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ECHO Institute
University of New Mexico Health Sciences Center
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Senator Orin Hatch
Senator Ron Wyden
And Members of the Senate Finance Committee

Dear Senators Hatch and Wyden,

We are responding to your request for recommendations of potential policy changes to Medicare and Medicaid as part of efforts to address the opioid crisis. Thank you for this opportunity.

The Medicare population has one of the highest and fastest-growing rates of opioid use disorder (OUD) and Medicaid covers nearly 40% of the nonelderly adults with OUD. The right Medicare and Medicaid policy changes could help stem this crisis.

At the ECHO Institute, we have been working on increasing access to OUD treatment for over a decade, and while we have notable success in using the ECHO model to achieve this goal, we have also observed systemic barriers to scaling effective, evidence-based approaches.

The federal government has taken significant steps to address the opioid epidemic—including the passage of the DATA 2000, CARA, and Cures Acts. Many of these legislative changes and funding opportunities are focused on engaging primary care organizations and providers in combatting the opioid epidemic—in particular by providing medication assisted treatment (MAT) to patients with OUD. As noted recently in the New York Times, experts agree that nearly half of our opioid dollars should be spent on treatment. Experts also agree that primary care organizations play a critical role in expanding access to treatment.

The problem, however, is that primary care settings still are not adequately incentivized to overcome the myriad of barriers they face in launching and sustaining a high quality MAT program for patients with OUD. The barriers that primary care organizations confront include lack of: provider knowledge and confidence, ongoing expert support, trained team members who can support the prescribing provider, and appropriate reimbursement policies, all in the face of ongoing stigmatizing attitudes that affect organizations' willingness to treat OUD. Changes to Medicare and Medicaid policies can help.

We strongly believe that the Centers for Medicare & Medicaid Services should explore whether higher reimbursements for MAT in primary care settings—that includes incentives for using team-based care and ongoing expert support—would increase access to treatment for individuals with OUD and, in the long term, save the federal government money by decreasing spending on inpatient hospital stays and emergency department visits, as well as creating savings related to other societal costs. Policy changes could also include accountability by developing and monitoring quality metrics for OUD treatment and include value-based payments that reward high quality health centers.

Such changes would incentivize primary care organizations to provide high-quality OUD treatment. Encouraging participation in ongoing expert support, guided practice, and learning communities would increase provider confidence, best-practice care, and engagement in team-based care which are an essential component to effective and efficient OUD treatment.

Several effective methods of providing expert consultation to primary care teams have been developed, including the SAMHSA-funded Provider Clinical Support Service for Medication Assisted Treatment (PCSS-MAT), which provides one-to-one consultation between specialists and PCPs to increase PCP confidence and competence in their ability to treat OUD. Another effective model is the Vermont Hub and Spoke model, in which specialists initiate treatment of OUD and then pass stabilized patients to PCPs for ongoing care.

Project ECHO is another evidence-based model for providing ongoing expert support. In the ECHO model, multiple PCPs gather via a video-conferencing platform and receive mentorship and guidance from a multidisciplinary specialist team. Learning occurs primarily via case-based learning, when PCPs present real patients from their practices in a de-identified fashion, and receive input from specialists and from their peers. Sessions typically meet for 2 hours, 2-to-4 times per month. ECHO helps transform providers from novices to experts. ECHO differs from other models of expert consultation in that it allows for rapid build-up and deployment of a trained workforce, and provides ongoing support and guidance to ensure high quality care. This low-cost, high-impact model has been successfully applied to many chronic diseases.

In New Mexico, we have been offering an ECHO program that focuses on treatment of addiction for the past decade and have used ECHO to encourage and support physicians to obtain the DATA waiver to begin MAT programs for their patients with OUD. We have found that NM physicians from the most rural and under-served communities are getting trained in far greater numbers than those in other states (see figure, below).

In 2017, we launched a national, HRSA-funded Opioid Addiction Treatment ECHO program operated out of 5 separate hubs across the US. To date, we have reached more than 350 primary care team members from 40 states and Puerto Rico during just 12 months of operation. More than 80% of participants report that they changed their treatment plan because of the specialist input that they received. PCPs' confidence in their ability to treat OUD increased markedly. Other members of primary care teams participated as well, which allows a team-based approach to OUD treatment in primary care. With the influx of Cures Act funding, nearly 30 states are launching their own, state-level Opioid ECHO programs. These states include CO, FL, OH, OR, MO, NC, NJ, SC, and WA, among many others. This significant increase in the supply of ECHO programs to support primary care teams presents a great opportunity; however, policy changes may be needed to incentivize larger numbers of primary care organizations to take advantage of these programs. For example, many ECHO participants have reported being discouraged by their clinic administrators from participating in the opportunity for expert consultation because, under the dominant fee-for-service payment system, any time away from patients represents lost revenue for health centers.

Experts agree that access to treatment for OUD is a key strategy for combating the opioid crisis, and a central focus is access to effective medication treatment, which reduces mortality rates by more than half. We have shown that we have the means to rapidly train and support providers to treat this epidemic at scale. What is needed are the appropriate financial incentives to participate in these support networks and begin to treat OUD patients in large numbers. The Centers for Medicare &

Medicaid could play an important role in addressing this crisis by incentivizing primary care teams to provide treatment for OUD and participate in ongoing expert consultation and guided practice, thereby expanding access to high-quality care.

Thank you for considering these policy change recommendations.

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Figure: Cumulative number of buprenorphine waivered physicians per million population in traditionally-underserved zip-codes in New Mexico vs the United States. (Komaromy, et al. Substance Abuse, 2016)