

## Wright, Kevin (Finance)

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**From:** Kristen Dillon <Kristen.Dillon@pacificsource.com>  
**Sent:** Friday, February 16, 2018 1:14 PM  
**To:** opioids,  
**Subject:** Seeking Feedback to Improve Medicare, Medicaid Responses to Opioid Epidemic

Dear Chairman Hatch and Senator Wyden,

On behalf of the PacificSource family of health plans, it is my pleasure to share the following information in response to your questions about responding to our country's opioid epidemic through policy changes in the Medicare and Medicaid



programs.

As a not-for-profit health insurer, PacificSource has a 77-year history of facilitating great health care for our members. We serve more than 300,000 members with individual, group, Medicare, and Medicaid plans in Oregon, Washington, Idaho, and Montana and have a strong commitment to improving health and health care for all people in the communities that we serve.

Thank you for the opportunity to contribute to your work,  
Kristen Dillon, MD

**Kristen Dillon, M.D.**

Director, Columbia Gorge CCO & Associate Medical Director Medicaid | PacificSource Community Solutions

- *What barriers to non-pharmaceutical therapies for chronic pain currently exist in Medicare and Medicaid? How can those barriers be addressed to increase utilization of those non-pharmaceutical therapies when clinically appropriate?*  
A major and effective non-pharmaceutical treatment for chronic pain is cognitive-behavioral therapy, as well as other behavioral health (mental health and substance use disorder) treatment. Medicaid programs currently reimburse multiple types of mental health and substance use disorder treatment professionals. However, Medicare currently only pays for services provided by Psychologists and Licensed Clinical Social Workers. This creates a substantial barrier to Medicare members being able to access behavioral health services.  
In addition, the population of our rural areas is aging, leading to proportionately more rural residents being covered by Medicare. Medicare's payment policy for behavioral health professionals has the effect of worsening workforce shortages, which are already significant in rural, frontier, and tribal communities. In order to have a stable behavioral health workforce outside urban areas, behavioral health professionals need to be able to access all major public and private payors in order to operate their practices.
- *What best practices employed by states through innovative Medicaid policies or the private sector can be enhanced through federal efforts or incorporated into Medicare?*  
A best practice for substance use disorder treatment, with a good evidence basis for effectiveness, is Medication Assisted Treatment (MAT). A common MAT treatment, shown to be far more effective than abstinence treatment, is opiate replacement therapy with buprenorphine or methadone. Many substance use disorder programs do not include MAT in what they offer patients, grounded partly in the historic focus on total abstinence as a foundation of addiction treatment. Newer research data has shown that treatment that includes MAT is far more effective for many patients, yet an exclusive focus on abstinence continues to permeate treatment in many programs, denying enrolled patients access to MAT.

- *What human services efforts (including specific programs or funding design models) appear to be effective in preventing or mitigating adverse impacts from OUD or SUD on children and families?*

The “Housing First” model for addressing housing insecurity or homelessness is one of the most effective treatment options for pregnant women and parents using opioids or other substances. Addressing housing needs with reasonable behavior requirements, but without requiring sobriety, allows pregnant women and parents to stabilize their housing situation then move on to the difficult work of addressing addictions.

- *Other suggestions?*

One clinical change that would decrease deaths from prescription opiates is significantly reducing the co-prescribing of benzodiazepines and opiates, which is now involved in 70% or more of all prescription opiate-related deaths. There needs to be more emphasis on educating providers about the dangers of co-prescribing, better coordination of care when different professionals are prescribing the medications, and further utilization of Prescription Drug Monitoring Programs to monitor for this dangerous prescribing practice.

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