Pharmacy Data: Actionable Information for State Policy

NAHDO Health Care Data Summit 2018

October 11, 2018 9:30 – 11:00 AM

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Purpose & Presentations

PURPOSE: Explore the use of pharmacy claims and other pharmacy data to influence state policy that would address the opioid crisis and the spiraling costs of pharmaceuticals

PRESENTATIONS:

Al Prysunka Director, MedInsight APCD Products Milliman	**Introductions / Lessons Learned / Examples**
Norm Thurston Office of Health Care Statistics Director UT Department of Health	**Review of Recently Enacted Pharmacy Related State Legislation**
Maureen Mustard Director of Healthcare Analytics NH Insurance Department	**RX Data Collection Considerations in NH**
Karynlee Harrington Executive Director ME Health Data Organization	**LD 1406, An Act To Promote Prescription Drug Price Transparency & Other Use Case Examples**
Starla Ledbetter Chief Data Officer CA Office of Office of Statewide Health Planning and Development	**Cost Transparency RX (CTRx)**

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Lessons Learned with Pharmacy Claims Data

Problems:

- Linking pharmacy data with medical data:
  - Carve out problem
  - Separate contracts with plan sponsors for pharmacy coverage
- Data accuracy issues
  - Separate adjudication systems
  - All data not shared between PBM and carrier (e.g. – contract with pharmacies vs. contracts with carriers)
  - Complex member liability payment fields (e.g. – brand name vs. generic; coinsurance included in deductible)

Lessons Learned with Pharmacy Claims Data

Solutions:

- Require carriers to submit consolidated files for carve-out situations
- Require carriers and PBMs to submit files with linked, identical member IDs
- Require separate submissions sensitive contract data (paid amounts) from PBMs and carriers
- Create audit rules for certain payment fields

MILLIMAN WHITE PAPER

Opioid use disorder in the United States: Diagnosed prevalence by payer, age, sex, and state

Understanding the scale of the opioid epidemic within the insurance industry

Stoddard Davenport
Katie Matthews, ASA, MAAA

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DATA SOURCES AND METHODOLOGY

This analysis is based on three large national research databases, as well as a prior study completed by the Kaiser Family Foundation:

- 2015 Truven MarketScan Commercial Claims and Encounters Database®
- 2015 Milliman Consolidated Health Cost Guidelines™ Database
- 2015 Centers for Medicare and Medicaid Services (CMS) 5% Sample Standard Analytical File
- Kaiser Family Foundation analysis of 2013 Medicaid Statistical Information System and Urban Institute estimates from CMS-64 reports[16]

The results presented in the report for commercial insurance and Medicare beneficiaries were age and area adjusted to reflect the 2015 U.S. insured population using U.S. Census Bureau data. The difference between crude and adjusted rates were minimal.

