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Out-of-Pocket Cost for Individuals Being Treated for Opioid Dependence in Rutland County, Vermont

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Out-of-Pocket Cost for Individuals Being Treated for Opioid Dependence in Rutland County, Vermont

Christopher Thomas Veal
Family Medicine Clerkship, July- August 2018
Castleton Family Health Center
Project Mentor: Bradley Berryhill, MD, MS
The Opioid Crisis

- **The United States**
  - Each day more than **140 Americans** die from drug overdoses, **91 specifically due to opioids**.
  - In 2016 more than **64,000 drug overdose deaths** occurred due to Opioid Overdoses.
    - It is predicted that as many as 650,000 people across the US could die within the next decade- (in other words, more people than currently live in Vermont)
  - In 2017, Acting Health and Human Services (HHS) Secretary Eric D. Hargan declared a nationwide public health emergency regarding the opioid crisis.
- **Vermont:**
  - **50+ Vermonters die from opioid poisoning every year**
  - More than 1/4 of the nearly 4,000 Vermonters in treatment for opioid abuse are young adults.

Nationally, HHS has committed to **improve access to treatment and recovery services**.

Vermont is improving access using the **“Hub and Spoke Model”**
  - The “hub” is the place where someone gets the intensive treatment.
  - The “Spokes” are where someone gets their follow-up care.

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1. CENTERS FOR DISEASE CONTROL AND PREVENTION (2017, HHS)
2. VOX (2017)
3. VERMONT DEPARTMENT OF HEALTH (2016)
4. HEALTH AND HUMAN SERVICES (2017)
The Opioid Crisis - Financial Barriers to Recovery

Quitting isn’t easy: The relapse rate for opiate addiction is 91% for individuals that attempt to quit “Cold Turkey”.

Participation in a multidisciplinary opioid treatment program (Hub and Spoke model) is incredibly helpful to individuals in recovery.

However, participation in the resources offered in this model requires payment through health insurance (private or public) or directly from the individual (Out-of-Pocket).

Nationwide, $866 million is spent across all payers (public and private insurance) on substance abuse prescription medicine, 93% of which went towards buprenorphine, one of the drugs used to treat opioid addiction.

In Vermont, $44 Million of Medicaid expenditures is spent for treatment of Opioid Dependence.

With insurance coverage being a critical component of Opioid Dependence Recovery, many people seeking treatment are unaware of the “Financial Barriers to Recovery” - The average out-of-pocket cost of participation in Opioid Treatment including:

- Prescription drugs
- Office Visits
- Transportation

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6 KFF (2009)
7 VERMONT AGENCY OF HUMAN SERVICES (2012)
Public Health Cost

**Vermont**

Medicaid alone pays most of the expenses incurred by the system’s more than 8,000 opioid addiction patients.

Each patient costs on average nearly $16,600 per year.

There are 7 “Hub’s” and 76 “Spokes” Statewide.

**Rutland County**

Currently, 407 individuals are being treated for Opioid Dependence in Rutland County.

- 355 of these individuals are Vermont Medicaid Beneficiaries.
- The remaining 52 of these individuals are covered by either private insurance or pay entirely out-of-pocket for their care.

West Ridge Center serves as the “Hub” for Rutland and Bennington Counties.

- Castleton Family Health Center serves as one of the “Spokes” for residents in the surrounding area-offering 3 prescribing providers.

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8VERMONT DEPARTMENT OF HEALTH (2018)
9 RUTLAND HERALD (2017)
Community Perspective

Tonya Wright

- Administrative Assistant, Turning Point Center- Rutland, VT
- Currently in her 4th year of Opioid Dependence Recovery

In an one-on-one interview, Ms. Wright explained to me the financial barriers she has faced as a patient in recovery both insured under Vermont Medicaid and under private insurance:

**Vermont Medicaid:** “Medicaid takes care of everything, the only cost I remember having is a $3 co-pay for prescriptions”

**Private Insurance:** With the start of her new career 2 years ago, Wright explained to me the increased cost of her treatment under private insurance (MVP Health Care). While Medicaid covered all of her treatment expenses, her new plan charges her the following each month:

- Insurance Premium: $60.00
- Suboxone (Buprenorphine) Strips: $120.00

While she admits the costs of her treatment would undoubtedly be more if she did not have insurance, she still expressed frustration for this new added expense after obtaining her new job.

