
groups
recover together.

Agenda

1. Opioid Addiction in the United States
2. Evidence-based treatments for OUD
3. OUD Treatment: Best Practices
4. Groups: Our Model

Groups is a national network of clinics providing affordable, evidence-based outpatient treatment for opioid addiction

Groups is….

- **Outpatient medical practice that treats opioid addiction** with group therapy and medication-assisted treatment using buprenorphine
- **Network of dedicated facilities** across 6 states:
  - California
  - Indiana
  - Ohio
  - New Hampshire
  - Maine
  - West Virginia
- Dedicated to making high-quality treatment **affordable and accessible** for everyone who needs it

Our approach is…

- **Evidence-based.** We combine the best parts of AA (community and accountability) with the latest medical science (buprenorphine) and technology
- Focused on **value and outcomes**
- **Uniquely able to scale supply of MAT**, by recruiting physicians who otherwise are not willing to treat addiction
- **Focused on serving rural areas** that have greatest need but least access to treatment services

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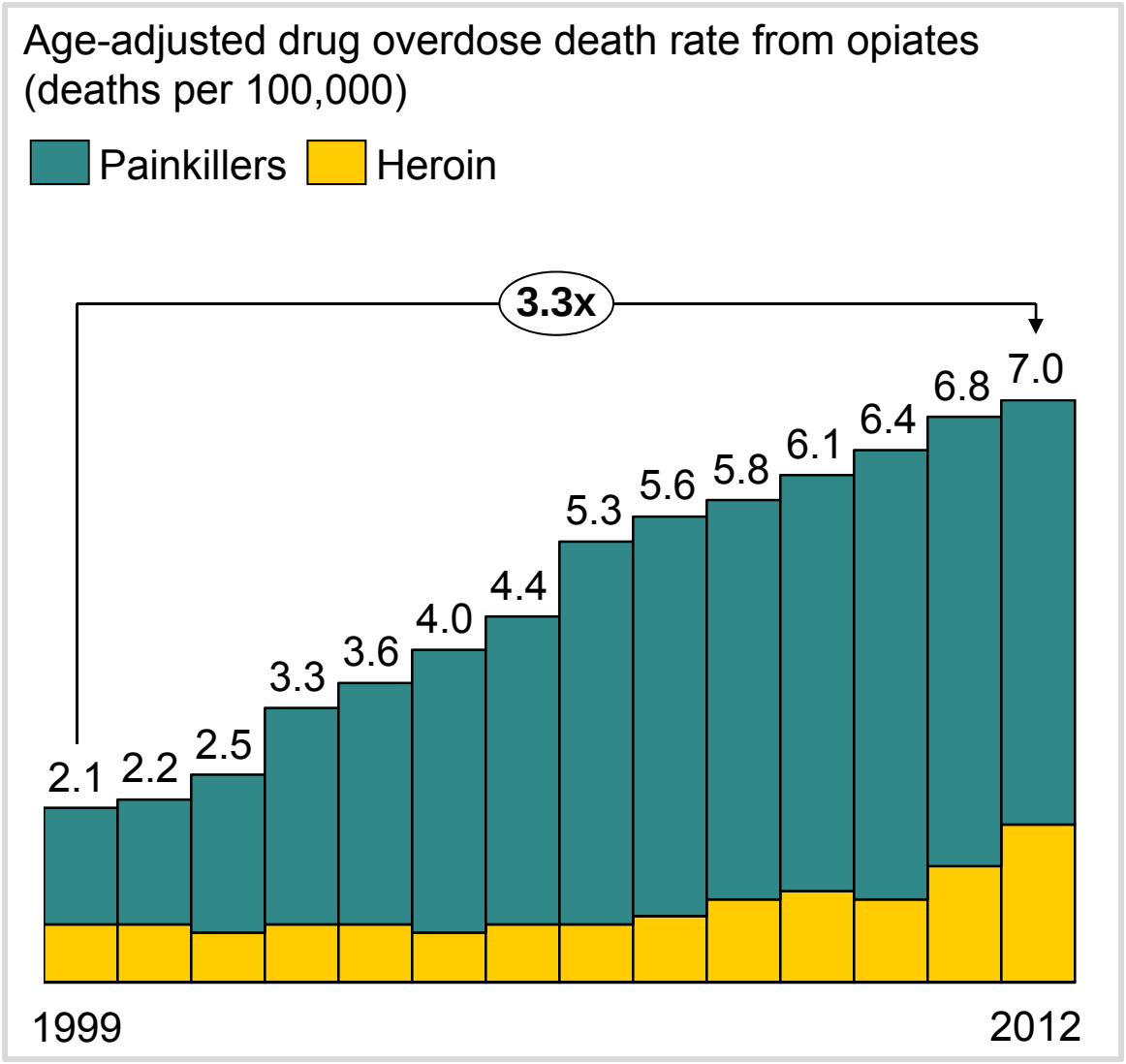
Opioid addiction has grown over the past decade at an unprecedented rate



