



# Giving back lives so communities thrive.

Ideal Option is one of the nation's largest outpatient providers of evidence-based medication-assisted treatment for addiction to fentanyl, heroin, pain pills, alcohol, methamphetamine, and polysubstance.



# A national leader in medication-assisted treatment.

Ideal Option has been working on the front lines of the opioid epidemic since our founders – two ER physicians – opened the first clinic in 2012.

Today, Ideal Option employs more than 200 addiction medicine providers and staff in 70+ outpatient clinics across 10 states. We're proud to have helped more than 50,000 patients get started in recovery from substance use disorder.





# 75+

Ideal Option provides direct patient care in more than 75 outpatient clinics in convenient locations in Washington, Oregon, Alaska, Montana, Idaho, North Dakota, Minnesota, Maryland, New Mexico and Arkansas.



# 50k+

Ideal Option has helped more than 50,000 patients start recovery from addiction to opioids, alcohol, and other substances with medication, behavioral health counseling, and referrals to community support services.



# 200+

Ideal Option employs more than 200 physicians, nurse practitioners, physician assistants, lab professionals and medical assistants who are experienced, trained, and passionate about addiction medicine and patient care.

# Mission-driven, data-minded, and patient-centered.

Our patients are treated with respect, empathy, and acceptance by licensed, experienced, and trained medical professionals. Our payors and community partners trust us to make sound, fiscally-responsible, data-minded decisions that are in the best interests of society and the medical, behavioral, and lifestyle needs of every patient who seeks our help to recover from the disease of addiction.



## Our Vision

To give back lives, reunite families, and heal communities suffering from the devastating effects of substance use disorder.



## Our Mission

We strive to be the nation's leading provider of low-barrier evidence-based treatment for substance use disorder.

# Low barrier and evidence-based means more patients start treatment, stay in treatment, and achieve stable recovery.



## **NO WAIT LISTS**

Patients are scheduled for their first appointment within 1-3 business days. Warm handoffs may be fast-tracked through our referrals team.



## **MEDICAID ACCEPTED**

Most forms of insurance including Medicaid and Medicare are accepted. Payment plans and financial counseling is available for uninsured patients.



## **OUTPATIENT**

Our convenient outpatient locations allow patients to maintain relationships with family and take advantage of training and employment opportunities.



## **NON-JUDGMENTAL**

While return-to-use episodes will trigger a review of a patient's treatment plan, patients are never penalized or expelled.



*“Medication-assisted treatment combined with psychosocial therapies and community-based recovery supports is the gold standard for treating opioid addiction.”*

— U.S Surgeon General

## Substance use disorder is a treatable chronic disease

Substance use disorder is a chronic brain disease. Like other chronic diseases, the goal of treatment is to appropriately manage the condition rather than cure the disease. Medication-assisted treatment (MAT) is the recommended treatment modality for people with substance use disorder.



# Our Treatment Protocols



# Opioid Use Disorder

Patients who wish to stop using opioids such as heroin, oxycontin, fentanyl, and methadone are primarily treated with buprenorphine (Suboxone®) following either conventional- or micro-initiation protocols based on published scientific evidence and published clinical guidelines. Our four-phased treatment approach is personalized according to each patient's progress in recovery.



## INITIATION

At least 1 visit per week.  
Daily nurse calls.



## MAINTENANCE A

Consistent progress.  
1 visit every 20 days.



## STABILIZATION

Inconsistent progress.  
1 visit every 13 days.

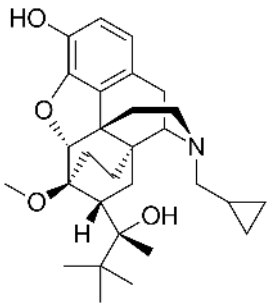


## MAINTENANCE B

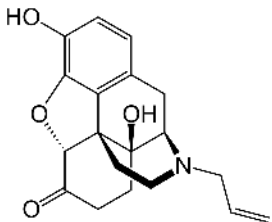
Long term progress.  
1 visit per month.

# How does Suboxone® work?

Suboxone contains both buprenorphine and naloxone.



**Buprenorphine** attaches to the same receptors as other opioids but only partially activates those receptors. This eliminates withdrawals and cravings, which helps people feel normal.



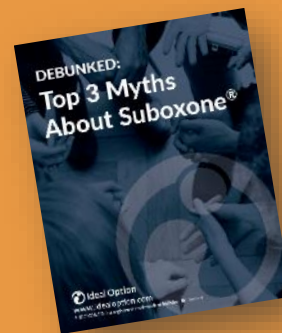
**Naloxone** is an antagonist / opioid blocking medication that causes withdrawal symptoms if someone tries to abuse the medication.

