



COLORADO
MEDICAL SOCIETY

Spotlight on Colorado

Leading edge practices and next steps in reversing the opioid epidemic

The **American Medical Association (AMA)**, **Colorado Medical Society (CMS)**, and **Manatt Health** conducted an in-depth analysis of Colorado's responses to the opioid epidemic to identify best practices and identify next steps to help end the opioid epidemic.

This analysis, available at www.end-opioid-epidemic.org/coloradospotlight focused on three main areas:

1. **Increasing access to high-quality, evidence-based care for substance use disorders**
2. **Providing comprehensive care to patients with pain**
3. **Enhancing access to naloxone**

WHERE COLORADO IS SUCCEEDING

- **NEW POLICIES AND FUNDING TO INCREASE ACCESS TO MAT.** In 2018, Colorado adopted new laws, including taking an initial step to reduce prior authorization barriers to medication assisted treatment (MAT); new funding to expand the workforce of physicians and other health care professionals in rural and underserved areas; and plans to increase Medicaid coverage of substance use disorder treatment in residential settings.
- **OPIOID ALTERNATIVES IN MEDICAID.** Colorado expanded access to non-opioid pain management in Medicaid, including coverage of non-opioid prescription medications as well as alternative therapies, such as physical therapy, occupational therapy and additional behavioral health care treatment options.
- **EXPANDING NALOXONE ACCESS.** Colorado was one of the first to enact sweeping naloxone access laws and continues to further policies, including implementing a standing order for naloxone, adopting Good Samaritan protections, eliminating prior authorization for naloxone in Medicaid; and implementing other efforts to distribute naloxone to help save lives from overdose.
- **NEW PARITY POLICIES AND PRACTICES.** Colorado also enacted a 2018 law establishing an office of the ombudsman to assist state residents in accessing behavioral health care and requiring the Division of Insurance to report on compliance with mental health and substance use disorder parity laws. The Division is conducting market conduct examinations to assess compliance.

The Colorado Opioid Safety Pilot, Kaiser Permanente's Integrated Pain Service, and efforts by Colorado emergency departments (EDs) to start patients on buprenorphine and to help refer them to treatment all have shown promise in improving patient outcomes. The Opioid Safety Pilot project, in particular, reduced the use of opioids in 10 emergency departments by 36 percent by using effective alternatives to opioids to treat pain. Based on the project's success, work is underway to implement the program in EDs statewide.

NEXT STEPS AND RECOMMENDATIONS

Although Colorado continues to struggle with escalating death rates in some regions, the state has mobilized more than 500 stakeholders through the Colorado Consortium for Prescription Drug Abuse Prevention, which has developed one of the nation's most comprehensive data dashboards and is ideally positioned to build on what the state has learned to date. The state's steady decrease in opioid prescribing combined with increases in treatment also point to the challenging nature of the epidemic. Combining this with Colorado's extensive policy base, growing data and strong stakeholder engagement makes for an excellent case study to evaluate how policies and practices can serve as a national model for other states as they implement new initiatives.



Further expand MAT treatment workforce



Remove barriers to high-quality, evidence-based SUD services



Enhance comprehensive pain care, non-opioid alternatives



Strengthen mental health and SUD parity enforcement



Remove stigma associated with MAT

- 1. Eliminate barriers to treatment, including through mental health and substance use disorder parity enforcement.** Further efforts to remove prior authorization barriers for patients; continue building state infrastructure to remove barriers to adequate networks and address workforce shortages; and continue and expand enforcement of mental health and SUD parity laws through audits and active review of benefits packages, prior authorization policies, and cost-sharing obligations.
- 2. Expand access to providers of medication-assisted treatment (MAT).** Especially in the 31 counties without access to MAT providers, it is critical to expand access to treatment through statewide, sustainable initiatives that incentivize providers to offer MAT and ensure physicians and patients can access services.
- 3. Leverage successful pilots.** Identify and learn from best practices in the state to provide comprehensive, multimodal pain care—and work closely with stakeholders to review and reform benefit design and formulary requirements to ensure patients have access to non-opioid alternatives.
- 4. Foster connections to treatment.** Build on the state's naloxone access successes through statewide education efforts with physicians and other key stakeholders to link patients whose lives were saved with evidence-based treatment to begin and sustain recovery.
- 5. Conduct timely, practical evaluations.** Evaluate the policies, programs and other efforts in the state to determine what is truly working to improve patient care and reduce opioid-related harms, including whether current policies may be having unintended consequences.

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