

COMBATING THE RURAL OPIOID EPIDEMIC DURING A GLOBAL PANDEMIC



Measuring outcomes after 150,000 hours of virtual care delivery during the COVID-19 pandemic

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COVID-19 has fueled the opioid epidemic, resulting in the sharpest increase in opioid related deaths since 2016 and erasing much of the progress made in combating the epidemic over the past few years¹. Individuals navigating recovery have been pushed into isolation, face greater economic insecurity, and are diagnosed with coronavirus at a higher rate than the general population². As conditions worsen, community providers have reduced their operations, eliminated programs, and laid off employees³. Others have struggled to deliver quality, whole person care virtually or don't believe that virtual care is appropriate for rural and vulnerable populations.

THE GROUPS MODEL DRIVES INDUSTRY LEADING RETENTION. OUR AVERAGE RETENTION AT SIX MONTHS IS 65-70%, COMPARED TO AN INDUSTRY AVERAGE OF 25-30%.

Groups Recover Together is an outpatient opioid use disorder (OUD) treatment provider dedicated to delivering comprehensive Medicated-Assisted Treatment (MAT). Since the beginning of the pandemic, Groups has delivered more than 150,000 hours of virtual opioid use disorder treatment to our 6,000 members living in predominantly rural communities. Our model is built on three pillars of care that are proven to meet the unique needs of people in recovery and drive industry leading outcomes: medication, therapy, and care navigation. **During the onset of the COVID-19 pandemic, we made it our mission to maintain a steady presence in the lives of our members while preserving the fidelity of our model.** The pandemic necessitated an immediate shift to virtual care to ensure medication continuity for existing members and timely access for those seeking help. As such, starting on March 17, 2020, Groups members began receiving treatment in a 100% virtual setting.



¹ <https://www.nytimes.com/interactive/2020/07/15/upshot/drug-overdose-deaths.html?referringSource=articleShare>

² <https://www.nih.gov/news-events/news-releases/substance-use-disorders-linked-covid-19-susceptibility>

³ <https://www.prnewswire.com/news-releases/behavioral-health-crisis-in-america-getting-worse-as-covid-19-forces-community-behavioral-health-care-organizations-to-cut-back-301042154.html>

Virtual treatment at Groups includes:



Rapid Intake and 24-hour Crisis Support: We operate a 24/7 crisis and referral line which is staffed by crisis-certified counselors. Those in need of care are scheduled for rapid access intake even during the COVID-19 pandemic.



E-Prescribing: Telemedicine appointments are delivered by DATA-waived prescribers and electronic prescriptions are set to members' pharmacy homes.

- During COVID-19, we have maintained point of care urine drug screens delivered to members and completed at home.



HIPAA Compliant Virtual Weekly Group Therapy: All members attend a weekly group led by a licensed counselor on a HIPAA compliance platform; members can attend via smartphone or computer.



Navigation and Peer Support: We recognize that in order to keep our members engaged in recovery, we cannot ignore the economic burden caused by COVID-19. In response to these needs, **we have enhanced our care navigation and peer workforce.** This work can take place in community settings, by phone, or via text and includes:

- Securing employment, legal-support, housing, and transportation.
- Applying for health insurance, SNAP, TANF, and unemployment.
- Regular check ins from someone who understands what members are going through, often a person with lived experience.



Groups has proven that a comprehensive, high-quality treatment model for opioid use disorder can be delivered via telehealth. And our emerging data suggests that such care achieves the same great outcomes as in-person care. Allowing individuals with OUD the flexibility to select their treatment modality of choice [telemedicine or in-person] should improve outcomes for all, and Groups is excited to have both such offerings available for our members.

- DR. JACOB "GUS" CROTHERS, NATIONAL MEDICAL DIRECTOR

Some might caution that the transition to a virtual model will impact a provider’s ability to deliver personalized longitudinal care, build trusting relationships with members, or risk leaving the rural or under-served populations behind. Groups, on the other hand, has always believed that long-term recovery from opioid addiction is tied to aspects of life that are beyond the reach of an office visit and this belief has been a central tenet of our delivery model during the pandemic. We remain committed to delivering high-quality, member centric care and industry leading clinical outcomes.

CLINICAL OUTCOMES

During the last six months, we have discovered that when done right, virtual care not only yields similar clinical outcomes to in-person care but can improve access and retention.

