

November 8th, 2017

Re: Payers to Identify, Promote, and Reward SUD Treatment that Aligns with Principles of Care

To the American Public,

Each of the below listed health insurance organizations, are writing to express support of the National Principles of Care for Substance Use Disorder (SUD) Treatment.

Aetna
AmeriHealth Caritas Family of Companies
Anthem, Inc.
Beacon Health Options
Blue Cross Blue Shield of Massachusetts
CareOregon
CareSource
Centene Corporation
Cigna
Commonwealth Care Alliance
Envolve Health
Horizon Blue Cross Blue Shield of New Jersey
Magellan Health
UnitedHealth Group
UPMC Insurance Division
WellCare

We shall identify, promote, and reward SUD treatment that aligns with the below Principles of Care. We will work collaboratively with the Substance Use Treatment Task Force, led by Shatterproof, to identify, monitor, and evaluate implementation strategies for the Principles of Care and to learn and share with other organizations for the greater goal of improving access to and quality of SUD treatment nationwide.

We believe our support and implementation of these Principles, and the collaboration between stakeholders will significantly improve the availability and quality of SUD treatment.

1. Universal screening for substance use disorders across medical care settings

Definition: Screening for substance use disorders (SUDs) should be routine in primary care and other medical and behavioral settings - such as emergency, obstetric, geriatric, pediatric, and others - especially among those with known risk and few protective factors. This should be followed by informed clinical guidance on reducing the frequency and amount of substance use, family education to support lifestyle changes, and regular monitoring. People with symptoms of a substance use disorder should receive a personalized clinical diagnosis and treatment plan from a clinician.

Rationale: Similar to care for other chronic diseases, screening for SUDs should be integrated into routine primary care. Screening is effective in preventing, reducing, treating, and sustaining recovery from substance misuse and SUDs.

2. Personalized diagnosis, assessment, and treatment planning

Definition: Personalized, comprehensive evaluation prior to treatment, including diagnoses of substance use, mental and general health problems; and full evaluation of the nature and severity

of family, social, and environmental problems that could affect the course of care and potential for relapse.

Rationale: No single “program” or course of care is likely to be effective for all. Personalized care is the standard in the rest of chronic illness care because it has been shown to increase initial patient engagement, continuing patient adherence and better outcomes.

3. Rapid access to appropriate Substance Use Disorder care

Definition: Ability to rapidly engage individuals in the type and intensity of services that promptly meets their needs.

Rationale: Brain circuits associated with motivation, inhibition, and stress tolerance are often severely affected among individuals with an SUD. Thus, periods of motivational readiness rarely sustain and rapid access to appropriate care is critical.

4. Engagement in continuing long-term outpatient care with monitoring and adjustments to treatment

Definition: Virtually all people with an SUD will need a personalized program of continuing outpatient care in a program or office-based setting, which includes regular monitoring to adjust the intensity and content of that care based on the monitoring results.

Rationale: While individuals may need a period of intensive detoxification or residential care to stabilize the craving and critical health problems associated with SUDs, this type of acute care is rarely adequate to initiate or sustain recovery. This is because drug-induced brain changes do not return to normal function for an extended period following drug cessation. Sustained engagement in long term treatment is best accomplished in the local outpatient setting. Moreover, because patient needs change as recovery initiates, regular monitoring of care is necessary to track the course of those changes and to adjust the nature and intensity of the care accordingly.

5. Concurrent, coordinated care for physical and mental illness

Definition: Access to concurrent medical and mental health services either within a fully integrated healthcare system, or carefully coordinated across different systems and providers.

Rationale: The majority of people who enter treatment for a SUD also have a co-occurring mental and/or physical illness. Common physical health problems include chronic pain, sleep disorders, infectious illnesses (e.g. HIV, HCV, TB), diabetes, and hypertension. Common mental health problems include depression, anxiety, and PTSD. The most effective and efficient way to manage these problems is with concurrent, coordinated care, ideally within a fully integrated healthcare system.

6. Access to fully trained and accredited behavioral health professionals

Definition: Individual evidence-based behavioral therapies from providers who have been appropriately trained and supervised. Some of the behavioral therapies that have been shown to be effective in changing problematic behaviors and relationships include Cognitive Behavioral Therapy, Individual Supportive Psychotherapy, Families and Couples Therapy, and Motivational Enhancement Therapy.

Rationale: Evidence-based behavioral health interventions have been reliably shown to improve patient recognition and acceptance of their SUD, increase patients’ sustained motivation for change and adherence to treatment, as well as enhance long-term recovery outcomes. However, the benefits and value of these therapies are best shown when providers have been fully trained and supervised in how to provide them.

7. Access to FDA-approved medications

Definition: Access to FDA-approved medications and products based on the diagnosis and medical necessity. The appropriate medications or products will vary by patient-specific need.

Rationale: Not all people with an SUD will require medications; and approved medications are not available for all substance use disorders. However, when appropriately prescribed and monitored, medications have been shown to save lives (prevent overdose) and sustain positive outcomes for individuals with an SUD. Medications are most effective as part of a broader program including behavioral health interventions and monitoring (for adherence and effectiveness) and other health and social services.

8. Access to non-medical recovery support services

Definition: Recovery support services include peer services (such as mutual aid groups) and community services (such as housing, education, employment, and family support) that can provide continuing emotional and practical support for recovery.

Rationale: As is true for treatment of other chronic medical illnesses, SUD treatment is enhanced when the individual's relationships and living situation supports the healthcare objectives. Put differently, sustained recovery is difficult without addressing housing issues, employment problems, and damaged family or social relationships. While most of these services cannot be provided directly in healthcare settings, access, referral to, and engagement in these social and community services are an important part of discharge and recovery planning during the course of SUD treatment.

Sincerely,

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Aetna

Andrea Gelzer, MD
SVP and Corporate Chief Medical Officer
AmeriHealth Caritas Family of Companies

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Anthem, Inc.

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Beacon Health Options

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UPMC Insurance Division

Mark Leenay, MD
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WellCare