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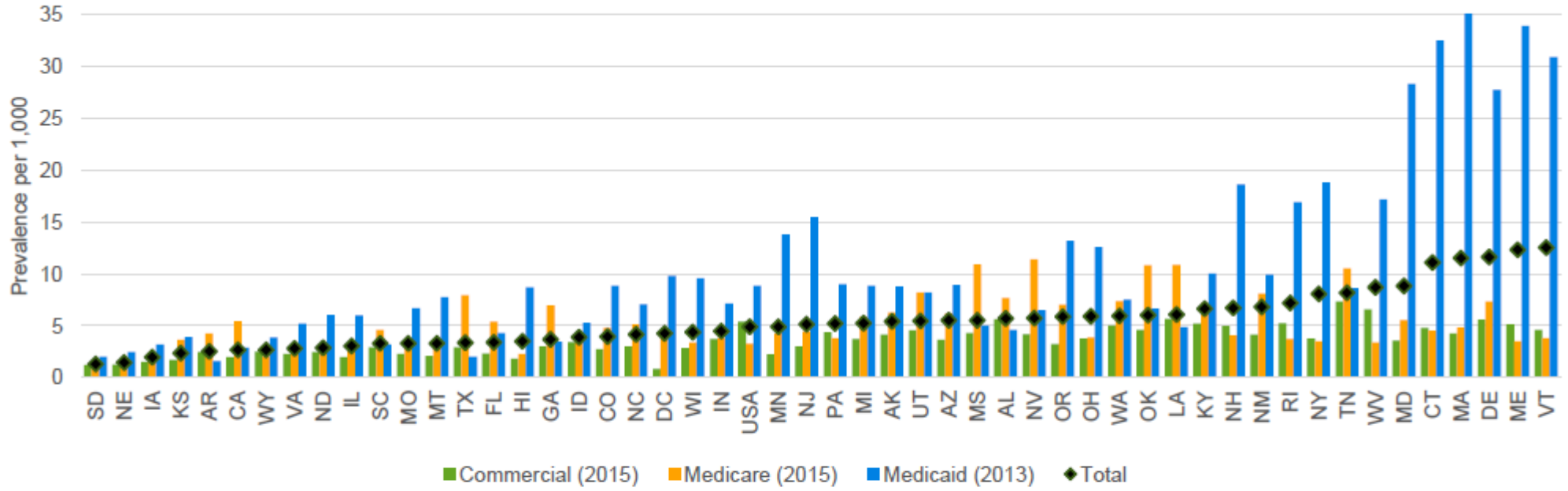
FIGURE 2: OPIOID USE AMONG U.S. ADULTS IN 2015

Opioid use	• 92 million people were prescribed an opioid • Some may be at risk for developing problem opioid use behaviors
Opioid use disorder	• 11.5 million people reported misusing opioids, and 1.9 million reported being addicted to opioids • May or may not have discussed their opioid use with a clinician or be ready to begin treatment
Diagnosed opioid use disorder	• 1.5 million people with public or private insurance were diagnosed with opioid abuse, opioid dependence, or opioid poisoning • Easiest subset to identify for management and enhanced care

Source: 2015 National Survey on Drug Use and Health and Milliman analysis.[11]

