

REPORT OF THE COUNCIL ON MEDICAL SERVICE

CMS Report 4-A-17

Subject: Survey of Addiction Treatment Centers' Availability
(Resolution 115-A-16)

Presented by: Peter S. Lund, MD, Chair

Referred to: Reference Committee G
(J. Clay Hays, MD, Chair)

1 At the 2016 Annual Meeting, the House of Delegates referred Resolution 115, "Survey of
2 Addiction Treatment Centers' Availability," which was sponsored by the American Academy of
3 Pain Medicine. Resolution 115-A-16 asked:

4
5 (1) That our American Medical Association (AMA) survey practicing physicians about the
6 availability of mental health resources for the treatment of addiction within their local
7 community; (2) That this should specifically address the availability of referrals for
8 a) Medicare patients, b) Medicaid patients, c) managed care patients, and d) patients with
9 private insurance; and (3) That our AMA publicly release the results of this study with the
10 intention of helping to remedy the probable shortage of addiction treatment centers, especially
11 for our Medicare and Medicaid patients.

12
13 This report provides links to numerous resources that make information available on substance use
14 disorder treatment programs; describes AMA efforts to increase patient access to treatment;
15 summarizes AMA policy; and makes recommendations.

16 17 BACKGROUND

18
19 Several existing "locators" that provide information on treatment facilities for substance
20 abuse/addiction and/or mental health disorders are readily available to physicians and the public.
21 The Substance Abuse and Mental Health Services Administration (SAMHSA) maintains a
22 "behavioral health treatment services locator" that includes substance abuse/addiction treatment
23 providers at <https://findtreatment.samhsa.gov/>. Users may call a National Helpline
24 (<https://www.samhsa.gov/find-help/national-helpline>) or enter their city, state or zip code into the
25 "locator" to identify treatment facilities in their geographic area. Users can then click on a
26 particular facility to find links to the facility's website as well as the services and type of care
27 provided; payment and insurance accepted for those services; treatment approaches (e.g.,
28 individual psychotherapy, cognitive behavior therapy); service setting (e.g., outpatient, inpatient);
29 and age groups accepted. SAMHSA's National Directory of Drug and Alcohol Abuse Treatment
30 Facilities can be found at
31 [https://www.samhsa.gov/data/sites/default/files/2015_National_Directory_of_Drug_and_Alcohol](https://www.samhsa.gov/data/sites/default/files/2015_National_Directory_of_Drug_and_Alcohol_Abuse_Treatment_Centers_v1.pdf)
32 [Abuse_Treatment_Centers_v1.pdf](https://www.samhsa.gov/data/sites/default/files/2015_National_Directory_of_Drug_and_Alcohol_Abuse_Treatment_Centers_v1.pdf).

33
34 SAMHSA takes steps to keep its "locator" current, and updates provider information annually
35 using facility responses to SAMHSA's National Survey of Substance Abuse Treatment Services
36 and National Mental Health Services Survey. New facilities that have completed an abbreviated

1 survey and met other qualifications are added monthly. Updates to facility names, addresses,
2 telephone numbers, and services are made weekly for facilities informing SAMHSA of changes.

3
4 SAMHSA also maintains a Buprenorphine Treatment Physician Locator
5 ([https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-](https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator)
6 [physician-locator](https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator)), where patients can find physicians authorized to treat opioid dependency with
7 buprenorphine, organized by state. An opioid treatment program directory maintained by
8 SAMHSA can be found at <http://dpt2.samhsa.gov/treatment/directory.aspx>. It is important to note
9 that not all eligible providers apply to be added to SAMHSA's inventory of programs or opt in to
10 be listed publicly, rendering SAMSHA's "treatment locators" incomplete.

11
12 Links to self-help groups such as Alcoholics Anonymous and Narcotics Anonymous can be found
13 at <https://findtreatment.samhsa.gov/locator/link-focSelfGP>. Person-centered information on opioid
14 treatment options, including medication-assisted treatment (MAT), can be found at
15 <http://archive.samhsa.gov/MAT-Decisions-in-Recovery/>. This site includes multimedia tools
16 designed to help people compare medications and address common concerns about MAT. A free,
17 downloadable handbook (<http://store.samhsa.gov/product/SMA16-4993>) is similarly intended to
18 help people with opioid use disorder make informed decisions about their care.

