



February 16, 2018

The Honorable Orrin Hatch  
Chairman  
Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, DC 20510

Via electronic mail to: [opioids@finance.senate.gov](mailto:opioids@finance.senate.gov)

Dear Chairman Hatch and Ranking Member Wyden:

Hartford Health Care (HHC) is pleased to submit the following comments in response to the Committee on Finance (Committee) request for feedback on policy options for addressing our nation's opioid crisis. We appreciate the opportunity to share our experience in combatting opioid addiction and abuse in Connecticut and look forward to working with you on this issue.

HHC and its extensive Behavioral Health Network are leaders in the integration of medical and behavioral healthcare treatment to provide patients with optimal care addressing a wide spectrum of needs across our communities and region. As the opioid epidemic emerged in Connecticut, Rushford and Natchaug hospitals were early adopters of medication-assisted treatment, opening nine Medication Assisted Treatment Close to Home (MATCH) facilities close to home in both urban and suburban settings in the past two years.

As the opioid epidemic continues to grow in our state, with 917 reported deaths compared to 357 in 2012, HHC clinicians have encountered challenges in providing optimal treatment for patients in need as they pursue help in our programs. Specifically, inconsistent and limited insurance coverage of viable treatment options, including under the Medicare and Medicaid programs, are limiting patients' ability to access the services they need to address their addiction. Families also struggle as they search for ways to provide support to their loved ones and assist them in seeking help for appropriate pain treatment as well as treatment for substance abuse and addiction. as they treat program recipients.

HHC believes that Support Screening, Brief intervention and Referral to Treatment (SBIRT) education and implementation for substance use disorder in health care systems is a highly effective approach to addressing the opioid crisis in our communities. SBIRT is an evidence-based practice that providers can use to identify, reduce and prevent problematic substance use among the people they serve. Primary care settings are ideal places to utilize SBIRT to screen patients who may be misusing substances or have a SUD and provide appropriate care to address their needs. In 2016, approximately 26 million people, ages 12 and older, experienced a substance use disorder (SUD). In that same year, only 3.8 million – just 14 percent – received

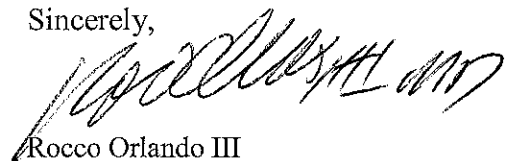
treatment. A key strategy to address this discrepancy is providing health care professionals with efficient tools to screen patients for SUDs and assist them in accessing treatment and supports. Ensuring appropriate reimbursement for these services, in addition to effective pain management services furnished by experienced specialists, is essential to connecting patients with treatments that effectively meet their needs.

Additionally, we observe a need to better identify people who are receiving methadone for the treatment of an OUD and communicate that to providers in order to decrease the risk that healthcare practitioners will unknowingly and inadvertently prescribe opioids analgesics or sedative hypnotics (benzodiazepines) which can interact with these medications, potentially leading to respiratory depression, overdose and death. Under the existing dynamic, many patients' treatment with methadone will not show up in available data through prescription monitoring programs and is inconsistently included in electronic health records (EHRs). Likewise, recognizing the need for improved access to medications used to treat overdoses, such as naloxone, would be beneficial to avoiding potentially fatal conditions.

Understanding the unique challenges of addiction and the benefit of allowing patients in need to learn from peers within their communities, HHC also piloted a "Recovery Coach" Program at two of our six CT hospitals. The Recovery Coach Program connects patients who are seeking overdose treatment in the emergency room to a recovery coach that provides peer to peer support and counseling during the visit and after. Recovery coaches are individuals who have successfully recovered from episodes of addiction and have received extensive training and certification as peer counselors. Coaches may educate patients on treatment options, transport them to available detoxification bed or rehabilitation bed; assist with housing and benefit needs; furnish regular support via telephone and other transportation services as needed. Results of this program have been tremendous with the first 409 patients seen by recovery coaches, 405 of them were linked to future treatment. As a result of the program's early success, that State of Connecticut recently approved additional funding to establish recovery coach services in additional HHC Emergency Rooms. Unfortunately, there is not funding in the Medicaid program to provide for reimbursement for recovery coach services.