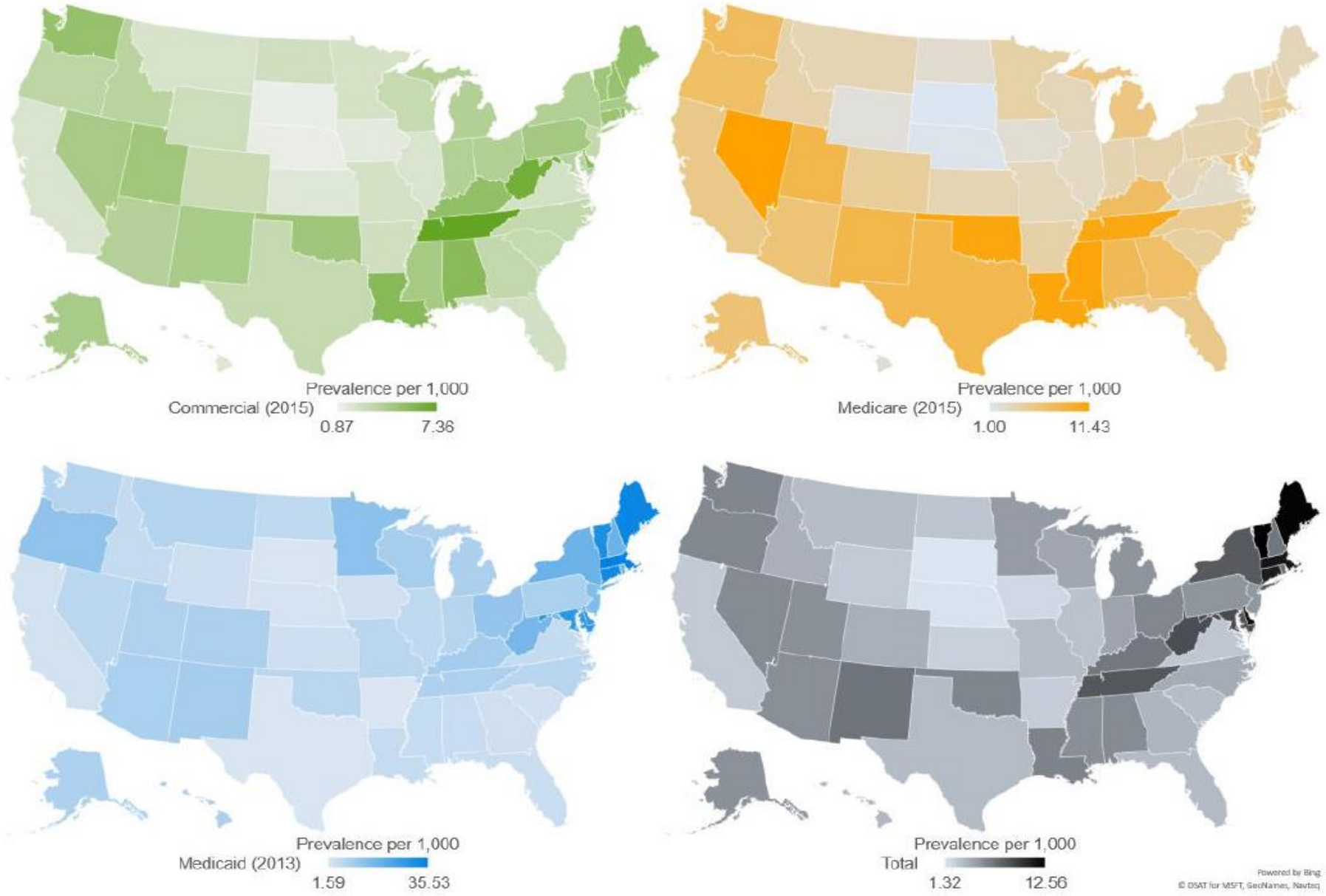
FIGURE 6: DIAGNOSED PREVALENCE OF OPIOID USE DISORDER BY STATE AND PAYER, 2015 (OR MOST RECENT YEAR[14])



[13] Horowitz, E (May 2, 2016). US facing not one, but two opioid epidemics, *Boston Globe*. Retrieved February 28, 2018, from http://www.bostonglobe.com/metro/2016/05/01/facing-not-one-but-two-opioid-epidemics/66CMuMtPuKHtZPx7tOxsPM/story.html.

[14] Due to Medicaid data limitations, 2012 data were used for Kansas and Rhode Island, and the national average was used as an estimate for Colorado.

FIGURE 7: DIAGNOSED PREVALENCE OF OPIOID USE DISORDER BY STATE AND PAYER, 2015 (OR MOST RECENT YEAR[15])