19
20 A free app for practitioners who provide MAT or plan to do so in the future can be found at
21 <http://store.samhsa.gov/apps/mat/>. The app includes information on treatment approaches and
22 medications used to treat opioid use disorders, a buprenorphine prescribing guide, and clinical
23 support tools such as treatment guidelines, ICD-10 coding and recommendations for working with
24 special populations.

25
26 The American Academy of Addiction Psychiatry (AAAP) maintains an online Physician Locator
27 (<http://www.aaap.org/patient-resources/find-a-specialist/>), as does the American Society of
28 Addiction Medicine (ASAM)
29 (https://asam.ps.membersuite.com/directory/SearchDirectory_Criteria.aspx). ASAM has conducted
30 payer surveys in the past including research on Medicaid coverage of addiction treatment by state.¹
31 A review of addiction coverage benefits in Affordable Care Act plans was conducted by the
32 National Center on Addiction and Substance Abuse.² Directories of addiction treatment facilities,
33 support services and related resources are also maintained by most state substance use/addiction
34 services agencies, and these directories can be easily accessed online.

35
36 State fact sheets that include contact information for the single state authorities overseeing each
37 state's SAMHSA block grant are maintained by the National Association of State Alcohol and
38 Drug Abuse Directors (<http://nasadad.org/state-fact-sheets/>). These state fact sheets also include the
39 number of residents receiving services in the state and the number of opioid overdose deaths. The
40 Addiction Technology Transfer Network (<http://attcnetwork.org/home/>), another useful resource
41 comprised of regional centers, was established by SAMHSA to accelerate the adoption of
42 evidence-based and promising addiction treatment services, and also to increase the knowledge and
43 skills of addiction treatment professionals.

44 45 AMA ACTIVITY

46
47 Enhancing patient access to treatment and reducing the stigma of substance use disorders are
48 longstanding priorities of the AMA, which supports initiatives addressing substance use disorders
49 and also identifying treatment gaps and appropriate targeting of funding and other resources.
50 Reducing the stigma of substance use disorders and enhancing access to treatment is one of the five
51 goals of the AMA Task Force to Reduce Opioid Abuse (Task Force), which was established in

1 2014 and is made up of more than 25 state medical associations, national medical specialty
2 societies and other health care organizations. The work of the Task Force includes helping
3 physicians learn how to better identify patients at risk for developing a substance use disorder, and
4 when such disorders are present, identify the most appropriate treatment options. The Task Force
5 has made increasing access to MAT a key recommendation, and several medical organizations
6 offer waiver-qualifying MAT training to help physicians recognize patients with substance use
7 disorder and become certified as a means of increasing access to treatment.

8
9 In addition to the work of the Task Force, the AMA continues to collaborate with state medical
10 associations to address legislation and regulation ranging from developing effective prescription
11 drug monitoring programs, continuing medical education, restrictions on treatment for opioid use
12 disorder as well as enactment of naloxone access and Good Samaritan overdose protections.
13 Additionally, the AMA worked with the Medical Association of the State of Alabama and the
14 Rhode Island Medical Society to produce state-specific toolboxes that provide physicians and other
15 health professionals with data and practical resources designed to help reverse the opioid epidemic.
16 Rhode Island's toolbox (<http://www.health.ri.gov/healthrisks/addiction/for/providers/>) includes
17 instructions for physicians on how to request assessments by licensed chemical dependency
18 professionals for patients at high risk of opioid medication misuse, and also outlines steps
19 physicians should take to refer patients to treatment and recovery programs. Alabama's toolbox
20 ([http://smartandsafeal.org/wp-content/uploads/2015/11/AL-AMA-opioid-grant-toolbox-FINAL-
21 Nov-2016-updated2FINAL.pdf](http://smartandsafeal.org/wp-content/uploads/2015/11/AL-AMA-opioid-grant-toolbox-FINAL-Nov-2016-updated2FINAL.pdf)) helps physicians educate patients about pain and also provides
22 them with resources for overdose prevention and links to treatment program directories.

