

Working to end the opioid epidemic

Every 13 minutes, someone in the United States dies from an opioid overdose.¹

Optum is confronting the opioid crisis that is overwhelming communities and devastating the lives of neighbors, co-workers, friends and family members. We are joining with care providers, pharmacists, governments, health plans, clients, individuals and community organizations that fight substance use disorder to reduce the epidemic's enormous social, economic and human costs. This epidemic is particularly prevalent in the military and Veteran communities, who face a variety of physical and behavioral health challenges including traumatic brain injuries, chronic pain, post-traumatic stress disorder and depression. Through our various capabilities and services, Optum is uniquely positioned to address this crisis by connecting efforts across the entire health system and continuum of care.

While the problem is complex, our strategy at Optum is straightforward.

We start with preventing opioid misuse and addiction by educating care providers and individuals on the proper use of opioids, promoting alternative treatments for pain, advancing best practices for prescribing and using these highly addictive medications — and intervening when needed — in a way that protects the individual's privacy. We collaborate with providers to make sure individuals struggling with opioid use disorder are connected to evidenced-based treatment in their local communities and have personalized support for long-term recovery.

Underpinning it all are the powerful data resources and analytics capabilities of Optum, which help us understand the circumstances that lead to opioid use disorder and identify who is most at risk — enabling care providers to focus prevention and treatment where and when they really matter.

In addition, Optum and our subsidiary, The Lewin Group, provide evidence-based research and solutions to the challenges facing providers, stakeholders and governments in studying opioid use, helping to prevent addiction and promote effective treatment and recovery.



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A national health crisis

2.1M Americans suffer from an opioid use disorder²

\$504B estimated annual costs of the U.S. opioid epidemic³

30% of globally distributed opioids are consumed in the U.S.⁴

Veterans are twice as likely to die from an accidental opioid overdose compared to the general population⁵

1. Centers for Disease Control and Prevention. Understanding the epidemic: Drug overdose deaths in the United States continue to increase in 2016. cdc.gov/drugoverdose/epidemic/index.html. Accessed March 27, 2018.
2. Substance Abuse and Mental Health Services Administration. Key substance use and mental health indicators in the U.S: Results from the 2016 National Survey on Drug Use and Health. 2017. (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.
3. The Council of Economic Advisors. The underestimated cost of the opioid crisis; Nov. 2017. whitehouse.gov/briefings-statements/cea-report-underestimated-cost-opioid-crisis/. Accessed March 27, 2018.
4. International Narcotics Control Board. Narcotic drugs: Estimated world requirements for 2017 (Statistics for 2015). United Nations Publications. 2017.
5. Russell HL. Veterans and opioid addiction. Military Officers Association of America; Sept. 8 2017. moaa.org/Content/Publications-and-Media/Features-and-Columns/Health-Features/Veterans-and-Opioid-Addiction.aspx. Accessed March 27, 2018.



Prevent

An important part of treatment for some medical conditions, opioids come with a high risk of 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 and aligning with Centers for Disease Control and Prevention (CDC) guidelines for opioid dosing and length of therapy.
- **Reducing inappropriate supply of opioids** through real-time medication checks that prevent unnecessary refills and screen for the possibility of drug-to-drug interactions.
- **Applying insights from sophisticated data analytics** to track opioid usage trends, flag unusual claims or dispensing patterns for examination, and discreetly identify high-risk individuals who may benefit from intervention.
- **Implementing and evaluating government policies and programs** to improve performance and determine the economic impacts of opioid utilization.



Treat

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

- **Guiding personalized treatment plans** that match people with the care that's optimal for them.
- **Connecting people to evidence-based treatment and other services in their local communities**, including medication-assisted treatment, which uses FDA-approved medications and counseling to relieve opioid cravings and promote recovery.
- **Collaborating with care providers to develop**, implement and maintain evidence-based clinical practice guidelines for providers, and to help patients gain access to evidence-based treatment to assist with their recovery.



Support

Like other chronic conditions, recovery from opioid use disorder requires different levels and types of support over a lifetime. We put the pieces in place to **help individuals sustain recovery and avoid recurrence by:**

- **Connecting individuals with certified peer support specialists** who are uniquely qualified to support others because they have made the journey from substance use disorder to recovery themselves.
- **Equipping individuals with recovery tools**, such as mobile apps, that offer guidance, reminders and immediate help when needed.
- **Monitoring pharmacy claims data** so that doctors and pharmacists know to reach out to individuals who may need extra support to avoid recurrence.
- **Fueling innovation and policy reform** by providing technical assistance and diffusion of best practices to address opioid use disorder and overdose prevention.



Compliance with CDC guidelines

95% compliance* of 'first-fill' opioid scripts < 50 mg morphine equivalent dose (MED) per day⁶

Reduce inappropriate supply

19% reduction in total opioid prescription volume

Medication-assisted treatment (MAT)

Individuals who receive MAT are **50% more likely** to remain free of opioid misuse, compared to those who receive detoxification or psychosocial treatment alone⁷

*On average, 45% of 'first-fill' scripts nationally are not in compliance with CDC guidelines

6. OptumLabs: CY'16 Commercial Managed Care Medical and Pharmacy Claims Data. Note: Results are based on June 2017 vs. December 2017 client data and short-acting opioid script volume and do not represent a guarantee of results.
7. Calculated by Optum, based on relative risk ratios from the meta-analysis in: Nielsen S, Larance B, Degenhardt L, Gowing L, Kehler C, Lintzeris N. Opioid agonist treatment for pharmaceutical opioid dependent people. Cochrane Database of Systematic Reviews;2016, 5 (CD011117): 17, 19.
8. K. Cox. Data from Optum geo access reports. June 2017.

For more information about how Optum is working to end the opioid epidemic, visit: optum.com/opioidepidemic



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