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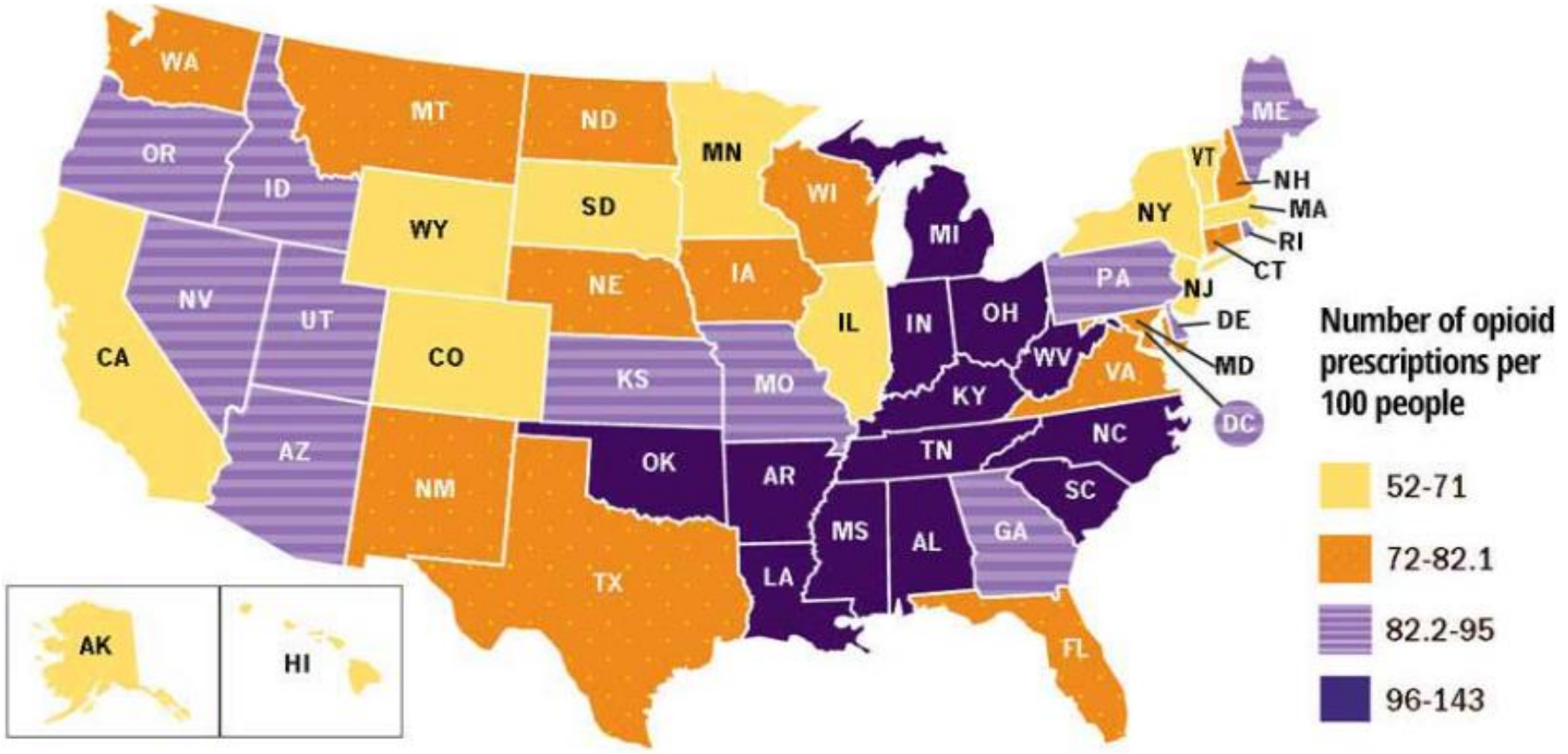
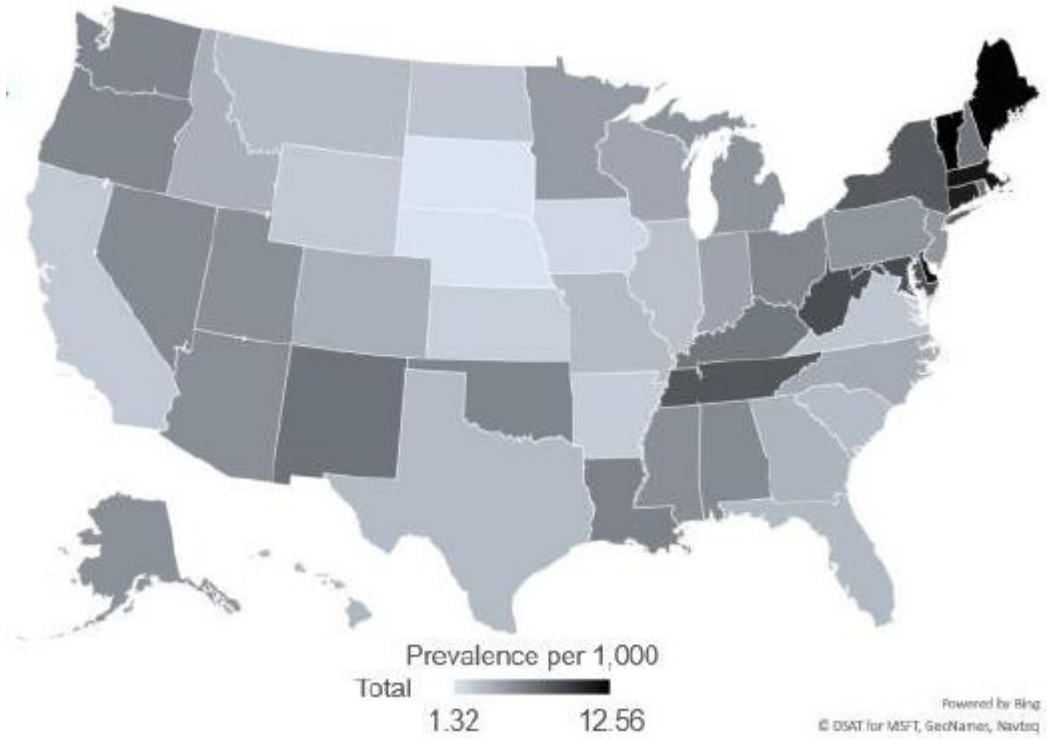
