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From: **Leon Margolin** <leon3087@gmail.com>

Date: вс, 24 февр. 2019 г. в 18:20

Subject: Non compliance with HEDIS and HSS 2018 guidelines (attached) by Caresource

To: <MaryBeth.Carlson@caresource.com>

Cc: <Erhardt.Preitauer@caresource.com>, <Kurt.Lenhart@caresource.com>

Dear Mary,

I am board certified in Pain Medicine and have more than a 15 years of pain management practice experience, 10 years in the state of Ohio. I have more than 30 publications and several professional awards. I am also a PhD with an experience in guidelines and literature analysis in the context of medical research and healthcare policies.

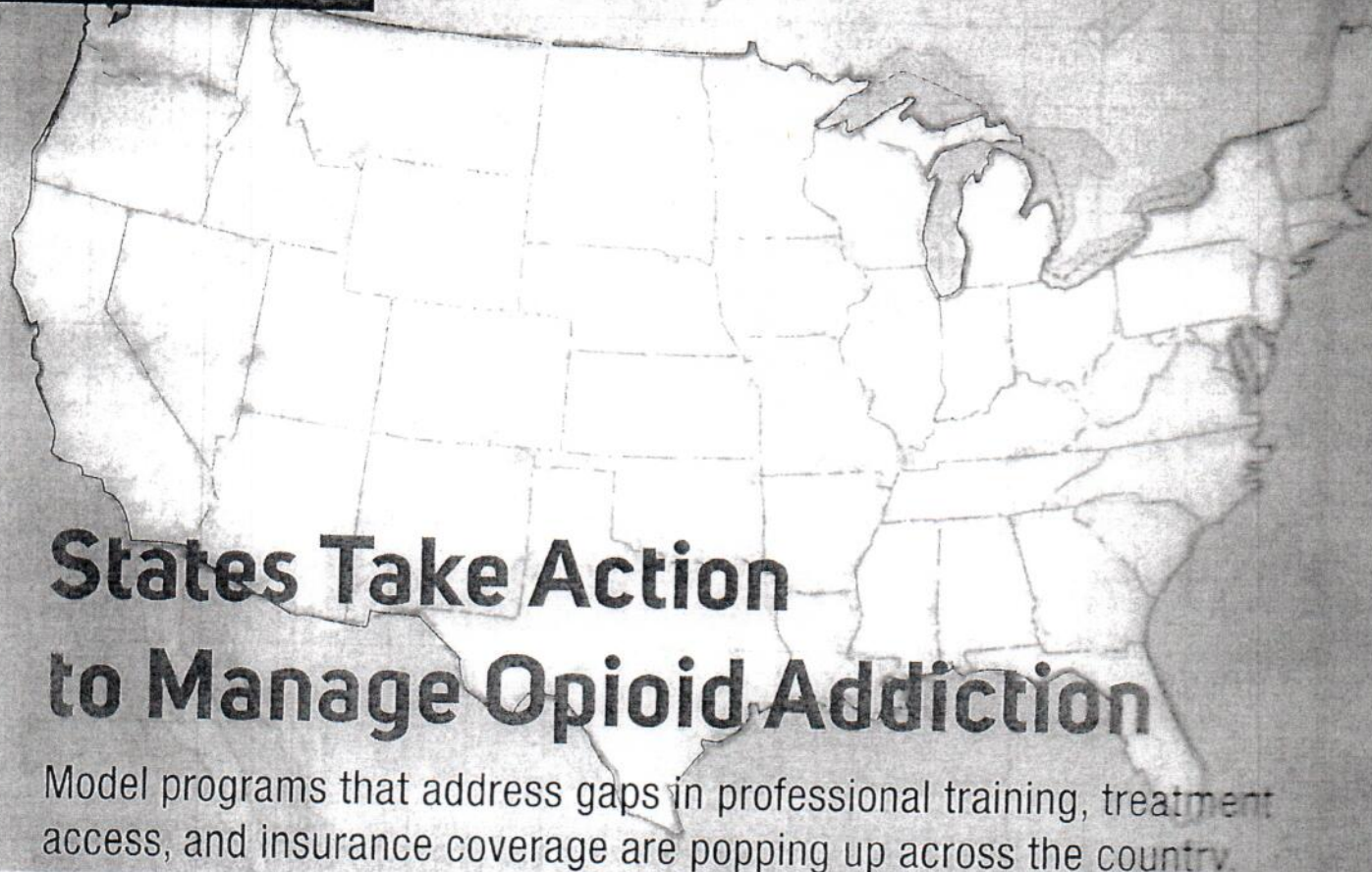
I would like to alert Caresource leadership about continuous Caresource non compliance with the with HEDIS and HSS 2018 guidelines (attached) by Caresource: <https://www.hhs.gov/opioids/sites/default/files/2018-09/opioid-fivepoint-strategy-20180917-508compliant.pdf>

