PREMIER TRANSFORMING HEALTHCARE TOGETHER®

March 15, 2018

The Honorable Kevin Brady
Chairman
Committee on Ways and Means
1102 Longworth HOB
Washington, DC 20515

The Honorable Richard Neal
Ranking Member
Committee on Ways and Means
1102 Longworth HOB
Washington, DC 20515

The Honorable Peter Roskam
Chairman
Committee on Ways and Means
Subcommittee on Health
1102 Longworth HOB
Washington, DC 20515

The Honorable Sander Levin
Ranking Member
Committee on Ways and Means
Subcommittee on Health
1102 Longworth HOB
Washington, DC 20515

Dear Chairmen Brady and Roskam and Ranking Members Neal and Levin:

The Premier healthcare alliance works alongside health systems and providers nationwide to improve the health of communities. As an alliance of more than 3,900 hospitals (80 percent of U.S. hospitals), hundreds of thousands of physicians and other clinicians and 150,000 other sites of care, Premier focuses on improving population health through the promotion of collaborative learning opportunities, identification of clinical best practices and systematic use of data and analytics.

With a large, geographically-diverse provider network, nationwide data representing 45 percent of U.S. discharges and significant research and clinical expertise, Premier is uniquely positioned to address important questions on strategies aimed **at curbing the growing opioid epidemic** in the United States.

According to a recent Premier survey, approximately 90 percent of C-Suite leaders from Premier member health systems are prioritizing strategies to curb opioid use. The majority are focusing their efforts on conducting patient assessments with standardized tools upon admission to evaluate pain levels, staff education on resources for safe opioid use and alternative methods for pain relief. Leaders also suggested they are engaging in patient education on pain management treatment and the safe use of opioids; collaborating with state, local and community partners; and using technology for clinical decision support, patient alerts, prescribing practices and continuous electronic monitoring of patient-controlled analgesia.

Premier resources and capabilities are being leveraged with existing efforts by our health system members and by both professional organizations (American Medical Association (AMA), American Society of Anesthesiologists (ASA), American Board of Addictive Medicine (ABMA), etc.) and public agencies (Centers for Medicare & Medicaid Services (CMS)) to reduce the impact of opioid misuse and promote safer, effective, evidence-based pain management practices. The following outlines the steps we believe are necessary to address this epidemic and specific actions that Premier is taking to do so. We hope our input will help to inform the development of future legislation to combat this crisis within the Medicare program.

Policy Recommendations

Passage of the Overdose Prevention and Patient Safety Act (HR 3545). Just last week, the CDC released a new report showing hospital emergency department visits for opioid overdoses have increased 30 percent in the last year. To put this in perspective, healthcare providers write 259 million prescriptions for painkillers a year, enough for every American adult to have a bottle of pills (CDC). An essential key to addressing the opioid epidemic that is hitting so many of our communities is for healthcare providers on the front lines to have information to diagnose and effectively treat patients who use opioids and other controlled substances. Standing in the way of this is a more than 40 year-old law that restricts providers' ability to identify patients with substance use disorders, which are often associated with behavioral health issues. This 1970s rule governing the confidentiality of drug and alcohol treatment and prevention records (42.C.F.R. Part 2 (Part 2)), which predates HIPAA and its robust patient confidentiality protections, prevents CMS from disclosing to providers their patients records on substance use without complex and multiple patient consents. Thus, CMS removes claims records where substance use disorder is a primary *or secondary* diagnosis before sending data to providers.

Failure to update Part 2 means that CMS must remove data relating to substance use, which translates to providers prohibited from reviewing ***roughly 4.5 percent of inpatient Medicare claims*** and 8 percent of Medicaid claims, despite being accountable for the outcome of their patients' health and cost of care (NEJM).

This poses a serious safety threat to Medicare beneficiaries and other patients with substance use disorders due to risks from drug contraindications and co-existing medical problems. It also means these patients may not receive care coordination and management. Access to data drives risk modeling, and can help providers identify patients who may benefit from targeted interventions, implement effective patient engagement initiatives, design and evaluate quality improvement initiatives, examine information to eliminate gaps in clinical care and curb costs. The removal of data related to substance use leaves providers "flying blind" when it comes to fully being informed about their patients' history and unable to effectively treat and coordinate their care. How can providers safely move to prescribing more medication-assisted treatments

(MAT) like buprenorphine, for instance, if they can't see the full medical record? Buprenorphine and MAT drugs coming to the market contraindicate with many drugs, especially those for patients suffering from schizophrenia and bipolar disorder.

