



# 2023 Annual Outcomes Report

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A Decade of Driving Innovation and  
Impact in Opioid Use Disorder Treatment

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# Introduction

Since founding Groups Recover Together almost a decade ago, we have been dedicated to increasing access to high-quality opioid use disorder (OUD) treatment in communities the overdose epidemic has hit the hardest. From our first office in Claremont, NH to our most recent office in Greenville, WV (our 125th!), Groups has supported compassionate recovery in hundreds of communities across America.

Our innovative care model is reshaping how addiction treatment is delivered and reimbursed in the U.S. We have a deep commitment to value-based partnerships with Medicaid, Medicare, and commercial health plans. Approximately 70% of our membership is covered by Medicaid, and approximately 93% of our revenue is derived from value-based contracts — meaning reimbursement is tied to recovery, not volume of services. These arrangements align incentives across payers, providers, and patients. They also provide a key foundation for the success of our model.

2024 marks our 10th year supporting people with OUD. This is the first year we've published treatment outcomes and impact in an annual report. As we reflect on the first decade of Groups, we're publishing our data to hold ourselves accountable to our mission — and to encourage transparency in outcomes across the industry. We believe that with increased transparency, there's a clear path to measurable and achievable progress for all OUD treatment providers.

We have proven there is a better way than the status quo to provide treatment, and that high-quality results are possible at scale. We hope that our transparency inspires others in the industry to join us in sharing outcomes and building a better path forward for everyone who needs treatment for substance use disorders.



With hope,

**Dr. Jacob "Gus" Crothers**  
Chief Medical and Outcomes Officer  
Groups Recover Together

# Who We Are

Groups brings together a dynamic team of local counselors, office managers, Recovery Support Specialists, physicians, and visionary leaders from diverse backgrounds nationwide. Collaborating closely with our local communities, members, and our health plan partners, we unite to save lives and inspire hope in those impacted by addiction.

## Our Mission

Our mission is to save lives by increasing access to communities of recovery in the places where they're needed most.

## Our Vision

Our vision is accessible high-quality and evidence-based addiction treatment for anyone who experiences opioid use disorder. We make this possible by providing our team and members with the aspects of support our healthcare system so desperately lacks: respect, personal connection, and hope that holistic recovery is possible.

### Our treatment model is built around three pillars:



#### Evidence-Based Medicine

We base everything we do on the best and most up-to-date clinical evidence to ensure great outcomes for those we serve.



#### Community-Powered Recovery

Overcoming addiction is hard, but doing it alone is even harder. We believe in the power and accountability of community, and we orient our clinical model around it.



#### Whole-Person Care

Addiction is about more than substances, and recovery is about more than sobriety. We are committed to helping our members find hope, recovery, and wellness in all areas of their lives.

# Key Takeaways for 2023

In 2023, Groups:

- Helped **27,027** members across **13 states** meet their recovery goals.
- Grew our membership by **27%**, our team by **23%**, and expanded our state footprint by **8%**.
- Established **43 new contracts** with health plans, **38** of which were value-based. These contracts represent **23.6 million** new individuals able to access Groups treatment with in-network insurance coverage.
- Supported 6-month retention rates at **3x the national benchmark**.
- Supported rates of toxicology-confirmed opioid remission at roughly **2x the national benchmark**.
- Supported all-cause mortality rates that were approximately **2x better than the national benchmark**.
- Assisted **15,553 members** with important needs like housing, employment, education, and access to social support.
- Improved quality of life for members by an average of **32%** across key domains like physical health, mental health, sleep quality, and social relationships.
- Reduced total cost of care for our health plan partners by **37%**, based on case studies of Groups members vs. matched controls.



The following pages will detail our results and, wherever possible, provide industry benchmarks for context. The results are organized according to the Cascade of Care framework<sup>1</sup> for responding to the opioid overdose epidemic — a public health framework that examines the degree to which demand for OUD treatment (Section I) translates to appropriate and evidence-based supply of treatment (Section II), and eventually to the impact of that treatment on the population (Section III).

