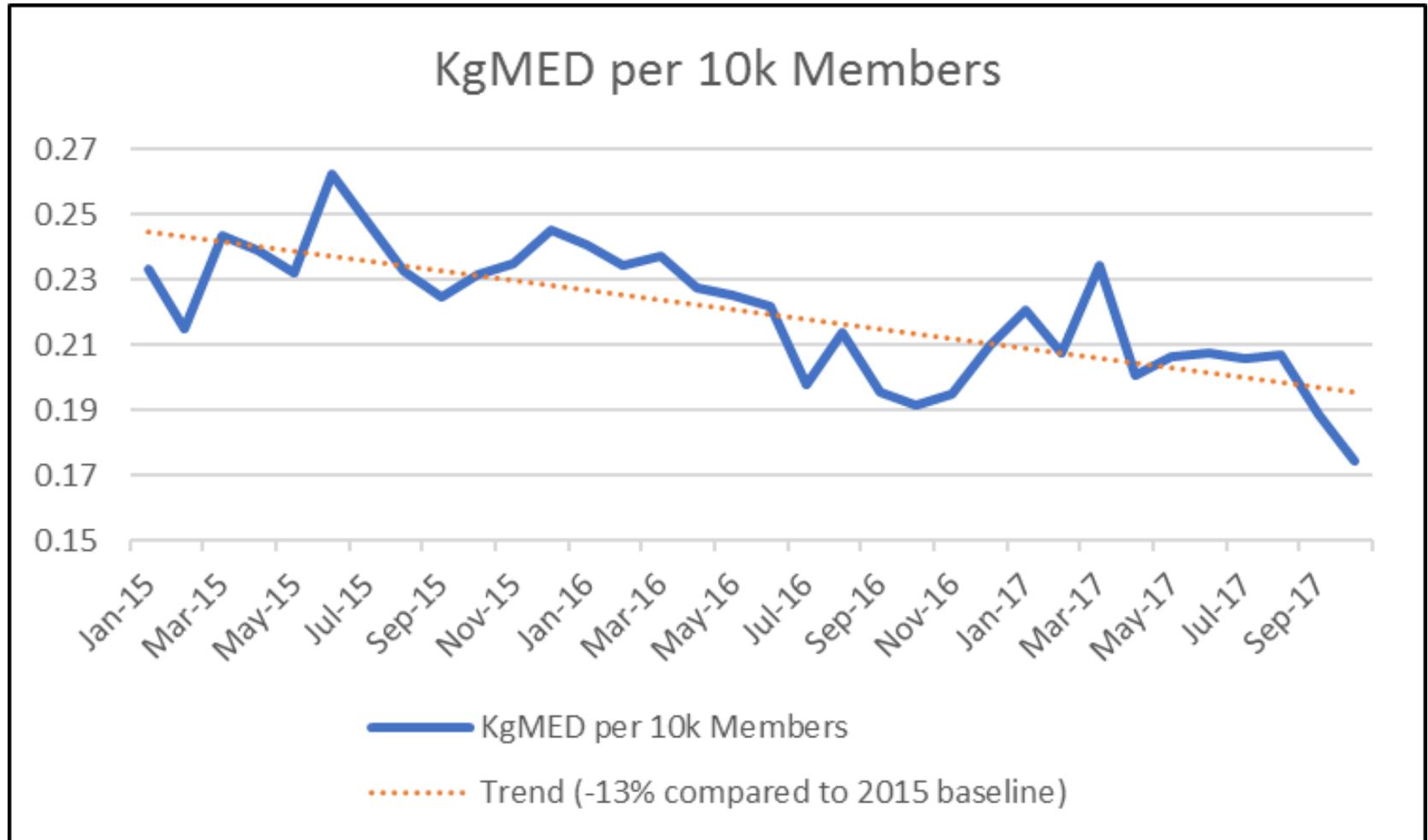


Our Progress

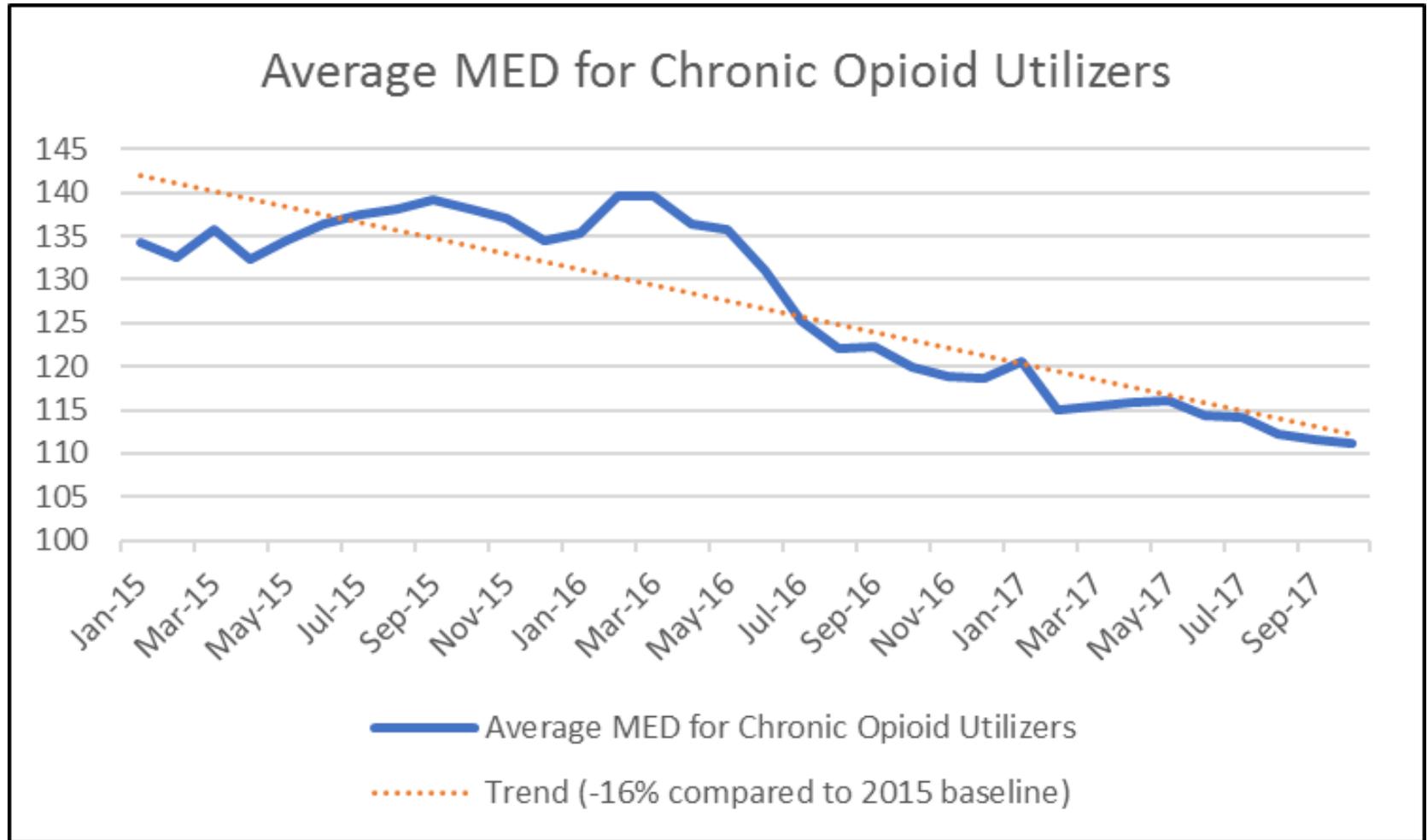
Percent reduction in opioid use among Blue Shield members with non-cancer pain