We have identified and forwarded to Caresource specific evidence and complaints from more then hundred patients and we have additional evidence and expert reviews by independent experts that we are ready to share and review with Caresource. We are deeply concerned that Caresource has put hundreds of vulnerable patients at risk with close to 1800 specific patients identified.

We call on Caresource to return the funds seized inappropriately in retaliation for raising these concerns cease and desist ant further retaliatory steps including biased retaliatory over over-payment demands that may qualify as torturous intervention in our practice.

Sincerely,

Leon Margolin MD, PhD



States Take Action to Manage Opioid Addiction

Model programs that address gaps in professional training, treatment access, and insurance coverage are popping up across the country.

Reported by Kathleen Doheny with Lindsey Vuolo, JD, MPH, Paul George, MD, MPHE, Josiah Rich, MD, MPH, and Jeff Gudin, MD

By now, the numbers are familiar but still sobering. Every day in the United States, 116 people die from opioid-related overdoses, including not only prescribed opioids, but also illicit and pharmaceutical fentanyl, as well as heroin, counterfeit drugs, and the mixture of drugs that often lead to fatalities.¹ These deaths are just part of the opioid epidemic problem, of course. In 2016, more than 2 million Americans had an opioid use disorder, and another 2 million misused prescription opioids for the first time.¹

The opioid crisis is being fought on federal and state levels, with the US Department of Health and Human Services (HHS) focusing efforts on five priorities:

- • Improving access to both addiction treatment and recovery services
- Promoting the use of medications such as naloxone to reverse overdose
- Strengthening the understanding of the epidemic through better public health surveillance
- Providing support for cutting-edge research on pain and opioid addiction
- • Advancing better pain management practices.²

To help the states wage war on the opioid crisis, HHS released a second round of funding in April 2018. In all, 57

grant awards totaling an \$485 million were parceled among 50 states, four US territories, and the free associated states of Palau and Micronesia.³ These grants were in addition to the nearly \$900 million in opioid-specific funding issued in fiscal year 2017, to states, local governments, and civil society groups.⁴ Known as the Opioid State Targeted Response Grants, the funds were made possible by the 21st Century Cures Act. The Substance Abuse and Mental Health Services Administration (SAMHSA) within HHS administers the grants, and by September, new funding from a separate \$1 billion grant is expected to be awarded.⁵

While a successful program to combat the crisis has many components, three areas are often mentioned by experts as crucial for individual states to address and the practicing physicians to know about. These include: professional training; access to treatment and recovery; and insurance access and coverage.

As the states' efforts accelerate, and programs become operational, "clinicians are being forced into changing behavior," said Jeff Gudin, MD, director of pain management and palliative care at the Englewood Hospital and Medical Center in New Jersey and incoming Co-Editor-in-Chief for *PPM*. States' efforts are already translating into clinical

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Strategy to Combat Opioid Abuse, Misuse, and Overdose

A Framework Based on the Five Point Strategy

BETTER ADDICTION PREVENTION, TREATMENT, AND RECOVERY SERVICES

Improve access to prevention, treatment, and recovery support services to prevent the health, social, and economic consequences associated with opioid misuse and addiction, and to enable individuals to achieve long-term recovery.

Prevention

- Implement science-based education campaigns to improve the public's understanding of substance use disorders as well as evidence-based treatments and prevention strategies, and to eliminate stigma associated with the disease.
- Increase the use of digital and social media technologies to amplify public health messages regarding prevention.
- Increase and support the use of school- and community-based prevention programs that are evidence-based to prevent misuse of opioids and other substances.
- Engage community and faith-based organizations to use evidence-based messages on prevention, treatment, and recovery.
- Identify individuals who are at risk of opioid use disorder and make available prevention and early intervention services and other supportive services to minimize the potential for the development of opioid use disorder (OUD).
- Educate the public and healthcare professionals regarding drug-drug interactions between opioids and other medications, including the interactions between opioids and benzodiazepines, alcohol, and gabapentin.
 - Working with the Department of Justice (DOJ), and the United States Postal Service (USPS), improve technologies and processes to detect illegal imports and human trafficking of illicit opioids.
 - Facilitate proper disposal of unused opioid prescription medications and other prescription drugs such as benzodiazepines and gabapentin.