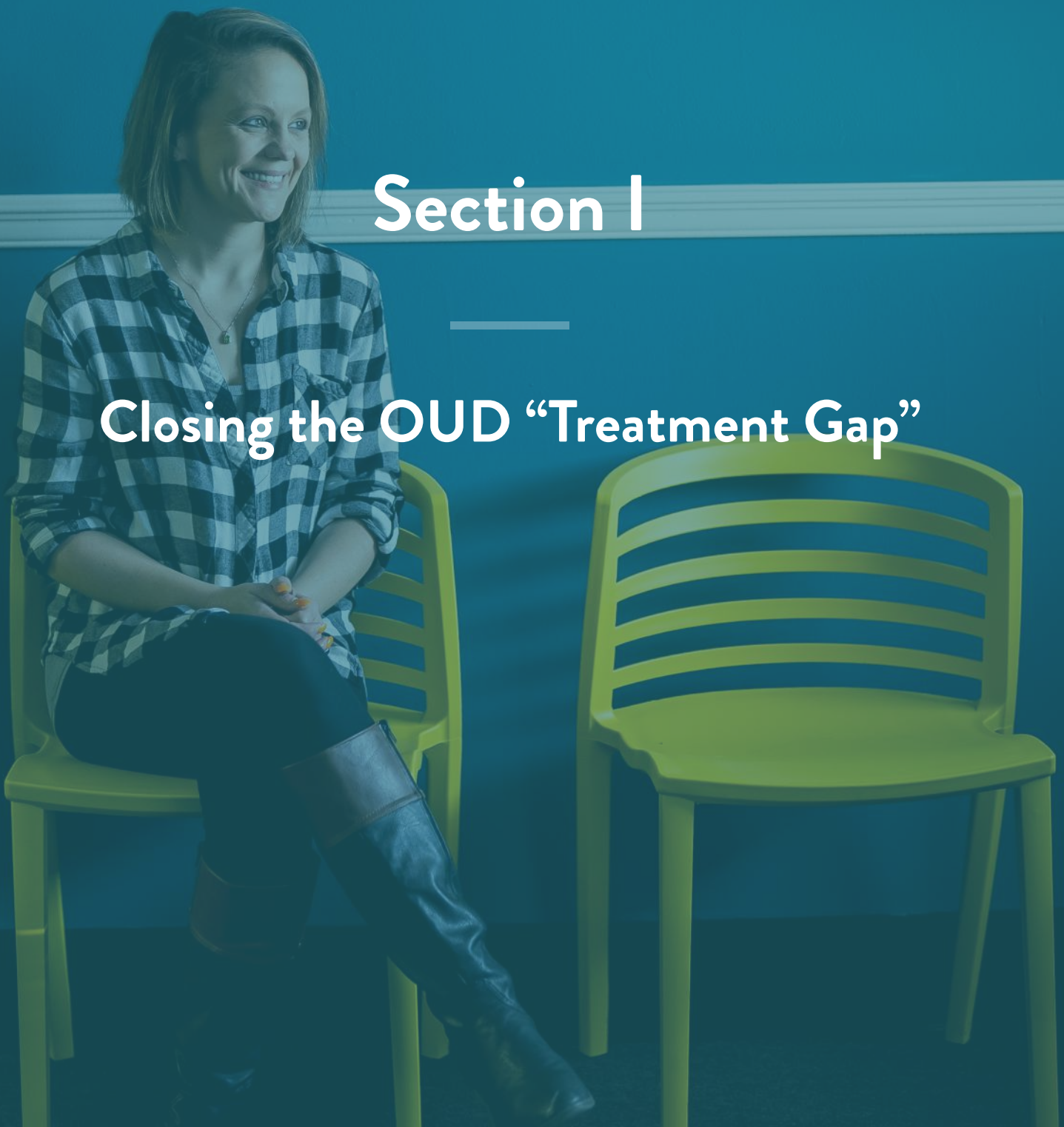
<sup>1</sup> Williams AR, Nunes EV, Bisaga A, Levin FR, Olfson M. Development of a Cascade of Care for responding to the opioid epidemic. *Am J Drug Alcohol Abuse*. 2019;45(1):1-10. doi:10.1080/00952990.2018.1546862

groups  
recover together

## Section I

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Closing the OUD “Treatment Gap”



# Closing the OUD “Treatment Gap”

There is a significant unmet need for OUD treatment in the U.S., which rises alongside climbing overdose death rates in many of the states Groups serves.

According to the latest government estimates, approximately **5.3 million** people ages 18 or older in the U.S. had OUD in the previous year,<sup>2</sup> and **2.09 million (39%)** of those individuals resided in the states where Groups operates. However, there is a large drop-off between who may benefit from treatment and who actually receives it. Recent research found that only about **22%** of individuals with OUD receive evidence-based treatment with life-saving medications.<sup>3</sup>

Groups helps close the OUD “treatment gap” in our communities by partnering with local organizations serving higher-needs populations and welcoming individuals who are new to treatment. Community partnerships make it easier for people who otherwise have limited options to get rapid access to high-quality OUD care. They also reduce staff workload for partner organizations involved in finding care for the communities they serve.

## Community Partnerships

In 2023, approximately **8%** of our new member referrals came through our **308** community partnerships, with other significant sources of new member referrals derived from word-of-mouth and non-professional (friends and family) referrals:



### Community-Based Partnerships

In 2023, Groups partnered with organizations like rural health departments and associations, substance use coalitions and councils, and mobile response units to ensure community members and locally accessible social service providers had rapid access to OUD treatment.



### Health System Partnerships

We also partnered with behavioral hospitals, residential facilities, medical centers, emergency departments, and rural health systems to offer recovery support and rapid access to OUD treatment. Our “white glove” service simplifies care coordination for our referral partners.



### Criminal Justice System Partnerships

We have ongoing partnerships with the Department of Corrections, local jails, detention centers, re-entry councils, and drug courts. Through these partnerships, Groups helps people who have previously been incarcerated, or who are scheduled to transition back into their communities, reduce their risk of fatal overdose (the leading cause of death in this population<sup>4</sup>) and regain stability through treatment.

<sup>2</sup> Substance Abuse and Mental Health Services Administration. Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2022. Available from: <https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report>

<sup>3</sup> Jones CM, Han B, Baldwin GT, Einstein EB, Compton WM. Use of Medication for Opioid Use Disorder Among Adults With Past-Year Opioid Use Disorder in the US, 2021. JAMA Netw Open. 2023;6(8):e2327488. Published 2023 Aug 1. doi:10.1001/jamanetworkopen.2023.27488

<sup>4</sup> Hartung DM, McCracken CM, Nguyen T, Kempny K, Waddell EN. Fatal and nonfatal opioid overdose risk following release from prison: A retrospective cohort study using linked administrative data. J Subst Use Addict Treat. 2023;147:208971. doi:10.1016/j.josat.2023.208971



"Creating partnerships in our space is crucial for fostering collaboration among various stakeholders, including health care providers, institutions, and community organizations. Quality partnerships enhance the efficiency and effectiveness of health care delivery, promote knowledge-sharing, and contribute to comprehensive, patient-centered care — ultimately creating access to care and leading to better health outcomes for individuals and communities."

