

Submitter Information

Organization: Groups Recover Together

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Thank you for accepting our comments regarding our experience related to health care costs and barriers to affordability in Maine. Groups Recover Together is the preeminent national provider of outpatient substance use disorder treatment, delivering industry-leading clinical outcomes that directly lower the total cost of care (see attached). Groups engages members through diverse channels such as criminal justice partnerships, physical offices, local staffing and resonant messaging, providing an outreach and engagement product which allows members to rapidly receive high-quality care. Ultimately, our model delivers industry-leading reductions in inpatient, outpatient and emergency spend.

Groups delivers high-quality care with positive health and cost-outcomes to people who live in Maine in part due to progressive State thinking and culture, including the Opioid Health Home (OHH) model. That said, cost as a barrier to care is ever-present in our work. We appreciate the work you are doing to further analyze and reduce cost and are a willing partner in those efforts- please do not hesitate to reach out for additional data or information.

1. Please identify and briefly describe the top concerns of your organization in reducing health care cost growth and promoting affordability of healthcare for consumers.

Substance use disorder (SUD) is a major cost driver - in healthcare, community and productivity. Prevention, treatment and recovery retention are proven to offset higher costs.

As providers of Medications for Opioid Use Disorder (MOUD), we identify the following concerns:

- It is critical for providers to understand and take responsibility for their cost impact. Transparency about Total Cost of Care could empower providers to coordinate better, innovate and strive for optimal solutions. Having access to all payer claims feed for the patients we serve in order to understand drivers of healthcare costs specific to our population, opportunities for cost reduction, and broader information on healthcare utilization trends would be very useful - this data is not currently available to us.
- Ensure financial incentives for providers (ie. reimbursement) align with overall health outcome goals. With respect to SUD care, reimbursement should encourage providers to drive clinical outcomes such as retention, attendance, abstinence, and PCP utilization. For example, MaineCare's current tiered reimbursement structure for the OHH reduces rates over time. While there are certainly additional resources required in early recovery,

we could see positive outcomes in incentivizing retention and maintaining long-term recovery.

- Consider creating direct financial incentives for providers who lower Total Healthcare Cost, making shared savings programs available to providers such that savings associated with high-quality care are visible to the provider community and shared with the provider community.

2. Of the concerns described in question one, are there characteristics specific to Maine (geographically, economically, demographically) that contribute to the significance of the issue here?

Maine is one of few states that directly administer Medicaid rather than using private Medicaid Managed Care Organizations. As a result, the state has direct control over choosing to share (or not share) claims data with providers. The State also has the ability to directly craft shared savings programs and make those available to the provider community, and can unilaterally adjust reimbursement to align with state priorities. These factors empower Maine to hold the provider community accountable to deliver clinical and cost outcomes should the state choose.

The Maine Connectivity Authority (MCA) states that Maine has the highest concentration of rural population in the country. The rurality of Maine in combination with its mountainous geography and jagged coastline make it difficult to provide broadband service to these individuals which can inhibit access to virtual care. Lack of public or other transportation, paid time-off and childcare are all barriers to in-person treatment access in rural Maine. Furthermore, individuals living in rural Maine are at risk for using increasingly lethal drugs taken in combination with other substances (based on a recent report from the University of Vermont's Center on Rural Addiction and the University of Southern Maine's Cutler Institute). Additionally, Maine has the 12th highest opioid overdose death rate in the nation at 25.4 opioid overdose deaths per 100K persons from 2018-2021.

3. Please identify and briefly describe the top strategies your organization is pursuing to address these concerns, as well as metrics for success and any results observed.

Our model of care is based on the recognition of the importance of peer relationships and group counseling as a means to engage individuals and help them maintain long term recovery. Our results are indicative of this connectedness with 6 month retention rates much higher than the industry average (see attached).

We prioritize providing treatment with as few barriers as possible by meeting individuals where they are, in an effort to help stabilize them in their recovery. Our model is both virtual and in person. We invest in communities with our offices in 15 locations throughout the state. But we also recognize that in-person treatment isn't preferred or possible for all individuals, so we also prioritize a convenient and simple digital platform for individuals to connect.

Groups also works in partnership with the Department of Corrections to help residents transitioning out of all of the Maine prisons with their MOUD treatment. Through this close collaboration, Groups' staff assist residents in setting up their appointment for treatment upon release, regardless of where they choose to go. If they do opt to attend Groups, then our team works with residents upon release to address any concerns they have with their transition, be it for their MOUD appointment or for other social determinants of health. Groups has helped over 1,000 residents with their transition plans since 2019.

It has been well documented in clinical literature and our own analysis with health plans that retention in treatment at, and beyond, 180 days is correlated with lower total cost of care. We have examined historical claims from several medicaid plans and see that members in our care for at least 6 months have ~35% lower total cost than those that are not retained. Rates of six month retention for Medicaid members nationally are 25-30% meaning that the vast majority of members do not stay in treatment long enough to realize the optimal clinical or financial benefit. Savings are primarily derived from lower rates of ED and IP utilization (particularly residential care) as members are engaged with their treatment and in a stable environment.

4. With as much specificity as possible, please identify and describe the top state health policy changes your organization would recommend to support your efforts to address those concerns.

We have witnessed a shift in our population, with a much higher acuity in the individuals coming through our door. We strongly believe that the Opioid Health Home model is an effective way to support individuals and allows them access to multiple supports and services without needing to navigate a lot of paperwork and approvals. That said, the model is ripe for evolution, specifically:

- Add another level of care that includes mental health support within the OHH model, helping both providers and patients by providing care necessary for individuals with opioid use disorder.
- Expand the OHH to all substance use disorders which could result in impactful decreased costs in patient centered care.
- Eliminate barriers for providers trying to work collaboratively, thereby keeping patient needs the priority. It is cumbersome for an individual to navigate approvals for substance use treatment and mental health case management and care. Unfortunately, some individuals who need the most intensive treatment end up having the most cumbersome challenges with approvals for care.

We commend the State for your commitment to health care for residents in prisons and to MOUD while transitioning back into the community. We encourage the State to implement

regulations or policy to improve the transition process for individuals on MOUD from county jails to community in order to reduce post-release overdose and costly ED and inpatient visits.

5. Please share any additional comments.

Continuing to offer coverage for individuals who don't have insurance is critical in the SUD treatment space. Groups receives funding from the State to cover uninsured individuals within the Opioid Health Home program. This allows no-barrier treatment for all and provides access to treatment for some of our most vulnerable and costly populations. Furthermore, this buffer allows our team to help individuals apply for MaineCare or other marketplace insurance, without a gap in coverage for life-saving medications like buprenorphine.

Thank you again for this opportunity to offer our comments.

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