Thank you for the opportunity to offer our recommendations as you explore potential improvements to the Medicare and Medicaid programs' ability to address pain management and substance use disorders. We are also including the attached article that offers more detail on the behavioral health network at HHC and our work with the MATCH and Recovery Coach programs. Please do not hesitate to contact Kim Harrison, our federal affairs liaison, if you would like to discuss these programs further or have additional questions.

Sincerely,



Rocco Orlando III  
Senior Vice President &  
Chief Medical Officer

# Defining the Next Generation Behavioral Health System

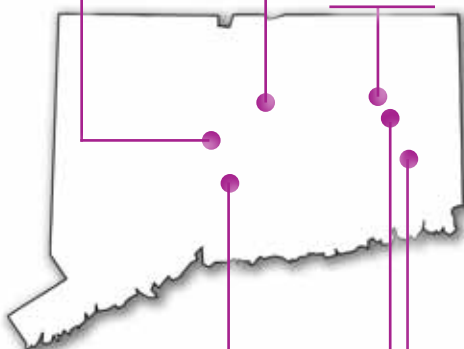
*Building upon longstanding excellence in behavioral health and substance abuse care through research, practice innovation and education*

## BHN LOCATIONS

The Hospital of Central  
Connecticut, New Britain

The Institute of Living, Hartford

Natchaug  
Hospital,  
Mansfield



MidState Medical Center  
and Rushford, Meriden

Windham Hospital, Windham

Backus Hospital, Norwich

Hartford HealthCare (HHC) and its extensive Behavioral Health Network are leaders in the integration of medical and behavioral healthcare treatment to provide patients with optimal care addressing a wide spectrum of needs across our communities and region.

**The HHC Behavioral Health Network (BHN)** is the Connecticut's largest truly integrated, not-for-profit behavioral health network. For more than a century, the members of the BHN have been connecting people with mental health and substance abuse services including inpatient and outpatient services — and everything in between — in a variety of settings for children, teenagers, adults, and older adults. It offers targeted and highly specialized programs that address the most challenging psychiatric needs and conditions in addition to meeting the more familiar mental health needs of patients at dozens of locations across the state.

One of the hallmarks of the BHN is the Institute of Living (IOL), a nationally recognized pioneer in the field of mental health treatment and research that encompasses inpatient units to treat severely mentally ill patients, children and adolescents and geriatric patients to outpatient services that address everything from depression to specialty services for dementia, anxiety disorders, hoarding, substance abuse and a family resource center. The family resource center is at the center of it all, providing education, support, referral services and treatment to persons or families dealing with major mental illnesses. Founded in 1822 as the first hospital in Connecticut and one of the first mental health treatment centers in the country, the IOL provides cutting edge behavioral health care on its 35-acre campus in inner city Hartford.

The IOL features a renowned center for research excellence that frequently develops and tests care approaches and treatments that are adopted as standards of care and best practices around the world.

*The Institute of Living's Olin Neuropsychiatry Research Center at the Institute of Living (IOL) participates in a wide range of national research studies. Just in the past year, it was awarded a several-million-dollar grant to study the effects of smoking marijuana on the brain and on a person's ability to drive a car; David Glahn, PhD, received the prestigious Joel Elkes Research Award from the American College of Neuropsychopharmacology for his contributions toward understanding the roles of genomics and biomarkers in those suffering from mental illnesses; and a study led by an IOL physician determined patients with different types of attention-deficit/hyperactivity disorder, or ADHD, have impairments in unique brain systems, suggesting there may not be a one-size-fits-all explanation for the cause of the disorder, a finding that has the potential to radically reframe how researchers think about ADHD.*



Glahn

In addition to its research, HHC and the BHN utilize care models and pool their resources to build upon decades of expertise in combining both physical and behavioral health, and recognize the importance of treating the whole person with broad range

of medical, behavioral integrative health services and education. Support groups, integrative therapies such as yoga and even schools for children with behavioral health issues are offered at our institutions.