**Jeremy Carpenter**  
VP, National Partnerships

## Treatment Requests

In 2023, **19,615** unique individuals made new requests for treatment at Groups. Those seeking treatment at Groups have a diverse array of needs that are significantly more complex than the typical outpatient population:

### Opioids



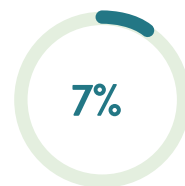
have OUD



have never received treatment for OUD previously



have recently used fentanyl, the leading cause of overdose deaths nationwide



have been to the hospital or emergency room in the prior 30 days

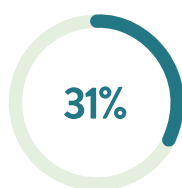


have overdosed in the prior 30 days

### Other Substances



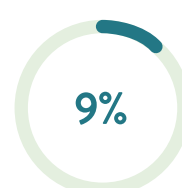
smoke cigarettes or use other forms of nicotine



have problematic stimulant use



have problematic alcohol use



have problematic benzodiazepine use





“Groups has always prioritized access for individuals seeking treatment for substance use disorder. While our population has increased in acuity over time, our commitment to access remains. Our care teams use group counseling, individual interactions, care coordination, recovery support, and interdisciplinary collaboration to evolve care over time – and to continuously build trust, keep members engaged, and provide care safely and effectively.”

**Ari Rosner**  
SVP of Care Design and Strategic Planning

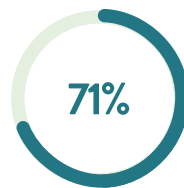
## Psychosocial



have co-occurring serious mental illnesses



reside in rural counties



are covered by Medicaid



have health-related social needs that pose barriers to their recovery



are involved with the criminal justice system



are at high risk for suicide



are pregnant

“The fact that everyone was just so kind, helpful, nice, and seemed like they genuinely cared is what really impressed me the most – and encouraged me to stick with it and go to my meetings every week.”



**Erin, Groups Member**

[▶ Watch Erin's Story](#)

A photograph of two men sitting in rocking chairs in a room with a blue wall. The man on the left is older, wearing glasses, a blue checkered shirt, and light-colored trousers. The man on the right is younger, wearing a red baseball cap with 'HUSTLE' on it, a white t-shirt, and brown work pants. A whiteboard is visible in the background on the left, and a clock is on the wall on the right. The text 'Section II' is overlaid in the center of the image.

## Section II

### Rapid Access to Quality Treatment

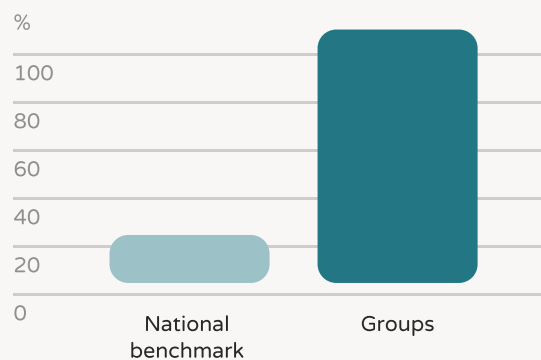
## Rapid Access to Quality Treatment

In 2023, Groups supported a total of **27,027** members on their journeys to recovery, representing an estimated **13.2%** of the total share of treatment supplied<sup>2</sup> in the states where Groups has mature operations.

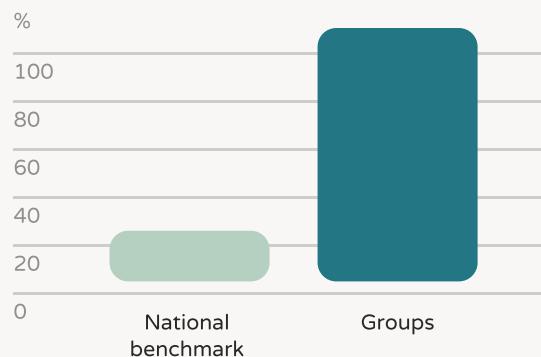
Of the **19,615** new requests for treatment made in 2023, the median time to an intake appointment was **1 business day**, representing Groups' commitment to rapid access to life-saving care. **63.1%** of the **19,615** individuals who expressed interest in starting treatment completed treatment initiation compared to **39.28%**<sup>5</sup> at other treatment programs nationwide.

### Once treatment at Groups was initiated:

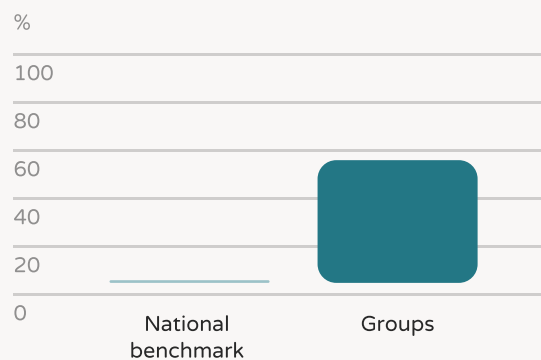
100% of members received evidence-based medications for opioid use disorder (MOUD) vs. 22% at other treatment programs nationwide.<sup>3</sup>



100% of members received regular counseling and psychosocial support vs. 26.6% at other treatment programs nationwide.<sup>6</sup>



58% of members received support for health-related social needs vs. 6.9% at other treatment programs nationwide.<sup>6</sup>



