AMERICAN PSYCHIATRIC ASSOCIATION

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Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: Request for Information for the Development of a CMS Action Plan to Prevent Opioid Addiction and Enhance Access to Medication-Assisted Treatment

On behalf of the American Psychiatric Association (APA), the medical specialty society representing over 38,500 physicians who specialize in the treatment of mental illnesses, including substance use disorders, we thank you for the opportunity to provide comments in response to the Centers for Medicare and Medicaid Services' (CMS) Request for Information for the Development of a CMS Action Plan to Prevent Opioid Addiction and Enhance Access to Medication-Assisted Treatment. We appreciate CMS's commitment to developing of an action plan to prevent opioid use disorder (OUD) and enhance access to medication-assisted treatment (MAT). APA is committed to working with the Administration and the states to help provide education, training, and support to address the crisis. We are pleased to submit the following feedback.

Improving Opioid Use Disorder Treatment Coverage for Medicare and Medicaid Patients

As an organization that represents front-line physicians who treat patients with substance use disorders, including opioids, APA commends CMS for expanding coverage for services provided to patients with opioid use disorders through guidance on Section 1115 Medicaid waivers. We also appreciate the CMS proposal in the recent Physician Fee Schedule to improve Medicare coverage for opioid use disorder programs provided by opioid treatment programs, as well as efforts to develop bundled payments for substance use disorders. We encourage CMS to also consider addressing gaps in care for all substance use disorders, including dependence on tobacco, marijuana, and alcohol.

For both Medicare and Medicaid, APA encourages CMS to take steps to minimize barriers to medication treatment by easing prior authorization requirements and making available (via coverage and reimbursement) all FDA-approved medications for treating substance use disorders, including long-acting buprenorphine formulations that reduce the risk of relapse and improve adherence. Additionally, we encourage CMS to address network adequacy concerns for MAT. Specifically, ensuring the review and oversight of all public and private health plan networks to ensure that patients with substance use disorders have access to the full range of providers.

Lastly, we cannot underestimate the importance of federal support for physician training on evidence-based treatment strategies. There is a need to both incentivize physicians to provide substance use disorder treatment, particularly those in areas of highest need, as well as assure patient access to appropriate treatments like MAT. We also encourage CMS to further study how to incentivize physicians to care for this patient population.

APA urges CMS to continue to advance solutions that will improve access to effective evidence-based treatment, reduce the stigma associated with substance use disorders, and protect safety net programs that offer valuable coverage for individuals and families in need of treatment. We encourage CMS to incentivize physicians to care for this patient population, to increase the number of physicians who are trained and willing to treat this patient population and further support those physicians who are already waivered to provide care to more individuals.

Expanding Access to Treatment Through Telepsychiatry

Most psychiatric treatments can be delivered through telepsychiatry, which provides an already vulnerable population with improved access to care in a variety of settings. Given that there is currently a numeric and geographical maldistribution of psychiatrists in the United States, APA strongly supports CMS's interest in expanding access to telehealth services. Research has shown that improving access to telepsychiatry services results in improved medication adherence, fewer visits to the emergency department, fewer inpatient hospital admissions, and decreased readmissions, all of which serve to increase patient outcomes and lower costs.[1] The SUPPORT Act removed the geographic limitations for telehealth services for individuals diagnosed with a SUD for the purpose of treating the SUD or a cooccurring mental health disorder under Medicare Part B. The law also allows telehealth services for treatment of a diagnosed SUD or co-occurring mental health disorder to be furnished to individuals at any telehealth originating site (other than a renal dialysis facility), including in a patient's home. This is a significant step in eliminating barriers to telehealth, that will enable many patients to access the care they need. **CMS should encourage state Medicaid programs to cover telepsychiatry services for all patients, regardless geographic location and diagnosis.** While some states have already expanded its telepsychiatry services, it is important for all patients to have access regardless of state residency.

Studying the Collaborative Care Model's Potential Impact on OUD Treatment

The Collaborative Care Model (CoCM) can open doors for effective and targeted treatment within the primary care setting for patients with substance use disorders. Three decades of research and over 80 randomized controlled trials have identified the CoCM as delivering better care coordination via integration of mental health and primary care. This model is focused on early intervention and continued treatment in primary care and is also recognized by CMS as the only validated model and has recently adopted new CPT codes for payment of this model of care.