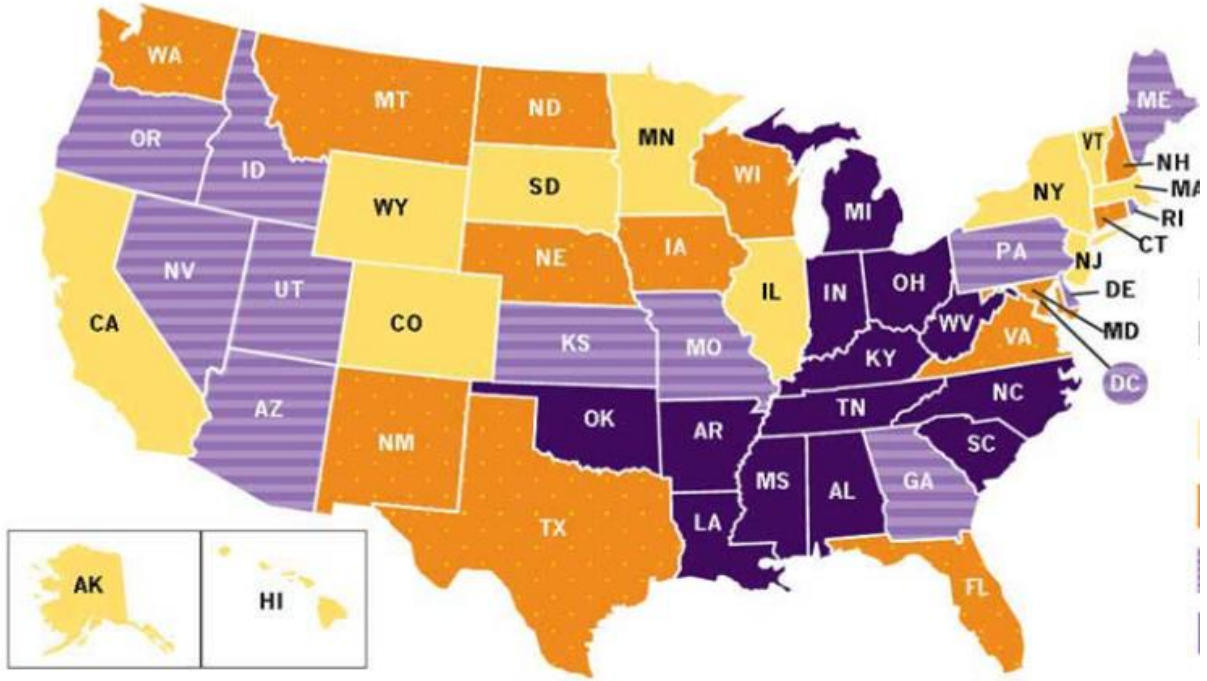
The over prescriptions of opioids is observed to be more prevalent in the central part of the country

