



February 14, 2018

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

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

Dear Chairman Hatch and Ranking Member Wyden:

Thank you for the opportunity to share recommendations that we hope support the work your Committee is doing to address our nation's opioid epidemic, particularly, to advance opioid use disorder patients' access to timely, evidence-based treatment.

CleanSlate Addiction Treatment Centers

CleanSlate is a privately-held, multi-state, physician-led organization that provides office-based medication-assisted treatment for opioid and alcohol use disorders. CleanSlate's treatment program is based on the American Society of Addiction Medicine's (ASAM) National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. By deploying a group practice model, we are able to optimize the use of our providers' buprenorphine patient panels and to create the operating capacity to deliver comprehensive, individualized care to large numbers of patients at every center. CleanSlate is an insurance-based program. Roughly 60% of our patients are enrolled in Medicaid plans; the balance is either enrolled in a commercial plan or in a Medicare plan. We currently operate 38 centers across eight states¹, treating over 7,800 patients per month, and we are expanding rapidly with a goal of operating 60 centers across the country by the end of the year to meet the demonstrated need for evidence-based treatment for OUD throughout the United States.

Insurance Issues that Impact Access to High Quality Treatment like CleanSlate

- **Reimbursement and Medical Management:** Despite the passage of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and implementation of Essential Health Benefits in the Affordable Care Act, inequalities in insurance coverage for addiction treatment persist. While the evidence base and clinical guidelines suggest that OUD treatment include the full complement of services that CleanSlate provides, payers often have a narrower view of what that treatment should entail. For example, CleanSlate is a medical practice that provides pharmacotherapy, focused psychosocial supports,

¹ Arizona, Connecticut, Florida, Indiana, Massachusetts, Pennsylvania, Texas and Wisconsin

routine lab screening, care coordination and, in some case, supplemental counseling or facilitated group discussions. However, while many payers adequately cover our evaluation and management CPT codes, they limit reimbursement for labs and/or our care coordination services. Moreover, we also continue to deal with prior authorization and other medical management protocols, like fail-first policies, time limits on treatment, and forced dosage tapering that delay initiation of treatment and hamper continuity of care.

- **Network Limitations:** In addition, some health plans still limit their provider networks to psychiatrists or other “behavioral health” specialties or designations. There are too few credentialed addiction physician specialists to meet the growing demand for addiction treatment. Indeed, this is at odds with the legislative intent of the TREAT Act, which purposefully expanded the range of providers who could prescribe buprenorphine to include physician assistants and nurse practitioners. While addiction specialists and primary care have a huge role to play in addressing addiction, any physician willing to be appropriately trained and to provide high quality care should be encouraged and able to be paid to perform this work in the midst of our epidemic. All CleanSlate providers are extensively trained in medical management of opioid and alcohol use disorder and deliver excellent care to their patients. Recognition of a wider range of provider credentials across all plan types would improve plans’ provider network adequacy, facilitate our ability to contract with all health plans and thereby be able to treat all patients, regardless of their insurance provider.
- **“Carve Out” Confusion:** Because CleanSlate is a medical practice, we often are at odds with health plans as to where we “belong” in their provider network. Addiction has traditionally been managed by providers with specific “behavioral health” credentials within the payer’s behavioral health network or carved out to a third party behavioral health plan. However, because our clinicians are not behavioral health providers, many behavioral health plans will disqualify us from their networks and therefore not contract with us. As one remedy to this issue, we recommend that CMS ensure that all health plans under its purview be required to pay for opioid addiction treatment when rendered by any licensed prescriber, regardless of his or her primary medical specialty.
- **Quality Measurement:** It is very difficult for patients to identify “effective” treatment options in their communities. The lack of standardized clinical measures that reflect outcomes appropriate for the treatment of this chronic disease makes it difficult to compare programs’ effectiveness. Addiction is not an acute illness for which we seek “outcomes” of an intervention. Addiction is a chronic disease, and the way we measure effectiveness and quality of care is related to whether a treatment plan is leading to decreased disease related morbidity, mortality, total cost of care, and increased functionality/quality of life. At the most basic level, there are process measures for

whether care is consistent with the standards of care such as the ASAM Guidelines. But there are also metrics which serve as markers for effectiveness and quality in addiction, including decreased readmission rates, decreased emergency room utilization, increased utilization of primary health care, and increased retention in treatment. CleanSlate has demonstrated effectiveness quality data. For example, CleanSlate evaluated opioid use disorder patient outcomes with one of our plan partners at points six months pre- and post-treatment in a CleanSlate center. After six months in treatment with CleanSlate, patients showed a 35% reduction in emergency room visits, and a 25% reduction in in-patient admissions. An analysis of our electronic medical records showed a reduction in Hepatitis C contraction among our patients of 80% from community transmission rates. We encourage the Centers for Medicare and Medicaid Services (CMS) to continue to develop quality measures that are relevant for this patient population with the chronic disease of opioid addiction.

Other Barriers to Treatment

- **Provider Shortages:** CleanSlate employs an array of medical professionals to work in a highly specialized field of medicine. We face recruiting challenges at every clinician level. There is a dearth of physicians, advanced practice clinicians, counselors and case managers who have experience in or are willing to work in this field of health care. In an effort to overcome this barrier and to build and retain the workforce we need to care for the thousands of patients we treat, CleanSlate offers its providers a robust training program and ongoing continuing education opportunities, as well as competitive salaries, safe and collegial work environments, clinical and operational resources, and administrative support.
- **Prescribing Limitations:** The federal prescribing limit on buprenorphine-based medications to treat opioid addiction continues to hamper our ability to meet patient demand and limits access to treatment nationwide. For example, each of our centers is built to accommodate anywhere from 300 to 800 patients, depending on our space and non-prescriber staffing. In order to treat 300 patients, we may need to hire as many as ten prescribers, if each is only waived to treat 30 patients. This creates significant staffing challenges for us and limits overall capacity to provide treatment across the United States. We were very grateful to see the Final Report from the President's Commission on Combating Drug Addiction and the Opioid Crisis includes a recommendation to address the prescribing limitation, at least among federally-employed prescribers.
- **Stigma:** Even with the increased attention to our nation's opioid addiction crisis, far too many patients and providers are or reluctant to participate in the management of this disease. We are grateful for Congress' increasing attention to this issue. Modeling



addiction treatment reform for the private sector and for community-based programs across the country will help to destigmatize treatment.

As a provider for thousands of patients enrolled in public health plans, we look forward to future opportunities to contribute our expertise to your effort and to supporting your innovation in the field. Please do not hesitate to contact Alexis Horan, our Vice President of Government Relations, at ahoran@cleanslatecenters.com, for any additional support or follow-up opportunities.

Sincerely,

A handwritten signature in black ink, appearing to read "Gregory Marotta". The signature is fluid and cursive, with a large loop at the end.

Gregory Marotta
Chief Executive Officer, CleanSlate Addiction Treatment Centers