

**Perry Meadows, MD: Testimony on House Resolution No. 590 Regarding the
Establishment of a Task Force on Access to Addiction Treatment Through Health Plans
and Other Resources**

Geisinger Health Plan

September 21, 2016

Thank you for the opportunity to submit written comments on the proposed task force on access to addiction treatment. My name is Perry Meadows. For the past two years, I have been Medical Director, Government Programs at Geisinger Health Plan. I am Board Certified in Family Medicine and have 18 years of clinical practice experience in family practice and occupational medicine. I became a managed care medical director 15 years ago and then moved into managed care full time 10 years ago. I am a graduate of the Marshall University School of Medicine in Huntington, West Virginia and completed residency at the Marshall University Affiliated Hospitals in Family Medicine. I would like to thank you for the opportunity to speak with you today as a physician, insurer, and a parent.

As a physician, I must accept my responsibility in part for the current opioid epidemic. We are taught to put the well-being of our patients as our highest priority. I was trained to aggressively treat pain in an effort to provide comfort to my patients. Thirty years ago, opioids were the most likely alternative to attempt to relieve pain. I must confess I continued to use opioids in clinical practice, but over time, I began to see the effects of these prescribing practices on the patient and their families. I came to realize that I, as a physician with a responsibility to improve the health and quality of life of the patient, was playing a role in the opioid (and other substances of abuse) epidemic with my prescription pad. As physicians, we must begin by preventing our patients from becoming addicted to opioids and other substances in the first place. We must provide compassion and attention to the needs of our patients, striving to improve quality of life in a manner that addresses the total needs of the patient rather than just focusing on complete pain relief.

The initial step in the treatment of addiction is prevention. Using data, health care systems, and communities, one must look to the root causes of the addiction crisis and address the fundamental issues prior to the diagnosis of substance use disorder. By only addressing treatment, one ignores the cause of the addiction. It is true that not all addictions are related to prescription medications, but medications such as stimulants, cold medications, tranquilizers, in addition to opiates begin with the prescription by a provider. The best way to treat addiction is to prevent addiction. It is my opinion the task force must look at prevention as an initial step.

As an insurer, we must consider the current state of prevention and treatment of addiction. Government and private health insurers must consider alternative ways to treat pain, such as multi-disciplinary pain programs. At present, payment is widget-based in a fee for service system and is limited to those services for which there is a code to allow the provider to bill and which are covered either by the agency or by contract. There are alternatives that are being shown to reduce medication usage and improve pain, such as art therapy, guided imagery, acupuncture, and chiropractic care as part of a multi-disciplinary program that is not currently covered under

the state of medical billing and payment. In a study by the multi-disciplinary pain program at Geisinger, opioid usage was decreased by 56%, pain levels decreased by 62% and there was a 47% improvement in physical function. Despite these positive outcomes for the member/patient (as well as insurer and provider), the current regulatory framework for certain government programs serves as a barrier to the coverage and provision of this type of program.

We must also work to expand access in our network to medication assisted treatment for those with opiate use disorder. Geisinger is pleased to be able to partner with the Department of Human Services as a recipient of one of the awards for an opioid treatment center of excellence. DHS has awarded a number of grants statewide for the development of these centers of excellence to improve the treatment of individuals with opiate use disorder. The partnership of DHS and Geisinger will improve access and quality of care to those with opiate use disorder. Geisinger Health Plan will also be working with other grantees in the Center of Excellence program to improve access and care. Due to budgetary limitations, DHS was unable to fund more than 50% of the applicants for this program. In addition, Geisinger Health Plan is pleased to be working with DHS to identify rural sites for the development of medication-assisted treatment programs in conjunction with the University of Pittsburgh and an AHRQ grant. This program will further expand access in those areas otherwise not served with these programs.

Geisinger is committed to working with providers to develop coverage models for evidence-based treatment programs/protocols for the treatment of substance use disorder. It is unfortunate that there are sham programs that prey on the patient/family with promises that are not based in science or fact, but are rather designed to make money for the “entrepreneur”. Geisinger Health Plan, through the work of the Special Investigations Unit, has expanded oversight of medical-based programs and has worked to eliminate a number of providers that provide less than quality care or inappropriate care to our members with substance use disorder.

As a provider/insurer, Geisinger urges the task force to consider all evidence-based methods of both prevention and treatment. We discuss prevention in a variety of settings related to other medical conditions such as heart disease or diabetes, but one rarely hears prevention in relation to substance use disorder. This consideration must include regulatory changes to facilitate and encourage health plans to cover multi-disciplinary pain programs and other evidence based treatments, while also evaluating regulations that may in fact limit access to treatment.

I would now like to comment from a personal standpoint, not as a physician or a representative of an insurer. As a parent, I am all too familiar with the effects of substance abuse on the family. I have a stepson who is addicted to multiple substances over the years. He began his journey into addiction with a workers compensation injury after leaving home and moving to West Virginia. He was treated with multiple surgeries and increasing doses of multiple medications. He has now progressed to heroin and cocaine, in addition to continued use of prescription medications. I understand the desire to get someone into treatment. I will never be debt-free, as I spent thousands upon thousands of dollars trying to find the right program (including programs that were not evidence-based), trying to change his lifestyle, and trying to keep him alive. I understand the anxiety of seeing someone you love overdose in your home, even performing CPR until EMS could arrive. I understand the anxiety associated with a phone call from an

unknown number in the area code where you think your family member is living, with the sweaty palms, the increased pulse, and the knot in the stomach, because you just know this is the call telling you he is in the ED again or that he is dead from an overdose. I understand the effects on younger siblings and parents all too well. It is a helpless feeling that nags at you on a daily basis, leaving you with both a sense of guilt and powerlessness. As a parent, I understand.

I would like to thank you for the opportunity to present today. Geisinger is committed to the development of the task force and is committed to being a leader in the prevention and treatment of addiction. We look forward as an organization to being a part of the ongoing process. I, as an individual, look forward to being a part of the solution to combating this disease that effects so many families in the Commonwealth.

Thank you.