Curbing Opioid Abuse: A payer perspective

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Uniquely Positioned to Address Rx Drug Abuse

90 Million MEMBERS

1.4 Billion PRESCRIPTIONS PER YEAR

3,500 CLIENTS

65,000+ PHARMACIES

Predictive and Real-Time Data Analysis
Why Are Payers Concerned?

Each year, prescription painkiller abuse leads to...

1.2 MILLION Emergency Room visits\(^1\)

$42 BILLION in lost productivity\(^2\)

$72 BILLION in health care fraud


The Medical Multiplier

FOR EVERY $1 of abused drugs obtained through “doctor shopping,” an ADDITIONAL $41 ARE WASTED on related medical claims.
Catching Fraud, Waste, and Abuse Requires A Comprehensive Approach

- Holistic view of patients
- Medical and pharmacy data
- Billing data that goes beyond Prescription Drug Monitoring Programs
- Predictive models
- Clinical and enforcement investigative skills
Case Study: Identity Theft and Fraud Ring

5 Cases
7 Clients
17 Members
19 Prescribers
80 Pharmacies
28 Counties
200 Claims
Case Study: Abuse Intervention

1 patient

43 prescriptions

17 prescribers

5 pharmacies

- Emergency Medicine
- Orthopedic Surgery
- Spine and Pain
- Endocrinology
- Cardiology
- Internal Medicine
- Psychiatry
Case Study: Abuse Intervention

1 patient
1 prescriber
1 pharmacy

- Emergency Medicine
- Orthopedic Surgery
- Spine and Pain
- Endocrinology
- Cardiology
- Internal Medicine
- Psychiatry
Outcome to a Successful Investigation

**Clients**
- Notified of evidence of fraud/abuse
- Discussion on actionable outcomes
- Improve health outcomes
- Reduce future costs

**Physicians & Pharmacies**
- Physicians blocked
- Pharmacies removed from network
- Reported to proper agencies

**Members**
- Locked in: 1 physician and 1 pharmacy
- Case management/Patient Safety
- Terminated from benefits
Takeaways

1. PBMs are uniquely positioned to identify and investigate fraud, waste, and abuse

2. Collaboration between PBM, client, and agencies

3. Lock-ins most effectively address drug seeking behavior

MEDICARE LACKS TOOLS FOR STOPPING ABUSE