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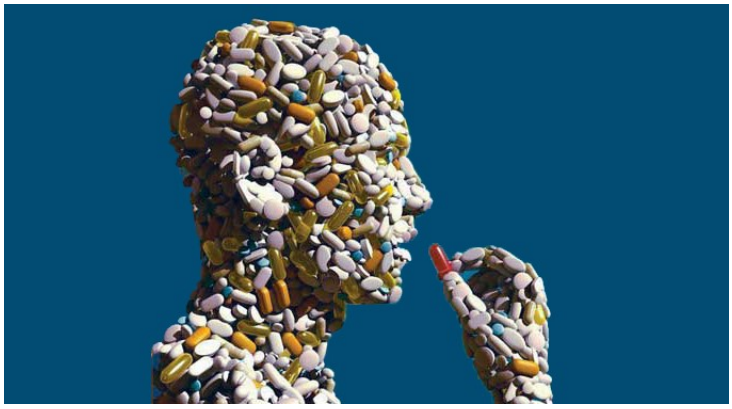
November 2017: Long Term Services & Supports Update

THE OPIOID EPIDEMIC: COLORADANS IN CRISIS



On October 25, 2017, President Trump declared opioid abuse a nationwide public health emergency. Trump's emergency declaration lasts for 90 days, although it can be renewed. Administration officials said that the declaration would allow them to target existing funds toward relief efforts and would give states more flexibility. The declaration didn't come with any additional funding for new or expanded programs. Drug poisoning deaths in Colorado have been steadily increasing in the past two decades, and much of the increase has been driven by the increase in opioid overdoses. A record 912 Coloradans died due to a drug overdose in 2016, and 504 of those deaths were due to opioids — either prescription drugs, heroin, or a combination of the two. Compare those numbers with 2000, when there were 350 drug overdose deaths, and just 110 of those were due to opioids.

Colorado's rate of drug addiction has historically been slightly higher than the national average and the states Medicare Opioid Prescribing Rate Tops National Average with nearly 1 of 10 (7.4 percent) Medicare prescriptions in Colorado is for opioids — prescription drugs such as codeine and oxycodone. That is 1.7 percentage points higher than the national rate. Rural and frontier counties have the highest Medicare opioid prescribing rates in Colorado. Most Medicare recipients are seniors, although people with a disability or disabilities and those with end stage renal disease, or kidney failure, can also qualify.

The Centers for Disease Control and Prevention says that improving opioid prescribing is one step toward ensuring that patients have access to adequate, safe pain management and to reduce misuse and abuse of these drugs. 26 of the 61 reporting counties in Colorado had opioid prescribing rates above the state average rate, with rural and frontier counties disproportionately represented. Only six of those 26 – Arapahoe, Jefferson, Broomfield, El Paso, Larimer and Pueblo — are urban.

Mortality data reflect the increasing toll taken by overdoses for all drugs in Colorado. It's difficult to say with this data how many deaths are caused by opioid misuse among the Medicare population. That said, eight of the 26 counties with above-average opioid prescribing rates — Arapahoe, Bent, Conejos, Las Animas, Rio Grande, Alamosa, Pueblo and Dolores — also have drug overdose death rates above the state average.

The Medicare Part D data provides a good snapshot of the varying rates across the state. Colorado can use these data, with additional sources, to measure the many factors that contribute to overdose deaths, including prescribing rates and misuse of prescription opioids. Finding new resources to better understand the drivers of this epidemic creates opportunities for doing something about it. In Colorado, a legislative committee examined many issues related to opioids and other substances and is currently considering several legislative actions for the upcoming year.

It will be worth following in coming months to see how the new presidential attention impacts efforts to address the opioid epidemic, in Colorado and around the country

For more information, please visit: https://www.coloradohealthinstitute.org/blog/opioid-epidemic-officially-national-public-health-emergency-what-does-mean-colorado

PROPOSED RULE, NEW CODES WOULD EASE ACCESS TO REMOTE MONITORING

Providers may soon be able to increase their use of remote monitoring with recent changes by the Centers for Medicare and Medicaid Services (CMS) and American Medical Association (AMA). CMS is expected to finalize a draft rule to allow physicians to bill Medicare for remote monitoring – tracking patients' vital signs with sensors and devices from their homes. Simultaneously, AMA has released new payment codes for remote monitoring to take effect Jan. 1, 2019: including Care Planning for Chronic Care Management and CPT codes (90839 and 90840) Psychotherapy for Crisis. CMS is continuing efforts to improve payment within traditional fee-for-service Medicare for chronic care management and similar care management services to accommodate the changing needs of the Medicare patient population. CMS is proposing to adopt Current Procedural Terminology (CPT) codes for CY 2018 for reporting several care management services currently reported using Medicare G-codes. Also, CMS is seeking public comment on ways to further reduce burden on reporting practitioners for chronic care management and similar services, for example, through stronger alignment between CMS requirements and CPT guidance for existing and potential new codes. CMS is proposing an improvement in the way rates are set that will positively impact office-based behavioral health services with a patient. The proposed change would increase payment for these services by better recognizing overhead expenses for office-based face-to-face services with a patient.

While most of the codes track physical health conditions, this could be a valuable tool for physicians treating patients with co-occurring behavioral and physical health conditions.

https://www.gpo.gov/fdsys/pkg/FR-2017-07-21/pdf/2017-14639.pdf

Colorado Health Partnerships Colorado Health Partnerships (CHP) is a partnership between eight Community Mental Health Centers and Beacon Health Options®, the nation's largest independent Behavioral Health and Wellness Company. To find a provider, or to inquire about services available, please call Colorado Health Partnerships (CHP) toll-free **800-804-5008** for more information or assistance.

To discuss needs of older adults and LTSS systems of care, please call: ***Jennifer S. Hale-Coulson, MA, LPC Director, LTSS*** Toll-free @ **855-761-4332.**, or **(W) 719.538.1434 (C) 719.396.0113**. Or email: jennifer.hale coulson@beaconhealthoptions.com