

**Pennsylvania State Senate Democratic Policy Committee Hearing
Drug Treatment Facility Reform
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Testimony of
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Good morning. I want to begin by thanking Senators Shwank and Tartaglione for hosting this important hearing about how to improve drug treatment in Pennsylvania. Thank you to Chairperson Muth and the distinguished members of the Pennsylvania State Senate Democratic Policy Committee for this opportunity to testify on behalf of patients and families seeking help for their substance use disorder.

My name is Dr. Joseph Garbely. I am a member of the American Society of Addiction Medicine Board where I serve as chairman of ASAM's Physician in Training Committee. I am here in my capacity as Chief Medical Officer and Executive Vice President Medical Research and Education at Caron Treatment Centers where I founded and oversee Caron's ACGME accredited Addiction Medicine Fellowship Program and the Douglas & Fran Tieman Center for Medical Research. I am here today to talk to you about Caron, a nationally recognized leader in addiction treatment.

Founded nearly 70 years ago here in Berks County by Dick and Catherine Caron to help individuals with substance use disorder and their families, Caron is one of the oldest and largest non-profit substance use disorder treatment centers in the country. Dedicated to trauma-informed substance use disorder treatment, prevention, education, and research, we are privileged to have helped more than 100,000 families begin their journey of recovery.

Today, the importance of the work we do at Caron has never been greater. In the past year alone, more than 100,000 individuals died of a drug overdose and an additional 95,000 died as a result of alcohol use.

Let me state that again - **nearly 200,000 people died last year because of a chronic, treatable disease** known as substance use disorder.

By SAMHSA's latest estimates, in 2020, more than **41 million Americans** met the criteria for a substance use disorder. Many of these individuals also suffer from a co-occurring mental health disorder such as anxiety and depression. However, only about 1.2% received the care they needed at a specialty treatment center like Caron.

At Caron, patients are coming into treatment with increased co-morbidities and are further along in their substance use disorder. In addition, 92% of our patients have a co-

occurring mental health disorder. In essence – our patients are sicker and in greater need of the medical care our team provides.

We can treat these patients because we recognize that substance use disorder is a disease and have developed an evidence-based, outcomes-driven, clinically and medically robust patient-centric treatment program that addresses each patient's individual need, provides education and services for the family and when appropriate, includes medication assisted treatment.

As a chronic disease, substance use disorder requires a long-term disease management plan, which, together with the patient and family, we begin to develop at admission. That includes identifying next level of care providers whose treatment philosophies align with ours and providing a warm hand to that provider.

In Pennsylvania, our main campus in Wernersville is a CARF-accredited, ASAM Level 3.5 residential facility where we provide gender-separate programs for Teens, Young Adults, Men and Women and specialty programs for Older Adults, Health Care Professionals, Executives and Professionals. We also offer specialty programs for Relapse and Opioid Use Disorder. In Pennsylvania we also have two outpatient programs – one in Wyomissing and another in Plymouth Meeting.

While known for our private pay-programs, Caron has unique value-based contracts with major insurers such as IBC, Highmark, Capital Blue Cross and Aetna. These value-based or outcomes-driven reimbursement models support the treatment of SUD as a chronic, treatable brain disease because it prioritizes the use of evidence-based practices, medically appropriate modalities, and appropriate length of stay. They allow patients who meet the need for our level of care to come to Caron PA for a medically appropriate length of stay, typically 4 weeks, without ongoing insurance authorization. If the patient relapses or needs readmittance to Caron or another facility within 90 days of discharge, that's on Caron.

Earlier this year, Dr. Richard Snyder, Chief Medical Officer of Independence Blue Cross and I presented the outcomes of our pilot value-base agreement at the 2021 RxSummit. The data that we presented showed that in 2019 our readmission rate was 5.6%, which was 2x better than our nearest competitor and 5x better than the lowest performing center in our cohort. That is a 94.4% rate of recovery at 90 days.

This data shows that by focusing first on the quality of treatment, providers can significantly improve outcomes for patients. We hope that the model we've created with Independence Blue Cross will encourage other treatment providers to improve their clinical competency. We believe that by establishing measurable, verified outcomes such as 90-day and 12-month readmission rates, the addiction treatment sector can standardize care for all individuals with substance use.

At Caron we recognize that our experience and those of our patients are not the norm in Pennsylvania or across the country. Too often, patients experience a cycle marked by

lack of proper diagnosis, detox as treatment and lack of access to life-saving MAT, behavioral health treatment and recovery support. This cycle undermines recovery, increases stigma and can have deadly consequences. This needs to change.

The pandemic has been disruptive on so many levels. Individuals are struggling – and many turned to substances to cope. The pandemic dramatically worsened an addiction epidemic and increased pressure on families who don't know where to get help or what treatment is – and neither do many healthcare professionals. We need to make it easier for families to get help.

Finally, a study released last year by Dr. John Kelly at Harvard, a member of Carons' Professional Advisory Committee, proves that recovery isn't just possible, but probable for the majority of individuals with substance use disorder. We can increase that probability. Substance use disorder is treatable. Left untreated, substance use disorder is not only deadly, but also a leading cause of inter-generational trauma with a substantial impact on our society. Families in Pennsylvania deserve better access to comprehensive, quality substance use disorder treatment – that includes access to providers who use evidence-based practices, MAT with the appropriate behavioral and mental health treatment, next level of care that accepts patients on MAT, recovery support services, continued easy access to Naloxone and – because addiction is family disease - family education and support.

Thank you for your consideration and time.