

Curbing the Opioid Epidemic: Checklist for California Health Plans and Purchasers

In early 2017, Smart Care California conducted a survey among health plans that serve Covered California, CalPERS, and Medi-Cal members to learn more about which approaches aimed at lower opioid-related morbidity and mortality are currently in place, or under consideration. The survey was re-administered in the summer of 2018 to evaluate implementation progress. The 2018 survey was based on Smart Care California's [health plan and purchaser checklist for curbing the opioid epidemic](#). The survey results have been condensed to identify the top approaches for plans. Below are aggregated 2018 results by business line. Note Medi-Cal plans were not asked about removing authorization for buprenorphine and naloxone, as they are carved out from Medi-Cal managed care.



Smart Care California is focused on four priority areas with the strongest evidence for impact:

Priority	Approach	Status	CalPERS Plans		Covered CA Plans		Medi-Cal Plans	
PREVENT new starts	Implement quantity limits for new starts (with authorization requirements for ongoing treatment after first fill)	In Place		75.0%		75.0%		50.0%
		In Planning		0.0%		25.0%		50.0%
		No Plans		25.0%		0.0%		0.0%
	Remove prior authorization requirement for first course of physical therapy for back pain, and ensure timely access to care	In Place		83.3%		62.5%		50.0%
		In Planning		0.0%		25.0%		43.8%
		No Plans		16.7%		12.5%		6.3%
MANAGE pain safely	Implement formulary dose limits (total morphine milligram equivalents, with prompt authorization review to manage exceptions)	In Place		75.0%		87.5%		50.0%
		In Planning		0.0%		12.5%		43.8%
		No Plans		25.0%		0.0%		6.3%
	Limit concurrent prescriptions for opioid and benzodiazepines	In Place		75.0%		37.5%		25.0%
		In Planning		0.0%		37.5%		68.8%
		No Plans		25.0%		25.0%		6.3%
	Notify outpatient prescribers about hospital and ED admission for overdose events ¹	In Place		16.7%		25.0%		18.8%
		In Planning		33.3%		25.0%		31.3%
		No Plans		50.0%		50.0%		50.0%
	Offer or support specific programs that help providers develop taper plans for patients on high opioid doses or combinations (opioids and benzodiazepines)	In Place		42.9%		55.6%		50.0%
		In Planning		28.6%		11.1%		50.0%
		No Plans		28.6%		33.3%		0.0%
TREAT addiction	Evaluate network adequacy for specialty addiction treatment and develop action plan to meet demand	In Place		57.1%		66.7%		56.3%
		In Planning		28.6%		33.3%		25.0%
		No Plans		14.3%		0.0%		18.8%
	Evaluate network adequacy for primary care addiction treatment (buprenorphine and naltrexone) and develop action plan to meet demand	In Place		42.9%		44.4%		43.8%
		In Planning		28.6%		33.3%		43.8%
		No Plans		28.6%		22.2%		12.5%
	Offer or support provider education on buprenorphine prescribing (e.g. waiver training)	In Place		71.4%		66.7%		68.8%
		In Planning		14.3%		11.1%		25.0%
		No Plans		14.3%		22.2%		6.3%
	Remove authorization requirements for initiating and maintaining buprenorphine for addiction (including eliminating requirements for detox in lieu of maintenance)	In Place		75.0%		100.0%	Medi-Cal plans were not asked this question due to a carve out	
		In Planning		0.0%		0.0%		
		No Plans		25.0%		0.0%		
STOP deaths	Offer or support provider education on co-prescribing naloxone	In Place		85.7%		77.8%		75.0%
		In Planning		14.3%		0.0%		25.0%
		No Plans		0.0%		22.2%		0.0%
	Provide member education on naloxone	In Place		50.0%		25.0%		62.5%
		In Planning		0.0%		25.0%		31.3%
		No Plans		50.0%		50.0%		6.3%
	Remove authorization requirements and copays for naloxone	In Place		28.6%		50.0%	Medi-Cal plans were not asked this question due to a carve out	
		In Planning		42.9%		12.5%		
		No Plans		28.6%		37.5%		