HHC has a longstanding commitment to development and adoption of cutting edge treatments and innovation is everywhere within the BHN. Our work to address the growing epidemic of substance abuse and addiction across the region focuses on practical, forward thinking programs designed to meet patients and their families in the communities where they live and harness the support of other community members who are winning their battles against substance abuse. Examples of our innovation include:



- **Medication Assisted Treatment Close to Home (MATCH) program**
- **Primary Care Behavioral Health program**
- **Emergency Department Recovery Coach program.**

**The BHN continuously demonstrates its strong commitment to developing more effective care approaches to address the opioid and substance abuse addiction crisis through education, prevention and treatment. As leaders and longstanding members of a community and region that has been hard-hit by the growing substance abuse crisis, the Behavioral Health Network is rapidly researching and deploying an array of innovative approaches to treatment, including options that meet patients in their own communities with as little disruption as possible in their lives.**

As the opioid epidemic emerged in Connecticut, Rushford and Natchaug hospitals were early adopters of medication-assisted treatment, opening nine MATCH facilities in both urban and suburban settings in the past two years. They were strategically located to ensure that most Connecticut residents had access to this care, which includes using Suboxone for opioid addiction but also other medications and techniques for alcohol abuse, counseling, integrative therapies, family outreach and much more. The Behavioral Health Network was also among the first to expand MATCH treatment to include teens and has plans to open more MATCH facilities in the coming year as the community need continues to increase.

The MATCH program seeks to remove barriers to effective opioid addiction treatment by utilizing innovative care settings and approaches, including:

- Community-based programs for treating opioid addiction that allow patients to receive care and counseling on an outpatient basis in a local setting that removes barriers of discrimination and disruption of daily activities.
- Patients obtain care in non-descript settings close to home at convenient times during the day and night so that they do not have to leave their workplace, school or community in order to receive treatment, which helps to avoid expensive hospitalization and long term rehabilitation stays.

**The Primary Care Behavioral Health Program (PCBH)** provides innovative, patient-centered, integrated healthcare for Hartford HealthCare patients.

The initiative focuses on the primary care environment — the foundation of our patients' healthcare. Behavioral health clinicians are integrated within primary care offices as part of the team caring for patients.

Primary care providers face tremendous challenges in meeting the treatment needs of patients with mental health and substance abuse conditions. On average, 70% of





**"When I realized I needed help, I looked for a discreet and confidential outpatient program, covered by my insurance, in a location close to home. I am happy to say I found that in Rushford at Avon.**

**"The staff is amazing and their comprehensive treatment programs are very effective! The support groups provide a safe space with no judgment, and teach me valuable coping skills and hold me accountable for my decisions.**

**"The other clients are people like me — good people who have a medical problem with which they need help. Everyone is so supportive and inspiring. I am now a much happier, healthier person due to Rushford. I am so glad that I did not try to do this alone and plan to continue in the program to maintain my forward momentum."**



visits to PCP's have a behavioral health component, yet only 13% of patients treated in primary care receive minimally adequate treatment for their mental health condition (Wang, Lane, Olfson, Pincus, Walls & Kessler, 2005). Traditional primary care practices lack the infrastructure and resources to effectively treat co-morbid and complex mental and physical health conditions. Yet, primary care has become the "de facto" setting for mental health service delivery in the United States (Kessler & Stafford, 2008). Mental health conditions such as anxiety disorders, somatic illnesses, substance abuse and depressive disorders, which can be difficult for primary care providers to diagnose, lead to unnecessary medical tests for physical symptoms that result from psychological suffering (Gates, Petterson, Miller & Klink, 2016).

