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## Group of Addiction Experts, Insurance Executives Unites to Combat Opioid Abuse

New task force aims to try to force some treatment standards on the fragmented and erratically regulated field



As the national opioid addiction crises grows, a task force of addiction experts, government officials, and insurers wants to standardize the most effective addiction treatments. Health and Science Deputy Bureau Chief Jeanne Whalen joins Lunch Break's Tanya Rivero to discuss her exclusive story. Photo: Getty

By

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Addiction experts have issued multiple tomes of guidelines about how best to treat the disease, but too few rehab clinics around the U.S. are following the advice, public-health officials say.

Now, amid the nation's escalating opioid-addiction crisis, some of the country's top substance-abuse experts and a handful of insurance-company executives are uniting to try to force some standards on the fragmented and erratically regulated field.

The group aims to scrutinize the treatment approaches that clinical evidence has shown to be most effective—and then draft a plan for ensuring that state agencies and insurers require clinics use those methods as a condition for licensing and payment.

The need for more rigorous treatment standards has intensified alongside soaring rates of opioid abuse, which has pushed U.S. overdose death rates to all-time highs. Many addicts and their families express frustration with the available treatment options, saying they are often too expensive, not covered by insurance or fail to produce long-term results.

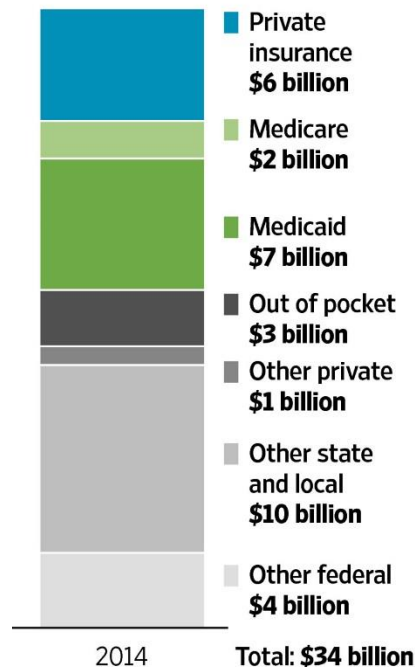
Members of the eleven-person group, dubbed the Substance Use Treatment Task Force, include Penny Mills, chief executive of the American Society of Addiction Medicine; Michael Botticelli, executive director of Boston's Grayken Center for Addiction Medicine and former director of the White House's Office of National Drug Control Policy; Jay Butler, chief medical officer at Alaska's health department; and officials from insurers [Cigna Corp.](#) and [UnitedHealth Group Inc.](#)

Gary Mendell, who founded the addiction-advocacy group Shatterproof after [losing his son to the disease](#), is organizing the task force. Mr. Mendell said he was motivated to start the effort after watching his son cycle through eight different rehab programs that he later realized weren't offering scientifically sound treatment. In an interview, Mr. Mendell said he wants “to spare other families from the horrific tragedy my family suffered.”

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## Cost of Recovery

Total substance-use disorder treatment spending, by payment source



Source: Substance Abuse and Mental Health Services Administration

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One of the main changes the task force wants to prompt is ensuring that more rehab facilities offer medications such as buprenorphine to treat opioid addiction. Clinical studies have shown buprenorphine [reduces illicit opioid use and helps people stick with counseling](#) and other forms of treatment, but many U.S. rehab centers don't offer the medication or don't allow patients to continue it while in treatment, according to the American Society of Addiction Medicine.

That is partly because many treatment centers were founded on the total-sobriety approach long advocated by 12-step programs, and see buprenorphine as the unhelpful replacement of one drug with another. In a report last year, the Surgeon General called this view "scientifically unsound."

One option the task force may consider is requiring all rehab centers to report their medication policies to state authorities, Mr. Botticelli, the former White House drug-control official, said in an interview. The states could then check that clinics offer or allow buprenorphine or other opioid-treatment medications before issuing or renewing licenses, he said.

The state licensing process could also be used to ensure clinic staff have the appropriate training to provide one-on-one counseling, and to check that the clinic is offering this service, Mr. Mendell said. The task force plans to comb through treatment guidelines advocated by experts including the Surgeon General and the American Society of Addiction Medicine, and focus on how to require or incentivize the practices that can be tracked and measured, Mr. Mendell said.

Requiring clinics to report their patient outcomes to some central authority would be another useful step that would help patients and insurers know the best centers to give their business to, said Linda Rosenberg, chief executive of the National Council for Behavioral Health, which represents substance-abuse treatment providers and is participating in the task force.

Mandatory reporting of clinic practices and patient outcomes would allow insurers to pay more to centers that have “higher-quality outcomes,” says Doug Nemecek, chief medical officer for the behavioral health business at Cigna, which is on the task force.

Many rehab programs market their beautiful locations instead of the quality of their care, he said. “They’re in South Florida so they are on the beach, they’re in a beautiful ranch in Arizona,” he said. Required reporting of clinic practices and outcomes “will help us measure the quality of care provided, as opposed to the setting,” he said.

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