Treatment

- Enable individuals, families, and caregivers to find, access, and navigate evidence-based, affordable treatments for opioid use disorder and home and community-based services and social supports.
- Identify and disseminate best practices related to medication-assisted treatment (MAT) and companion psychosocial treatment such as coordinated, holistic, culturally appropriate, person- and family-centered treatment of OUD, including the utilization of a broad range of providers, ancillary professionals, and team-based care.
- Test and implement new payment models that facilitate and incentivize coordinated care, and build in incentives for adoption of payment models across programs.

- Collect, analyze, and disseminate data that provide insights into causes, risk and protective factors, comorbidities, and disparities of opioid misuse and other substance use, misuse, and addiction that can be used to devise long term solutions to the underlying causes and drivers.
- Collect state-, county-, and zip-code specific data when feasible.
- Improve linkages between disparate data systems, including among HHS operating divisions, to inform interventions as well as analytics and modeling.
- Effectively communicate the meaning of the data and its implications within HHS and externally.
- Conduct a comprehensive assessment of current data and key metrics, and implement strategies to address gaps and identify policy and research questions.
- Create incentives for states to develop, implement, and utilize Prescription Drug Monitoring Programs (PDMP) that are accessible by providers (prescribers and pharmacies) across state lines and integrated into the electronic health record.

BETTER PAIN MANAGEMENT

➔ **Advance the practice of pain management to enable access to high-quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms.**

- Provide prescribers with actionable information on the appropriate use of opioids and other pain treatment modalities, such as the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain, which also ensure patients pain management needs are met.
- Develop evidence-based guidance on appropriate management of acute pain including non-opioid approaches and, when appropriate, short-term opioid management.
- Develop further evidence-based guidance on the management of chronic pain, including non-opioid approaches, pre/peri-operative treatment, and when appropriate, opioid management.
- Develop payment policies and other incentives to encourage best practices for the appropriate prescribing of opioids and the use of a full range of non-opioid pain treatments.
- Develop regulatory strategies, guidance, and policies to promote the appropriate use of opioids, including professional and patient labeling, and packaging at the time of marketing approval and in the post-marketing period.
- Assist states to monitor and support best practices by providers, including through the use of comprehensive prescription drug monitoring programs, other data integration mechanisms across states, and clinical decision support in electronic health records.
- Encourage the use of multidisciplinary team models for the management of pain.

- Promote best practices for safe and well-tolerated opioid tapering for people on potentially excessive and unsafe doses, based on established guidelines.
- Work with healthcare professional stakeholders to develop guidance on screening and treatment for co-occurring mental and substance use disorders and unresolved trauma in people living with chronic pain.
- Educate and empower patients, families, caregivers, and communities to understand the risks and benefits of opioid pain medication and non-opioid mechanisms to manage both acute and chronic pain.
- Work with healthcare professional stakeholders to develop guidance for prescribers of when to refer to or link to treatment for OUDs.
- Identify individuals who are at risk of developing chronic pain after an acute pain episode, and make available mental health, substance use, and other supportive services to minimize the potential for the development of chronic or persistent pain.

BETTER TARGETING OF OVERDOSE REVERSING DRUGS

Target the availability and distribution of overdose-reversing medications to ensure the broad provision of these drugs to people likely to experience or respond to an overdose, with a particular focus on targeting high-risk populations.

- Develop models to estimate the amount of naloxone required by communities to be able to reverse cases of opioid overdose.
- Explore development of over the counter naloxone, including an assessment of its impact on availability of naloxone in the community.
- Ensure widespread availability of naloxone, including through standing orders, co-prescription with other opioids, collaborative practice agreements, pharmacist prescriptive authority, targeting of high-risk populations such as people leaving incarceration, residential treatment, and recent opioid-related emergency department visits and hospitalizations.
- Expand availability and affordability of naloxone through grants, including grants to first responders, and the approval of generic products.
- Strengthen education and training on overdose prevention and naloxone administration to ensure that individuals likely to respond to an overdose can take the appropriate steps to reverse an overdose. Develop and assess intervention models across settings that leverage the overdose reversal as a bridge to treatment to reduce long-term dependence on naloxone as the only form of addressing harmful opioid use.