<sup>5</sup> National Committee for Quality Assurance. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET). Available at: <https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment/> (percentage calculated by averaging 2021 proportions of OUD enrollees across insurance types)

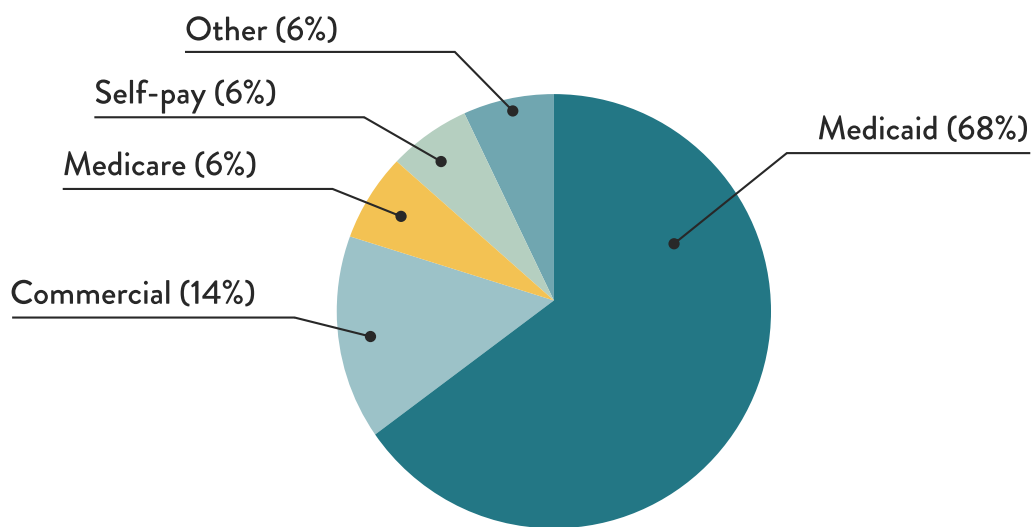
<sup>6</sup> U.S. Department of Health and Human Services. T-MSIS Substance Use Disorder (SUD) Data Book Treatment of SUD in Medicaid, 2020 (Report to Congress). Washington, DC: U.S. Department of Health and Human Services; 2022.

## Expansion of Reach

Groups prioritizes expansion where people are most impacted by the overdose crisis. These are typically rural areas with high enrollment in Medicaid, signifying a greater need for quality care and services.

In 2023, Groups expanded its member footprint by 40 new counties, opened 9 new offices for in-person care, and entered 1 new state (Texas). Our telemedicine-enabled, hybrid care model ensures that no matter where someone lives, they are able to access high-quality addiction treatment, social and health care services, and a holistic support system for thriving recovery.

Groups established 43 new contracts with health plans in 2023; 38 of them were value-based. At the end of 2023, our members had the following payer coverage:



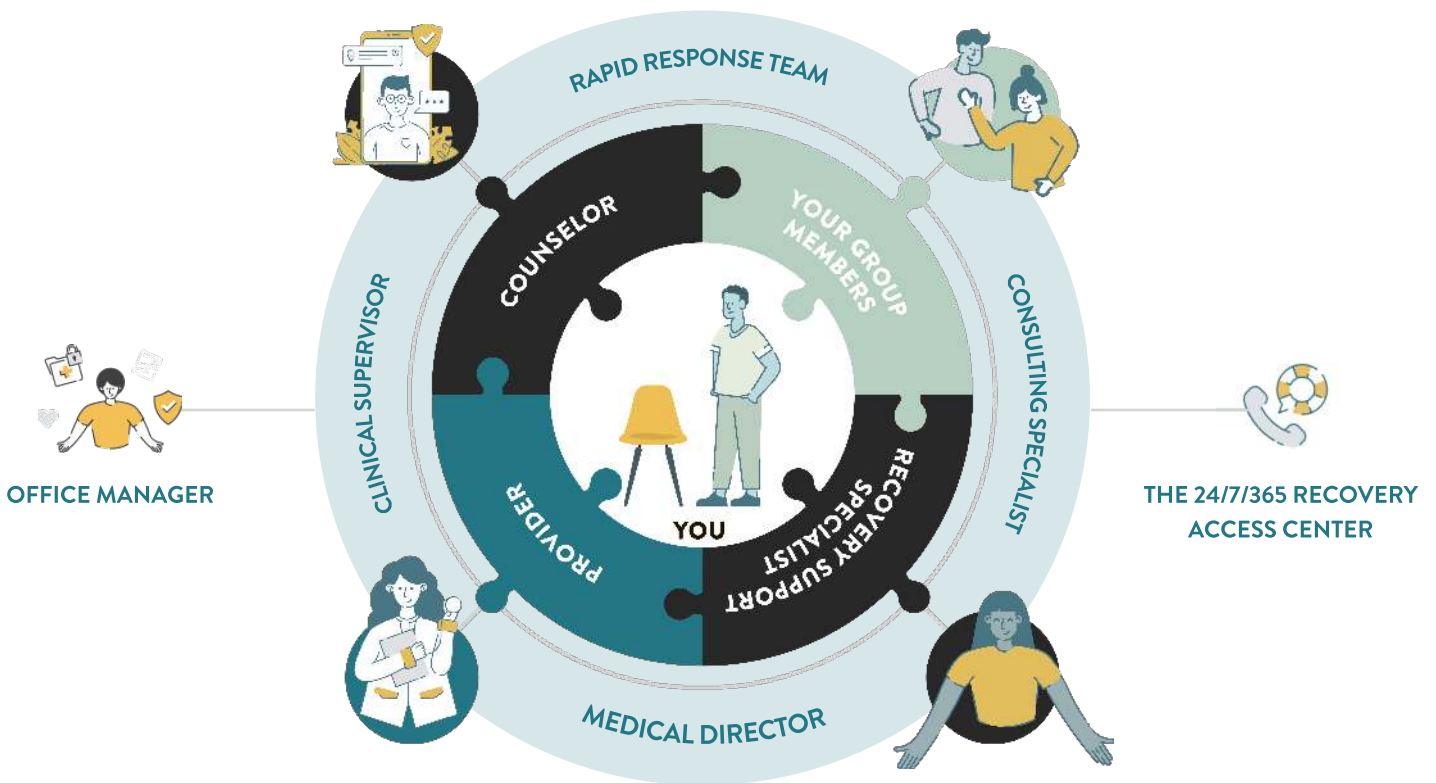
"Groups delivers industry-leading clinical and financial results because of the value-based partnerships we have with health plans. They empower us to do what keeps members healthy and in recovery, not what is well-compensated in the fee schedule."

