AMERICAN PSYCHIATRIC ASSOCIATION

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July 20, 2018

Redonna K. Chandler, Ph.D.
National Institute on Drug Abuse
9000 Rockville Pike
Bethesda, Maryland 20892

RE: NIDA RFI NOT-DA-18-023 – The HEALing Communities Study: Developing and Testing an Integrated Approach to Address the Opioid Crisis

Dear Dr. Chandler,

On behalf of the American Psychiatric Association (APA), the medical specialty society representing over 37,800 physicians who specialize in the treatment of mental illnesses and substance use disorders, we thank you for the opportunity to provide comments on the National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration's (SAMHSA) interest in a multi-site national research effort to explore solutions to address the opioid crisis. As the providers on the frontlines of this crisis, we are committed to working with the Administration and the states to find effective evidence-based interventions.

We are pleased to submit the following feedback in response to NIDA's request for comments regarding the outlined study.

Understanding Medication-Assisted Treatment Workforce Barriers

We are an active partner in SAMHSA's Providers' Clinical Support System, a program that has trained over 130,000 providers on the most effective Medication Assisted Treatments (MAT). While this program and other similar efforts have greatly improved the number of trained providers (including physician assistants and nurse practitioners), many providers are not prescribing to their maximum capacity (which is 275 patients per physicians and 100 patients per physician assistants and nurse practitioners). In fact, a 2015 study reported that 48.1% of waivered physicians were prescribing buprenorphine to five patients or fewer.[1] Another study estimated that roughly half of individuals with opioid use disorder (OUD) would be treated if all opioid treatment providers were prescribing to their permitted capacity.[2] **We encourage you to integrate a metric in your study that focuses on the barriers for providers to deliver OUD treatment.**

Studying the Collaborative Care Model's Potential Impact on OUD Treatment

The Collaborative Care Model (CoCM) can open doors for effective and targeted treatment within the primary care setting for patients with substance use disorders. Three decades of research and over 80 randomized controlled trials have identified the CoCM as delivering better care coordination via integration of mental health and primary care. This model is focused on early intervention and continued treatment in primary care and is also recognized by CMS as the only validated model and has recently adopted new CPT codes for payment of this model of care.

[1] Sigmon SC. The Untapped Potential of Office-Based Buprenorphine Treatment. JAMA Psychiatry. 2015; 72(4): 395–396. doi:10.1001/jamapsychiatry.2014.2421

[2] Jones, C. M., Campopiano, M., Baldwin, G., & McCance-Katz, E. (2015). National and state treatment need and capacity for opioid agonist medication-assisted treatment. American Journal of Public Health. 105(8).

The CoCM was developed to address mental health needs on a population scale. CoCM is a patient-centered approach focusing on measurement-based treatment to target, evidence-based treatment, and accountable care. A CoCM team is led by a primary care provider and includes a behavioral health care manager and a consulting psychiatrist. The team implements a measurement-guided care plan and focuses particular attention on patients not meeting their clinical goals. The psychiatric consultant will review all patients who are not improving and make treatment recommendations on the caseload of patients. The ability to leverage the psychiatric consultant by the use of a whole team of providers allows more patients to be covered by one psychiatrist. Patients with chronic mental health conditions get better faster and stay better longer. Because collaborative care is based on these elements, the model can—and should—be applied to the treatment of addiction.

The evidence base for treating substance use disorders indicates that regular follow-up, medication-assisted treatment, psychosocial interventions, promotion of medication adherence, and case management are important features for successful treatment. They are all supported within a collaborative care model and are transferable to patients who have an addiction. **We recommend that this model of care be among the integrated evidence-based interventions that the study focuses on as an approach to opioid prevention and treatment services.**

Analyzing Pharmacy-Based Interventions

As we address this crisis, we recognize that we must strike a balance in assessing the risks of opioids, while also maintaining access for patients with acute pain who benefit from these drugs. Our concern is always patient safety, but we want to ensure that pharmacy-based interventions do not interfere with the physician-patient relationship and a doctor's ability to help manage his or her patients' needs. Proposed interventions should not impose burdensome requirements on prescribers, such as filling out prior authorizations and additional paperwork, that lead to less time with patients. Additionally, these policies should not enable pharmacies to dictate how providers prescribe treatment nor keep patients from getting their prescriptions filled.[3] To effectively understand what works best for patients, **the APA strongly supports further research on the effectiveness of pharmacy-based interventions**.

Identifying Naloxone Understanding Among the General Public

We were encouraged to hear Surgeon General Jerome Adams's public health advisory urging more individual Americans to carry a dose of naloxone to reduce opioid overdose deaths. There is clear evidence that naloxone can save lives, and it is a critical public health tool that should be widely available to communities around the country. To better coordinate its distribution and effectiveness to save lives, **APA encourages you to study the general public's understanding of the medication and the impact of standing pharmacy orders, which would allow all individuals to obtain this medication without a prescription.**

The APA stands at the ready to join the NIDA and SAMSHA in their efforts to combat this public health crisis, and we thank you for your ongoing efforts. If you have questions, or if we can be of further assistance, please contact Kristin Kroeger, Chief of Policy, Programs, and Partnerships, at kkroeger@psych.org.

Sincerely,

Saul Levin, MD, MPA

Saul Levin, MD, MPA, FRCP-E
CEO and Medical Director

[3] "Position Statement on Legislative Attempts Permitting Pharmacists to Alter Prescriptions." American Psychiatric Association. 2017.