2012



Source: IMS, National Prescription Audit, https://www.cdc.gov/vitalsigns/pdf/2014-07-vitalsigns.pdf





Source: IMS, National Prescription Audit, https://www.cdc.gov/vitalsigns/pdf/2014-07-vitalsigns.pdf

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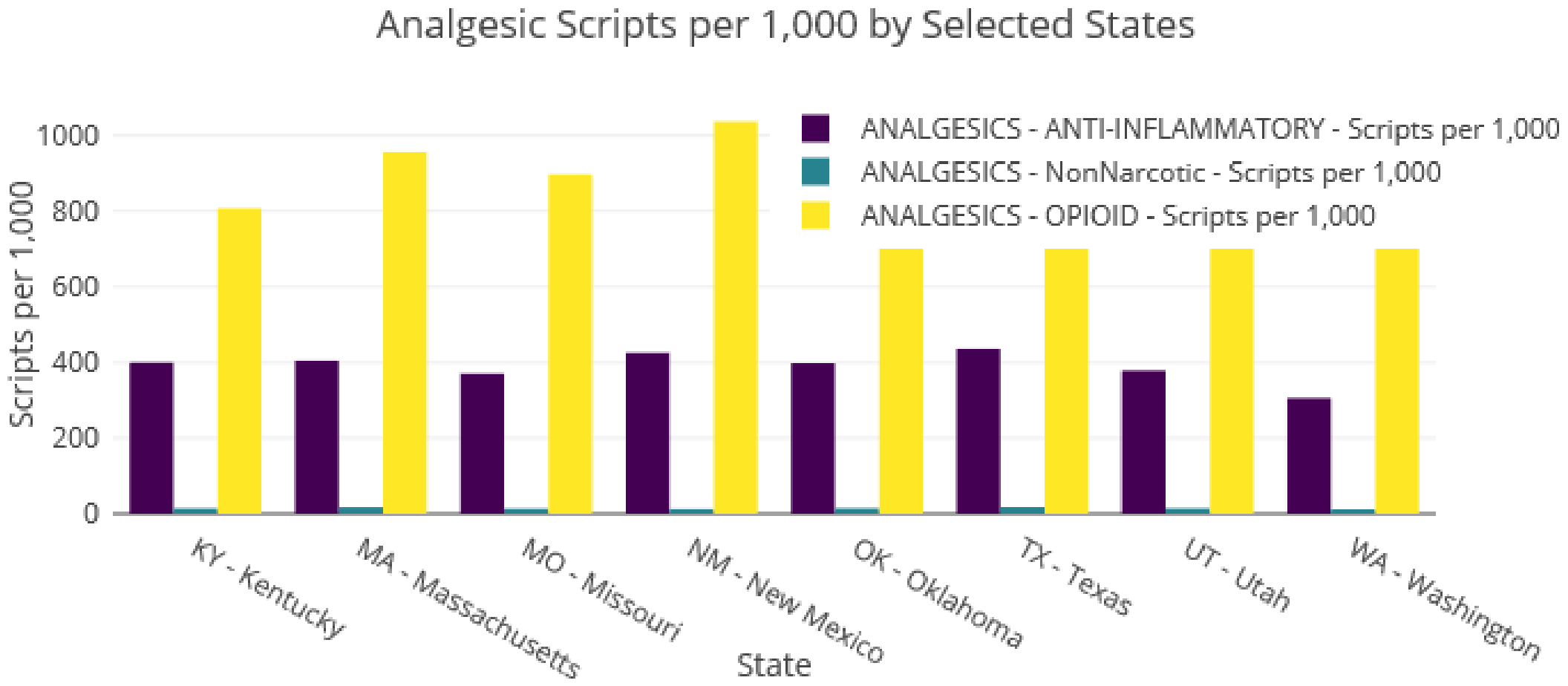