**Rachel Sokol**  
**SVP of Payer Partnerships**

## Higher Quality of Care

While Groups' reach is broad, each member receives individualized support through their multidisciplinary care team. Groups leverages telemedicine to expand access to care, but makes every effort to assign members to a local care team to enable in-person care and community connection.

The counselors, Recovery Support Specialists, providers, and office managers on our members' care teams focus on the whole individual, not only their substance use. They assess members' needs, co-occurring illnesses, psychosocial complexities, and individual goals to determine how to personalize care for that member – while putting trusted relationships at the center. Our care teams connect members to other services they qualify for and refer to vetted external providers to help members achieve their goals.



“At Groups, you’re not just a number. You’re actually a part of a team.”

[▶ Watch Ben’s Story](#)



Ben, Groups Member

## Treatment Utilization

Treatment utilization varies based on individual needs and engagement. For a typical engaged member, a month of treatment at Groups includes:

**8-12**

visits to the Groups  
proprietary  
smartphone app

**1-2**

in-person visits to a  
local Groups office

**3-4**

counseling sessions

**3-4**

toxicology tests

**3-4**

symptom checks or  
screenings

**1-4**

medical evaluations

**4-6**

telephone or SMS  
conversations with  
their care team

**1-3**

care coordination  
activities

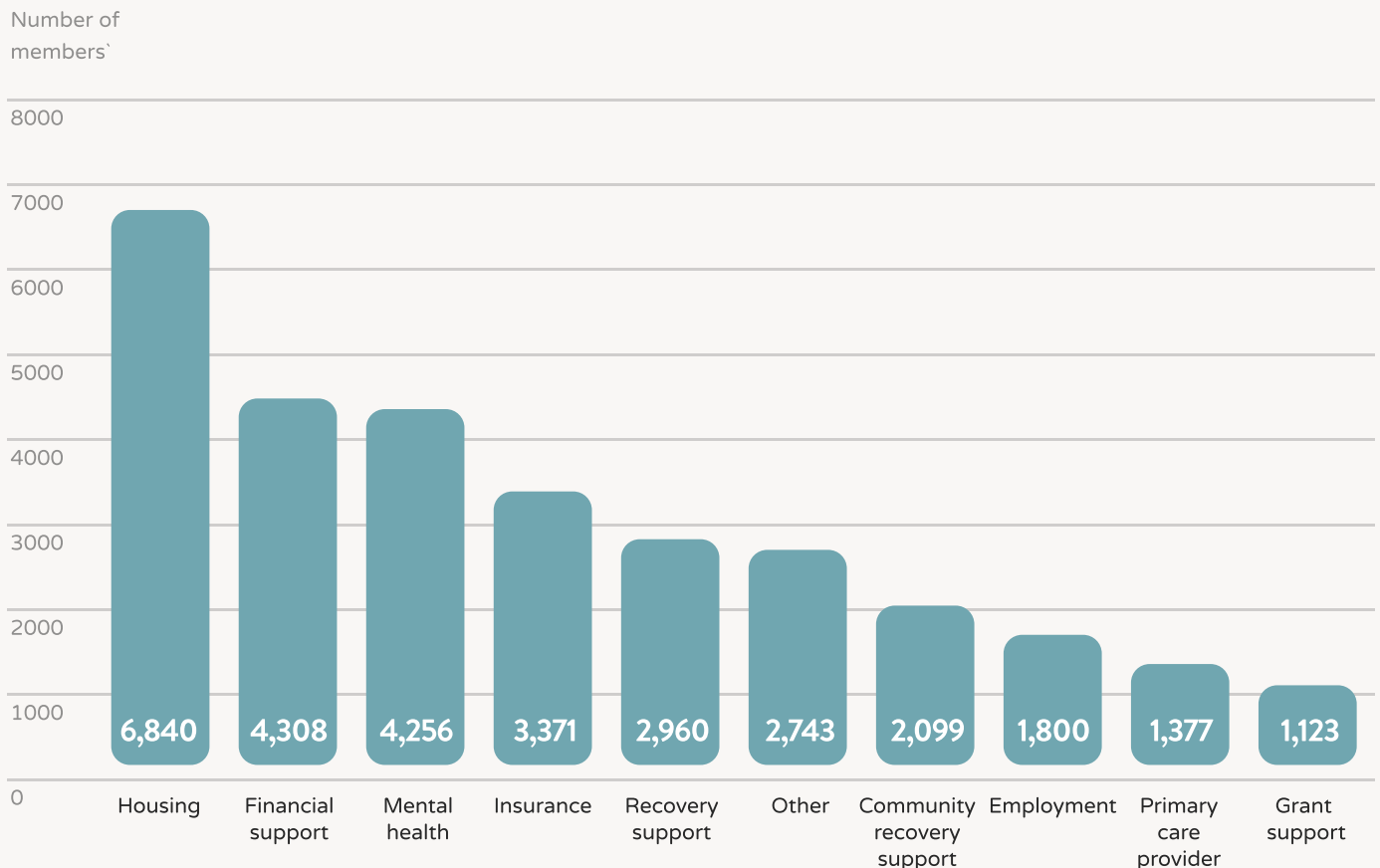
## Spotlight on Health-Related Social Needs

