

Testimony by Gary Mendell
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Hearing on Treating Substance Misuse in America: Scams, Shortfalls, and Solutions
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Chairman Grassley, Ranking Member Wyden, and members of the Committee, thank you for holding this hearing on the important topic of solutions for treating substance misuse in America. My name is Gary Mendell and I am the founder and Chief Executive Officer of Shatterproof, a national nonprofit organization dedicated to reversing the addiction crisis in this country.

For nearly a decade, my son Brian suffered with a substance use disorder. During this time, our family worked tirelessly to find Brian the best possible care and he went to eight different treatment programs. Brian and my family took the advice of supposed experts on how to support him. On October 20, 2011, we lost Brian to the disease of addiction. In the months that followed, I learned that in the decades prior to my son's death, the federal government had provided grants of tens of billions to dollars to researchers all across our country, and those researchers had successfully created a body of knowledge that had proven to be able to significantly improve outcomes for those in treatment. But shockingly, all this information was sitting in peer reviewed medical journals, and hardly any of it was being used. It broke my heart to realize that there were options that could have helped Brian, if only we had known what to look for and who to trust. It haunted me knowing how many families were being shattered every day by this disease and how much devastation could be easily prevented by ensuring research is implemented into practice. This is why I founded Shatterproof, the first national nonprofit organization dedicated to reversing the addiction epidemic in America.

To accomplish this, we developed a plan to transform the addiction treatment system in the United States. This plan includes five components:

1. A core set of science-based principles of care for treating addiction
2. Treatment quality measurement
3. Payment reform
4. Treatment capacity
5. Stigma reduction

For the purpose of this hearing, I will focus my remarks on treatment quality and share how Shatterproof is currently implementing the first phase of ATLAS, an addiction treatment locator, analysis, and standards tool, in six states. I commend the other witnesses today for their critical work of uncovering fraud and abuse in the substance use disorder treatment space. I hope that I complement that testimony by addressing the problem of slow adoption of evidence-based practices, which are essential to improving patient outcomes and reversing the nation's staggering overdose rates. ATLAS seeks to spur transformation in this space, and quickly.

Addiction is a well-researched chronic brain disease, but despite the fact that there are clear clinical best practices with demonstrated efficacy the use of these practices varies widely across the addiction treatment field, even in the wake of an opioid epidemic. While some addiction treatment facilities offer clinically effective medical treatment, others employ tactics based on

ineffective and outdated methodologies that may be harmful to patients. Using the information currently available, Americans with substance use disorders and their loved ones find it almost impossible to sort through misinformation and identify the most appropriate level of addiction care, and, evidence-based care. Even worse, some addiction treatment facilities capitalize on the fact that addiction impacts the part of the brain that regulates decision-making, problem-solving, and stress, making people with substance use disorders susceptible to schemes like patient-brokering. Unlike other healthcare services, comprehensive, standardized, accurate data on the quality of addiction treatment does not exist. Even worse, market forces have not been aligned to support best practices. This must change. And this can change.

What is ATLAS?

ATLAS is a web and app-based platform with a triple aim: 1) empower and educate patients and family members looking for addiction treatment with reliable information on the use of evidenced-based best practices by treatment facilities, 2) equip addiction treatment providers with data to inform their quality improvement initiatives and advance the use of best practices, and 3) ensure policy and payment decisions are data-driven, such as the deployment of technical assistance resources and modified payment models.

Measurement systems for healthcare quality have been used to drive improvements and reduce costs for decades¹. Fueled by increased consumerism, this trend has grown in scope and sophistication since the early 1990's, and early supporting research shows that healthcare rating systems positively impact provider quality and patient outcomes. Hospitals with publicly reported quality metrics have significantly more quality improvement activities² than those without such metrics. These systems also bring the power of market forces to incentivize improvements in the quality of care by informing consumer and payer decisions that impact the market share of treatment providers³. With regard to addiction treatment, I would like to highlight that this approach is consistent with recommendations⁴ made by the Institute of Medicine in 2006, calling for the development and dissemination of a common, continuously improving set of measures for the treatment of SUD to drive quality improvement and the public reporting of the delivery of this care.

ATLAS will allow the public searching for high-quality addiction treatment to locate and compare facilities, including trustworthy, standardized quality data on the services available at addiction treatment facilities, and to review feedback on the services reported by other patients. ATLAS fulfills Shatterproof's goal of leveraging healthcare quality measures to increase

¹ McIntyre, Rogers, & Heier, *Overview, History, and Objectives of Performance Measurement*, Health Care Financing Review, Spring 2001, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4194707/>

² Hibbard, Stockard, & Tusler, *Does Publicizing Hospital Performance Stimulate Quality Improvement Efforts?*, Health Affairs, March/April 2003, available at: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.22.2.84>

³ Werner, Konetzka & Polsky, *Changes in Consumer Demand Following Public Reporting of Summary Quality Ratings: An Evaluation in Nursing Homes*, Health Services Research Journal, June 2016, available at: <https://www.ncbi.nlm.nih.gov/pubmed/26868034>

⁴ Institute of Medicine Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders, *Improving the Quality of Health Care for Mental and Substance-Use Conditions*, National Academies Press, 2006, available at: <https://www.ncbi.nlm.nih.gov/books/NBK19830/>

transparency in and encourage improvements to addiction treatment. It is based upon Shatterproof's National Principles of Care©:

