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## **Treatment Protocols and Costs for Opioid Abuse and Dependence Vary Widely Throughout the U.S.**

*Data provide building blocks for developing best practices*

**Miami Beach, Fla. – Sept. 25, 2018** – Treatment protocols and costs for addressing the growing crisis of opioid abuse and dependence vary widely among states and regions of the country, according to information presented today at the [American Health Information Management Association’s \(AHIMA\) 90<sup>th</sup> Annual Convention & Exhibit](#) in Miami.

“Harnessing Claims Data to Bring Structure and Coherence to Opioid Trends and Treatment” highlights findings based on a state-by-state analysis of 26 billion privately billed healthcare claims conducted by FAIR Health, a national independent not-for-profit that collects and analyzes claims data.

“Our study documents significant variations among U.S. regions and states in the procedures most commonly used to treat opioid abuse and dependence,” said FAIR Health President Robin Gelburd, JD. “The findings offer opportunities to compare outcomes of different treatment strategies and help determine which are most likely to be successful.”

Regional differences noted in the study included:

- Methadone administration was one of the 10 most common procedures by utilization in every region, but it was among the top 10 by cost only in the Northeast.
- Naltrexone injection was in the top 10 list by cost only in the Midwest.
- Group psychotherapy was one of the 10 most common procedures by utilization in every region except the South.
- The top 10 procedures by utilization in the South included seven drug tests or test-related procedures, more than in any other region.
- The top 10 procedures by cost in the West included six therapeutic procedures, more than in any other region.

- Two outpatient rehabilitative services were found in the top 10 lists by utilization or cost only in the South and West: intensive outpatient treatment and partial hospitalization.
- Two inpatient treatments, sub-acute detoxification and short-term residential, were included among the top 10 procedures by cost in only in the West.
- Emergency department visits were found in the top 10 lists by cost only in the Northeast and Midwest.

Some differences found among states included:

- Only New York had group counseling as one of its five most common procedures by utilization and cost.
- Only five states—Delaware, Nebraska, North Dakota, South Dakota and Wisconsin— included psychotherapy (45-minute sessions) as one of their five most common procedures by utilization.
- Only California had intensive outpatient treatment in its top five list by utilization.
- Sub-acute detoxification appeared in the top five lists of Mississippi and Tennessee, and there only by cost.
- Only Wyoming included among its top five procedures by cost an emergency department visit due to high severity and immediate significant threat to life or physiologic function.

The [study](#) also includes an infographic on opioid abuse and dependence for each state.

“Our nation is facing an opioid abuse crisis, and health information management (HIM) professionals have an important role to play in gathering and analyzing data to determine the prevalence of the problem and the best treatment strategies to address it,” said AHIMA CEO Wylecia Wiggs Harris, PhD, CAE. “Through its advocacy for reliable, secure and accessible health data, AHIMA remains committed to providing its members and the industry with guidance, such as its opioid documentation tip sheet, to ensure the data driving research and education is based on correct information.”

The Centers for Disease Control and Prevention (CDC) reports that overdose deaths from opioids, including prescription opioids and heroin, have increased by more than five times since 1999. Overdoses involving opioids killed more than 42,000 people in 2016, and 40 percent of those deaths were from prescription opioids. Overdose cases increased by more than 30 percent across the United States between July 2016 and September 2017. In the Midwest region, overdose cases rose by 70 percent and overdose mortality by 14 percent.

According to the National Institute on Drug Abuse (NIDA), medications including buprenorphine, methadone and extended release naltrexone are effective for the treatment of opioid use disorders. NIDA recommends combining medications with behavioral counseling for a “whole patient” approach, known as Medication Assisted Treatment.

Gelburd's presentation is one of several addressing hot topics in HIM. For details on additional presentations on this topic and others, visit the [educational tracks page](#) of the AHIMA Convention & Exhibit website.

### **About AHIMA**

The American Health Information Management Association (AHIMA) represents more than 103,000 health information professionals in the United States and around the world. AHIMA is committed to promoting and advocating for best practices and effective standards in health information and to actively contributing to the development and advancement of health information professionals worldwide. AHIMA is advancing informatics, data analytics, and information governance to achieve the goal of providing expertise to ensure trusted information for healthcare. [www.ahima.org](http://www.ahima.org)