

## Employer Case Study

### Case Study: Preventing and Addressing Substance Use Disorder (SUD) in the Workforce – *A Moment of Change*

#### **A Conversation with Ken Duckworth, MD, Medical Director for Behavioral Health and Katie Quirk, Director of Benefits, Blue Cross Blue Shield of Massachusetts.**

##### Background

**Blue Cross Blue Shield of Massachusetts (BCBSMA)** is a community-focused, tax-paying, not-for-profit health plan headquartered in Boston. BCBSMA provides the health plan for more than 25,000 Massachusetts employers and nearly 3 million members. BCBSMA rates among the nation's best health plans for member satisfaction and quality.

**Ken Duckworth, MD (KD)** is Medical Director for Behavioral Health at BCBSMA, an Assistant Professor at Harvard University Medical School and an Adjunct Clinical Assistant Professor at Boston University School of Public Health. He received a BA from the University of Michigan at Ann Arbor and an MD from Temple University School of Medicine.

**Katie Quirk (KQ)** is Director of Benefits at BCBSMA. Prior to joining Blue Cross, Katie was a Retirement Principal at Mercer for over 20 years. She received a BA in Mathematics from Regis College.

##### Discussion

**Grayken Center:** Katie, Blue Cross Blue Shield of Massachusetts is a fairly well-known entity but tell us about your employees and operations.

**BCBSMA - KQ:** We are proud of our very loyal diverse workforce of about 3,800 people. The average length of service today is approximately 11 years. 70% of our employees are female. We actively hire people of all ages. We have as many employees under 25 years of age as we do over 65 years. We have staff in three offices, Boston, which is our headquarters, Hingham and Quincy, as well as people who work remotely.

**Grayken Center:** Ken, what can you tell us about the organizational culture and how it may have influenced your SUD efforts?

**BCBSMA - KD:** We have a progressive environment. We take on tough topics in health care. Led by our CEO, Andrew Dreyfus, who is committed to having us take on a leadership role in tackling the opioid crisis, we viewed the epidemic as something we had to address. We wanted to treat this as we would any other critical health issue.

**Grayken Center:** So how did your organization approach this critical health issue?

**BCBSMA - KD:** Substance Use Disorder specific to opioids started to gain traction at BCBSMA about four years ago. We could see that our health plan members – and remember, our employees are members of the plan - were facing an opioid crisis, as was the entire country. So we began to act. BCBSMA began several initiatives. One of the early key activities that I guided was the creation of an Opioid Toolkit - a small case with two doses of Narcan, a mask, gloves, and instructions for administration. I think this project provided a jump-start. It offered focus. Once we had the kits ready to go last August, we needed to run a training for our employees. This training never would have happened without Katie's support.

**Grayken Center:** Tell us about the training, Katie.

**BCBSMA - KQ:** I was glad to help, but truly many people helped, and we didn't know if anyone would show up for the training. But they did. So much so that instead of conducting one training at each site as originally planned, we did three trainings at each site, all of which were standing room only. The agenda covered: 1) What BCBSMA had been doing about SUD 2) The extent of the country's opioid epidemic 3) What an overdose looks like, and 4) How to use Narcan with confidence. Everyone at the training received the Toolkit, if they wanted one. This meeting opened up a very personal dialogue, as people across the organization wanted to talk about their circumstances and of those of their families, friends and acquaintances. It led to an even stronger sense that we must advance our work on this health crisis.

**BCBSMA - KD:** The response to the training was not surprising. People want to know how to help people they love. After the training, we received emails from employees who had been in recovery for decades saying that for the first time they really felt like they belonged at BCBSMA.

**BCBSMA - KQ:** We followed this training with the Opioid Awareness Forum – Ending the Stigma. We had another full house at headquarters for this event. We broadcasted live to our other sites. Ken and Michael Botticelli [Executive Director of the Grayken Center for Addiction at Boston Medical Center] spoke about overcoming stigma.

**BCBSMA - KD:** But there was something even more important on the agenda. BCBSMA took a big risk at this meeting. Our diversity and inclusion team arranged a panel of four employees who could talk about their own SUD experience. There was certainly no guarantee that this would go well. It was amazing!

**BCBSMA - KQ:** Our panel had strong individuals in their thirties willing to share their stories publicly. They conveyed to their colleagues that people with SUD should not feel that they're alone. The department leaders for each panelist were also at the Forum, visibly demonstrating their support and the entire department's support. This powerful human presentation was the moment of change in our organization. From this point on, everyone felt a personal connection to the challenge. At a grassroots level, people opened up to each other. Perceptions were altered. Everyone now knew they could discuss SUD openly and seek help in a supportive environment.

