Geisinger

May 9, 2018

John M. Kravitz
SVP/Chief Information Officer
Geisinger System Services
100 North Academy Avenue
MC 30-25
Danville, PA 17821

Zack Dareshori
Legislative Clerk
Committee on Energy & Commerce
2125 Rayburn House Office Building
Washington, DC 20515

To Whom It May Concern,

Please find my responses to questions posed by Congressman Burgess at the Combatting the Opioid Crisis: Improving the Ability of Medicare and Medicaid to Provide Care for Patients on Thursday, April 12, 2018.

Additional Questions for the Record
The Honorable Michael C. Burgess, M.D.

1. The National Association of Boards of Pharmacy reports that 39 states already mandate use of PDMPs.

Our experience has been favorable. Our physicians are mandated by our organization to check the PDMP for suspicious patient activity regarding opioid use. We are not currently able to automatically review the PDMP from within our E.H.R. System with the use of APIs. For now, a provider must log into the state PDMP system to access.

What has your experience been in using PDMPs to combat the opioid crisis?

Our providers have found it very useful in identifying "frequent fliers" in opioid prescription requests.

What is your sense on how providers and dispensers view the usefulness of PDMPs?

It is cumbersome for reasons mentioned earlier, however very functional.

2. Numerous studies have found that Medicaid enrollees have excessive burdens of chronic pain and are at a much higher risk of substance use disorders compared to populations with other types of insurance. Similar studies have found that Medicaid enrollees are thus at heightened risk for prescription opioid misuse and were five to six times as likely to die from opioid related overdose compared to populations with other types of insurance. Because of this, according to the authors of one such study, which I quote: "reducing the number of unsafe

prescriptions of opioids in the Medicaid population should be a priority for any drug control policies." I believe that we have several bills before us today that will help achieve that goal. Our Pharmacy Home Bill, our PDMP Bill, and our DUR bill for example. Do you believe that these policies will help to advance the important goal of reducing the number of opioids in the Medicaid population?

We believe the Pharmacy Home Bill will limit the number of prescriptions per hour that a pharmacist can fill in a retail operation. This may give more time for pharmacists to review their state PDMP for people soliciting opioids from multiple sources.

We look at three methods to reduce the number of opioids prescribed:

1. **Look to alternative methods to manage pain other than opioid prescriptions, via pain management solutions including rehabilitation, tai chi, yoga, etc.**
2. **Consider a higher co-payment for opioid medications, which may deter MA patients from obtaining opioids and selling them on the street at a higher price per pill.**
3. **Need to consider the patient who is using opioids. One method is to perform a toxicity screen test on a patient for positive identification of using opioids for health purposes prior to administering a prescription. Another thought is to not limit the opioid prescription for a stage 4 cancer patient who needs to manage pain through end of life.**

3. The Medicaid HUMAN CAPITAL Act would provide enhanced funding for states to recruit highly-experienced Medicaid directors, Chief Information Officers, and Chief Financial Officers. In Mr. Douglas's testimony, he discusses the importance of strengthening Medicaid's role as a payer in combatting opioid misuse. He notes "Congress should implement policies that support state recruitment and retention of strong Medicaid executive leadership," because as he explains, a stable and strong state leadership will be best equipped to respond to the opioid crisis and further public health crises." In your opinion, is it helpful to improving Medicaid's role in addressing the opioid epidemic and other public health challenges by helping states secure the most talented, innovative, and experienced leadership possible?

Talented, informed professionals almost always make better choices. We need to obtain qualified, educated and informed professionals in these roles for decision making.

4. I am interested in the draft that proposes a demonstration project to increase provider capacity in Medicaid for treating substance use disorder. States could apply to use the funds to recruit or train current or new providers. However, I do have several concerns with the idea. Given all the funds that Congress has authorized to support provider capacity such as GME as well as grants from HRSA, SAMSHA, and CDC. Is this idea duplicative? I am also unclear why we would start a new program when those are well established and have staff that understand workforce capacity. Can you comment on that?

We believe there are not sufficient providers to treat substance abuse. There are also potential litigation concerns for these providers with regulatory or tort protection for the responsible treatment of the patient.

Thank you for the opportunity to testify. Geisinger is happy to be a resource for the Committee on this important issue.

Regards,

John M. Kravitz
SVP/Chief Information Officer

JMK/ajh