To achieve a sustained recovery, many Groups members require a holistic approach that addresses the social care needs that are often a barrier to accessing or succeeding in treatment. Since 2019, in addition to our members' treatment needs, we address health-related social needs (HRSN) head-on.

Health-related social needs are the social and economic needs individuals experience that affect their ability to maintain their health and well-being.<sup>7</sup> In 2023, we assisted **58% of our members** with HRSNs, including housing, insurance coverage, primary care access, behavioral care access, social support, transportation, finances, employment, food, childcare, and legal support.

Addressing HRSNs also drives important results: Our own internal research completed in 2023 found that members who engage with a Recovery Support Specialist around HRSNs have almost **3x** higher odds than matched controls of achieving 6-month retention and almost **1.5x** higher odds of achieving excellent attendance.

### MOST COMMON HEALTH-RELATED SOCIAL NEEDS SUPPORTED IN 2023



Our value-based partnerships make HRSN support possible. They allow us to allocate resources to the services that are most valuable to our members' recovery and health, regardless of whether or not they are reimbursable on the fee schedule.

Approximately **70%** of our members receive Medicaid. According to the most recent Report to Congress that detailed substance use treatment for people who receive Medicaid,<sup>6</sup> in 2020, only **6.9%** of Medicaid enrollees in treatment were provided case management for health and social service systems.

<sup>7</sup> U.S. Department of Health and Human Services. Call to Action: Addressing Health-Related Social Needs in Communities Across the Nation. Washington, DC: U.S. Department of Health and Human Services; 2023.



## Section III

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### The Impact of Treatment at Groups



# The Impact of Treatment at Groups

Our unique care model is only as valuable as the results it delivers. Groups consistently exceeds industry benchmarks for quality of care. We also measure our impact through member-reported outcomes related to quality of life, as well as health plan-reported outcomes like total cost of care and medication continuity.

“Before I found Groups, my life was complete and utter chaos. It was a nonstop whirlwind of itching, searching, finding, being sick, getting up and doing it all over again. And then I found Groups. I walked into those doors and that was the day my life changed. I found a support system that I never dreamed existed. The biggest change I’ve had is the love, respect, and worth I have found in myself. It’s amazing.”



[▶ Watch Kelli's Story](#)

**Kelli, Groups Member**

## All-Cause Mortality

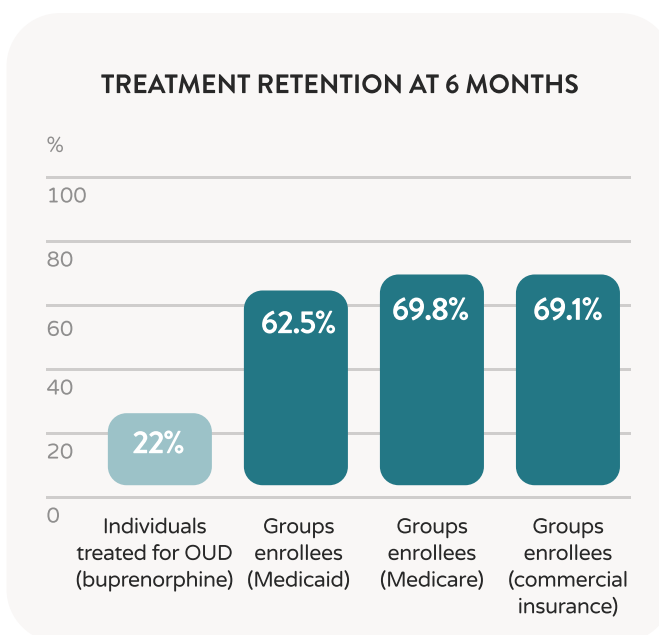
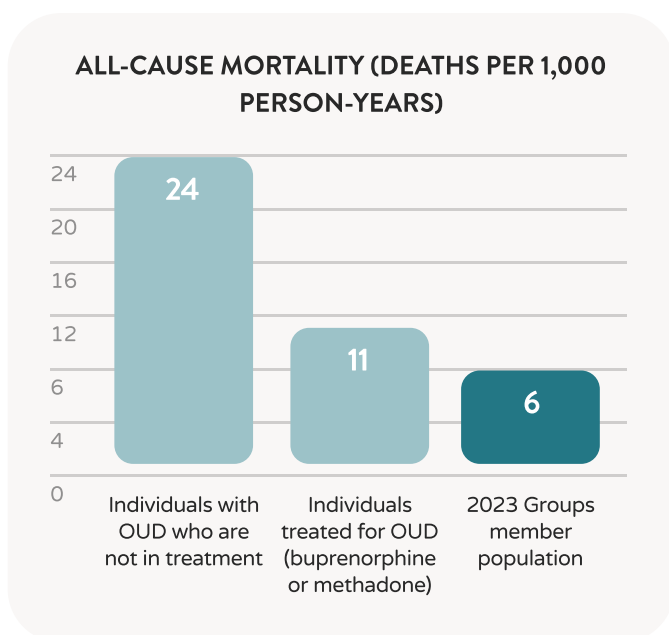
Nationally, among individuals treated for OUD with buprenorphine or methadone, there are **11** deaths per 1,000 person-years of treatment.<sup>8</sup>

Among the 2023 Groups member population, there were **6** deaths per 1,000 member-years of treatment.