As a result, patients with insufficiently treated behavioral health conditions consume a disproportionate amount of healthcare resources. Approximately five percent of the population is responsible for over half of all healthcare spending and many of these high utilizing patients have insufficiently treated mental health conditions. Integration of behavioral health into primary care settings is one of the significant factors in meeting the Quadruple Aim.



**Behavioral health clinicians working onsite as part of the primary care team help the healthcare team meet the needs of this challenging patient population,** while supporting the provider and the practice as a whole.

This fully integrated model reduces unnecessary trips to the Emergency Department and decreases unnecessary visits to the PCP by providing an additional means for the "worried well," as well as providing optimal treatment for the moderate-to-severe mental health issues that patients face.

We began our pilot sites over three years ago with success, and the movement is now spreading system-wide. We have demonstrated markedly improved access — 82% of patients referred to an in-house behavioral health clinician attend the recommended first appointment, in contrast to the industry average of 25-30%; a three-fold increase. We have demonstrated improvements in both depression and anxiety screening scores for the vast majority of referred patients.

Patients regularly report being both surprised, and delighted, that they have access to behavioral healthcare in the same location as their primary care providers.

And critical to our future success in a "value" care model, we have seen decreases of 35% of Emergency Department utilization and a 30-35% decrease in all-cause hospital admissions, saving invaluable dollars at a time when financial resources are dwindling.





## Offering peer recovery coaches to patients presenting in hospital emergency departments dramatically improves likelihood that patients will enter and complete recovery treatment:

- **The Recovery Coach program** connects patients who are seeking overdose treatment in the emergency room to a recovery coach that provides peer to peer support and counseling during the visit and after.
- The service supplements traditional medical treatment to ensure patient has longer term opportunity to engage support and address condition.
- \*It allows emergency department staff to concentrate on emergent issues that they are more familiar with.
- Recovery coaches are individuals who have successfully recovered from episodes of addiction and have received extensive training and certification as peer counselors.
- Coaches may educate patients on treatment options, transport them to an available detoxification bed or rehabilitation bed, assist with housing and benefit needs; furnish regular support via telephone and other transportation services as needed.
- Results of the program, which piloted at Backus and Windham hospitals and is now expanding to MidState and The Hospital of Central Connecticut, are striking — **of the first 409 patients seen by recovery coaches, 405 of them were linked to future treatment.** (These results are the results at four hospitals; two of them being part of the HHC system)
- As a result of the program's early success, the State of Connecticut recently approved additional funding to establish recovery coach services in additional Hartford HealthCare Emergency Departments.

**Testimonial from Hartford HealthCare Emergency Department (Midstate Medical Center) psychiatrist Dr. Hassan Dinakar:** "We had the first case with the recovery coach. A young homeless man (living in his van) was brought to the ED by police for alleged suicidal statements. He had been using various drugs. He did not need detox and I cleared him psychiatrically. We called the recovery coach who came in promptly. He helped the patient fill out an application for a rehab program and got them to accept the patient. He also got a friend of the patient to keep him overnight and will bring the patient to rehab in the morning. I think this young man got the right kind of help that he needed because of the recovery coach."



**The HHC Behavioral Health Network is amongst the first to actively pursue "telehealth" solutions,** which allow psychiatrists and physicians to confer with patients who are at home or at another site through video chat. The BHN has plans to use the technology in a number of different ways — mental health clinicians will be made available to patients who are visiting their primary care provider offices; psychiatrists will be able to meet with patients and prescribe medications to help people recover from opioid and other addictions, while stationed at other offices; and therapists will be able to check in with patients who aren't able to get to their scheduled therapy or appointment.

For more information on HHC's innovative work in the field of behavioral health and substance abuse treatment, please contact Pat Rehmer, MSN, ACHE, Hartford HealthCare senior vice president for behavioral health and president of the Behavioral Health Network at **203.630.5204** or **patricia.rehmer@hhchealth.org**. Or visit **www.hhcbehavioralhealth.org**

