



December 5, 2012

Commissioner Mary Mayhew  
Department of Health & Human Services  
Office of the Governor  
#1 State House Station  
Augusta, ME 04333-0001

Dear Commissioner Mayhew:

Thank you for your work over the last several months on the MaineCare Redesign Task Force. Given state and federal budgetary constraints, I understand the importance of developing innovative and cost-effective strategies for delivering high-quality health care as efficiently as possible. As you prepare to make your recommendations to the Legislature, I wanted to raise a concern that Mercy's Recovery Center has with the task force recommendation to reduce reimbursements for certain readmissions.

The draft report includes two readmission options for further evaluation—extending the current Medicare readmissions policy to the MaineCare program, and expanding the current window for non-reimbursable readmissions under MaineCare from 72 hours to 14 days. While I appreciate the need to reduce preventable and costly readmissions, I am concerned that the recommendation to prohibit reimbursements for readmissions within 14 days would include readmissions related to substance abuse.

Unfortunately, for many substance abuse patients, readmissions are not preventable; they are a predictable and unavoidable part of the recovery process. Substance abuse is a chronic, relapsing disease, and even after receiving the highest quality care and services, some patients are readmitted for additional treatment soon after an initial discharge—not because the treatment center failed to provide appropriate care and management of the patient, but because the nature of their condition includes the tendency for relapse. Further, many patients readmitted for substance abuse are among our population's most vulnerable, including those with mental illness, brain injury, and serious illness.

The Recovery Center is a statewide resource on the forefront of treating addiction and combating the substance abuse crisis in Maine. We provide treatment to 8,000 patients annually from all areas of Maine—6,000 outpatient and 2,000 inpatient, 40 percent of whom are MaineCare participants. During the first 9 months of 2012, the 30-day readmission rate at the Recovery Center was 9 percent, nearly a third less than the national substance abuse readmission rate of 13 percent.

Restricting reimbursements for substance abuse readmissions would discourage treatment centers from readmitting patients who are ready to participate in treatment programs. Research consistently shows that such treatment works—saving lives and money. In fact, every dollar



spent on drug and alcohol abuse treatment saves the public \$7. Hence, limiting readmissions for substance abuse could ultimately result in higher, not lower, system costs. More importantly, restricting readmissions for those who are battling addiction can put the lives of those patients at risk.

There would also be practical hurdles with implementing such a policy. At the Recovery Center, for example, overnight admissions are handled by an on-call physician who admits patients referred from hospitals across the state. The admitting physician must admit the patient on the basis of medical necessity, and has no way of knowing if or when the patient was last admitted to the Recovery Center.

Importantly, there is precedent at both the federal and state level for treating substance abuse readmissions differently than other readmissions. The Medicare program, for instance, does not restrict readmissions for substance abuse. And as the task force report notes, “in New York hospitals that have excess readmissions within 14 days receive payment reductions for all *non-behavioral health-related* Medicaid discharges” (emphasis added), suggesting a state-level precedent for treating substance abuse readmissions differently.

I understand that proposals to limit readmission reimbursements may provide incentives for hospitals to reduce preventable readmissions. And physicians treating substance abuse patients in Maine are working hard to provide the type of comprehensive care that helps patients avoid readmissions. However, many substance abuse readmissions are not preventable, and including substance abuse readmissions in the task force recommendation will penalize treatment facilities for readmissions outside of their control. It will also make it more difficult for facilities to provide the cost-effective treatment that helps patients recover from their addiction, and that reduces system costs.

Thank you for your consideration of this matter. I realize that you and your colleagues face many difficult decisions, and I appreciate the opportunity to share my concerns. I plan to present testimony on this issue at your December 11 meeting. In the interim, please contact me if you have any questions or need additional information.

Sincerely yours,

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