23
24 To promote coverage of MAT, the AMA urged the nation's attorneys general this year to help end
25 insurance company policies that delay or deny care for substance use disorders. On March 1, 2017,
26 Aetna became the third insurer (joining Anthem and Cigna) to eliminate prior authorization for
27 opioid disorder treatment.³

28
29 The AMA advocates with Congress and the Administration, and in states, on issues related to
30 substance misuse and the opioid epidemic. For example, the AMA commented on SAMHSA's
31 rulemaking that increased the number of patients who can be treated with buprenorphine by
32 qualified physicians to 275.⁴ The AMA also supported the launch of the National Institute on Drug
33 Abuse web page designed to educate medical professionals on issues related to substance misuse
34 and provide practical resources ([https://www.drugabuse.gov/nidamed-medical-health-
35 professionals](https://www.drugabuse.gov/nidamed-medical-health-professionals)). The AMA has also developed several webinars on topics related to the intersection
36 of pain, substance use disorders and opioids.

37 38 AMA POLICY

39
40 AMA policy supports health care reform that meets the needs of all Americans including people
41 with mental illness and substance use/addiction disorders (Policy H-165.888[3]). Under Policy
42 H-95.975, the AMA recognizes that substance use disorders are a major public health problem,
43 while Policy H-95.981 states that federal drug policy should expand the availability and reduce the
44 cost of substance use treatment programs. Policy H-95.956 endorses the concept of prompt access
45 to treatment for addiction and urges the Administration and Congress to provide significantly
46 increased funding for alcohol/drug dependency treatment. Policy H-95.932 supports legislative and
47 regulatory efforts that increase access to and coverage of naloxone. The AMA advocates for the
48 elimination of "fail first" policy implemented by some insurers for addiction treatment under
49 Policy H-320.941. Policy H-95.944 opposes federal, state, third-party and other laws and policies
50 including those imposed by pharmacy benefit managers that limit patient access to medically
51 necessary pharmacological therapies for opioid use disorder.

1 Policy H-300.962 encourages all physicians, particularly those in primary care fields, to undertake
2 education in the treatment of substance abuse and affirms that many physicians in fields other than
3 psychiatry have the education and experience appropriate for substance abuse treatment and should
4 be entitled to compensation. Policy D-120.953 directs the AMA to work to end the limitation of
5 100 patients per certified physician treating opioid dependence after the second year of treatment
6 (the limit has been increased to 275 patients). Policy H-95.991 urges physicians to acquaint
7 themselves with the various chemical dependency programs available for the medical treatment of
8 alcohol and drug use, and where appropriate, to refer their patients to them promptly.

9
10 Policy H-345.975 supports maintaining essential mental health services at the state level, including
11 addiction treatment centers. Policy H-95.976 encourages the development of model substance
12 abuse treatment programs, complete with an evaluation component that is designed to meet the
13 special needs of pregnant women and women with infants. A joint report developed by the Council
14 on Medical Service and the Council on Science and Public Health established Policy H-185.931,
15 which in part advocates for an increased focus on comprehensive, multidisciplinary pain
16 management approaches that include the ability to assess co-occurring mental health or substance
17 use conditions, are physician led, and recognize the interdependency of treatment methods in
18 addressing chronic pain.

19 20 DISCUSSION

21
22 After thorough study of resources that collect and make available information on substance use
23 disorder treatment programs, the Council concludes that a costly national survey of practicing
24 physicians will do little to accomplish the intent of Resolution 115-A-16 which, according to the
25 sponsor,⁵ is to measure access to treatment resources and identify gaps in treatment capacity.
26 Physicians may not know whether treatment programs in their communities accept Medicare,
27 Medicaid, or private insurance, and the Council is not persuaded that self-reported data collected
28 by the suggested survey would produce reliable information.

