

Magellan Rolls out National Phase of Substance Use Intervention Program

AVON, Conn., Jun 03, 2010 (BUSINESS WIRE) -- Magellan Health Services (NASDAQ:MGLN) today announced the development of a national medication-assisted treatment (MAT) intervention to battle substance use disorders. The MAT intervention focuses on increasing the appropriate use of proven medications as part of the discharge treatment plan for members completing inpatient treatment for a primary Alcohol and Other Drugs (AOD) diagnosis.

Results of the *National Survey on Drug Use and Health* conducted by the Substance Abuse and Mental Health Services Administration (SAMSHA)¹ found that 17.3 million Americans over the age of 12 reported heavy drinking (defined as five or more drinks on the same occasion on at least five different days in the past 30 days) and 58.1 million Americans participated in binge drinking. This same study found 114,000 new heroin users and 1.1 million Americans that used hallucinogens for the first time within the past 12 months. Additionally, according to a 2005 study, alcohol dependence and abuse is estimated to cost the United States economy approximately \$220 billion per year--more than cancer and obesity.

Based on professional standards, such as those developed by the American Psychiatric Association's Physician Consortium for Performance Improvement(R), a taskforce of Magellan clinical leaders created the MAT program. This national intervention seeks to increase the use of medications such as acamprosate, naltrexone, disulfiram, and buprenorphine in treatment of substance use disorders where clinically appropriate and focuses on patients who have been discharged from inpatient substance use treatment programs. The MAT intervention monitors the number of cases in which physicians are prescribing medications and measures member readmission rates.

"For some patients, traditional psychosocial treatments alone are not enough to maintain sobriety," said Gary M. Henschen, M.D., chief medical officer, Magellan behavioral health. "We are confident that the use of these medications as a core component of treatment planning will help reduce relapse among our members with substance use disorders."

As part of this intervention, Magellan also continually heightens outreach efforts and collaboration with its health plan partners to help facilitate the incorporation of these medications into client formularies. Additionally, Magellan is hosting a number of provider trainings to illustrate the importance of using appropriate medications when developing members' substance use disorder treatment plans.

Supporting Evidence

In 2007, as part of its consensus standards for the treatment of substance use disorders, the National Quality Forum²--a nonprofit organization consisting of health care consumer organizations, public and private purchasers, physicians, nurses, hospitals, accrediting bodies, supporting industries and healthcare research and quality improvement organizations--noted that "pharmacotherapy should be a standard component of treatment for substance use disorders when effective drugs exist."

Although studies³ have demonstrated that medications can assist in the successful management of relapse and/or withdrawal symptoms related to alcohol and opioid abuse when used in conjunction with traditional psychosocial interventions, a recent paper published in *Psychiatric Services* regarding a Department of Veterans' Affairs study reported that medications continue to be underutilized as part of patient treatment plans after discharge.⁴ Magellan's MAT intervention is intended to address this gap for our members.

Magellan's Southwest Care Management Center (located in Richardson, Texas) was our first center to pilot a program that succeeded in increasing the use of appropriate pharmacological therapy in treatment for members with an AOD diagnosis who received inpatient services for alcohol or opioids by 150 percent from 2004 to 2007.

Additionally, preliminary results from a 2008-2010 pilot program in which readmission rates are being studied at Magellan's Southeast Care Management Center in Alpharetta, Georgia, indicate a reduction in inpatient readmissions at six months among patients receiving medication-assisted treatment.

Based on the initial success of these programs and supported by respected organizational data, Magellan is moving forward with its national intervention, which will launch June 1, 2010.

"The initial findings revealed by our pilot programs are just the beginning of what I anticipate will lead to substantial improvements in substance use disorder treatment for our members," said Henschen. "The MAT intervention is just another example of how research and data drive our clinical decision-making process."

About Magellan: Headquartered in Avon, Conn., Magellan Health Services, Inc. is a leading specialty health care

management organization whose customers include health plans, employers and government agencies nationwide. Magellan's public sector behavioral health services assist approximately 1.9 million individuals in managing mental illnesses and substance abuse through innovative, community-based programs that deliver measurable outcomes and are grounded in the principles of recovery, resiliency and personal choice. In addition to behavioral health, the company operates in the areas of radiology benefits management, specialty pharmacy management, and public sector pharmacy benefits administration. Visit www.MagellanHealth.com for more information.

1<http://www.samhsa.gov/>

2www.qualityforum.org

3 Anton RF, Naltrexone for the Management of Alcohol Dependence. *New England Journal of Medicine* 2008; 359: 715-21. Anton RF, O'Malley SS, Ciraulo DA, et al. Combined Pharmacotherapies and Behavioral Interventions for Alcohol Dependence: the COMBINE study: a randomized controlled trial. *JAMA* 2006; 295:2003-17. Treatment Improvement Protocol (TIP) series. Rockville, MD: Department of Health and Human Services, 1998. Practice Guideline for the Treatment of Patients with Substance Use Disorders. 2nd ed. *American Journal of Psychiatry* 2006; 164; Suppl:A5-A124.

4 Harris AHS, Kivlahan D, Bowe T, Humphreys KN. Pharmacotherapy of Alcohol use Disorders in the Veterans Health Administration. *Psychiatry Services*; April 2010: 61-4. 392-398

SOURCE: Magellan Health Services, Inc.

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