

To Whom It May Concern:

This letter is addressed to anybody who is concerned by the high rate of chemical addiction problems in Portland, Oregon, more specifically, within the Russian and Ukrainian-speaking population.

My name is Tetyana Odarich, and I am a family medicine physician currently practicing in Clackamas County. As a Ukrainian physician, I received my second MD from OHSU in 2010 and completed family medicine residency in Vancouver, Washington in 2013. I treated addiction as a chemical dependency counselor from 2002 to 2008 and continued to do so as a physician from 2010 until present day. I was fortunate to have worked at a few inpatient/outpatient alcohol and drug rehabilitation centers. There, I provided care in a detox environment, residential treatment, outpatient setting, and medication assisted treatment programs, as well as prescribed Suboxone, Vivitrol, Naltrexone and other medications, as indicated. It was always my hope to continue providing addiction treatment in my private practice, which I have done since 2017.

Until January 2018, I was able to treat both privately insured and Family Care patients. In the past 13 months, I was not able to serve even one state insured patient. Thus, I was not able to help the Russian and Ukrainian-speaking people who needed my help most, especially those who struggle with addiction. The Russian and Ukrainian-speaking community can greatly benefit from treatment in a family medicine setting and from a physician who speaks their language, understands their culture, and uses the current approach to addiction treatment.

There are a few reasons why I cannot treat state insured patients in my office at this point.

First of all, it is important to note the reason I am not able to have a contract with Care Oregon. Medical services provided to state insured patient are reimbursed according to Care Oregon fee schedule, which was approximately \$27 per visit in 2018 and \$36 per visit in 2019. In order for me to be able to maintain my clinic, I have to see at least 55 patients per day with a reimbursement fee of \$36 per visit. I seriously doubt my ability in providing safe and high-quality care with such a volume of patients.

The second obstacle we face is the fact that my services in treating addiction are considered to be under "medical care" and are still covered by Care Oregon, rather than by Health Share. I am happy to note, however, that Health Share has a reasonable reimbursement fee for a physician who treats addiction. Nevertheless, there are a few conditions for this reimbursement that I cannot meet. The main obstacle is the condition that treatment should only be provided by a psychiatrist or an addiction doctor. It does not seem to be an effective way to treat addiction, considering serious shortage of psychiatrists and addiction doctors in the community.

This issue is usually resolved in larger rehabilitation centers with a psychiatrist as a medical director and multiple specialized physicians working under the psychiatrist. However, in a private practice setting, such an arrangement is not possible.

The condition of being a psychiatrist is also somewhat puzzling in a time when DEA, FDA, DHHS, Jerome Adams, and Surgeon General are urging primary care physicians to prevent overdose deaths through addiction treatment and assisted medication treatment.

Thus, it is not the lack of a contract with Health Share that stops me, but rather the inability to be reimbursed by its fee schedule.

Of course, in an ideal world, I would love to provide the entire scope of family medicine services to state insured patients, including, but not limited to, primary care, pain management, and addiction treatment. This way, the care for patients would be better, inexpensive, and less fragmented.

The reason why I am writing this letter is due to the desperate situation of the Russian and Ukrainian-speaking patients in Portland, Oregon. Even though the 12-Step treatment modalities, cognitive behavioral therapy, dialectical behavioral therapy, group therapy prove themselves to be successful treatments for addiction, they can only work effectively if provided in the language and culture of the patient. The local Russian and Ukrainian-speaking community has various cultural aspects which are very hard to address in a mainstream medical setting. There are no clear or strong 12-Step community groups for the Russian and Ukrainian-speaking population. We have very few Russian-speaking counselors and even fewer Russian and Ukrainian-speaking doctors. I am fortunate enough to work very closely with Modus Vivendi, which serves the Russian and Ukrainian-speaking population. At present, we treat a number of patients by providing them both needed counseling and medications.

I hope you will review my thoughts and be willing to meet with me to discuss possible solutions. I am sure that by working together we can make a difference.

Thank you very much for your concerns, time, and consideration. I look forward to hearing from you.

Tetyana Odarich, MD
Sunrise Family Medical
odarichtetyana@gmail.com
503-387-7111,
360-823-9197 (cell)