> **Prescription drug abuse is the fastest growing drug problem in the United States** –CDC
>
> **Drug deaths now outnumber traffic fatalities in U.S., data show** –LA Times

Source: CDC

SUD in the United States is driving a decrease in Americans' life expectancies for the first time in a generation

1. In 2015, 37.8% of adults used prescription opiates, making them the most prescribed drugs in the United States

2. In 2017, 20.2mm (8.4% of US population) had some form of SUD
   — 2mm Americans have SUD involving prescription opiates
   — 591,000 Americans have SUD involving heroin

3. Traditional inpatient treatment yields high relapse rates for OUD
   — 91% relapse rate after discharge from inpatient detox
   — 59% of relapses occur within first week after discharge

https://www.ncbi.nlm.nih.gov/pubmed/20669601

Synthetic opioids are driving the next wave of the opioid epidemic even as prescriptions decrease

1. Opioid prescriptions in the US declined 12% between 2012 and 2016

2. US heroin use increased 5x between 2007 and 2017
   - — Opioid overdoses increased 11.4% in 2015
   - — Opioid overdoses increased 21.5% in 2016

3. Overdoses due to synthetic opioids (ie. fentanyl) doubled from 2015-2016
   - — Fentanyl increasingly prevalent in Northeast US

http://www.chicagotribune.com/lifestyles/health/ct-fentanyl-opioid-overdose-deaths-20180329-story.html

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Medication-assisted treatment is the only form of evidence-based treatments available for opioid use disorder

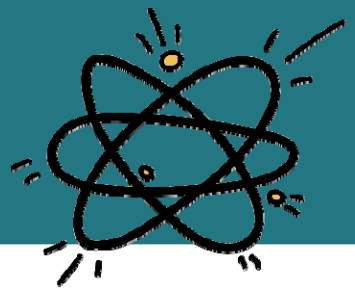
1. Three forms of MAT are FDA-approved for treating OUD
   - — Buprenorphine
   - — Methadone
   - — Naloxone

2. MAT relieves withdrawal symptoms and eases psychological cravings
   - — Opioid overdoses increased 11.4% in 2015
   - — Opioid overdoses increased 21.5% in 2016

3. MAT is FDA-approved in combination with counseling and behavioral therapies

https://www.samhsa.gov/medication-assisted-treatment

Forms of Medication Assisted Treatment



METHADONE

A full opioid agonist that does not contain a blocker which makes it prone to abuse

Offered primarily in urban areas in a large clinic setting

Requires daily dosing which is not reasonable for most people who are working or wish to return to work

Increased safety risk due to respiratory suppression; daily dosing impractical in rural environments

VIVITROL

An opioid antagonist that blocks effects of opioids if used

Recommended for relapse prevention and for abstinence-based treatments, not for withdrawal management

Difficult to initiate treatment due to the need for a ~10 day abstinence period

Cost prohibitive at ~$1000/injection

SUBOXONE

A partial agonist that does not produce euphoria and does not have dangerous side effects associated with other opioids

Can be offered in an office setting which increases access for rural communities

Approved and paid for by all insurance providers, including Medicaid, which makes treatment affordable

Includes an opioid blocking agent for added safety

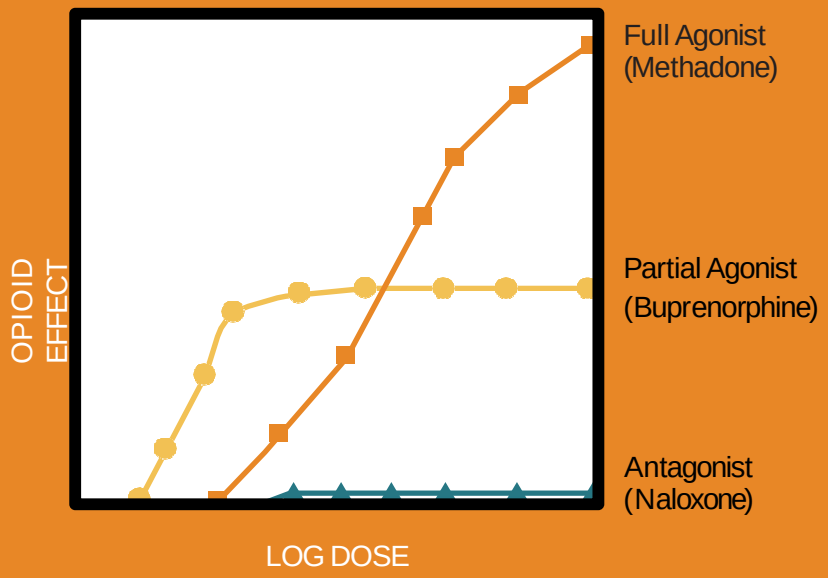
Source: The Pew Charitable Trusts; Substance Abuse and Mental Healthy Services Agency

WHAT IS SUBOXONE AND HOW DOES IT WORK?

