



March 5, 2018

Seema Verma, Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
CMS-2017-0163
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-2017-0163; Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2019 draft Call Letter

Submitted electronically via <https://www.regulations.gov>

Dear Administrator Verma,

Trinity Health appreciates the opportunity to comment on the opioid overutilization strategies in the Part D payment policies, particularly as it relates to its impact on palliative care. Trinity Health is a national leader in community palliative care. Today, 95 percent of Trinity Health hospitals offer a Palliative Care Program.

Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states. Trinity Health includes 93 hospitals as well as 109 continuing care locations that include PACE, senior living facilities, and home care and hospice services. Our continuing care programs provide nearly 2.5 million visits annually. Committed to those who are poor and underserved, Trinity Health returns \$1.1 billion to our communities annually in the form of charity care and other community benefit programs. We have 35 teaching hospitals with Graduate Medical Education (GME) programs providing training for 2,095 residents and fellows in 184 specialty and subspecialty programs. We employ approximately 131,000 colleagues, including more than 7,500 employed physicians and clinicians, and have more than 15,000 physicians and advanced practice professionals committed to 22 Clinically Integrated Networks that are accountable for 1.3 million lives across the country.

Health systems and hospitals must play a critical role in addressing opioid use and misuse. Trinity Health is committed to developing and implementing important opioid utilization reduction strategies, ensuring comprehensive education and awareness programs, engaging in robust advocacy, and measuring impact to ensure continuous improvement for all populations that we serve. Committed to putting the people and communities we serve at the center of every behavior, action and decision, Trinity Health is broadly collaborating—through our Opioid Utilization Reduction (OUR) initiative—for the system-wide development, evaluation and dissemination of evidence-based tools and protocols for optimizing care and reducing opioid harm.

Trinity Health strongly believes that providing prescribers with resources and education about national guidelines for safe and appropriate opioid prescribing is the foundation for opioid utilization reduction education. We support wide dissemination of the Centers for Disease Control (CDC) Guidelines for Prescribing Opioids for Chronic Pain. However, the CDC Guidelines – importantly and

clearly – exempt palliative care. Specifically, the CDC states: "*This guideline provides recommendations for primary care clinicians who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care.*" **Therefore, in addition to the currently proposed exceptions for hospice care and cancer diagnoses, Trinity Health strongly urges CMS to explicitly exclude end-of-life care and palliative care from the 90 morphine milligram equivalents (MME) thresholds.** Palliative care patients are closely monitored and often require dosages well above 90 MME to control their pain. **Enacting a 7-day supply limit that does not specifically exempt palliative care is also highly concerning for the ongoing care of palliative care patients.**

It is critically important to recognize that we do not want the pendulum to swing too far in the other direction and we strongly urge that public policies intended to reduce inappropriate use of opioids do not simultaneously create access barriers to pain management for patients for whom opioids are medically indicated and who are benefiting from such treatment, including palliative care patients.

If you have any questions on our comments, please feel free to contact me at wellstk@trinity-health.org or 734-343-0824.

Sincerely,



Tonya K. Wells
Vice President, Public Policy & Federal Advocacy
Trinity Health