These outdated regulations run counter to new, innovative Medicare delivery care models, such as Accountable Care Organizations (ACOS) and bundled payments, which require intense care coordination and in which healthcare providers are at financial risk when caring for these patients. Disparate treatment for alcohol and substance disorder information compared with other types of health information (for example, mental health), impedes comprehensive data sharing, the development of a complete patient-centered care approach to care and the ability of healthcare providers to engage in managing their entire population's health.

The Substance Abuse and Mental Health Services Administration (SAMHSA) last year released a final rule which takes some steps to modernize Part 2, but it does not go far enough. Legislative action is also necessary in order to modify Part 2 and bring the sharing of substance use records into the 21st century.

The solution is to pass the Overdose Prevention and Patient Safety Act (HR 3545), which would amend Part 2 to align with HIPAA's treatment, payment and operation protections and to allow sharing of medical records among providers for those with addictions, just like we have done for every other disease and condition since 1996. If enacted, the legislation would have an immediate impact in the fight against opioid misuse, at virtually no cost to the taxpayer.

The legislation in no way compromises the existing privacy protections in Part 2 that protect an individual from having their information disclosed to the courts in civil proceedings, or to life and disability insurance companies, employers and landlords/housing agencies. In fact, the legislation includes a new provision that actually strengthens the existing prohibitions on the use or disclosure of substance use treatment information in criminal proceedings.

If enacted, H.R. 3545 would have an immediate impact in the fight against opioid misuse, at virtually no cost to the taxpayer. Premier strongly encourages Congress to swiftly pass this legislation in order to improve outcomes and remove this information barrier to responsible care.

Advancement of value-based payment models. To fully address the opioid crisis, we need to ensure individuals with substance use disorders receive integrated care delivery and benefit from patient-centered models. Innovative value-based payment models align the incentives of care providers—from hospital emergency departments to primary care physicians—to focus on patient wellness. For substance use disorders, this means preventing addictions in the first place though effective and safe pain management, responding quickly with evidence-based interventions and prevention of overdose when addiction does occur and providing the wrap-around services needed to help patients continue on the road to recovery.

Premier has been a leader in testing and scaling value-based payment models and our members have significantly outperformed the rest of the nation in these models. Along with giving providers access to information on substance use, Congress should support and strengthen alternative payment models in the Medicare program, such as ACOs, which will be instrumental in creating a healthcare system that is equipped to tackle this epidemic.

Support for funding of measure development as well as active engagement in developing and testing evidence-based measures. A current gap in advancing performance improvement related to opioid use is the absence of effective measures. There are only three National Quality Forum (NQF) endorsed opioid utilization measures which are applicable to ambulatory care at the health plan level of measurement. Opioid-specific national standards and endorsed measures for all settings of care and levels are needed. Absent standardized measures, effective national-level benchmarking and assessing appropriate use cannot occur. Congress should support and invest in the development and testing of effective measures.

Communication and Education

Given the dramatic increase in opioid prescribing and addictions over the last two decades, addressing this epidemic clearly requires re-educating clinicians and patients and shift practice across the nation on safe and effective pain management. We are currently utilizing Premier's vast provider network and educational content development and communications vehicles to undertake this work. Specific actions Premier has taken include:

- ***Premier's Safety Institute***® is one of the nation's most recognized and frequented websites on patient safety issues. The publically accessible website (www.premierinc.com/opioids), referenced by the Centers for Disease Control and Prevention and others, houses information, white papers, resources, and links to Premier's on-demand educational programs on safer use of opioids both in inpatient and outpatient settings. The Safety Institute opioids website is consistently ranked by Google in their top 5 searches.

- Over the last 5 years, held 48 ***live and webinars*** (that are also recorded) and interactive sessions with subject-matter experts attended by thousands of clinicians and other healthcare professionals providing information and latest updates on health related topics.