COMBINES TWO ACTIVE INGREDIENTS:

Buprenorphine

A partial agonist that partially fills opioid receptors which allows the medication to prevent withdrawals and has a "ceiling effect" which prevents abuse



Naloxone

An opioid blocking agent which acts as an added level of safety and is only activated when an opioid is taken in addition to Suboxone. Every 8mg of Suboxone contains a full 2mg of Naloxone.

- Use of illicit opioids in addition to Suboxone causes "precipitated withdrawal" symptoms

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Of MAT options, Buprenorpine-naloxone and extended-release naltrexone can be prescribed in general medical settings

1. Methadone cannot be prescribed in general medical settings
   - — Dispensed on site: high regulatory & security burden
   - — Daily dosing requirement makes methadone impractical in rural areas

2. Suboxone can be prescribed by primary care physicians
   - — DATA 2000 empowers PCPs to prescribe to 30, 100, or 275 patients
   - — Traditional pharmacies can fill Suboxone prescriptions

3. Vivitrol can also be prescribed by primary care physicians
   - — PCPs & RNs can administer monthly injections
   - — Specialty pharmacies can fill orders & deliver medications

SAM-72: Comparative effectiveness of extended-release naltrexone versus buprenorphine-naloxone for opioid relapse prevention (X:BOT): a multicentre, open-label, randomised controlled trial. Lee JD, Nunes EV, Novo P, et al. *The Lancet*

Studies show Suboxone more effective than Vivitrol when accounting for lower successful Vivitrol induction rate

1. Successful induction rate far higher with buprenorphine than with vivitrol
   - — 94% successful buprenorphine induction rate
   - — 72% successful vivitrol induction rate

2. Treatment outcomes for buprenorphine are superior to vivitrol
   - — Fewer relapse events with buprenorphine
   - — Longer relapse-free survival
   - — More opioid-negative UDS and less self-reported opioid use

3. Once initiated, buprenorphine and vivitrol have similar outcomes
   - — 47% 24-week vivitrol retention vs. 43% 24-seek bup retention
   - — Fatal and non-fatal overdoses similar in both initiated groups

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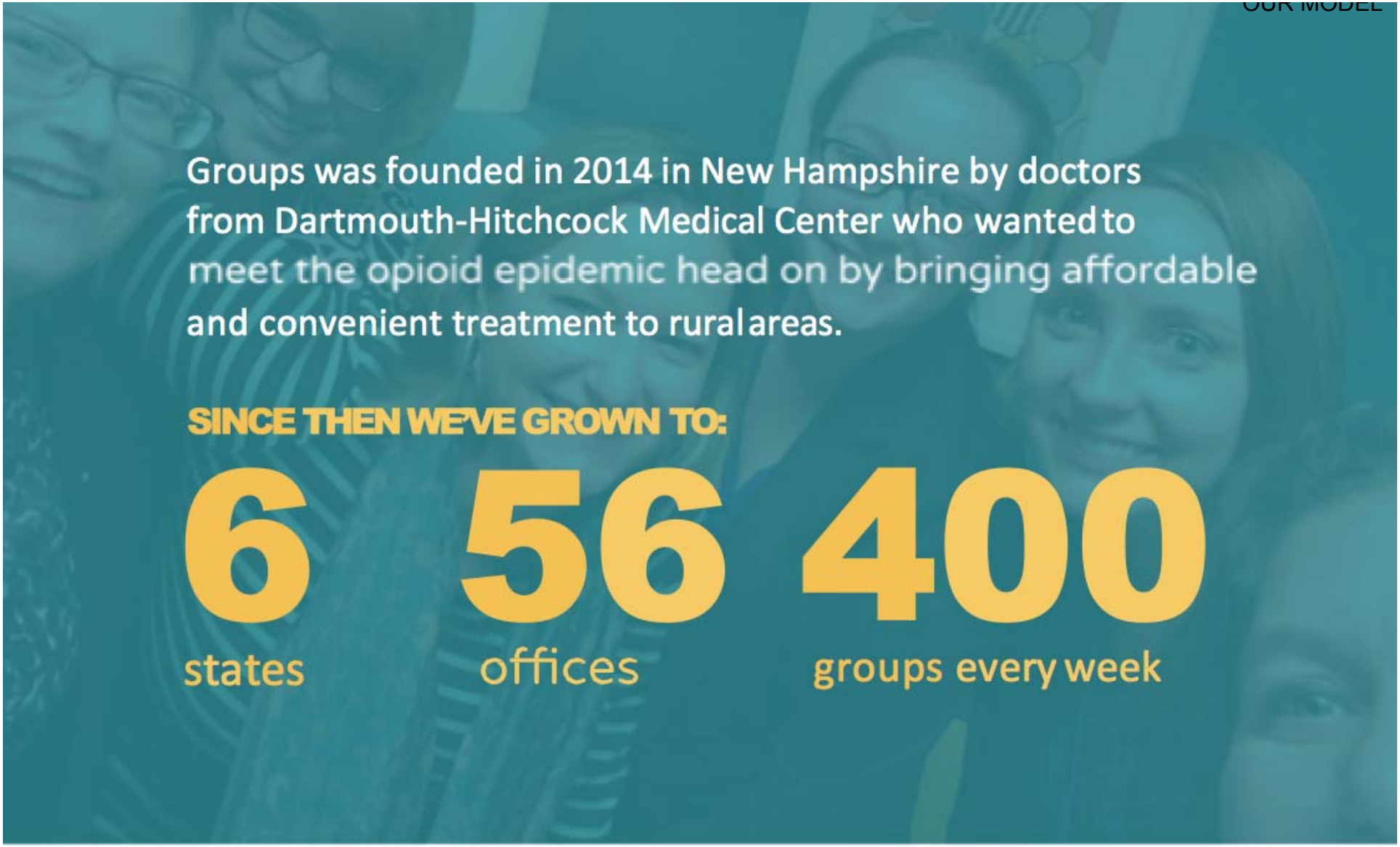