**Grayken Center:** And your SUD work has extended to all BCBSMA members.

**BCBSMA - KD:** Yes, that's right. We're making a digital opioid toolkit available to all members. In addition, to prevent pharmaceutical abandonment, the tendency of some patients to abandon a drug when there is a copay, we piloted a program that eliminates the copay for Narcan. We found that purchases of Narcan without a copay went up substantially versus Narcan with a copay. We are now rolling this out - with a brief, effective, digital training - to all of our 25,000 accounts. Of course, Narcan utilization is a downstream intervention. We also wanted to make an upstream change. Blue Cross Blue Shield of Massachusetts was the first health plan in the nation in 2011 to make it difficult for physicians to overprescribe opiates for our members. We set per patient, per indication limits. BCBSMA estimates that to date 60 million opiate pills were not prescribed as a result of this work.

**Grayken Center:** And you've created the Opioid Resource Center.

**BCBSMA - KD:** Yes, it is an open site for our members and anyone else to visit. We cover many relevant topics and identify useful resources for treatment, intervention and recovery.  
[<https://home.bluecrossma.com/opioid>]

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**Grayken Center:** I know you've advanced mental health care as part of your work on the opioid crisis.

**BCBSMA - KD:** A substantial percentage of SUD patients have co-occurring mental health vulnerability. We, BCBSMA, had to reduce the hurdles to access. So, we eliminated paperwork, all paperwork associated with mental health care access. We no longer need to see a mental health professional's patient treatment plan. The only paperwork we require for payment is the bill. You don't get many hugs in our business, but since we made this move, people have been hugging me.

**Grayken Center:** Were there also other signs of success?

**BCBSMA - KQ:** We've run analyses on our employees' use of resources during the last 12 months versus the previous 12 months. We've seen that people are getting more behavioral health services. That increased our cost in this area, which can of course cause concern. But we all realize that it's a good sign. People are getting the help they need. To further increase access, we provide telehealth, a live internet video conference platform that offers speed and complete privacy (which further addresses residual stigma) when seeing a mental health professional in an acute situation or as a regularly scheduled appointment. Usage is going up. And this is a very good thing!

**Grayken Center:** How will BCBSMA assess the value – tangible and intangible – of the Substance Use Disorder efforts you have made and will make?

**BCBSMA- KQ:** Data is a key part of our business model. We have data on the 3 million people we cover. Within that population are the 3,800 BCBSMA employees. On a regular basis, we receive a report that benchmarks our medical and pharmacy data (usage and cost trends) to the total membership population. This data helps us to see where we are improving the health of our employees and extrapolate the value for our 3,800 employees. If usage of health services including SUD and mental health services continues to go up, we will know our efforts have demonstrated value.

**Grayken Center:** BCBSMA is a force in healthcare. The Grayken Center is, too. How would you describe how these two influential powers have had an impact on SUD?

**BCBSMA - KD:** We have travelled “parallel paths” and together we have had an impact on society. Grayken focused on among other things, the employer environment, organizational culture and developing SUD policies, procedures, etcetera. Grayken has great tools. Michael Botticelli and his team are knowledgeable and supportive. We reference Grayken prominently on our Opioid Resource Center. BCBSMA pursued employee medical benefits, payment reforms, copay elimination and Narcan access to treat overdoses. These actions have shown results. Both organizations have helped create a better understanding of Substance Use Disorder with all our constituents and the larger community.

**Grayken Center:** You’ve made solid progress in combatting Substance Use Disorder. What’s next?

**BCBSMA - KQ:** We have given more than one million dollars in grants for peer recovery coach services, to promote our understanding of that potential model. We will continue to conduct a review of all our policies that relate to SUD. We want them to reflect everything we have advocated to our employees and all our members. We can always do more to make employees comfortable with the topic and with seeking assistance.

**Grayken Center:** If you could offer only one recommendation, what would you say to people starting a Substance Use Disorder program and what one major misstep would you hope they’d avoid?

**BCBSMA – KQ and KD:** The recommendation: Each company will have its own approach, but the basic issues are more or less the same. We know you can find your own pathway. If uncertain about what you should do, start small and build. But do something. The misstep to avoid: Not taking action because it’s complicated, hard. It takes work. Don’t delay.

#### **For More Information**

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