- Created a ***national product portfolio for pain management***. The *Premier Safe Pain Management Product Portfolio* is a resource for clinicians and supply chain/materials management personnel to work together to bring products, supplies and technology enablers to bear on making pain management both safer and more cost effective. This

comprehensive, searchable inventory covers the continuum and encompasses requisite products and supplies to support a comprehensive, safe pain management program.

- Working with physician societies on pain management education and behavioral change. This has included an active partnership with the ASA, AMA, ABAM, among others.

Implementation of Evidence-Based Practice Change

While education is useful, concerted work is necessary to implement evidence-based practices in a systematic and consistent way. This is an ongoing challenge in our fragmented healthcare system.

- As caregivers on the frontlines in your districts, our member health systems see the toll that this epidemic takes on patients, families and communities daily. Oftentimes, opioid addiction can begin with a single prescription following a medical procedure. This, in part, has called for safer pain management practices to become a national priority. To address this, Premier is undertaking a ***targeted pilot within our CMS sponsored Hospital Improvement Innovation Network (HIIN)***. The pilot will promote opioid stewardship and test how to help curb the national opioid epidemic from a hospital perspective. The Premier HIIN has partnered with American Society of Anesthesiologist (ASA) to lead the *Safer Post-operative Pain Management: Reducing Opioid-related Harm pilot* with 30 Premier HIIN hospitals representing a diversity in geographic location, demographics, size and types of hospitals. The overarching goal of the pilot is to measurably improve the safety of opioid-related post-operative pain management by providers, clinicians and patients/caregivers for adult surgical patients undergoing inpatient elective hip/knee arthroplasty and colectomy procedures. The pilot uses an adaptive and technical assistance framework to provide participants with:
    - Systematic planning for applied performance improvement;
    - Education by subject matter experts for implementation of evidence-based opioid-related screening, prescribing, dispensing, administering and monitoring practices across the perioperative continuum, as well as the use of multimodal therapy;
    - Redesign of workflow for high reliability by integrating new pain management strategies to complement a hospitals existing best practices;
    - Strategies for including patient and families as partners in their care;
    - The use of standardized process, outcome, harm and cost avoidance measures; and
    - Proactive positioning to meet future regulatory and accreditation requirements as well as potential avoidance of reimbursement/payment penalties.

  The goal of this initiative is a measurable reduction in adverse drug events (ADEs) and harm associated with opioid use among patients in the inpatient setting. The six-month

pilot launched in September and the intent is to prove the value and case, and based on the learnings, spread the work to the 4000 hospitals in all the CMS HIINs.

We are seeing extremely encouraging results from this project and believe that it could be scaled more broadly within the CMS HIIN program. Premier hopes that CMS will renew the HIIN program so that Premier and other organizations can continue the success achieved in improving patient safety, including getting more hospitals and providers involved in these efforts to help stem the tide of opioid misuse.

- Through our national QUEST® hospital quality and safety performance improvement collaborative we have developed an ***evidence-based best practices care map*** that serves as both a diagnostic tool and detailed critical path to high reliability care processes. The map is a self-contained toolkit for rapid improvement to best demonstrated care.

- Another critical success factor in addressing the opioid epidemic is the ***ability to provide real-time alerts to prescribing clinicians.*** These alerts notify clinicians of high-risk drug and drug combination interactions, patients prescribed high-dose long acting/extended release (LA/ER) opioids, recommendations for co-prescribing naloxone, and providing patient and family naloxone use education prior to discharge. Premier has developed ***an opioid stewardship program*** with these real-time alerts that is powered by ***TheraDoc®***. TheraDoc® is currently used in 1200 hospitals across the nation.

- ***Premier's clinical surveillance solution and new opioid focused interface powered by TheraDoc®*** is being deployed and tested in the ***Veterans Affairs (VA)' VISN 4*** (a network of VA medical centers, outpatient clinics, a mobile clinic, and Vet Centers). Once testing is complete, we will deploy an opioid stewardship program which has been received positively at the VA using the technology.

