HOSPARUS HEALTH®

March 5, 2018
Centers for Medicare and Medicaid Studies
c/o Demetrios KouzoukasTitle
7500 Security Boulevard,
Baltimore, MD 21244

Public Comment- Part D Opioid Overutilization Policy
Submitted Electronically via: www.regulations.gov

RE: Part D Opioid Overutilization Policy pages 202-216
ID: CMS-2017-0163-0007

Dear Mr. Kouzoukas,

Hosparus Health appreciates the opportunity to provide comments regarding the Part D Opioid Overutilization Policy under review by the Centers for Medicare and Medicaid Studies.

Hosparus Health is one of the nation's largest **non-profit** hospice and palliative care organizations with a current daily census of over 1200 patients. Our 37 county footprint spans over 11,000 square miles in Kentucky and Indiana including 9 urban, 17 mostly rural, and 11 completely rural counties as defined by the US Census Bureau. Our interdisciplinary teams have garnered national acclaim for innovative and compassionate end of life care, including Kourageous Kids, our long standing pediatric palliative and hospice program. An essential element to end of life care is the use of controlled substances, which allow our patients to live comfortably during the last chapters of their lives.. In our 40 years of existence, Hosparus Health has established comprehensive processes to encourage the safe and secure administration and disposal of controlled substances.

It is the clear that the Part D Opioid Overutilization Policy has had an impact on the over-prescribing of opioids by providers who are reimbursed by Medicare. Hosparus Health champions such programs that make a real impact in the Nation's deeply troubling opiate crisis. As a provider of both hospice and palliative care services we hope to provide constructive considerations regarding the collateral consequences which could be brought upon responsible providers by the proposed changes.

We are grateful that hospice and cancer care have been carved out of the overutilization policy requirements. As a provider who is continuing to pioneer patient care while expanding upstream in the care continuum, we do, however, have concerns that these rules could negatively impact the palliative care practice. By omitting palliative care and noncancerous serious illness from the exemption, the same burdens on practice will befall those specialties that are being avoided by hospice and cancer treatment. Palliative care has much the same demands as hospice and cancer treatments, and is quickly becoming the future of advanced illness care. Functionally, palliative care has much the same methods and practices as hospice, and Hosparus Health believes it would be a safe, effective, and needed carve out of this policy.

As a provider who specializes in team based, wrap around patient services, we applaud the effort to institute appropriate case management, but urge the Center to consider the impact of real-time safety alerts. The alerts are somewhat concerning, as insurers are often not up to date and aware of rapid changes in patient conditions, and the case management system could delay much needed patient care.

The goal of palliative care is to improve the quality of life for those patients who are living with long term or serious advanced illness. Many times, the execution of care must be immediate to relieve severe pain or symptoms. Hard formulary point-of-sale stops are another barrier to prompt patient care. We are concerned they will cause delays for patients using opioids chronically for legitimate reasons. Additionally, mistakes in information sharing may occur; we must consider how often claims from insurance companies are refused for a perceived lack of preauthorization but then are found to have been in compliance and ultimately approved after a prolonged period of time. We are not confident that the insurance companies are able to determine acute or chronic pain, nor is a pharmacist. We believe the burden of prescribing should continue to sit with the attending physician and should not be over ridden by a pharmacist who is not treating the patient.

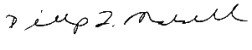
We also question the use of a 90 MME per day as a decision point, especially for those patients in hospice or palliative care. Review of the referenced CDC guidelines also shows that palliative care and end-of-life care were never meant to be included in this arbitrary guideline. How will an insurance company or a pharmacist know whether a patient is receiving palliative care when they attempt to fill a prescription?

Like hospice physicians, palliative care physicians have intimate knowledge of the patient's history, the disease history, and the treatment history. For this reason, we believe it is critical to trust in the practice and continue the concurrent use of gabapentin and pregabalin with opioids in certain instances. Concurrent use of gabapentin and pregabalin with opioids is very appropriate in patients with severe neuropathic pain, whether from cancer chemotherapy, diabetes mellitus, nerve impingement from tumor or other causes. Further, while combining opioids and benzodiazepines is a recognized risk, it is a common and important treatment for patients with severe pain and anxiety related to their condition, e.g. cancer patients or those facing terminal diagnoses.

As a provider practicing in two states greatly burdened by the opioid crisis, Hosparus Health recognizes the importance and challenges of creating restrictions and creative solutions to tackle this epidemic. We do, however, request that CMS use caution to avoid promulgating rules that could have severe negative consequences on responsible practioners serving an important need in the healthcare continuum. Because of the rampant mis-use of opioids in settings outside of hospice and palliative care, it is becoming increasingly challenging to meet the prescribing needs of our patients due to the chronic shortage of routine medications used to stabilize pain and disease symptoms. More information and discussion is needed before restrictions are put on these medications. Subs

As one of the nation's largest providers of hospice and palliative care we stand ready to engage in informative and productive conversations to help stabilize the opioid prescribing practice so that the patients who are most in need of these important medications can continue to receive them.

Respectfully submitted by:



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