[1] Hilty DM, Ferrer DC, Parish MB, et al. The Effectiveness of telemental health: A 2013 review. Telemed J E Health 2013;(19):444-454.

The CoCM was developed to address mental health needs on a population scale. CoCM is a patient-centered approach focusing on measurement-based treatment to target, evidence-based treatment, and accountable care. A CoCM team is led by a primary care provider and includes a behavioral health care manager and a consulting psychiatrist. The team implements a measurement-guided care plan and focuses particular attention on patients not meeting their clinical goals. The psychiatric consultant will review all patients who are not improving and make treatment recommendations on the caseload of patients. The ability to leverage the psychiatric consultant by the use of a whole team of providers allows more patients to be covered by one psychiatrist. Patients with chronic mental health conditions get better faster and stay better longer. Because collaborative care is based on these elements, the model can—and should—be applied to the treatment of addiction.

The evidence base for treating substance use disorders indicates that regular follow-up, medication-assisted treatment, psychosocial interventions, promotion of medication adherence, and case management are important features for successful treatment. They are all supported within a collaborative care model and are transferable to patients who have an addiction. **We recommend that the Collaborative Care Model be among the integrated evidence-based interventions studied by the Centers for Medicare and Medicaid Innovation, or through other federal demonstration projects, as an approach to opioid prevention and treatment services.**

Opportunities for Data Collection

Understanding Medication-Assisted Treatment Workforce Barriers

We are an active partner in SAMHSA's Providers' Clinical Support System and the State Targeted Response Technical Assistance Consortium. Through these programs, we have trained thousands of psychiatrists and other physicians at the local level to provide evidence-based practices in prevention, treatment, and recovery of opioid use disorder. While these efforts have greatly improved the number of trained providers (including physician assistants and nurse practitioners), many providers are not prescribing to their maximum capacity (which is 275 patients per physicians and 100 patients per physician assistants and nurse practitioners). In fact, a 2015 study reported that 48.1% of waivered physicians were prescribing buprenorphine to five patients or fewer.[2] Another study estimated that roughly half of individuals with opioid use disorder (OUD) would be treated if all opioid treatment providers were prescribing to their permitted capacity.[3] **We encourage CMS to consider collecting data that focuses on the barriers for providers to deliver OUD treatment.**

Analyzing Pharmacy-Based Interventions

As we address this crisis, we recognize that we must strike a balance in assessing the risks of opioids, while also maintaining access for patients with acute pain who benefit from these drugs. A patient's safety must always come first, however, we want to ensure that pharmacy-based interventions do not interfere with

[2] Sigmon SC. The Untapped Potential of Office-Based Buprenorphine Treatment. JAMA Psychiatry. 2015; 72(4): 395–396. doi:10.1001/jamapsychiatry.2014.2421

[3] Jones, C. M., Campopiano, M., Baldwin, G., & McCance-Katz, E. (2015). National and state treatment need and capacity for opioid agonist medication-assisted treatment. American Journal of Public Health. 105(8).

the physician-patient relationship and a doctor's ability to help manage his or her patients' needs. Proposed interventions should not impose burdensome requirements on prescribers, such as filling out prior authorizations and additional paperwork, that lead to less time with patients. Additionally, these policies should not enable pharmacies to dictate how providers prescribe treatment nor keep patients from getting their prescriptions filled.[4] To effectively understand what works best for patients, **the APA strongly supports further research on the effectiveness of pharmacy-based interventions**.

Identifying Naloxone Understanding Among the General Public

We were encouraged to hear Surgeon General Jerome Adams's public health advisory urging more individual Americans to carry a dose of naloxone to reduce opioid overdose deaths. There is clear evidence that naloxone can save lives, and it is a critical public health tool that should be widely available to communities around the country. To better coordinate its distribution and effectiveness to save lives, **APA encourages you to study the general public's understanding of the medication and the impact of standing pharmacy orders, which would allow all individuals to obtain this medication without a prescription.**

The APA stands at the ready to join CMS in their efforts to combat this public health crisis, and we thank you for your ongoing efforts. If you have questions, or if we can be of further assistance, please contact Kristin Kroeger, Chief of Policy, Programs, and Partnerships, at kkroeger@psych.org.

Sincerely,

Saul Levin, MD, MPA

Saul Levin, MD, MPA, FRCP-E
CEO and Medical Director

[4] "Position Statement on Legislative Attempts Permitting Pharmacists to Alter Prescriptions." American Psychiatric Association. 2017.