



Oregon Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

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February 20, 2020

Director Patrick Allen
Oregon Health Authority
500 Summer Street, NE, E-20
Salem, OR 97301-1097

Dear Director Allen:

On behalf of the Oregon Society of Addiction Medicine (ORSAM), the medical specialty society representing physicians and other health professionals who are dedicated to the prevention and treatment of addiction, thank you for the opportunity to provide comments on Oregon's proposed Section 1115 waiver application and proposed State Plan Amendment.

Section 1115 Waiver Application Comments

The proposed Section 1115 waiver will dramatically increase access to care and provide support to individuals with addiction. ORSAM supports the state's application to waive the Institutions for Mental Diseases exclusion for those residential treatment providers that deliver services consistent with the ASAM Criteria and provide evidence-based substance use disorder (SUD) treatment, including agonist and antagonist medications approved by the Food and Drug Administration (FDA) for opioid use disorder treatment. The proposed Section 1115 waiver would also significantly improve the provision of wraparound services in Oregon. By providing community integration services such as developing individualized housing stabilization plans, the waiver would provide necessary support in an area that is often overlooked.

ORSAM also applauds the state for exploring innovative ways to deliver and pay for SUD treatment by pursuing alternative payment models. While working with Coordinated Care Organizations in 2021 to identify viable SUD value-based-payment models, ORSAM encourages the Oregon Health Authority (OHA) to consider the Patient-Centered Opioid Addiction Treatment (P-COAT) model developed by the American Society of Addiction Medicine and the American Medical Association. This conceptual model was designed to address the shortcomings in the current SUD treatment payment system to reduce deaths caused by opioid overdose and complications of opioid use, provide appropriate financial support for clinicians, reduce spending on ineffective or unnecessarily expensive treatments, and increase the proportion of individuals successfully treated.



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ORSAM would also like address the proposed certification of Peer-Run Organizations (PROs) as a separate provider type and the proposal to allow peer delivered services (PDS) to be provided and paid for outside of a treatment plan. Given the complexity, as well as high morbidity and mortality of the disease of addiction, it is vitally important that patient care is coordinated according to a treatment plan that is developed in consult with the patient by a trained and qualified clinician, consistent with current federal guidance.ⁱ A recent study on the benefits of peer support groups found that limited data on the topic diminishes the ability to draw effective conclusions on their efficacy.ⁱⁱ A systematic review of peer recovery support services and recovery coaching came to the same conclusion, noting that while PDS have potential across a number of treatment settings, there is a great amount of work to be done to establish whether they are truly effective.ⁱⁱⁱ On the other hand, there is a robust body of research affirming the efficacy of medications for addiction treatment (MAT). The Substance Abuse and Mental Health Services Administration (SAMHSA) notes that MAT has been shown to improve patient survival, increase retention in treatment, decrease illicit opiate use and other criminal activity among people with substance use disorders, and increase patients' ability to gain and maintain employment.^{iv} ORSAM is concerned that by creating PROs and allowing PDS to be billed without the supervision of a clinician, OHA may systematize a lack of MAT utilization. Rather than allowing PROs to exist as a separate provider type before sufficient research has been conducted, OHA should investigate ways to better integrate PDS into the existing care coordination framework. ASAM's P-COAT model offers a number of different reimbursement options designed to better coordinate treatment by a clinician and wraparound services such as PDS. Additionally, telemedicine, including remote prescribing for those appropriately evaluated by a qualified practitioner, would enable clinicians to provide supervision and coordination of care for delivery of MAT and PDS to rural areas and other locations with fewer available addiction treatment professionals.

Further, in the waiver application document, it appears that Oregon is presenting PDS as an independent ASAM Level of Care (LoC) by including them in Attachment D: Oregon ASAM Levels of Care (labeled "Other" in the column "ASAM Level of Care," along with other services that are not ASAM Levels of Care). This presentation may cause confusion and lead stakeholders to believe that such services, apart from medical treatment provided by a qualified clinician, constitute treatment in and of themselves and are endorsed in that way by ASAM. We recommend this table be revised to clearly indicate the difference between ASAM Levels of Care and other services that may be part of a patient's treatment plan at any LoC.

State Plan Amendment Comments

Oregon's Section 1115 waiver proposal also describes the State Plan Amendment (SPA) that will be filed after the Section 1115 waiver is approved. The proposals included in the SPA, especially



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the focus on expanding coverage to include ASAM LoC 0.5, will contribute significantly to Oregon's goal of providing a full continuum of care to those suffering from addiction. The ASAM Criteria is the most widely used and comprehensive set of evidence-based guidelines for placement, continued stay, and transfer or discharge of patients with addiction and co-occurring condition. Expanding coverage to ASAM LoC 0.5 will enable Oregon to decrease healthcare costs by engaging with those who may be at risk for SUD and directing them to lower, less costly levels of treatment. It should be noted that "Crisis Intervention," another service for which OHA plans to submit a SPA, is **not** an official ASAM LoC, contrary to what is indicated on page 47 of the draft Section 1115 waiver proposal. However, the ASAM Criteria does acknowledge that some patients may require immediate stabilization of their psychiatric symptoms and subsequent transfer to a different LoC.^v Therefore ORSAM applauds the decision to seek coverage for such services, even as it again urges OHA to refrain from inadvertently misrepresenting the ASAM Criteria.

ORSAM also applauds OHA's plan to apply for a SPA to expand prevention services. The prevention services described in the draft application, including information sessions, education, engagement, and access to follow-up services can all have a positive impact on the public health when employed in an evidence-informed manner. It is particularly important that schools, parents, and patients receiving evidence-informed education. ORSAM looks forward to working with OHA to ensure that any prevention services offered are grounded in existing best practices.

ORSAM welcomes further engagement with OHA regarding this waiver application and future SPA application to find efficient and effective solutions to combat and end the opioid epidemic. If you have any questions, comments, or concerns, please contact Dr. Moxie Loeffler at (603) 667-3696 or via email at moxieloeffler@gmail.com.

Sincerely,

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ⁱ Medicaid and CHIP Payment Access Commission. (2019). *Recovery Support Services for Medicaid Beneficiaries with a Substance Use Disorder*. Washington, DC: Medicaid and CHIP Payment Access Commission.

ⁱⁱ Tracy, K., Wallace, S. (2016). Benefits of peer support groups in the treatment of addiction. *Substance Abuse and Rehabilitation*, 7: 143-154. doi:[10.2147/SAR.S81535](https://doi.org/10.2147/SAR.S81535)

ⁱⁱⁱ Eddie, D., Hoffman, L., Vilsaint, C., Abry, A., Bergman, B., Hoepfner, B., Weinstein, C., Kelly, J. Lived Experience in New Models of Care for Substance Use Disorder: A Systematic Review of Peer Recovery Support Services and Recovery Coaching. *Frontiers in Psychology*, 10: 1052. doi:[10.3389/fpsyg.2019.01052](https://doi.org/10.3389/fpsyg.2019.01052)

^{iv} Substance Abuse and Mental Health Services Administration. "Medication and Counseling Treatment." 12 February 2020. Substance Abuse and Mental Health Services Administration, web, 17 February 2020.

^v Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, eds. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. 3rd ed. Carson City, NV: The Change Companies; 2013.