



# South Carolina

**Dr. Matthew Bartels**

Vice President and Chief Medical Officer



## PREVENTION

Opioids should rarely be the first or second line treatment for pain.

- If Prescribed:
  - Risks and benefits should be fully discussed with patient
  - Immediate release should be prescribed first
  - Use lowest effective dose for shortest duration possible
  - Evaluate benefits and risks frequently during treatment

## PREVENTION

- Applies to all Commercial Lines of Business
- Acute and Chronic Pain
- Ongoing provider education

# PREVENTION

## Opioid Prescribing for Acute Pain

- Allow up to 7-day supply maximum
- Greater dosages and longer time periods require prior authorization
- Encourage providers to use a validated screening tool for ongoing use
- SC Act 201 of 2018

# PREVENTION

## Opioid Prescribing for Chronic Pain

- After short-acting, immediate release prescriptions, may authorize up to 30 days at a time
- Additional dosages can be obtained with an appeal
- Palliative care, sickle cell and cancer patients will still be able to receive their medications



# PREVENTION

## Ongoing Provider Education

- We encourage ongoing education for our network providers to check PMP (SCRIPTS)
- SC Act 91 of 2018, Prescription Monitoring and Continuing Education
- Starting to address issues of pain management through a collaborative partnership

# ACCESS AND IDENTIFYING RISKS

## Expansion of Quality MAT Providers in SC

### Current MAT Providers

- 15 providers credentialed by Companion Benefit Alternatives (CBA) quality MAT protocol
  - Several providers included have multiple office locations
  - MAT protocol includes methadone, buprenorphine products and naltrexone (extended-release injectable)
- Exploration of other innovative options including MAT telehealth services
  - SC Act 249 of 2018, Counselor Licensing



# ACCESS AND IDENTIFYING RISKS

## Promoting Access

- Removal of prior authorizations
  - Opioid blocker naltrexone (extended-release injectable) in 2016
  - Buprenorphine/naloxone products in July 2017

# ACCESS AND IDENTIFYING RISKS

## Identifying Risks

### CBA's Partnering with Provider for Pharmacy Safety Program

- Case identification:
  - Internal triage using claims logic
  - External vendor referral
  - Internal monitoring of prescriptions, medical claims and provider interactions
- Next steps:
  - Outreach to provider when high-risk medication combinations and/or doses are identified
  - Referral of the member to case management or disease management programs when appropriate

# ACCESS AND IDENTIFYING RISKS

## Pilot Programs

We are always looking for ways to improve our processes:

- Evidence-based solutions
- Experienced partners

# COMMUNICATION AND COLLABORATION

We've Taken A Leadership Role To Address This Issue

- South Carolina Behavioral Health Coalition Leadership Board
- Governor's South Carolina Opioid Task Force
- House Opioid Abuse Prevention Study Committee
- Proactively initiated the Opioid Risk Reduction Partnership

# OPIOID RISK PREVENTION PARTNERSHIP



## ADDRESSING PAIN IN SOUTH CAROLINA



# OPIOID RISK PREVENTION PARTNERSHIP

---



JBS is a company with more than 30 years of experience working with federal agencies, states and local communities as well as medical professionals and their organizations to address substance use, and specifically, the opioid crisis.

# OPIOID RISK PREVENTION PARTNERSHIP



Supporting physicians and clinical care teams with resources to help facilitate conversations about pain, and the appropriate use of alternatives to opioids in pain management

## ADDRESSING PAIN IN SOUTH CAROLINA



Follow us on social media with the #SCFightsPain hashtag for quick access to ORPP resources.

**#SCFightsPain**



# OPIOID RISK PREVENTION PARTNERSHIP

---

**Goal:** Advancing the conversation about pain, and the appropriate use of alternatives to opioids in pain management, in our community

**Action:** Providing resources to help physicians and clinical care teams facilitate conversations with patients who have acute pain, chronic pain and addiction.

- Series of four physician scenarios
- CME courses on safe prescribing
- Patient handouts on opioid prescribing