“**It’s almost as if I am being punished for having insurance**”

As a single mother of 2 children, Wright explains that prior to starting her career, she had the added cost of child care and transportation during her treatment. These costs were not covered by Medicaid, but she was able to obtain financial assistance from resources within the community such as Turning Point Center.
Community Perspective

Chelsea Greeno, RNBSM
- Behavioral Health Care Manager of Medication Assisted Treatment
- Community Health Centers of the Rutland Region- Rutland, Vermont

In an one-on-one interview, Ms. Greeno explained to me the financial barriers faced by many of the patients seeking Opioid Dependence treatment in Rutland, Vermont.

Like Ms. Wright, Greeno explained to me that Medicaid pays for virtually everything the patient needs, with the exception of the $3.00 co-pay for Buprenorphine; but the average patient must pay the following costs if uninsured or on private insurance*

*All prices are estimates

**Price not discussed

<table>
<thead>
<tr>
<th>Service</th>
<th>Medicaid</th>
<th>Private Insurance</th>
<th>Full out of pocket cost (uninsured)</th>
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<tbody>
<tr>
<td>Office Visit</td>
<td>$0</td>
<td>~$25-100</td>
<td>$125-150</td>
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<tr>
<td>Drug Screening</td>
<td>$0</td>
<td>~$200</td>
<td>Over $200</td>
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<tr>
<td>Prescriptions</td>
<td>$3.00</td>
<td>N/A**</td>
<td>$50-250</td>
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<tr>
<td>Monthly premiums</td>
<td>$0</td>
<td>~$25-300</td>
<td>$0</td>
</tr>
</tbody>
</table>

“The burden is really on people who are not on Medicaid”

“I’ve seen people get hundreds of dollars in bills just for a Drug Screen”

“A lot of people will pay it [medical bills] or start tapering off their medication… sometimes this can be a good thing, but sometimes it is too soon and they relapse… Sometimes they just stop showing up to appointments”
Intervention and Methodology

- Financial barriers were discussed with Behavioral Case Managers at the Community Health Centers of the Rutland Region and individuals currently in opioid recovery at Turning Point Center in Rutland Vermont.

- Current health expenditure information was obtained from the Vermont Blueprint for Health located on the website of the Vermont Health Department.

- Community financial assistance resources for Opioid Dependence Treatment discovered in this project were incorporated into a handout (see image on right) and made available to the patients and providers of the Castleton Family Health Center in Castleton, Vermont.
Results and Response

- Community financial assistance programs for Opioid Dependence Treatment were incorporated into a handout and made available to the patients and providers of the Castleton Family Health Center in Castleton, Vermont.

- This handout was made for patients, providers, and case managers with the intention of providing a simple resource to help patients understand their options when financing Opioid Dependence Treatment in Rutland County, Vermont.

- The introduction of this resource was praised by the providers at the Castleton Family Health Center. They are optimistic that this intervention will help patients become more informed of the Financial Assistance resources available to them in the area.
Evaluation of Effectiveness and Limitations

Evaluation of Effectiveness

The Effectiveness of this handout is still to be determined. In the future, the effectiveness of this handout can be assessed by providing a survey to individuals that have seen the handout and used the resources provided in the document. This survey can evaluate if the resources provided were helpful, and if the individual used the information provided for financial assistance.

Limitations

This study had several limitations:

- Given the 5 week time constraint of the Family Medicine Clerkship, several components of the project were unable to be resolved including:
  - An evaluation of the hand-out’s effectiveness
  - Information/ perspective from several resources and individuals that were unable to be utilized due to unavoidable scheduling conflicts
- This is a qualitative study rather than a quantitative one due to the insufficient time granted for this project. The information attained in this study from community members are purely the opinions of those interviewed, and do not adequately represent the population evaluated as a whole. Furthermore, their statements have not been checked for accuracy.
- Rutland, Vermont has a population that is 95.3% Non-Hispanic White.\(^\text{10}\) The characteristics of this population may not represent the characteristics of communities that are more diverse.

\(^{10}\text{U.S. CENSUS (2017)}\)
• Pending IRB approval, a survey (example on the right) should be administered to Opioid Dependence Treatment Patients at the following facilities to attain a clear idea of the financial burden of Opioid Treatment on the Rutland County Community
  • Rutland Regional Medical Center
  • Castleton Family Health Center
  • Turning Point Center
  • Wood Ridge Center

• Use of the handout made in this project should be promoted to individuals seeking financial assistance in their treatment

• Evaluation of the effectiveness of the handout should be documented and reviewed to understand the best method of community outreach.

• A focus group of individuals affected by the opioid crisis in the Rutland County area should be interviewed to evaluate a more representative pool of community members.
References