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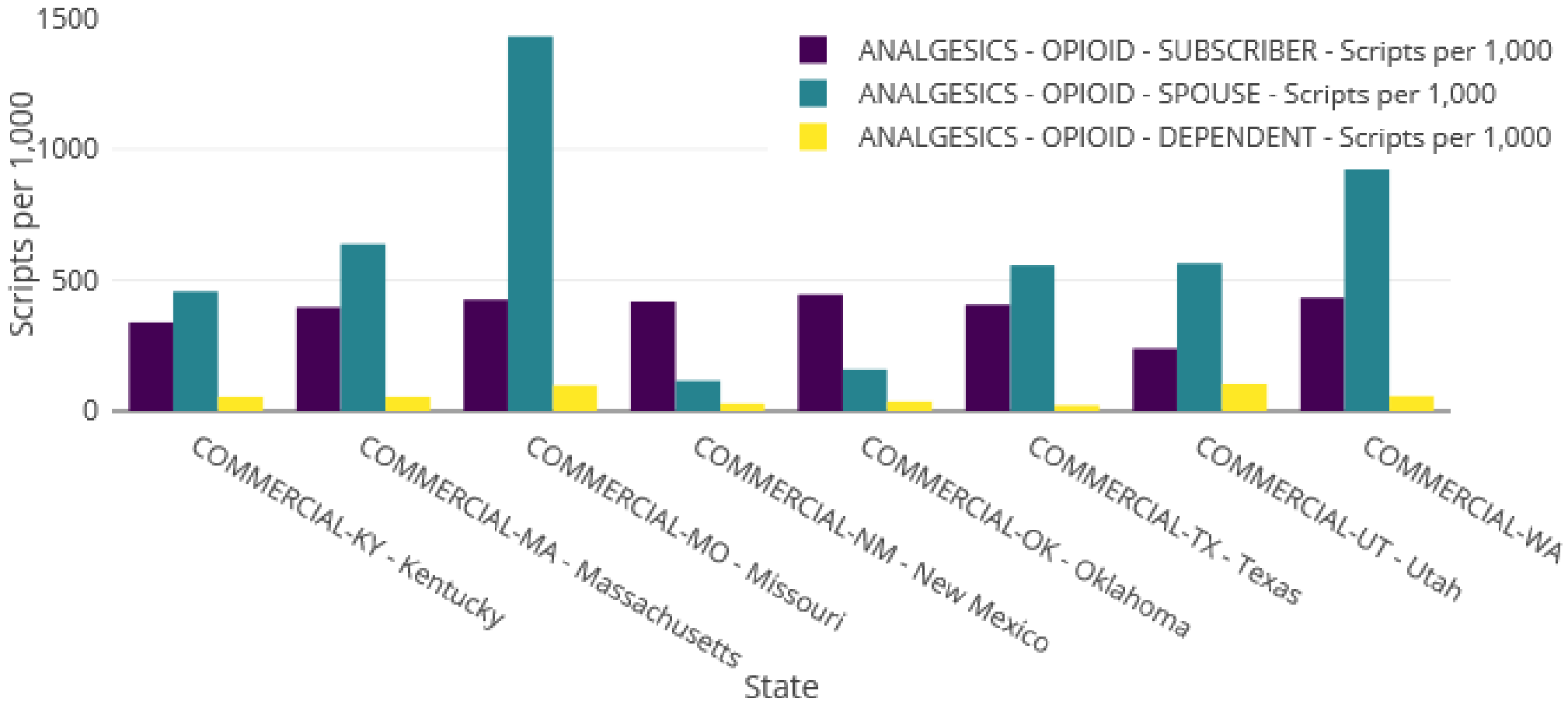
Opioid Scripts per 1,000 by Commercial Payer and Subscriber/Dependent Categories