## Isn't taking Suboxone trading one addiction for another?

A common concern and misconception associated with medication-assisted treatment (MAT) is that it substitutes one drug for another.

Research has shown that when provided at the proper dose, medications such as Suboxone have no adverse effects on a person's intelligence, mental capability, physical functioning, or employability.

People in stable recovery who are dependent on Suboxone or other addiction medications, lead normal lives; take care of their families, maintain friendships, excel at their jobs, go back to school, and pay their bills.



Send us an email at [hello@idealooption.net](mailto:hello@idealooption.net) to request a copy of our new e-book: *Debunked: Top 3 Myths About Suboxone*.

# Initiation Protocols

## Conventional Initiation for Short-Acting Opioids

To prevent precipitated withdrawal, patients must abstain from all opioids for 24-36 hours and start to feel moderate symptoms of withdrawal before their first dose of buprenorphine.



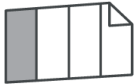
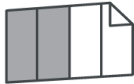
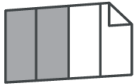
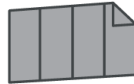
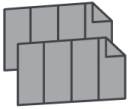
Short-acting opioids like Percocet, Vicodin, or Heroin must be stopped 24 HOURS before the dose of buprenorphine.



Long-acting opioids like Oxycontin, Morphine ER, Methadone or Fentanyl must be stopped 36 HOURS before the first dose of buprenorphine.

## Micro Initiation for Long-Acting Opioids

Patients who cannot abstain for 36 hours will taper their use of long-acting opioids while gradually increasing their dose of buprenorphine to prevent precipitated withdrawal.

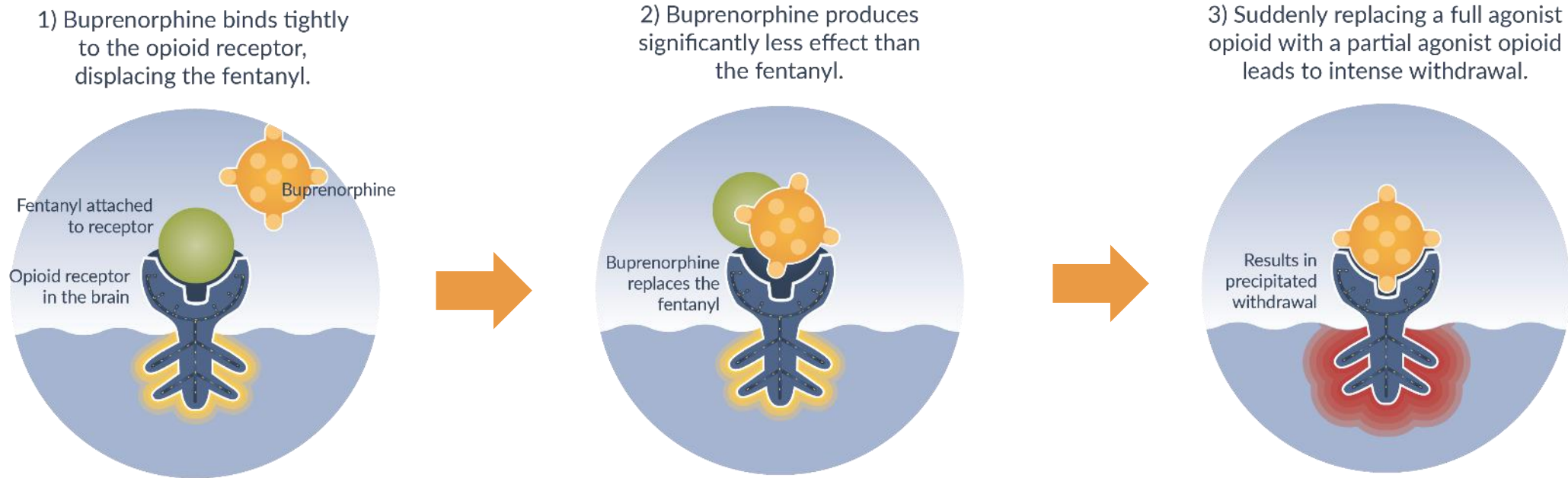
	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
					
How Much Do I Take?	<b>¼ Film Strip</b> (0.5mg)	<b>½ Film Strip</b> (1mg)	<b>½ Film Strip</b> (1mg)	<b>1 Film Strip</b> (2mg)	<b>2 Film Strips</b> (4mg)
How Often Do I Take It?	<b>Every 12 hours</b> (2 doses per day)	<b>Every 12 hours</b> (2 doses per day)	<b>Every 8 hours</b> (3 doses per day)	<b>Every 8 hours</b> (3 doses per day)	<b>Every 8 hours</b> (3 doses per day)
What Is The Total Daily Dose?	<b>½ film strip</b> (1mg)	<b>1 film strip</b> (2mg)	<b>1½ film strips</b> (3mg)	<b>3 film strips</b> (6mg)	<b>6 film strips</b> (12mg)

DAY 6

We will adjust your dose on Day 6 depending on your withdrawal symptoms and cravings up to 24mg per day.

