



October 11, 2018

The Honorable Gregg Harper
Chairman, Subcommittee on Oversight and Investigations
U.S. House Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515-6115

Dear Chairman Harper:

Thank you again for the opportunity to testify before your Subcommittee on July 24, 2018, at the hearing entitled, “Examining Advertising and Marketing Practices within the Substance Use Treatment Industry.” I am honored to provide additional comments in response to the questions below from you and Congressman Gus Bilirakis.

Questions for the Record from the Honorable Gregg Harper

1. According to information provided to the Committee, Hazelden Betty Ford said it receives 1,400 calls a week. How many of those calls result in an admission to one of your facilities?

Based on 2017 data, we admit approximately 240 patients a week to various levels of care at our 14—soon to-be 15—clinical sites around the country—roughly 17 percent of our call volume. However, many of those admissions are actually patients transitioning from one level of care within our system to another level of care. Each time they transition, it results in a new admission record. Of the 240 admissions per week, about 115 are individuals beginning a new treatment experience, as opposed to transitioning from one level of care to another. That amounts to roughly 8 percent of our weekly call volume and is the number that I think gets to the heart of your question most accurately.

The number may seem low, but the reality is many people who call are just beginning to explore the idea of getting help for themselves or a loved one. They often are not yet ready to take the next step. Deciding to avail oneself of treatment—or helping a loved one make that decision—is often a process, which may play out over months or even years.

a. How are the majority of calls that your company receives generated (a specific website, an advertisement, etc.)?

Thinking of this question broadly, most of our calls are generated through our brand reputation (built on quality, ethics and strong outcomes), which leads to cold calls and helps power additional efforts to facilitate referrals from other like-minded, quality-oriented professionals, as well as alumni. We also engage in extensive public education in our communities and produce online content that strengthens our reputation and attracts people to our website and phone number.

All of our marketing is designed to drive consumers in need of treatment services to a single website – www.hazeldenbettyford.org – where they can find a toll-free number to call and reach us directly. Our marketing includes the placement of online, print, billboard, and some radio/streaming service advertisements. In each instance, our name, which is also the branded name of our treatment centers, is prominently and proudly disclosed. There is no ambiguity that you are calling the Hazelden Betty Ford Foundation, as opposed to a “help-line” or unbranded website. We also were among the first providers approved for monitoring and certification by LegitScript, an agency that companies like Google and Facebook rely upon to vet addiction treatment providers who advertise online.

2. Are Hazelden Betty Ford's call center employees sales representatives or do they have any clinical background?

The employees answering our phones and facilitating access to our care are not in sales positions. None are commissioned or offered incentives for volume or admissions targets. All admissions decisions are made only after a clinical assessment by a licensed clinician has been completed.

Our “Gateway-to-Care” function, as we call it, is actually divided into two teams. One group is comprised of Patient Access Coordinators and Referent Relations Specialists, and the other is made up of Patient Placement Counselors.

When consumers call us, the call is answered by a Patient Access Coordinator or a Referent Relations Specialist; those positions are roughly the same, though the latter is held by more experienced employees who handle the more complex calls. Some of these employees are licensed counselors, though it is not a requirement of the job. It’s best to think of this group as a customer service team. Patient Access Coordinators and Referent Relations Specialists utilize screening tools rigorously developed by our medical, mental health and substance use disorder professionals to make an initial determination of clinical need and insurance benefits. If they need to consult any of our medical, mental health or licensed counseling staff, they have immediate access to those professionals, but the screening tools—along with the training we provide to the team—have proven to be effective in making accurate initial determinations.

When Patient Access Coordinators and Referent Relations Specialists conclude—based on their screenings—that a caller is an appropriate clinical and financial fit, they schedule the caller for a full assessment with one of our Patient Placement Counselors, all of whom are licensed clinicians. Those full assessments are often done on site at the location that was determined initially to be the best fit. However, the full assessments can be, and sometimes are, done over the phone if the Patient Access Coordinator or Referent Relations Specialist, in consultation with the patient, was not sure about the most appropriate location.

Patients are only admitted after the full assessment has been completed by the licensed Patient Placement Counselor and the most appropriate level of care has been determined.

We also use a third-party overnight answering service simply to take messages, which our teams return in the morning.

a. Do they disclose that status to callers?

Our “Gateway to Care” teams do disclose their credentials when asked, but do not do so as a matter of course. Our licensed Patient Placement Counselors also typically display their credentials in their offices.

3. The decision to seek treatment for yourself or a loved one is a big decision, and one that many individuals make without a good understanding of the treatment options that are available or that would best meet their needs. It's a big responsibility for whomever is on the other end of the line. How are those employees trained?

We know how important this decision is for individuals and families. That's why we feel it is essential to have our front-line Patient Access Coordinators and Referent Relations Specialists focused on high, compassionate customer service, utilizing screening tools that have been rigorously developed by highly-skilled professionals. It's also why our Patient Placement Counselor team is comprised of fully licensed professional clinicians who make the ultimate determination about the consumer's needs and our ability to meet them.

As described in the answer to #2, our screening tools are developed with great care by medical, mental health and substance use treatment professionals, and have been continuously refined over many years, based on a wealth of experience.

Our Patient Access Coordination and Referent Relations team are provided with three to four weeks of side-by-side training by a dedicated, on-staff trainer, along with ongoing supervision, which includes call monitoring and coaching. Our Patient Placement Counselor team is provided with four to six weeks of training that includes shadowing and hands-on instruction, as well as ongoing observation and coaching. We also have established continuous feedback loops so that those teams are collaborating and learning from each other's work, and so that our patients and clinical teams can provide ongoing input on the outcomes of the screening and assessment process. In other words, if patients and/or clinicians ever feel like a determination regarding level-of-care or location was made in error, or inappropriately, the "Gateway to Care" teams receive that feedback, corrections are made and learning occurs. Because we have been doing this a long time, we get it right the vast majority of the time.

a. Do they have any formal education, certifications, or accreditation to be doing a clinical assessment and recommending or referring individuals to a treatment facility that is right for that patient?