1. Routine screenings in every medical setting
2. Rapid access to care
3. A personalized plan for every patient
4. Long-term disease management
5. Coordinated care for all behavioral and physical health conditions
6. The use of evidence-based behavioral therapies by trained professionals
7. Access to FDA-approved medications for addiction treatment
8. Access to recovery support services, including peer and community services

ATLAS will collect facility-level data from three sources: insurance claims, patient experience surveys, and a validated treatment facility survey. Data from these sources will be available at the addiction treatment facility level in a free-online dashboard that allows for easy comparisons among facilities. Individuals may filter searches based upon facility features that are important to them, such as location and insurance coverage. Facilities that do not respond to the survey will still be listed on the public-facing website with an indication that quality data was not disclosed. This approach creates a source of trusted information, preventing people looking for care from falling prey to call centers and fraudulent schemes.

Additionally, ATLAS will promote quality improvement by offering portals for facilities, payers, and states to view and use the data to drive innovations such as internal facility improvements, rewards for facility performance, and data-driven state initiatives such as addiction treatment technical assistance and policy reform. Without this system, we are concerned that the funneling of needed resources to the addiction treatment space may only further support questionable treatment practices. Instead, with ATLAS, responses can be targeted and ensure that state and federal dollars are only being used to support the delivery of evidence-backed care.

Current Status

Phase 1 of ATLAS is currently being implemented in select states - Delaware, Louisiana, Massachusetts, New York, North Carolina, and West Virginia - over two years. States were selected based upon various criteria, including capacity for successful implementation and demonstrated potential to scale ATLAS in the future. Shatterproof is working closely with many addiction treatment stakeholders, including provider and medical organizations, payers, and recovery advocates, to ensure a successful and collaborative implementation.

Shatterproof is working with RTI International (RTI), an independent research institute with national expertise in quality measurement and substance use disorders, to support ATLAS analytics. RTI currently supports five national health quality reporting efforts and one large private rating system and has developed and obtained National Quality Forum (NQF) endorsements for over 40 quality measures. RTI leads large-scale quality measure collection efforts with healthcare providers including supporting over 3,000 providers in reporting measures for the Centers for Medicare & Medicaid Services' (CMS') Comprehensive Primary Care Plus (CPC+) project.

Shatterproof received \$5 million in funding for the ATLAS pilot, with majority funding coming from Arnold Ventures and the Robert Wood Johnson Foundation and the remainder coming from a group of national health insurance companies.

Progress to Date

Thus far, the pilot has included measure identification and refinement through an NQF Expert Panel Strategy Session and public comment period, feasibility testing of survey items and claims measures, and a pilot of the patient experience survey approach across 50 facilities in one state. Data collection for the pilot phase is underway from mid-October to mid-December 2019 from three sources: insurance claims, treatment facility surveys, and patient experience of care. Facilities will have the opportunity to review the display of their quality measure data before public launch.

Claims Data. The four claims-based measures address the concepts of care continuity, overdose after treatment, evidence of opioid use disorder (OUD) medication use, and continuity of pharmacotherapy for OUD. The measures are currently being calculated by participating Medicaid agencies and commercial health plans across the six phase 1 states.

Patient Experience Survey. The Patient Experience Survey, which includes questions related to treatment quality, access, patient improvement in functioning, and facility staff support that are based on the Agency for Healthcare Research and Quality's (AHRQ) CAHPS survey, was recently piloted at 50 facilities in New York State with promising findings. Twenty responses per facility will be needed to report reliable data to the public. Data collection is now underway across all of the phase 1 states. Upon the launch of ATLAS, the public will be able to complete these surveys to leave feedback on facilities directly on the ATLAS site.

Treatment Facility Survey. Shatterproof and RTI have conducted an iterative process for finalizing the Treatment Facility Survey questions based on the result of the NQF Expert Panel. This has included feasibility testing and formal input processes with treatment providers, state partners, and the public. Validation measures and protocol, used to ensure the accuracy of survey data collected, have also been finalized. The Treatment Facility Survey was distributed to all 2,444 facilities across the six phase 1 states via an online portal on October 14, 2019. More than 15 percent of the facilities have already submitted a response or are in the process of doing so.

Quality data will be triangulated from these three sources and reported through the ATLAS site back to providers, to the public, and to payers and states. Importantly, facility-level composite scores such as a letter grade or star rating will not be generated during this pilot; instead, descriptive and quality information will be displayed as objectively as possible with lay-friendly educational content. ATLAS is slated to be launched as early as May 2020.

Future of ATLAS

Following the implementation and evaluation of the ATLAS pilot, Shatterproof will lead the sustained implementation and scale-up of this resource to serve people with substance use disorders and their loved ones nationally. Lessons learned from phase 1 will inform further refinement of the quality measures and improve data collection techniques for future phases to

ensure ATLAS is providing comprehensive, useful information on addiction treatment and driving overall quality improvement.

Shatterproof remains committed to using data-based indicators to catalyze long-term systems- and policy-level changes in addiction treatment. This is part of our strategic goal of transforming the addiction treatment system in the United States in order to reverse the addiction crisis that has had a severe and tragic toll on too many, and for which the impact can be averted for so many more.

Thank you for the opportunity to testify today, and I look forward to your questions.