## 6-Month Retention

On the national level, **22%** of individuals treated for OUD with buprenorphine are retained in treatment for at least 6 months.<sup>9</sup>

Among the 2023 Groups member population, **62.5%** of enrollees in Medicaid, **69.8%** of enrollees in Medicare, and **69.1%** of enrollees in commercial insurance were retained in treatment at 6 months.



<sup>8</sup> Santo T Jr, Clark B, Hickman M, et al. Association of Opioid Agonist Treatment With All-Cause Mortality and Specific Causes of Death Among People With Opioid Dependence: A Systematic Review and Meta-analysis. *JAMA Psychiatry*. 2021;78(9):979-993. doi:10.1001/jamapsychiatry.2021.0976

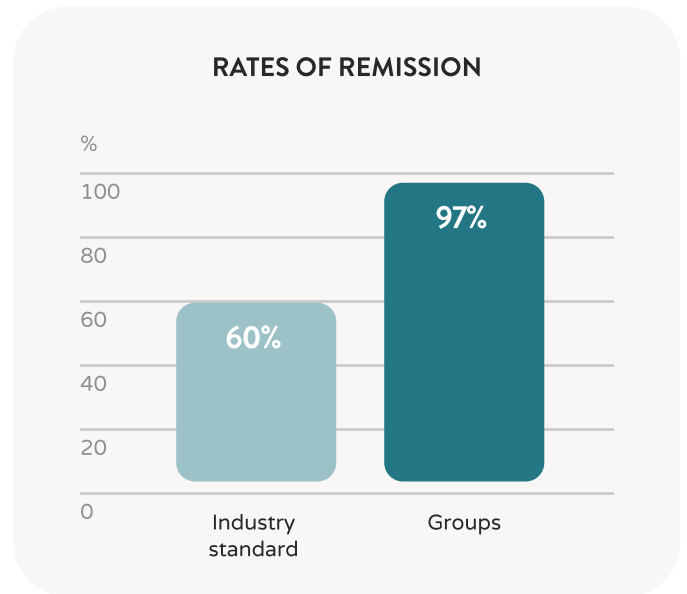
<sup>9</sup> Chua KP, Nguyen TD, Zhang J, Conti RM, Lagisetty P, Bohnert AS. Trends in Buprenorphine Initiation and Retention in the United States, 2016-2022. *JAMA*. 2023;329(16):1402-1404. doi:10.1001/jama.2023.1207

## Remission

At Groups, we value every individual's recovery goals — regardless of whether or not they involve complete abstinence from opioids. For the purposes of this report, however, we are defining “remission” as testing negative for opioids.

According to industry data collected between 2013 and 2020 from substance use treatment practices, 60% of the submitted urine drug screens were negative for opioids, demonstrating remission.<sup>10</sup>

Among the 2023 Groups member population, over 97% of the urine drug screens submitted by those in treatment were negative for opioids, demonstrating remission. Over 98% were negative among those in treatment for at least 6 months.



“I got my life back, and it’s awesome. I don’t know what I would have done if I didn’t find Groups.”

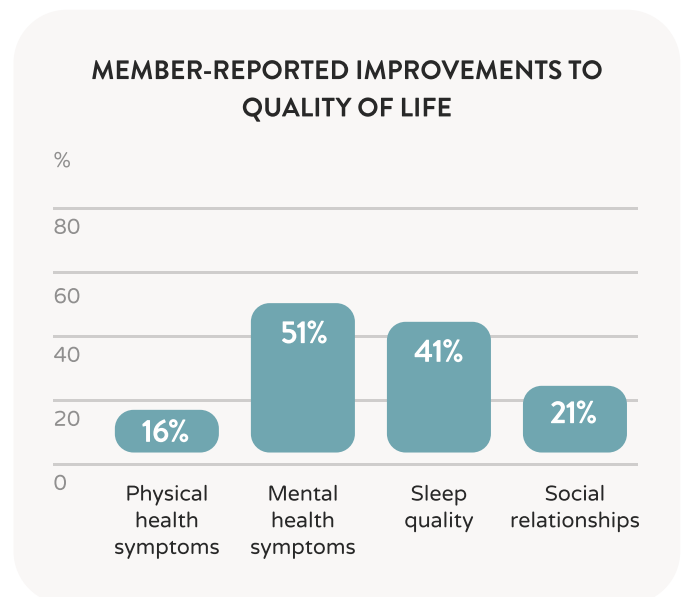


Julie, Groups Member

[▶ Watch Julie’s Story](#)

## Quality of Life

After achieving remission, Groups members report meaningful improvements in quality of life. 2023 data collected directly from our members\* using validated symptom surveys demonstrated the following:



<sup>10</sup> Whitley P, LaRue L, Fernandez SA, Passik SD, Dawson E, Jackson RD. Analysis of Urine Drug Test Results From Substance Use Disorder Treatment Practices and Overdose Mortality Rates, 2013-2020. JAMA Netw Open. 2022;5(6):e2215425