Groups was founded in 2014 in New Hampshire by doctors from Dartmouth-Hitchcock Medical Center who wanted to meet the opioid epidemic head on by bringing affordable and convenient treatment to rural areas.
SINCE THEN WE'VE GROWN TO:
6
states
56
offices
400
groups every week

groups

Groups has proven a new model for high-quality opioid addiction treatment in rural areas

1. Our mission is to provide **affordable and effective treatment** for opioid addiction to everyone who needs it, especially in rural areas.

2. To do this, **we are scaling a proven model** that leverages:
   — Evidence-based protocols
   — Group therapy and community
   — Team-based care

3. This model works **for patients and their physicians.**
   — Patients get convenient, affordable, highly effective care
   — Physicians get to be part of an ethical medical practice with superior impact and compensation

Our model makes MAT work for physicians as well as patients, by giving physicians a role they want inside an expert care team

Status quo model

Monthly individual appointment with physician

- Physician is sole provider and spends limited time with patient
- Patient receives little to no counseling during physician interaction
- Treatment is delivered in isolation, not community

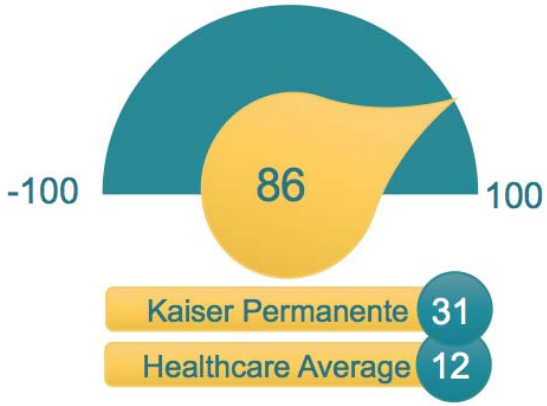
groups

- Patient participates in **weekly group therapy** with counselor & **monthly check-in** with physician
- Physicians and mid-level providers work as a team
  - All patient management is **protocol-driven**
  - Each provider specializes in his/her area of training and competency
- Patient is part of a community with others in recovery

Groups has exceptional member engagement and outcomes

Over 90% of our members attend group every week and report extremely high satisfaction with their care

Average NPS score across all facilities



After 6 months in treatment

- More than **50% of members are still enrolled**
- Of those still enrolled **at 6 months**:
  - **90-95% attend counseling** each week
  - **85% totally abstinent** from opiates

Our brand is a radical departure from the status quo and deeply resonant with our members

This is a place…

- You can trust and a place where you are trusted
- Where nothing about you is pathological or abnormal
- That cares deeply about you
- Where the provision of assistance to you derives from rigorous scientific research
- **Where the complex beauty of all human life is allowed to flourish**


91 Americans die every
day from an overdose.
Together we can end this.

groups

Cigna Behavioral Health Awareness

If you are a Cigna customer and have questions about Substance Use treatment or about your benefits and how to use them, please contact:

Chantelle Hoogland – 888.244.6293 x 329159
Lisa Osborne – 770.779.2023