

**Public Hearing Testimony Provided by Gateway HealthSM
Confronting the Heroin/Opioid Epidemic in Pennsylvania
Tuesday, August 2nd, 2016**

Good afternoon Representative Gainey and the HOPE Caucus members.

Thank you very much for your commitment to confronting the significant Heroin/Opioid epidemic here in the Commonwealth and providing this forum to share information on tangible strategies to assist in this effort.

I am Dr. Michael Madden, Chief Medical Officer of Gateway HealthSM where I have played an active role in assisting our members with behavioral health and substance use disorders. Gateway HealthSM is a mission driven managed care organization, based in Pittsburgh and has proudly served the Commonwealth's Medicaid and Medicare Advantage Special Needs communities for over 23 and 10 years respectively. In Pennsylvania, we serve over 312,000 Medicaid beneficiaries in 40 counties and in excess of 50,000 Medicare Advantage Special Needs beneficiaries in 39 counties. In total, Gateway Health serves over 533,000 low income individuals in six states.

Gateway HealthSM and Neonatal Abstinence Syndrome (NAS)

Gateway has had a deep commitment to optimizing the care of pregnant women with substance use disorders (SUDs) as well as their infants. Beginning in 2004, an advisory group of highly invested stakeholders from across Pennsylvania was convened to study best practices in managing the care of infants whose mothers used AODs, particularly opioid-type drugs. This group was comprised of physicians and other clinicians from the Thomas Jefferson Medical College, Allegheny Health Network, Magee-Women's Hospital and Children's Hospital of UPMC, Lancaster General Women and Babies Hospital, St. Christopher's Hospital for Children, and the Pittsburgh Mercy Health System.

Within this group, Gateway embraced a leadership role to pool together experienced clinicians as well as state and agency administrators, and researchers to develop and implement best practices that have become the foundation of care provided to opiate exposed women and their infants. Outcomes of this collaboration now lasting over a decade, has produced several products to assist clinicians in improving their treatment of women who use SUDs during pregnancy and their children including:

- An instructional DVD on Neonatal Abstinence Syndrome (NAS): Assessing the Infant, produced with WQED Multimedia in Pittsburgh to teach and validate the scoring of infants for NAS;
- An NAS Clinical Management Document developed as a guide for the management of NAS by clinicians to maintain consistency and best practices implemented to optimize the health outcomes of these infants;
- 3 Major Conferences in Pennsylvania:
 - Pregnant Women with Opiate Dependence: Identification and Treatment and Neonatal Abstinence Syndrome: Assessing the Infant, both held in Pittsburgh in 2006;
 - Identification and Treatment of Pregnant, Opioid Dependent Women and Their Newborns, held in Hershey in 2008; and
 - The Impact of Substance Use on Pregnant Women and Their Newborns, held at Geisinger Health System in 2010.



The NAS DVD has been available to clinicians and distributed across the nation as a training tool to support the competency of Neonatal Intensive Care Unit personnel scoring and treating infants exposed to opiates in utero. The companion document was updated in 2010 to reflect the best practices at that time to optimize the health outcomes of the infants. Since that time, trials using buprenorphine to detoxify infants has brought new information to the management of those infants of women using opiates during pregnancy.

Today, Gateway still embraces a leading role within the Commonwealth's Medicaid managed care organization (MCO) community in developing best practices to effectively treat pregnant, opiate using women and their children. This is done through collaboration with the PA Department of Human Services (DHS) in establishing a medical home model, where Suboxone is offered and prescribed as part of the prenatal treatment in an obstetrical setting for women in southwestern Pennsylvania. We also lead the collaboration between the Commonwealth's Medicaid physical and behavioral health MCOs as well as clinical and SUD treatment professionals in this area.

As a result, we have seen the creation of the Pregnancy Recovery Center (PRC) at Magee Women's Hospital of UPMC in Pittsburgh which began operation in July 2014. Opiate using women receive therapy being converted from street drugs to Subutex (very similar to Suboxone) in an outpatient setting while continuing to get their Pregnancy and Medication Assisted Therapy (MAT) in one location. The approach at the PRC is closely tied to social work services and 100% focused on appropriately addressing the medical-social needs of these women. The PRC is delivering superior care at lower costs and only 1/3 of the infants of opiate using women require treatment for NAS once they are born. The results of the 1st year of this program include:

- 60% of the women enrolled completing their pregnancy are free of other drugs
- Of 108 patients, 39 have graduated to Community Recovery
- Of 49 babies delivered, 30 did not require medication for NAS. 32 mothers are breastfeeding

Magee Women's Hospital is looking to expand this program to other locations. Gateway is now assisting Allegheny Health Network in developing a similar program at several of its hospitals. DHS is hopeful that 20 centers around the Commonwealth will be developed and has included funding for this initiative in the physical health (PH) Medicaid MCO rates for this year and made it a contract expectation to continue this effort in 2017.