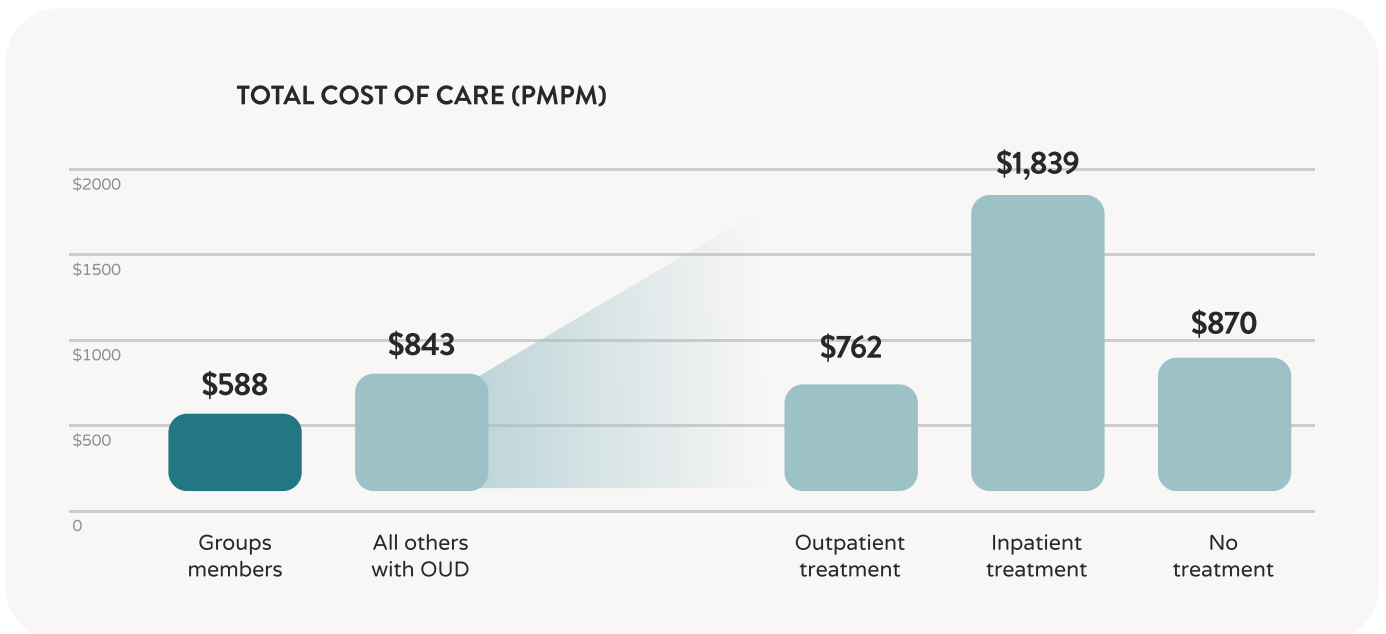
\* All figures represent the degree of improvement from baseline scores collected at intake to follow-up scores collected during treatment.

## Cost of Care

In 2023, Groups completed 3 case studies with health plans representing over 2,600 Groups members across 2 states. We compared the total cost (physical and behavioral spend) for those members with over 7,800 matched controls supplied by the health plans. The average per-member-per-month (PMPM) total cost of care savings was 37%, including 20% reduction in costly emergency department and inpatient hospital utilization.

## Spotlight on Our Care Model’s Significant Reduction of Cost

In one market, total cost of care was calculated for 5,000 Medicaid members with OUD. Groups’ total cost (inclusive of physical and behavioral health) was compared to 1) other outpatient MOUD providers, 2) inpatient treatment, and 3) no treatment. Groups members are \$255 PMPM less expensive than all others with OUD. Specifically, Groups’ members have a lower total cost of care than other members in outpatient treatment (29%), members in inpatient treatment (212%), and members who are not in treatment (48%). While inpatient care is more expensive, Groups outperforms other types of outpatient care because of our high levels of treatment retention.



**REDUCTION IN SPEND FOR MEMBERS WITH PREVIOUS CONDITIONS/EVENTS (GROUPS VS. NON-GROUPS)**

Overdose	83% ↓
ER visit	53% ↓
Polysubstance comorbidity	37% ↓
Psych comorbidity	44% ↓
Inpatient care	47% ↓

A photograph of a man and a young boy embracing. The man, on the right, is wearing a dark puffer jacket and has a small earring. He is smiling and looking down at the boy. The boy, on the left, is wearing a light-colored jacket and has his eyes closed, leaning into the man. The background is a blurred outdoor setting with a building and trees. The entire image has a light blue tint.

# Conclusion

# What's Next for Groups

In our 10th year of providing compassionate, evidence-based treatment for people with OUD, we expect to see continued growth in demand both nationwide and in the states we serve.

As we welcome new members, we are committed to building out more services to assist with HRSNs and promote thriving lives. We will partner with more local organizations and service providers, so we can better support the needs and resiliency of our members.

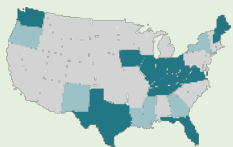
We will remain transparent about our outcomes and continually refine our tools and methodologies for precision in our reporting. We invite other treatment providers to join us.



## About Groups

Groups Recover Together treats opioid use disorder using a value-based, hybrid model that combines evidence-based medicine, a supportive community of peers, and assistance meeting health-related social needs, so our members can overcome addiction and thrive.

We believe that life-saving treatment should be accessible to anyone who wants it:



Groups has 125+ offices located across the U.S.



Groups offers flexible virtual or in-person care.



Groups works with people who are uninsured to help them get the care they need.

**To learn more, contact us at**  
[partner.success@joingroups.com](mailto:partner.success@joingroups.com)

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