# What is Precipitated Withdrawal?

Precipitated withdrawal can result when a patient takes a full dose of buprenorphine while a full agonist opioid is still occupying the opioid receptors in the brain.



# Alcohol Use Disorder



Research shows that one-third of people with alcohol use disorder (AUD) who are treated with medication have no further symptoms one year later. Many others substantially reduce their drinking and report fewer alcohol-related problems.

Despite the evidence and strong support from the addiction medicine community, *less than 10%* of people with AUD receive medication-assisted treatment.

*Medications for alcohol use disorder (AUD) can provide an opportunity for behavioral therapies (counseling) to be helpful by reducing cravings to helping to maintain abstinence from alcohol.*

*In that way, medications can give people with an alcohol problem some traction in the recovery process.*

*-National Institute on Alcohol Abuse and Alcoholism (NIAAA)*

## How Our Program Works

An addiction medicine provider assesses the level of alcohol dependence and then develops a personalized medication-assisted treatment plan for withdrawal management and relapse prevention.

### ASSESS

Provider performs a series of clinical assessments and lab tests to diagnose alcohol use disorder, and if the patient is still drinking, determines the likely severity of the withdrawal period. For severe cases, inpatient treatment or medically supervised withdrawal may be recommended.



### WITHDRAW

Provider develops a personalized medication-assisted withdrawal management plan and then meets with the patient daily for 4-5 days as they manage withdrawal at home. A responsible adult should be with the patient at all times during withdrawal.



### ABSTAIN

After the withdrawal period, the patient will transition to a different medication plan designed to prevent relapse. The patient will start with weekly appointments and then shift to bi-weekly and then monthly as they become more stable. Occasional breathalyzer and lab tests will be performed to ensure safety and to monitor progress.



# Methamphetamine Use Disorder

Methamphetamine use disorder is associated with severe health complications, risk of fatal overdose, and is notoriously difficult to treat and overcome. Currently, there are no FDA-approved medications to treat this disorder. However, a recent clinical study supported by funding from the National Institute of Drug Abuse and the Department of Health and Human Services supports the utilization of a combination of naltrexone and bupropion over a placebo for patients suffering from methamphetamine use disorder.

*Long-term methamphetamine misuse has been shown to cause diffuse changes to the brain, which can contribute to severe health consequences beyond addiction itself. The good news is that some of the structural and neurochemical brain changes are reversed in people who recover, underscoring the importance of identifying new and more effective treatment strategies."*

*-Madhukar H. Trivedi, M.D., University of Texas Southwestern Medical Center, Dallas*



## How Our Program Works

Patients will meet with an addiction medicine provider regularly for 6 months to a year before safely tapering off their prescribed medications. If patients are using both methamphetamine and opioids, their treatment plan may include buprenorphine. Counseling will also be offered.

### ASSESS

The provider will assess the patient's health and medical history, and order lab testing to determine if the patient is using substances other than methamphetamines.



### TREAT

Based on the results of the assessment and lab testing, the provider may prescribe a combination of medications such as bupropion, naltrexone, and buprenorphine.



### RECOVER

Once the patient is stable and comfortable on the medication, they will meet with the provider regularly and receive referrals to counseling and other support services important for long-term recovery.

# Kratom Use Disorder

## What is kratom?

Kratom is a legal herbal supplement grown in Southeast Asia. It is unregulated and commonly sold in gas stations and online as an anti-depressant, energy booster and pain reliever. Kratom has also been used to reduce symptoms of opioid withdrawal.

## Is kratom addictive?

Recent evidence shows that kratom is addictive and fatal overdoses are possible. When taken in high doses, kratom can produce opioid-like effects, allowing the user to experience euphoria as well as a sedative effect.

## How do you treat addiction to kratom?

We treat kratom use disorder like we do opioid use disorder with medications like buprenorphine and naltrexone along with targeted psychosocial services.