Gateway HealthSM and "Cash Clinics"

Pennsylvania has a significant issue finding sufficient physicians to provide legitimate MAT to Medicaid enrollees. In recent years, we have seen a proliferation of "cash clinics" in which providers are charging Medicaid recipient's cash for this care. Gateway has aggressively attacked this issue by identifying such clinics, auditing them, offering them opportunity to become legitimate, quality providers for our plan members, or shutting off their ability to prescribe for our plan members as long as we can assure a legitimate alternate location for their care.

We have developed audit tools and processes, MAT-only provider contracts, MAT provider directories, and educated the Commonwealth's Medicaid PH and behavioral health (BH) MCOs in such processes at a Summit convened by DHS for this purpose. Our activities have resulted in reducing the proportion of our members receiving their MAT from non-participating providers. DHS has responded to the "cash



clinic" issue in 2016 by creating the Opioid Use Disorder Center of Excellence program, providing grants for participating providers to add a minimum of 300 slots for treatment purposes and meet high quality standards. 20 grantees have been announced and we look forward to referring our members to these sites of quality care. But, many more are needed.

Gateway Health[®] and SBIRT

SBIRT (Screening, Brief Intervention, and Referral to Treatment) is an evidence based practice used to identify, reduce, and prevent problematic use, abuse and dependence on alcohol and other drugs. Primary care providers (PCPs) and emergency departments (EDs) using SBIRT is a strategy recognized nationally to improve recognition of substance abuse and improve the rate of patients getting into necessary treatment. Gateway has supported projects to employ this method in local ED's and PCP offices. We have also developed contract addenda to pay PCP's for providing this care. We previously participated in a collaboration with the University of Pittsburgh, Allegheny General Hospital (AGH) and UPMC to provide SBIRT to patients in the Emergency Department at AGH. This study demonstrated substantial cost savings compared to patients who were not screened in prior years and a control group at the Mercy Hospital ED. We are currently participants in a grant program with DHS, AGH and UPMC designed to 1) train peer navigators at three hospitals to be "consultants" for nursing units to provide this service, and 2) train social work staff at an additional hospital to screen and get medical patients into treatment.

Recipient Restriction

In collaboration with DHS, we actively use the Medical Assistance Recipient Restriction Program, commonly referred to as the Lock-In Program, to stem opioid abuse. It creates the ability for us to restrict members to one Primary Care Physician and/or one pharmacy of the member's choice for a period of 5 years for opioid prescriptions. This is a program to detect and deter member over utilization, fraud and/or abuse. We look at members seeing 3 or more physicians for the same problem within a 30 day period, or filling medications at 3 or more different pharmacies. In 2015, Gateway Health reviewed over 2300 members and succeeded in adding 476 newly restricted members to the Recipient Restriction Program. As of the end of May 2016, we have a total of 688 restricted members. Gateway leads the MCOs in the state of PA for total restricted members. Of the newly restricted members in 2015-2016, 64 members appealed, and Gateway Health has never lost an appeal hearing. The data has always supported the restriction. The lock-in membership totals have been estimated to save Gateway Health and the state of Pennsylvania \$1.5 million in 2015, and it's been very gratifying that a significant number of those members locked-in have started treatment for their opioid dependence with Suboxone. We have had members tell us that we have saved their lives by getting them into this program.

Naloxone – a rescue medication

In an overdose setting, Naloxone (brand name Narcan) can be lifesaving. Historically, very few addicts or others on high doses of narcotics had it in their homes. In the last year, Dr. Karen Hacker, Director of the Allegheny County Health Department and Dr. Rachel Levine of the Department of Health, issued standing orders so the residents (or their family members) of Allegheny County and now the whole state, can get this medication without the need of admitting their addiction to anyone. This will save lives and Gateway has paid for 200 doses, just in the last 6 months.



Privacy Laws that Complicate Care

I would also like to comment on a major barrier that we face. The Behavioral and Physical Health MCO's face a real challenge in coordinating care for shared members with AOD's, since the Pennsylvania D&A Abuse Control Act (71 P. S. § 1690.108(c)), prohibits the sharing of this information without individual member consent. The MCO's receive a Service history File from DHS, but all information regarding AOD treatment is scrubbed from this file. I strongly urge you to reconsider this privacy policy which I believe serves to further stigmatized persons with SUD's and further complicates our ability to provide them comprehensive care.

In summary, we are proud to be associated with this body of work thus far and highly encouraged to know that particularly in the treatment of NAS, it has served as a practical guide to professionals nationally seeking to achieve the best outcomes relative to treating this scourge of narcotic addiction, particularly in pregnant women who use opiates and their exposed infants.

We welcome, and look forward to continue working with the Commonwealth and other committed partners to reign in the devastating impact of opiate addiction and dramatically improve the health outcomes and overall quality of life for those addicted and their loved ones.

Thank you for your time and attention.

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