Our Patient Placement Counselors have college degrees (most at the master's level) and licenses that qualify them to make a clinical assessment and refer patients to the most appropriate facility and level of care. Most of our Patient Access Coordinators and Referent Relations Specialists also have college degrees. Additionally, many of our "Gateway to Care" professionals have the lived experience of recovery as well as prior experience working in our industry.

b. If employees that are answering phone calls have no medical training, and in some cases no formal educational training at all, do you believe that they are qualified to be making recommendations to individuals seeking clinical treatment?

We believe that rigorous screening tools, quality supervision and ready access to medical staff and other professionals when needed, allow our Patient Access Coordinators and Referent Relations Specialists to make qualified initial determinations regarding clinical needs and insurance benefits. We also believe it's imperative that the full assessment be done by skilled, licensed professionals like those on our Patient Placement Counselor team.

4. **When an individual is seeking treatment at your facilities, can you describe who they would speak to and what kind of assessment would be made before it is determined that your facility is the right facility for them?**

As described in the answer to #2, any individual who calls seeking treatment would first speak with either a Patient Access Coordinator and Referral Relations Specialist for an initial screen, and then would be sent to a licensed Patient Placement Counselor for the full clinical assessment prior to an admission determination.

Please see the answer to #2 for a detailed description of our “Gateway to Care” process.

- a. **What happens if your facility is not the right place for a person to seek treatment? Who makes that decision, and what would happen to that individual?**

If for some reason we are not a good fit—due to a co-occurring condition like an eating disorder, for example, or a serious mental illness—or due to geographic or financial barriers—we direct prospective patients to the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Behavioral Health Treatment Services Locator at <https://findtreatment.samhsa.gov/>.

5. **Does Hazelden Betty Ford pay or receive any sort of fees to receive referrals or to obtain patients?**

No.

- a. **Has Hazelden Betty Ford ever been approached and asked to pay any sort of fee in order to have patients referred or sent to your facilities? If so, can you please explain the circumstances.**

Yes. A lack of both state and federal regulation and oversight allows fraud and abuse to thrive. A number of the federal regulatory safeguards for the broader health care industry (e.g. the Anti-Kickback statute) are not applicable to many addiction treatment providers.

One of many examples we have experienced took place in 2015, when we opened an outpatient center in West Los Angeles. In the planning phases, we were welcomed with open arms by sober homes in the area. But once we opened, it became very clear, very quickly, that we needed to “pay-to-play” with certain sober homes if we ever wanted referrals. These propositions included requests for bed reservation fees, rent subsidies and patient “co-management” fees, all of which we absolutely refused.

- b. **In your experience, is this a common occurrence within the industry?**

Yes. Companies and individuals approach us regularly (via email, phone and face-to-face encounters) offering to provide patient leads for a fee. We will always refuse.

6. **Is there anything else that you'd like to add, clarify, or correct for the record?**

No, thank you. But if you would like further information, I am happy to provide it.

Question for the Record from The Honorable Gus Bilirakis

1. What entity is responsible for auditing your facilities? Since opening your doors, how many times have you been audited, and is your experience unique or common in the industry?

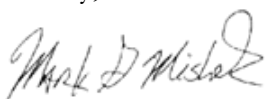
Our 14, soon-to-be 15, clinical locations are all licensed or certified by the state in which they are located. We have facilities in Minnesota, California, New York, Florida, Illinois, Oregon and soon, Washington. Each state has its own regulatory body (or bodies) responsible for licensing, though some states—California, for example—do not require licensing or only offer voluntary certification for certain types of facilities (i.e. outpatient, detox, etc.). The review schedules of those regulatory bodies vary by state and agency, with most reviews occurring every one to three years. Additionally, most of the regulators conduct surprise audits from time to time and occasionally present on-site to investigate mandated reports or incidents. Because it's been nearly 70 years since we opened our doors in Minnesota, we do not have an accurate count of the total number of times we have been reviewed by regulators. Our review experience is common to other facilities in the states in which we operate; we have no reason to believe we receive any more or less visits than others. We've worked diligently to earn the trust of our regulators and view them as partners in delivering safe, quality patient care.

All Hazelden Betty Ford treatment facilities have also been accredited by The Joint Commission, an independent, nonprofit organization that requires accredited treatment providers to deliver quality services and results, demonstrate value and meet industry performance standards. Accreditation by The Joint Commission is entirely voluntary and not a requirement of any of our regulators. The Joint Commission surveyors visit our facilities at least once every 36 months. Additionally, The Joint Commission reserves the right to show up for surprise reviews at any time during the tri-annual renewal cycle. We first sought and received accreditation from The Joint Commission in October 1974. We were one of the first substance use disorder treatment facilities to voluntarily seek accreditation, aligning ourselves with quality and safety standards that far exceeded what is required for licensing in any of our states.

In addition, the Hazelden Betty Ford Foundation is a member of the National Association of Addiction Treatment Providers (NAATP), an organization that provides leadership, advocacy, training and member support services to ensure the availability and highest quality of addiction treatment. NAATP reviews its membership annually and, increasingly, is denying membership to providers that do not meet ethical standards.

Thank you very much for your leadership on these important issues. Please let me know if you need additional information on these specific questions, or if I can ever be of further help to you and the subcommittee.

Sincerely,



Mark Mishek
President and CEO
Hazelden Betty Ford Foundation