

cal messaging from others at HHS, I align with the experts from @aafp @AmerAcadPeds @AmerMedicalAssn in opposition to #AHCA.” Ostrovsky was appointed in September 2016 by Obama.

The White House supports the

plan, which is likely to go through various changes. Conservative Republicans say it is too generous. •

For the bill text from the House Energy and Commerce Committee, go to <http://bit.ly/2mP6qWN>.

For a summary, go to <http://bit.ly/2lQdAEZ>.

For the bill text from the House Ways and Means Committee, go to <http://bit.ly/2mPnETV>.

For a summary, go to <http://bit.ly/2mv1TaW>.

## Caron, private program, advocates for public sector

Caron Treatment Centers doesn't take Medicaid or block grants, but it's advocating for programs that do. Doug Tieman, president and CEO, is calling on Capitol Hill. “We want to be here for those who can't be,” he told *ADAW* last week. “We don't take any public funding and don't even take a lot of insurance funding, so we have a fairly unbiased opinion,” he said. Legislators tend to be skeptical of treatment programs asking for funding, thinking it is a self-serving “ask,” but Caron views itself as a thought leader that “needs to be more proactive than we have in the past,” said Tieman.

he said.

The key to Caron's success is keeping patients engaged for a year after discharge, at which point 67 percent of patients with opioid use disorders and 78 percent of patients with other substance use disorders still abstinent, said Tieman.

At a congressional staff briefing sponsored by the Addiction Policy Forum Feb. 1, where Tieman was treatment presenter, the dysfunction in the treatment field came up. “In the 1960s, if you went to a physician and had cancer, there were three strategies — surgery, radiation or chemo,” one presenter said, recalled

growth, in particular from private equity, which was interested in the profitability. While this didn't affect not-for-profits like Caron, it raises some concerns, said Tieman. In the late 1980s, addiction treatment grew by leaps and bounds in the private for-profit sector, and the result was devastating. Treatment was virtually shut down by managed care over the insurance abuses. “Dan Anderson was my mentor when I was at Hazelden, and in the late 1980s he told me that once we changed our fundamental words from *care* and *compassion* to *census* and *bottom line*, the field made a dramatic turn,” said Tieman. “I've done a lot of presentations about *déjà vu*,” he said. “The for-profits that succeeded were the ones that continued to have a mission.” •

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Doug Tieman

Caron's status as a private not-for-profit makes it easier for Tieman to advocate. “It makes it comfortable to speak to the many representatives we see on Capitol Hill,” he said. “The first thing I can say is ‘We're not here for any money.’”

The impact of the Affordable Care Act (ACA) on addiction isn't as important as the fact that too many people who need help don't get it, because there aren't enough dollars in the system, said Tieman. “The ACA is a nice start, but treatment is too short, and we don't have an opportunity for ongoing engagement in what is a chronic illness model,”

Tieman. “You got whatever that physician was expert at.” Unfortunately, he said, that's what addiction treatment is like today. “If you go to a methadone clinic, you get that, even if 12-Step would be better. If you go to a buprenorphine clinic, you get that, even if methadone would be better,” he said. At Caron, when patients are assessed, if they won't do well in an abstinence-based program, they are referred to a buprenorphine clinic, “where they will get the medication and the counseling that they need,” said Tieman.

The introduction of the ACA paved the way for treatment center

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### ABA article

The December 2016 issue of the American Bar Association (ABA) Health Law Section's *Health Lawyer* publication featured a cover article titled “Malpractice Liability and Medical Marijuana,” authored by Marlowe, who consults for various organizations, including the National Association of Drug Court Professionals. The article summarizes current knowledge about the potential health benefits and risks of marijuana and discusses how the way a state determines physician standards of care could have a significant impact on doctors' potential exposure to a malpractice suit.

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