

# Impact of Buprenorphine on Medical and Behavioral Health Utilization

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We want you to know™



# Aetna Behavioral Health Overview



## People

- Approximately 600 Behavioral Health Employees



## Membership

- 14.5 million behavioral health members
- 20 million EAP members



## National Presence

- Providers in all 50 states
- Over 86,000 BH network providers, 23,000 EAP network providers
- 14, 600 psychiatrists



## Products & Program

- EAP/Work-life
- Core Behavioral Health Management
- Behavioral health disease management
- Medical-psychiatric case management
- Primary care based behavioral health programs

## Value-Added Technology

- [www.aetnabhra.com](http://www.aetnabhra.com)
- Single medical / behavioral platform and data warehouse
- Active Health
- Predictive modeling



# Aetna Behavioral Health Strategy: Integrated Clinical Programs

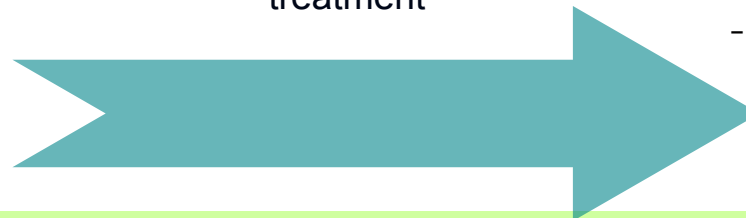


- Counseling
- Worksite Consultation
- Work/Life Support
- Legal/Financial Support
- Crisis Debriefing
- SBIRT

- Network
- Care Management
- Integration with PCPs
  - Depression
  - Pediatrics
  - SBIRT
  - Med. Assisted treatment

- Intensive Case Management
- Med/Psych Case Management
- Eating Disorder Case Management
- Autism Advocacy Program
- Disease Management
  - Depression
  - Alcohol Use Disorder
  - Anxiety Disorder
  - Bipolar disorder

Primary  
Prevention

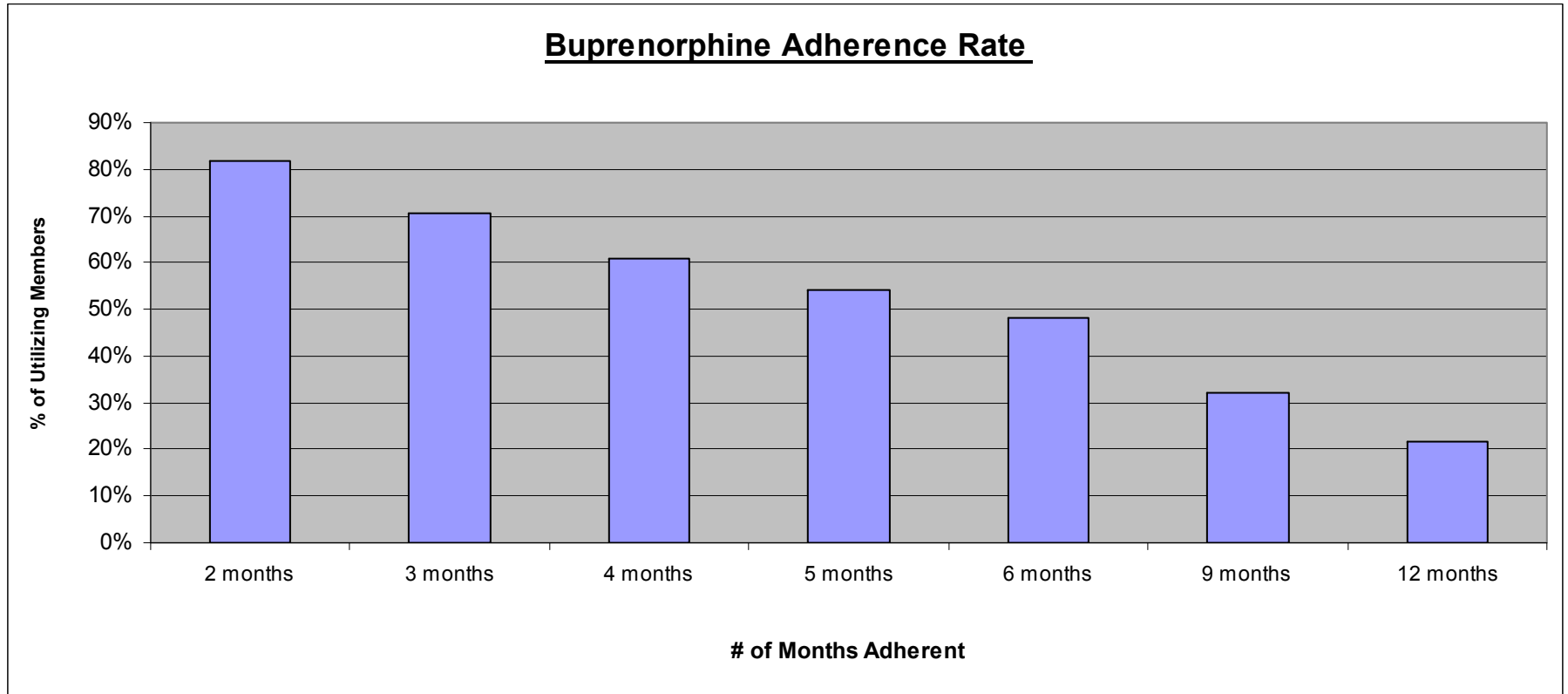


Tertiary  
Prevention

## Study population characteristics

- 9.9 Million Aetna members with medical, behavioral health and pharmacy benefits; 21,000 with opiate dependency diagnosis on a claim, 5,200 (24%) with at least one buprenorphine prescription
- Members with 12 month continuous enrollment prior to, and after initial dispense of buprenorphine between 1/1/2008 to 12/31/2008
- Naturalistic pre-post analysis without control or comparison group
- N= 676 members

# Persistence of medication assisted treatment: Buprenorphine (N = 676)



# Buprenorphine member utilization patterns:

- Rehabilitation facilities days decreased 5%
- BH inpatient days decreased 11%
- Medical inpatient days decreased 42%
- ER visits decreased 29%
- Partial Hospital and IOP visits increased 128%
- Psychiatrist visits increased 156%
- Therapist visits increased 83%
- BH cost increase 17%
- Medical cost decrease 15%
- **Net total medical cost savings 7%**

(N = 676, 12 month continuous enrollment prior and post buprenorphine)

# Conclusions

- Descriptive, naturalistic observations based on a low number of utilizing members of the eligible pool
- Buprenorphine utilization remains low
- Continuous adherence to buprenorphine represents an opportunity
- Use of buprenorphine is associated with increased BH utilization and reduced medical inpatient and ER visits
- There is a net total medical cost savings with buprenorphine utilizing members