



On behalf of the Gold Standard for Addiction Health Services Alliance (Gold Standard Alliance), co-led by Facing Addiction with NCADD and Leavitt Partners, we are pleased to submit this response to the Finance Committee. We are grateful that the Finance Committee has focused its time and resources on the pressing problem of opioid and substance use disorders, and we are optimistic that this request for policy options leads to innovative solutions. The Gold Standard Alliance brings together the technical expertise, real world experience, regulatory knowledge, and public policy understanding of its members to engage in consensus-based development and implementation of a “gold standard” system of care for substance use disorder screening, treatment, and recovery, initially focused on alcohol use disorder and opioid use disorder. The Alliance, comprised of health systems, payers, and providers, is developing a payment model, treatment plan, patient engagement and care team framework, and supporting quality metrics to advance the creation and adoption of a comprehensive private sector approach to addiction treatment.

*We would like to respond specifically to Question 3 and Question 7 of the request for information:*

*Underlying the payment work of the Gold Standard Alliance is the principle of **value-based reimbursement that incentivizes recovery, not relapse**. Today, our current addiction treatment system (both public and private) is structured and incentivized in acute infectious disease style-models for what we know definitively is a chronic condition. This current response operates outside of mainstream health systems in a majority of communities. This style of treatment only incentivizes patient-churn and volume – not value or outcomes. In order to create sustainable change for the delivery of addiction health services, we must shift to a long-term integrated continuum of care involving primary care, evidenced-based clinical treatments and recovery supports. These health services must be delivered as close as possible to the patients’ natural living environment, just as we do for all other chronic conditions.*

*Outcome-based payment, supported by process and outcome quality metrics, will incent providers to deliver coordinated mental/behaviorally and physical health care to patients in an integrated way. Under value-based model, shared savings incent high-performing providers. Community resources are recognized for their integral role in identifying and referring patients into needed care and on the recovery side, providing support services and linkages that produce long-term outcomes.*

The Gold Standard Alliance members intend to pilot and test the initial Gold Standard model in Q3 and Q4 of 2018. The pilot programs will identify barriers to implementation of comprehensive, coordinated care and outcome-driven payment. The Gold Standard Alliance hopes to work with both the Committee and with relevant agencies at Health and Human Services (HHS) to advance this important, value-driven, clinical care.