



**ASAM** American Society of  
Addiction Medicine



**FOR IMMEDIATE RELEASE**

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## **ASAM and the AMA Announce Innovative Payment Model to Improve Treatment of Opioid Use Disorder**

*Alternative Payment Model Aims to Combine Payment for Medical and Psychosocial Support Services*

Washington, D.C. – The American Society of Addiction Medicine (ASAM) and the American Medical Association (AMA) jointly announced today the release of a concept paper detailing a groundbreaking alternative payment model (APM) that could revolutionize how patients with opioid use disorder are treated.

The new payment model, known as Patient-Centered Opioid Addiction Treatment (P-COAT), is expected to increase the number of patients with opioid use disorder who are able to lead satisfying, productive lives through successful management of their condition while also reducing health care spending on costs associated with addiction, such as emergency department visits and hospitalizations.

“We have seen significant increases in the rate of individuals dying from opioid poisonings across the United States once again this year,” said **Kelly J. Clark**, MD, MBA, DFAPA, DFASAM, president of ASAM. “At the same time, millions of individuals across the country continue to lack access to treatment due to insurance reimbursement and coverage barriers. I am proud of the AMA-ASAM APM Working Group for developing a framework that seeks to address these issues.”

The new payment model seeks to increase utilization of and access to medications for the treatment of opioid use disorder by providing the appropriate financial support to successfully treat patients and broaden the coordinated delivery of medical, psychological, and social support services. P-COAT is also designed to support office-based opioid treatment in order to facilitate coordination between multiple treatment providers. Previously, payment for these services has been segregated, which contributes to patient difficulties receiving comprehensive care.

“Arbitrary limitations on effective, comprehensive treatment are stymying physician efforts to treat patients with opioid use disorder,” said **Patrice A. Harris**, MD, MA, chair of the AMA

Opioid Task Force. “This new tool will remove a brick in the wall that prevents patients from accessing needed treatment. Eventually, this wall will be torn down. Until then, we must continue fighting for our patients and remove arbitrary barriers to care.”

The P-COAT APM is based on a wealth of research showing that medications combined with psychosocial supports is effective in treating individuals with opioid use disorder. Unfortunately, the current physician payment system offers little support for the coordination of behavioral, social and other support services that patients being treated for opioid use disorder need in addition to their medication. Non-face-to-face services – such as phone calls and email consultations with patients – in addition to better coordination between specialists, outpatient treatment programs and other health providers such as emergency rooms, are essential to the delivery of effective, evidence-based treatment to the individuals who need it.

“The current physician reimbursement structure does not account for all the services that patients with an opioid use disorder need to progress to successful treatment and recovery,” said **Shawn Ryan**, MD, MBA, ABEM, ABAM, FASAM, chair of the AMA-ASAM APM Working Group and ASAM’s Payer Relations Committee. “While we know that a combination of medication and psychosocial support systems is the evidence-based standard for treatment, we continue to find that patients are not able to access treatment due to limited or non-existent insurance coverage. We hope that today’s announcement will begin a national conversation with insurers and policymakers about what it takes for successful treatment and recovery.”

The APM announced today is the result of extensive development and review. ASAM and the AMA are now seeking physician practices and insurers interested in pilot testing the new payment model. Anyone interested in participating in P-COAT should submit their contact information [here](#).

For more information about the P-COAT APM, please review ASAM’s issue brief [here](#).

The complete P-COAT APM is available [here](#).

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**About ASAM**

The American Society of Addiction Medicine, founded in 1954, is a professional society representing over 5,000 physicians, clinicians, and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction. For more information, visit [www.ASAM.org](http://www.ASAM.org).

**About the AMA**

The American Medical Association is the premier national organization providing timely, essential resources to empower physicians, residents and medical students to succeed at every phase of their medical lives. Physicians have entrusted the AMA to advance the art and science of medicine and the betterment of public health on behalf of patients for more than 170 years. For more information, visit [ama-assn.org](http://ama-assn.org).