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Chairman Wood, Representatives, my name is Dr. Richard Mattis, and I'm here today representing Ideal Option as one of their medical doctors. I have worked with Ideal Option for nearly 6 years now as a Medication Assisted Treatment Provider.

First, I want to thank the chairman and members of this committee for holding this hearing and allowing your constituents the opportunity to have an essential conversation on opioid and drug addiction treatment in Idaho.

I'd also like to thank the members of this committee (and potentially your predecessors) for making the WAMI program possible. I was born and raised in Idaho, and I am one of the many WAMI graduates that have chosen to return to Idaho. Currently, I live in Coeur d' Alene. I am a Board Certified in Family and Addiction Medicine, and I am licensed in Idaho, Montana, and the State of Washington. I have my DATA (Drug Addiction Treatment Act of 2000) waiver at 275. I practiced rural community family medicine for seven years, and currently, I provide urgent care and addiction medicine treatment to Idahoans seeking recovery.

I'm sure this committee knows and understands the struggle to recruit doctors to Idaho as we continue on this path of rapid growth. Unfortunately, our substance use and abuse problems are also rapidly growing, particularly in rural areas of our state. It is difficult at best to recruit general practitioners to rural Idaho, let alone those certified in addiction recovery. The Certification process takes time, and most offices are simply not set up to offer best practices to the local population. Telemedicine offers a technological answer to this problem.

Telemedicine offers rural Idahoans the opportunity to be seen and treated by quality providers. I would contend telemedicine, in many cases, would make for better medical coverage than some rural areas can currently offer, simply on the ability to interact with highly trained, highly experienced professionals, trained in best practices, and up to date on current guidelines. Telemedicine allows frequent contact in a

specialized clinic. In addition, telemedicine has been shown to have HIGHER retention rates than in person visits.

Let me tell you precisely what Ideal Option offers: and why I believe that telemedicine plays such a vital role in my company and treatment in general.

- First of all, we offer Medication Assisted Treatment (MAT).
- Each clinic location has an onsite MA. All patients get vitals checked and preliminary assessments by an MA.
- All patients have a medical history performed and updated. All medications are reconciled and updated.
- Before prescribing any treatment, all patients see and speak with a medical doctor allowing for plenty of doctor-patient interaction. This focused interaction allows each doctor the chance to assess the whole person, asking questions that move beyond the substance abuse problem to find the most accurate diagnosis and uncover factors that may be playing a role in their recovery. This process enables each doctor the opportunity to learn and help patients deal with social issues, housing, anxiety, and mental health issues, need for counseling, and the presence of other contributing medical problems. Our doctors review charts and provide case reviews for each patient. We provide pregnancy testing for individuals who know or suspect they may be pregnant and STI testing for individuals concerned with contracting an STI. We regularly order and review patient lab tests, including CBC, CMP, and Hepatitis Screening, STI screening including HIV and syphilis, and thyroid panel.
- If medical problems are uncovered that are best dealt with in primary care office, we assist with referrals, and have ROI in place to coordinate care. If counselling or social services are needed, we will often have a database of local resources for the patient. In WA, we have live and

telemed substance abuse counsellors available at all times, and we will expand this as allowable and feasible.

- In other states, we offer the ability to be seen quickly with a referral process from local jails and ER's, and even the ability to screen and treat Hepatitis C.

What I see from our patients

First of all, I think the key to the process is frequent visits. Frequent Brief intervention counseling has been shown to be superior to infrequent visits. And studies show no difference in relapse or retention if visits are done in person or by telehealth. Accountability and close follow up, specifically with motivational interviewing techniques are very successful in lowering our relapse rates well below the national average, and similarly increasing our retention rates. Frequent urine testing is used, not as a punitive measure, but to ensure compliance and help foster a collaborative relationship. And finally, I think continued long term involvement is important. Studies consistently show that rapid taper and total abstinence therapy have very high relapse rates compared to long term MAT, with relapse rates not truly dropping for any modality for at least 6 months, and preferably 1 year of treatment.

Example of how a recent Patient encounter went. Pt was relatively new, a few weeks into treatment. He had done well with motivational interviewing and frequent visits. On the previous visit, Pt had a positive initial urine dip for opiates and denied use. On his next visit, his definitive was reviewed and showed high Hydro levels. I talked at length to the Patient, and he admitted to running out of his meds, having a headache, and taking 3 white pills his mother gave him, which he later identified as hydrocodone. I had already looked at his last 2 notes, where he had mentioned that he was having some cravings and withdrawals and occ wanted to take an extra dose. My treatment—NOT PUNITIVE—thank him for keeping us in the loop with his symptoms, discuss the need to work with us if he has symptoms or a relapse, no matter how minor, increase his dose, discuss dosing techniques, and see him back in 2-3

days....and he is feeling much better without relapses, withdrawals or cravings. All of this was done over the course of less than 2 weeks, and all done by telemedicine in one of the Washington State clinics.

I think the most rewarding part of the job for me is being part of a transformation of patients. Initially the patient abstinence is very tenuous, requiring a large amount of support and feedback, discussion of avoiding triggers, dose adjustments and reassurance. This typically lasts at least 30 days, often with relapses involved. From there I see patients stabilizing but still fighting many battles and needing encouragement. Now we have the chance to talk about stressors that arise, finding a job, more stable housing, and starting or continuing counselling or abstinence groups. This phase can last several months. And finally, after 6 months, and frequently longer than this, patients are stable and the process centers on congratulating them on their families, their jobs and accomplishments, and their ability to help others. I have many patients that I have been seeing for upwards of 2 years without relapse, and they are very productive members of the workforce and community. I am very proud of these accomplishments of my patients, and I remind them of this. Also, many of them have seen ME make the progression from in person to telemed, and we still talk as you and I are talking today. In fact, I have several patients who PREFER to come more frequently, simply for the interaction and accountability.

Finally, I have many patients whom have been seen in other clinics, in person, but with loose rules and infrequent visits, and have continued to relapse until coming to my clinic and being provided some structure and often simply more interaction time with a provider, even though it is by telehealth.

From this discussion, I hope I have helped you see what telemedicine can offer the state of Idaho and its residents to increase access and treatment for this health care crisis we are facing.

Thank you again Chairman Wood and all Representatives for allowing me the opportunity to talk with you this morning, and please feel to ask me any questions you may have.