Performance Measures, Benchmarking and Research

Benchmarking and gap identification: The above lack of standardized, national performance measures notwithstanding, Premier uses comparative data to identify variation to the benchmarks developed within our QualityAdvisor™ database and works with organizations and clinicians to address the outliers. This is essentially what Premier implements on a daily basis with healthcare providers across the nation. Specific efforts currently underway include:

- Creation of a ***benchmarking tool*** that analyzes the administration of opioids in the Emergency Department. Premier has just completed an update of that tool and is providing it to the 1,300 hospitals using Premier's data and analytic platform.
- Premier has also developed ***process audit tools*** to aid hospitals in improving compliance with evidence-based best care processes in safer pain management and reducing harm

associated with the use of opioids. This tool allows for internal benchmarking to support more rapid improvement. We are exploring development of a post-operative opioid consumer metric.

***Research*:** Another need in ending the opioid epidemic is additional research that will inform education and improvement activities. Premier maintains a number of research assets that can be utilized to inform efforts aimed at reducing opioid misuse and related harms. These resources include the PremierConnect™ platform, a nationally-representative database with over 750 million hospital and emergency department encounters (90 million per year). The PremierConnect data include demographic, clinical, financial, and patient outcome records submitted by nearly 1,000 hospitals located throughout the United States. In addition, Premier operates the Electronic Quality Improvement Platform for Plans and Pharmacies (EQuIPP) - a database of 90 million pharmacy claims that is used to develop, test and validate measures promoting safe prescribing practices. Using these resources, researchers at Premier have published a number of peer-reviewed studies on opioid utilization in the hospital setting (https://goo.gl/KYT71B).

With a nationwide network of member hospitals and health systems, Premier has the provider connections and research experience to complete important research on the growing opioid epidemic in the United States. Examples of future comparative research evaluations and outcome studies that could be undertaken include:

- Effect of initiating Medication Assisted Therapy (MAT) for emergency department patients following a non-fatal opioid overdose. Interventions may include take-home naloxone kits, administration of buprenorphine (for patients with outpatient prescriber) or long-lasting implant treatments (Probuphine, approved in 2016)
- Clinical outcomes for patients receiving non-opioid chronic pain medication for targeted conditions or procedures
- Impact of 2013 FDA labeling requirements for extended release/long acting opioids on prescribing behavior and practices. Examination of similar trends (number of doses, high daily MME dose, number of providers) for immediate release/short acting opioid prescriptions
- Use of prescription drug monitoring programs (PDMP) by physicians and other clinicians in the hospital setting and associated outcomes (hospital/ED readmissions).
- Examination on association of clinical comorbidities, particularly behavioral health conditions, with opioid utilization

In addition to these potential projects, Premier is currently working with the AMA on a joint research project to examine opioid prescribing variation and outcomes for hospitalized patients (readmissions to hospital/emergency department, unintentional overdose). The results of this analysis will be used to develop actionable insights and enhanced tools that will support AMA

continuing medical education (CME) curriculum intended to change prescribing practices and reduce opioid misuse and addiction. https://www.end-opioid-epidemic.org/education/.

Effective Population Health Analytics

Another important need is ***population health analytics*** to understand the problem spots as well as identify patients who are overusing opioids. One way to accomplish this is through the Pharmacy Quality Solutions (PQS) platform. PQS is a joint venture of the Pharmacy Quality Alliance (PQA) and Premier that operates a cloud platform that joins 30 health plans, the major pharmacy benefit management (PBM) organizations, and 95% of the nation's pharmacies for the delivery of standardized performance assessment related to medication use and patient safety performance measures. PQS could easily scale the collection of National Quality Forum measures related to opioid prescribing and use. The measures include:

- Use of Opioids at high dosage in persons without cancer
- Use of Opioids from multiple providers in persons without cancer
- Use of Opioids at high dosage and from multiple providers in persons without cancer.

The measure collection could be done on a regional or national basis to fully understand the use of opioids as well as progress in reducing their use.

The Premier healthcare alliance is committed to helping healthcare providers with their ongoing efforts to reduce adverse drug events, dependence and addiction. Our members are always driving toward continuous improvement and toward finding solutions to this national problem. We would welcome the opportunity to share more information about our work to address the opioids epidemic and explore ways in which we can help tackle the problem within the Medicare program.

Sincerely,

Susan D. DeVore

Susan D. DeVore
President and CEO
Premier Inc.

13034 Ballantyne Corporate Place
Charlotte, NC 28277
T 704.357.0022
F 704.357.6611

444 North Capitol Street, N.W.
Suite 625, Washington, DC 20001
T 202.393.0860
F 202.393.6499

PREMIERINC.COM