



# Magellan Testimony

Public Hearing with Rep. Marty Flynn and HOPE Caucus on Pennsylvania's Drug Epidemic

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Magellan Health is a leader in managing the fastest growing, most complex areas of health, including special populations, complete pharmacy benefits and other specialty areas of healthcare.

With more than 20 years of experience with Medicaid and other public sources of funding—including 18 years in Pennsylvania—we have a deep understanding of the public healthcare system and how to optimize the delivery of care to achieve the best outcomes for those we serve.

In Pennsylvania, Magellan maintains four offices with over 260 resident employees. We serve more than 283,500 residents per month through our five county public sector behavioral health programs in Bucks, Delaware, Lehigh, Montgomery and Northampton counties, and manage services for nearly 2.9 million more residents with behavioral health needs through commercial health plans and employee assistance programs.

What is Medication Assisted Treatment (MAT)?

I am here to speak about Medication-assisted Treatment (MAT), a program that combines traditional psychosocial interventions, including individual therapies such as cognitive behavior therapy, motivational interviewing and hypnotherapy, with medications that reduce cravings and prevent withdrawal from opiates and alcohol.

MAT can be prescribed by psychiatrists and other medical professionals. Medications prescribed for MAT include:

- Naltrexone is non-addictive and can be safely administered to patients to overcome addiction. It is available in both pill form (ReVia®) and in a once/month injectable form (Vivitrol®).
- Buprenorphine (Suboxone® & Subutex®) can assist those with opiate use disorder when combined with structured psychosocial treatment programs.

Individuals receiving MAT benefit from simultaneous case management through their MAT providers as well as through managed healthcare companies like Magellan, which has the expertise to support both the prescribing MAT providers and MAT patients.

Magellan has actively encouraged the use of MAT since 2008. Magellan's preliminary data suggests that the use of MAT in conjunction with psychosocial interventions has reduced

readmissions for detox for those patients receiving MAT. I'll be discussing results of our MAT intervention later in my comments.

What are the barriers to the adoption of Medication Assisted Treatment (MAT)?

Why are the prescription rates for these medications at time of discharge so low? A number of barriers prevent a wider use of the medications to treat addictions.<sup>1 2</sup> Through my experience, I have observed a variety of reasons that explain why MAT has not been widely adopted.

- **Increase stakeholder awareness:** Because MAT has not been widely adopted, there are still opportunities to share the advantages that MAT offers to patients.
- **Patient adherence:** Stakeholders are fearful that MAT medications will reduce motivation for therapy.
- **Fear of prescription medication side effects:** Patients are concerned about negative physical side effects of MAT medications.
- **Impact on physician practice:** Physicians may lack time in managing patients. In addition, physicians may be reluctant to treat opiate dependent patients.
- **Anti-medication approach to substance abuse treatment:** MAT is innovative because combines non-medication elements of treatment, such as psychosocial treatment, with prescription drugs.
- **Medication accessibility:** Some of the critically important medications are not available on current formularies.
- **Network capacity:** In certain regions, there are not enough physicians to treat opiate use disorders. HHS recently expanded the number of patients who can be treated per physician from 1:100 to 1:275. Even with that change, provider access is still wanting.
- **Stigma:** Patient stigma that use of medication to aid in substance use disorder (SUD) recovery is a "weakness" or "trading one addiction for another."

What are Magellan's demonstrated successes associated with Medication Assisted Treatment (MAT)?

Magellan developed proprietary algorithms to identify, assess, and stratify follow-up interventions for members based on their clinical need, which allows Magellan to direct more support to individuals who need it and can distinctly benefit from support.

During the first quarter of 2016, our care managers reached out to almost 13,000 members and their care providers nationally to encourage the use of MAT.

- Of these, 8,343 had an opiate use disorder, or opiate use disorder combined with other drugs, alcohol, or were also diagnosed with a mental health condition.
- Only 1,154 or 14.8 percent received prescriptions for MAT medications at discharge.

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<sup>1</sup> Albright J, Ciaverelli R., et al. Psychiatrist characteristics that influence use of buprenorphine medication-assisted treatment. *J Addict Med.* 2010; 4(4): 197-203.

<sup>2</sup> Harris AHS, Kivlahan DR, Bowe T, Humphreys KN. Pharmacotherapy of Alcohol Use Disorders in the Veterans Health Administration. *Psychiatric Services.* April 2010. 61:4: 392-398.

- Our experience with Pennsylvania Medicaid has reflected this rate as well where our care managers reached out to 4,452 patients with only 13.0 percent of those receiving MAT prescriptions at discharge.

Recently, Magellan—in concert with local agencies and county-level representatives in Pennsylvania—conducted face-to-face interviews with 74 youth aged 26 and younger who had received substance abuse treatment. Almost 80 percent came to treatment because of opioid abuse. Only one-third were receiving or had received MAT. The most common reason for starting opioid use was “emotional pain.”

Prescription rates range from 0.9 percent at one PA facility to 78 percent at another for our Medicaid plans in PA. One can see how these medications are highly underutilized.

Magellan has partnered with healthcare providers to increase provider comfort/knowledge of the effectiveness of MAT, and to encourage physicians to prescribe MAT medications.

We also partner with health plans and state Medicaid agencies to incorporate MAT medications into formularies.

#### Conclusion

Our objective in speaking with you today was to share our experience in implementing and deploying an innovative clinical solution to the opioid epidemic, Medication-assisted Treatment. We believe that this is just one proven approach to solving the Commonwealth’s public health crisis. We would like to continue to offer our subject matter expertise as legislators continue to explore policy solutions.