Members at Groups have historically achieved industry leading outcomes. **This trend continued during the pandemic, after our transition to virtual care:** when examining clinical outcomes of patients that have received care at Groups through a 100% virtual delivery model against those that began with in person care we found that attendance, abstinence, retention at month 1 and retention at month 3 stayed consistent:

Telehealth Cohort vs Control Cohort Baseline Characteristics

Cohort	Timeframe
Telehealth	3/30/20-8/31/20
Control	9/28/19-2/29/20

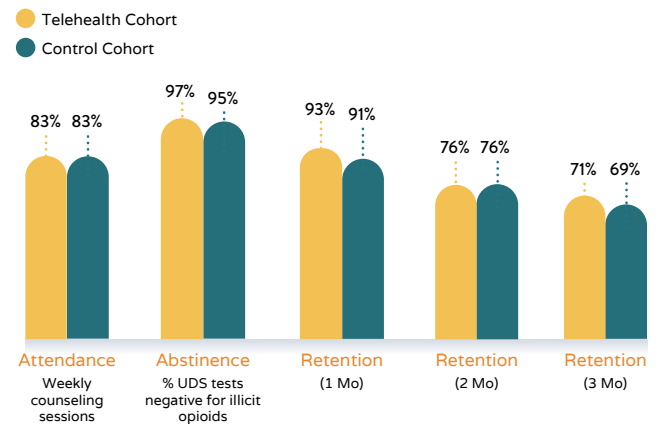
154 days

	Telehealth (n=1442)	Control (n=1270)
Age (mean yrs)	37	36.6
Gender (% male)	55%	59%
Duration of Opioid Use (mean yrs)	17	17
Self Pay Members	21%	27%

Definitions

- In both cohorts, only included “net new” members (i.e., no readmits), to isolate outcomes for members who had never seen a physical Groups location
- Control cohort was selected from a group of members admitted over the same number of days (154)

Clinical Outcomes



IMPROVING ACCESS WHILE MAINTAINING MEMBER SATISFACTION

Shifting from in-person care to a virtual model has allowed Groups to knock down barriers to access including transportation, conflicting work schedules, and lack of child care, thereby allowing us to reach more members at a time when they need care the most. Speed to care is also linked to access as it impacts on the likelihood of engagement in treatment. Those who

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WAITLISTS TO ACCEPT
NEW MEMBERS.**

call our 24/7 crisis and referral line are scheduled for rapid access intake, most are scheduled within 72 hours. We never have waitlists to accept new members.

In addition to improving access, we have worked to understand how virtual care has impacted member experience. In May of 2020, we surveyed all of our members to learn more about their experience and satisfaction with virtual care at Groups⁴. We received responses from 1,300 members and found that 87% felt supported by our virtual care model. Of the members that responded, 87% reported joining via mobile phones and more than 90% used video in addition to audio.

THE FUTURE OF VIRTUAL CARE

Virtual opioid use disorder treatment is not only possible but essential to meeting the needs of rural communities and vulnerable populations. Change is hard, and any critics of virtual care may be reacting to a fear of the unknown. In the coming months, it is essential for providers delivering care virtually to measure outcomes and share data with policy makers in meaningful ways. This data should inform coverage decisions after the pandemic has passed and Groups hopes to contribute to this discourse.

While none of us know what the future holds, one thing is certain - Groups will continue building physical offices in high-need communities, while also making virtual care available to those who want and need it in perpetuity.



**SINCE THE BEGINNING
OF THE PANDEMIC,
GROUPS HAS DELIVERED
MORE THAN 150,000
HOURS OF VIRTUAL
OPIOID USE DISORDER
TREATMENT**

⁴ In May of 2020, Groups distributed a member satisfaction survey to all enrolled members that included questions about their virtual care experience at Groups and preferences for possible modalities in the future. Groups received completed surveys from approximately 1,300 members, a 25% response rate.

ABOUT GROUPS RECOVER TOGETHER

[Groups Recover Together](#) is the national leader in value-based care for Opioid Use Disorder (OUD) that is proven to help people beat addiction and get their lives back. Our network of outpatient clinics delivers a uniquely effective clinical model that combines evidence-based medicine, community, and holistic care. We provide Medication-Assisted Treatment (MAT), which is considered the gold standard of treatment for OUD. What differentiates the Groups Recover Together model is the belief that long-term recovery from opioids is tied to aspects of life that are beyond the reach of traditional medical care. By helping individuals struggling with OUD form community, seek care for comorbid conditions, and address social determinants of health, Groups Recover Together drives industry-leading outcomes. Learn more at joingroups.com or follow us on [Facebook](#), [LinkedIn](#) and [YouTube](#).