29
30 Instead, the Council directs AMA members to utilize the “treatment locators” and numerous other
31 resources described in this report. The main source of national data is SAMHSA’s “behavioral
32 health treatment services locator” (<https://findtreatment.samhsa.gov/>), which is updated using
33 substance use/addiction treatment provider responses to SAMHSA’s National Survey of Substance
34 Abuse Treatment Services and National Mental Health Services Survey. According to SAMHSA’s
35 Medical Director, with whom the Council met during the development of this report, information
36 in the agency’s “treatment locators” is incomplete because not all certified providers have opted to
37 have their information listed publicly.

38
39 The Council observes that increased awareness of treatment providers in a community as well as a
40 breakdown of public and/or private insurance accepted by these programs would be of great
41 assistance to physicians looking to make patient referrals. Accordingly, the Council makes two
42 recommendations intended to increase the inclusiveness of SAMHSA’s “treatment locators.” First,
43 the Council recommends that the AMA encourage SAMHSA to use its national surveys to increase
44 information available on the type of insurance (e.g., Medicaid, Medicare, private insurance)
45 accepted by substance use disorder treatment programs. Additionally, the Council recommends that
46 the AMA encourage physicians who are authorized to provide medication assisted treatment to opt
47 in to be listed publicly in SAMHSA’s “treatment locators.”

48
49 The Council believes that states are well-positioned to gather licensed treatment provider
50 information, and emphasizes the availability of state resources, including fact sheets for each state

1 maintained by the National Association of State Alcohol and Drug Abuse Directors
2 (at <http://nasadad.org/state-fact-sheets/>). The Council finds the state-specific toolboxes developed
3 by the AMA in conjunction with the Medical Association of the State of Alabama and the Rhode
4 Island Medical Society to be of particular value, and encourages the development of similar
5 resources.

6
7 Finally, the Council recognizes that there are too many communities where the availability of
8 substance use disorder treatment services does not meet demand, and points to existing AMA
9 policy supporting increased availability of these services. The Council is hopeful that its
10 recommendations, along with links to the many resources described in this report, will help
11 physicians increase their knowledge of substance use disorder treatment services in their
12 communities.

13 14 RECOMMENDATIONS

15
16 The Council on Medical Service recommends that the following be adopted in lieu of Resolution
17 115-A-16 and the remainder of the report be filed:

- 18
19 1. That our American Medical Association (AMA) encourage the Substance Abuse and Mental
20 Health Services Administration (SAMHSA) to use its national surveys to increase the
21 information available on the type of insurance (e.g., Medicaid, Medicare, private insurance)
22 accepted by substance use disorder treatment programs listed in SAMHSA’s “treatment
23 locators” (New HOD Policy); and
24
- 25 2. That our AMA encourage physicians who are authorized to provide medication assisted
26 treatment to opt in to be listed publicly in SAMHSA’s “treatment locators” (New HOD
27 Policy).
28
- 29 3. That our AMA encourage SAMHSA to include private and group practice physicians in its
30 online treatment locator for addiction treatment facilities. (New HOD Policy)

Fiscal Note: Less than \$500.

REFERENCES

¹ State Medicaid Coverage of Addiction Treatment in the U.S. American Society of Addiction Medicine. August 2014. Available online at <http://www.asam.org/magazine/read/article/2014/08/15/state-medicaid-coverage-of-addiction-treatment-in-the-us>.

² Uncovering Coverage Gaps: A Review of Addiction Benefits in ACA Plans. The National Center on Addiction and Substance Abuse. June 2016. Available online at <http://www.centeronaddiction.org/addiction-research/reports/uncovering-coverage-gaps-review-of-addiction-benefits-in-aca-plans>.

³ AMA Commends Aetna Commitment to End Prior Authorization on Opioids Treatment. AMA Press Release. February 16, 2017.

⁴ American Medical Association. Letter to Kana Enomoto, Principal Deputy Administration, SAMHSA.

⁵ American Academy of Pain Medicine. Letter to the AMA dated October 3, 2016.