# National Expertise with Local Connections

Susan Hayashi, PhD  
Vice President

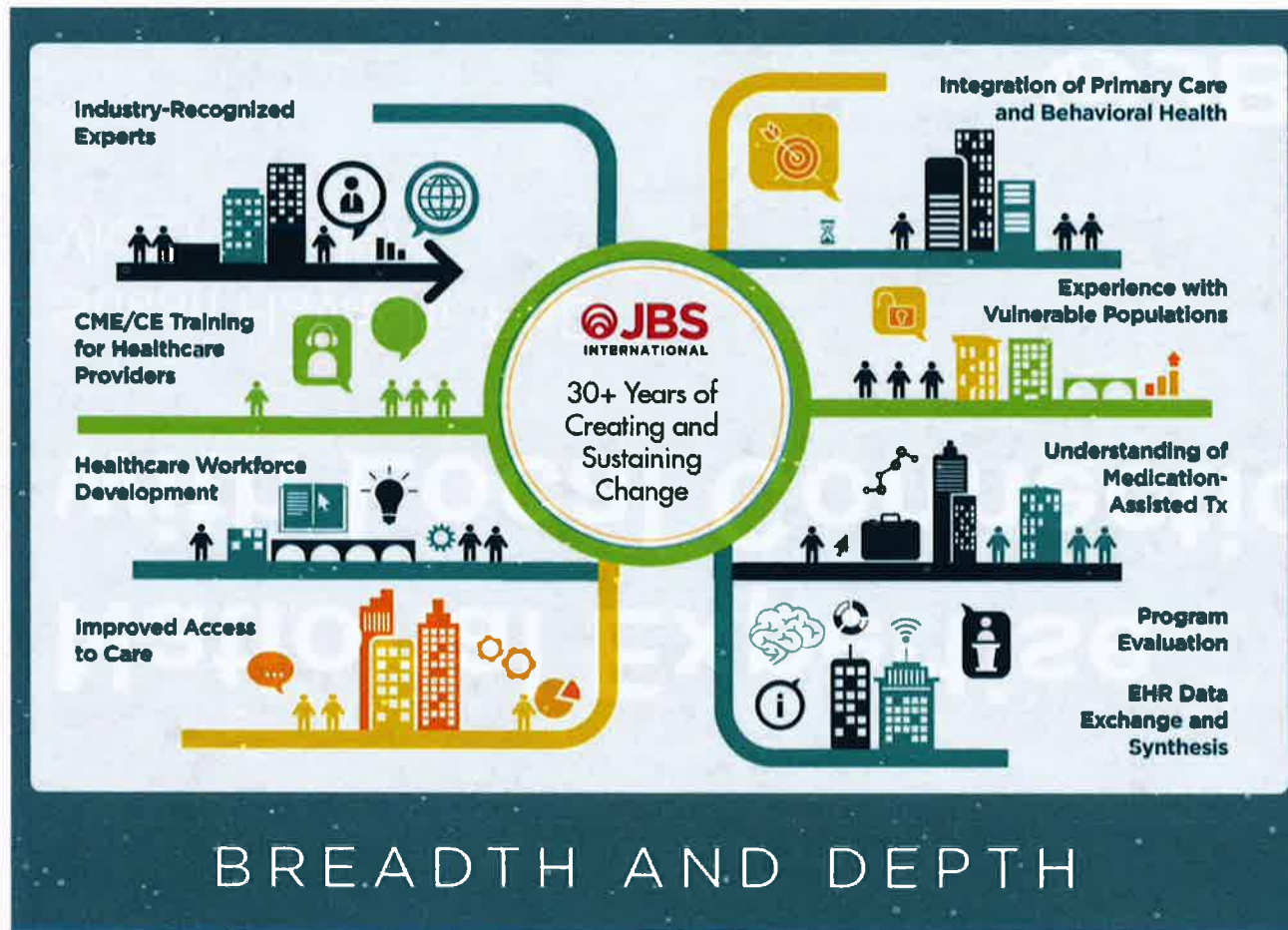


INTERNATIONAL

30+ Years of Creating and Sustaining Change

JBS INTERNATIONAL, INC. | 5515 Security Lane, Suite 800  
North Bethesda, MD 20852 | [www.jbsinternational.com](http://www.jbsinternational.com)

# Working with States to Improve Population Health Outcomes



# Supporting and Collaborating with South Carolina

- **Federal Grants**

- 1 Federal substance abuse and mental health grant
  - *JBS role – capacity building provider*
- 2 opioid specific grants
  - *JBS roles – capacity building provider, evaluator*

- **State of South Carolina**

- JBS was recently awarded to be part the DAODAS Grant Writing and Evaluator Services (Multi-Award State BPA)

- **South Carolina (other)**

- Opioid Risk Prevention Partnership (ORPP) – SCMA, SCHA, BCBSSC
- Collaboration with BCBSSC
- Palmetto Foundation

# Insights from the Field

## Medication Assisted Treatment

## Challenges with Other Substances

- Such as Alcohol, Marijuana, Synthetic Fentanyl, Cocaine

## Overdose Prevention

## Training of Medical Professionals

## Mitigating Stigma – Supportive Communities



# South Carolina



BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