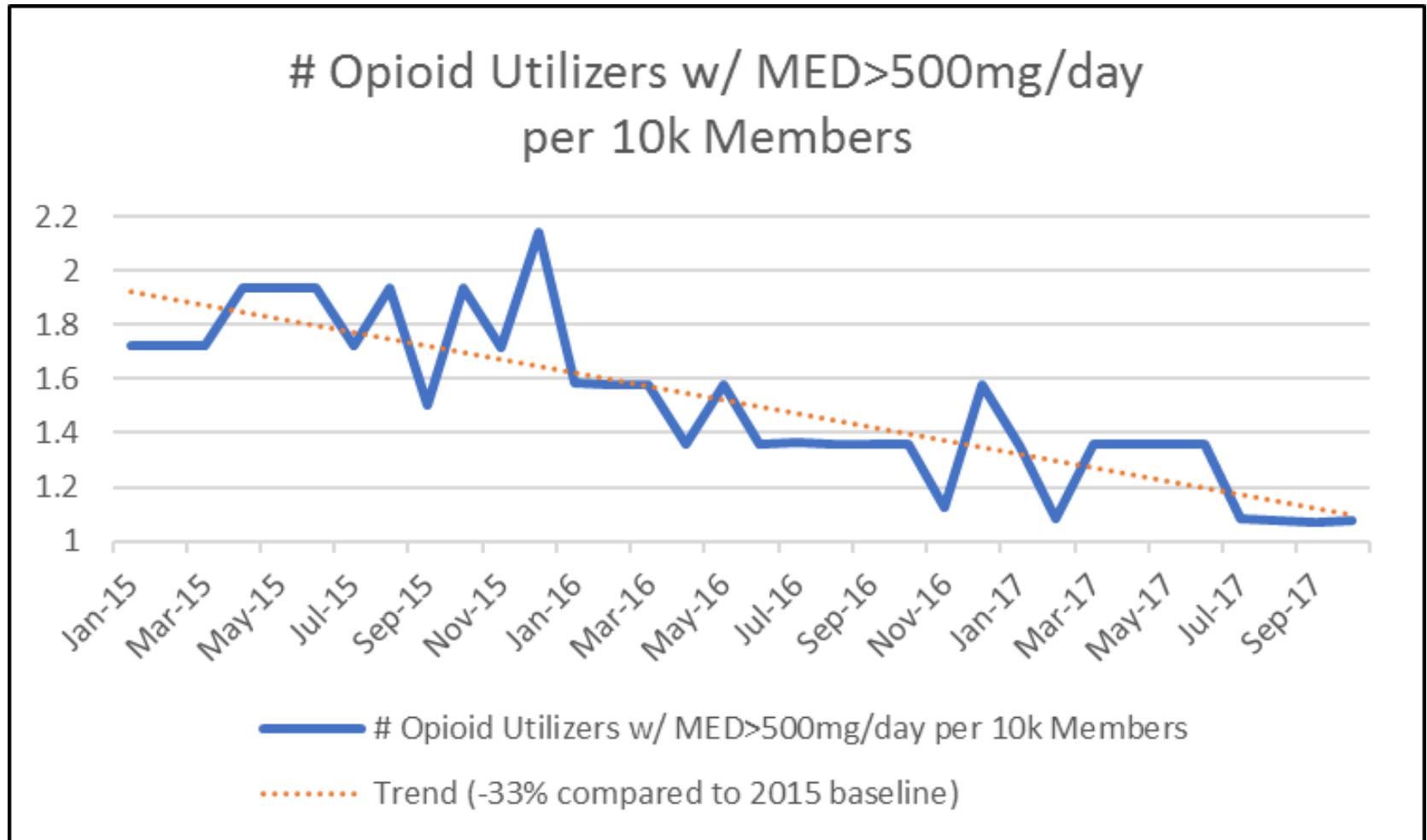
SF HSS Overall Opioid Consumption



SF HSS Chronic Opioid Utilizers Consumption



SF HSS High Dose Opioid Utilizers



Making a difference for our family and friends...

Covered CA member Helped by NSI case management

56yo female with lupus and chronic pain syndrome

Out-of-network prescriber

550 mg morphine equivalent dose (MED):

- meperidine 300 mg/day
- hydromorphone 4mg 10x per day
- fentanyl up to 150mcg every 48 hrs

Now member is seeing an in-network provider and only taking hydromorphone 16 mg/day. **MED = 64**

88% reduction in daily opioid dose!

BSC Prescriber reports working

BSC provider called specifically to let us know about a 64yo BSC patient on “holy trinity” combination with opioid Rx, identified in the BSC report mailed to his office.

Prescriber stopped two of the medications (benzodiazepine and muscle relaxant).

He had been meaning to do this for some time, but this **provided good motivation to discontinue these medications.**



Making a difference for our family and friends...

Referred to substance abuse treatment

Medicare PDP member with thoracic spinal pain with total opioid doses up to **800 MED**.

Left BSC Nov. 2015, but returned 2016. Now managed by a new provider and tapered down to **50 MED** and in substance abuse treatment on buprenorphine.

>90% reduction in daily opioid dose!

ACO partnership driving change

ACO member identified early 2016 using compounded hydromorphone injectable plus many other opioid Rx's written by an out-of-network provider.

Plan paid **\$15K per refill**.

BSC ACO pharmacist and ACO pharmacist worked together to discontinue compounded hydromorphone and taper utilization of other opioids, **dropping MED by 50%**.

Repatriated member back into ACO to manage care.





Thank you