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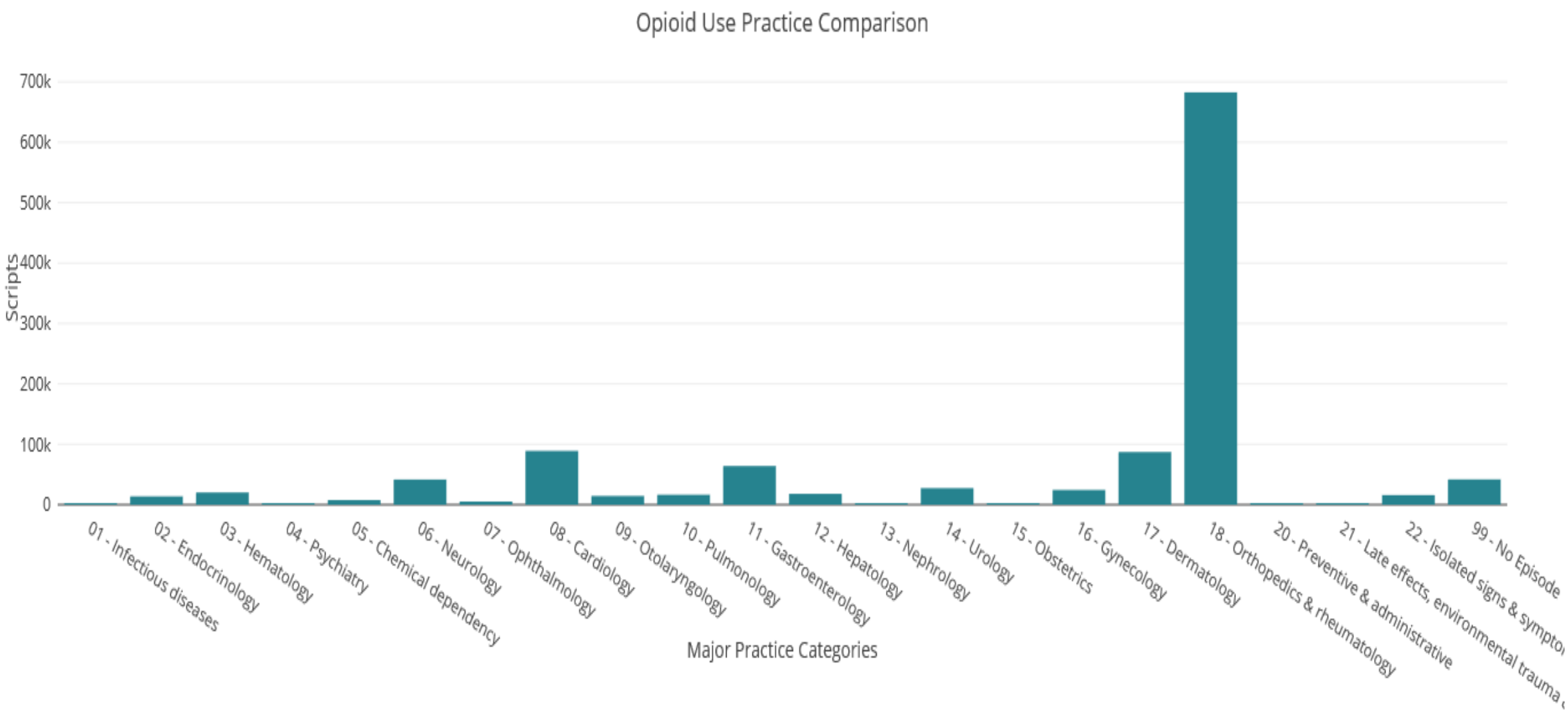

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