

WORKING TOGETHER TO HELP END THE OPIOID EPIDEMIC



PREVENT
TREAT
SUPPORT

Necessary and useful for some medical conditions, opioids are powerful drugs that come with a high risk of abuse and dependence. That is why UnitedHealthcare is confronting the opioid epidemic at every opportunity and from all angles. We are partnering with care providers and communities and using powerful data and analytics to **prevent** opioid misuse and addiction, tailor ways to **treat** those who are addicted, and **support** long-term recovery. For example, in 10 cities across the U.S. highly impacted by the opioid epidemic, UnitedHealthcare has launched the Opioid Community Partnership to establish and drive market-specific initiatives designed to make rapid, measurable gains in the fight against opioid misuse.

A complex problem requires a comprehensive strategy.

Thanks to the vast resources of the UnitedHealth Group enterprise, we are uniquely positioned to help address this crisis by connecting efforts across the entire health system and continuum of care.

Prevent misuse and addiction.

We'll start by educating care providers and consumers on the proper use of opioids, minimizing early exposure, and promoting alternative treatments for pain while advancing best practices for prescribing and using these highly-addictive medications.

Treat those who are addicted.

We'll work with care providers to make sure those struggling with opioid abuse or addiction are connected to evidenced-based treatment in their communities and have personal support for long-term recovery.

Support long-term recovery.

We'll use data to get a better understanding of the circumstances that lead to opioid addiction and who is most at risk — and learn what measures are most successful — to help care providers focus prevention and treatment where and when they really matter.

Opioid misuse is a national health crisis.

Every 13 minutes someone in the U.S. dies from an opioid overdose¹

2 million Americans are estimated to have a substance use disorder with prescription painkillers²

Nearly 250 million opioids were dispensed in 2013 — enough for every U.S. adult to have a bottle of pills³

80% of the world's supply of opioids are consumed in the U.S.⁴

1 Prevent misuse and addiction.

Through multiple channels and touch points, we help ensure safe and appropriate use of opioids right from the start by:

- **Minimizing early exposure** by promoting safe alternatives to opioids for treating chronic and acute pain; aligning with CDC guidelines for opioid use, dosing and length of therapy; and sharing data with providers to ID outlier opioid utilizers, prescribers and pharmacies.
- **Reducing inappropriate supplies** of opioids through supply limits on scripts; prior authorization programs; real-time medication checks that prevent unnecessary refills; and screening for possible unsafe combinations of opioids and other drugs prescribed to the same individual.
- **Increasing educational efforts** with all health professionals (doctors, dentists, behavioral health, first responders) to promote coordinated efforts and action that is based on a common understanding of best practices and available resources.

2 Treat those who are addicted.

A complex, chronic medical condition, opioid use disorder requires individualized treatment. With data insights pointing the way, we are:

- **Connecting members to evidence-based treatment** and other services in their local communities, including medication-assisted treatment (MAT), which uses a whole patient approach through a combination of medications and counseling to relieve opioid cravings and promote recovery.
- **Reducing Neonatal Abstinence Syndrome** by decreasing the number of opioids prescribed to pregnant women and increasing the number of members referred to case management for early MAT treatment or other assistance.
- **Collaborating with care providers** to offer members personalized care plans with access to evidence-based treatment, while promoting the use of Naloxone to decrease the number of overdoses.

3 Support long-term recovery.

Recovery from opioids requires different types of support over a lifetime. We are helping individuals and communities heal and sustain recovery by:

- **Taking a “whole person” approach** to address clinical, social and community influences, such as using certified peer support specialists, who are uniquely qualified to support others because they have made the journey from substance abuse to recovery themselves.
- **Using data and analytics to help communities** try and get ahead of the problem, such as identifying those most at risk for addiction and helping doctors and pharmacists know when to reach out to individuals who may need support.
- **Launching the UnitedHealthcare Opioid Community Partnership** to establish and drive market-specific initiatives, starting with 10 cities, designed to make rapid, measurable gains in the fight against opioid misuse.

Meeting CDC guidelines.

Many prescriptions have too many pills or too many days' supply to meet guidelines. UnitedHealthcare actively tracks prescription compliance with the CDC guidelines on dosage, length of prescription and appropriate use.

Reducing reliance on long-acting opioids.

19%
drop in long-acting opioid use since January 2017 by UnitedHealthcare members

17%
decrease in the average daily morphine equivalent dose (MED), thanks to prior authorizations to apply CDC guidelines

Medication-assisted treatment (MAT) is critical.

95%
of our members are within 20 miles of a MAT provider⁵

UnitedHealthcare offers the largest MAT network in the country with 2,000 providers and 4,000 locations.

For more information visit <https://newsroom.uhc.com/opioids.html>



¹ National Opioids Crisis. Department of Health and Human Services. Available at: <https://www.hhs.gov/opioids/>

² Florence CS, Zhou C, Luo F, Xu L (2016). The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. Medical Care. Oct 2016 – Volume 54 – Issue 10 – p 901–906.

³ IMS Health, National Prescription Audit (NPATM). Cited in internal document: Preliminary Update on Opioid Pain Reliever (OPR) Prescription Rates Nationally and by State: 2010-2013.

URL: <https://www.cdc.gov/drugoverdose/opioids/prescribed.html>

⁴ Manchikanti L, Fellows B, Ailani H, Pampati V. Therapeutic use, abuse, and non-medical use of opioids: a ten-year perspective. Pain Physician. 2010;13: 401–435.

⁵ Data from Optum geo access reports, June 2017, K. Cox.