



House Human Services Committee

Informational Meeting on the Centers of Excellence for Opioid Use Disorder February 7, 2024

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Chairman Kinsey, Chairman Heffley, and members of the House Human Services Committee:

Community Care Behavioral Health Organization, a part of the University of Pittsburgh Medical Center (UPMC) Insurance Services Division, is the largest nonprofit behavioral health managed care company in the nation. We support Pennsylvania's HealthChoices Medicaid program with award-winning, innovative behavioral health and substance use treatment solutions for more than 1.3 million members in 43 counties.

Twenty-five years after our founding, Community Care continues to bring together providers, local and state government administrators, researchers, and community partners to develop programs and services that ensure our members and their families have access to high-quality, culturally competent care. Community Care supports services that are recovery-oriented, person-centered, and reflective of contemporary best practices that are responsive to the needs of our members and their families. We appreciate the opportunity to submit information related to our experience with Pennsylvania's innovative Center of Excellence for Opioid Use Disorder (COE) program.

The impact of substance use disorders (SUD) across the Commonwealth has been enormous. It is estimated that more than five thousand Pennsylvania residents died as a result of overdoses in 2022 with approximately 14 Pennsylvanians perishing every day. Close to 85 percent of these overdoses involved opioids. Additionally, concerning disparities have emerged as the overdose rate of African Americans has grown significantly since 2021.¹ The aforementioned metrics are profoundly disturbing but they fail to adequately capture the total impact of lives lost on families, neighborhoods and communities across Pennsylvania.

In 2016, in response to the overdose crisis and Pennsylvania's high opioid overdose rate, Department of Human Services created the Centers of Excellence—a diverse network of behavioral and physical health care providers who could offer low barrier, evidence-based and holistic treatment to Medicaid recipients struggling with opioid use disorder (OUD) throughout the Commonwealth. The primary goals of the new program included expanding access to care for those with OUD, furnishing evidence-based pharmacotherapies - such as buprenorphine -

¹ <https://www.health.pa.gov/topics/Documents/Programs/PDMP/Pennsylvania%20Overdose%20Data%20Brief%202022.pdf>

and addressing whole person health needs, including physical health, mental health, and social determinants of health, such as housing instability, food insecurity, and vocational training.

The COEs worked to realize these goals through the development of a care coordination team, which included certified recovery specialists with lived experience in behavioral health and social workers, both of which are vital to supporting both the engagement and retention of individuals with an OUD diagnosis, ensuring that there is coordination, linkage, and follow up on member health and health related needs.²

The COE program has been successful in realizing meaningful results as documented in an article published in the New England Journal of Medicine in 2020. The article highlighted that during its first two years, COEs demonstrated improved member engagement in treatment (individuals were seen at a minimal frequency, that members had better seven-day follow up after having an emergency room visit, and members had higher use of primary care services as an indicator of having their physical health needs addressed). Further analysis revealed improved retention (stayed in treatment longer) and lessened wait time to initiation of treatment.³ Such results illustrated some of the early successes of the program and identified potential opportunities moving forward.

Communities Care's work with the COEs includes a commitment to collaboration and partnership with key stakeholders, including primary contractors, counties, providers and members. The focus is on achieving the primary goals of the COEs—namely expanding access, engagement and retention through the use of evidence-based pharmacotherapies, and a focus on whole person health- through demonstrable outcomes.

As the largest behavioral health managed care company in the Commonwealth, Community Care has supported the COEs since their inception. As of 2024, Community Care contracts with 40 unique providers, some of which have more than one location, across 43 counties. To date, the COEs have served over 16,800 Community Care members and have received over \$47 million. As such, we are uniquely positioned to comment on our experience with the COE program.

Community Care, in partnership with our primary contractors, support the expansions of all SUD services -especially for OUD- and the elevation of best practices such as medication-assisted treatment to support recovery and save lives. We have taken a partnership-based approach with the COE providers, our county partners, and community stakeholders - including people receiving services. Making sure the voices of those most impacted are reflected in our approach is a priority. One example of partnership in this area is our focused technical assistance to the COE providers including monthly learning communities, with our COE providers. These meetings are used to present data and to solicit provider and stakeholder feedback regarding services provided.

Prior to 2023, the Department of Human Services' Office of Mental Health and Substance Abuse Services designated the payment structure for the COEs. As of January 1,

² <https://www.dhs.pa.gov/Services/Assistance/Pages/Centers-of-Excellence.aspx>

³ <https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0302>

2023, managed care organizations were given control of the payment structure. The transition in funding support for COEs to managed care has allowed us to develop and implement innovative payment models based on important quality and clinical outcomes. For calendar year 2023, Community Care developed a value-based model that incentivizes access, engagement, and retention. The value-based program offers COE providers the opportunity to earn additional payments for new members brought into treatment and retained at key clinical intervals. This model allows core programmatic outcomes around access, engagement and retention to be incented. We are currently analyzing the data from this first year to perform program evaluation. We recognize it is important to allow adequate time for these value-based payment models to achieve their intended outcomes and we will continue to collaborate closely with our COEs and primary contractors to monitor clinical and quality progress as well as the financial stability of the model.

SUDs are complex, multi-dimensional challenges that not only require the behavioral health system's participation but also the engagement of the physical health system, family, and community supports – including housing, employment, criminal justice, and child welfare. Such whole health care is vital to the success of members in treatment. Given such inter-dependency, we plan to continue to work across systems to facilitate meaningful partnerships and to ensure that COEs are person-centered.

In terms of support from the Commonwealth around the COE program we respectfully submit the following for consideration. Workforce support is essential to the continued success of the COE program and other models of care. The legislature can promote a high-quality and vibrant behavioral health workforce through continued support for loan repayment programs and adequate funding of the behavioral health system to ensure competitive salaries and infrastructure investments. Additionally, review of requirements for providers licensed within the drug and alcohol system with an eye toward minimizing the administrative burden would prove helpful as would ongoing efforts to help support information sharing across providers and systems. And finally, ongoing creativity around ways to better integrate funding opportunities to support the social determinants of health would be very helpful.

We appreciate the opportunity to provide this commentary and look forward to continued collaboration.