*FDA is concerned that kratom, which affects the same opioid brain receptors as morphine, appears to have properties that expose users to the risks of addiction, abuse, and dependence.*

*-U.S. Food & Drug Administration*



## Is there any evidence that medication-assisted treatment works for kratom use disorder?

Researchers at Ideal Option presented the largest case series to date exploring long-term buprenorphine/naloxone treatment for kratom use disorder. **After 12 weeks of treatment, 82% of participants had negative test results for mitragynine (kratom).** Full article published in the Substance Abuse journal here: <https://bit.ly/3GB6f5z>.



# Clinical Outcomes

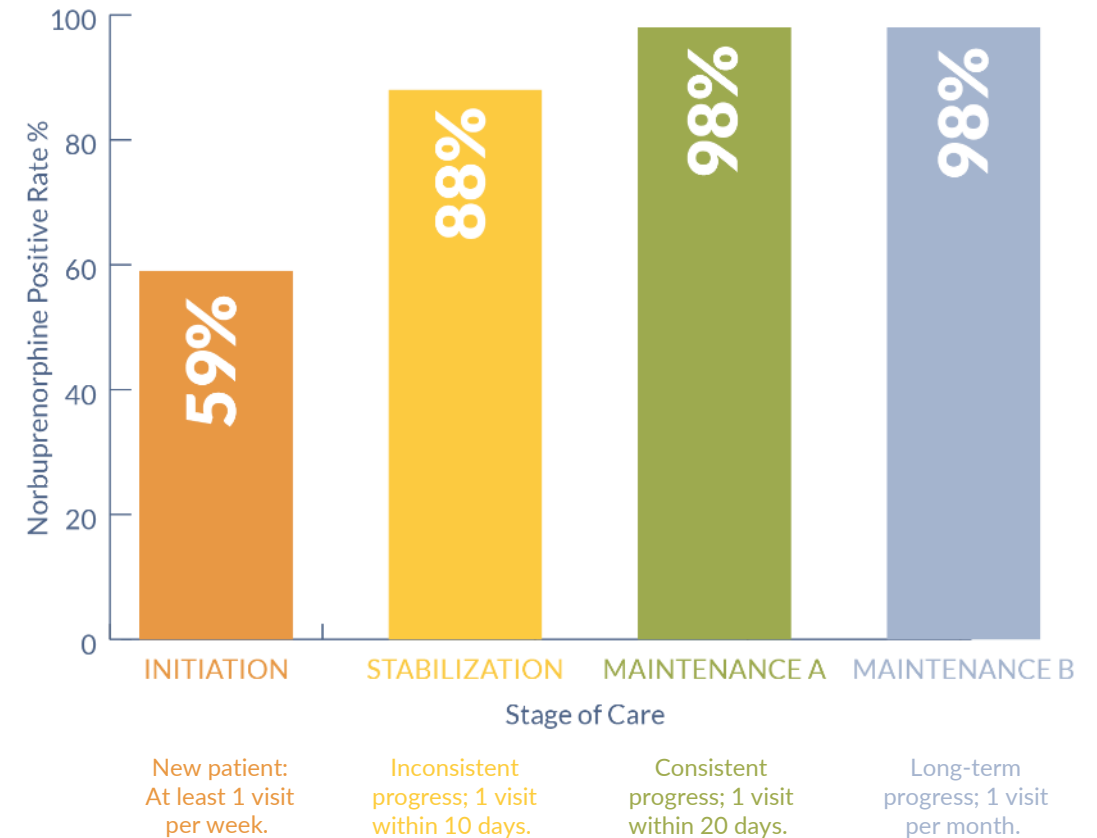
Treatment outcomes based on lab testing data performed on 24,400 patients receiving substance use disorder treatment from Ideal Option during 2020.



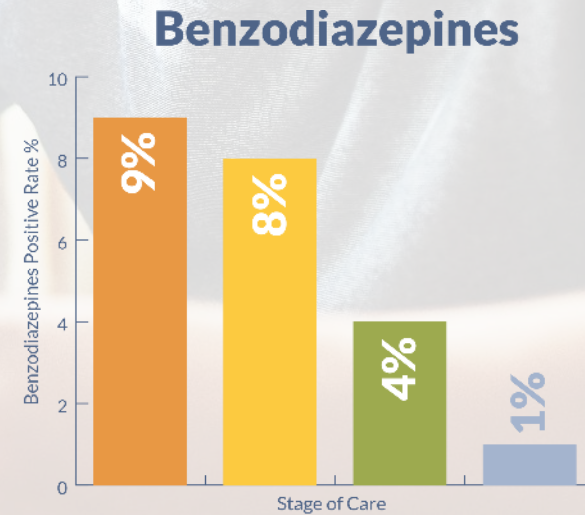
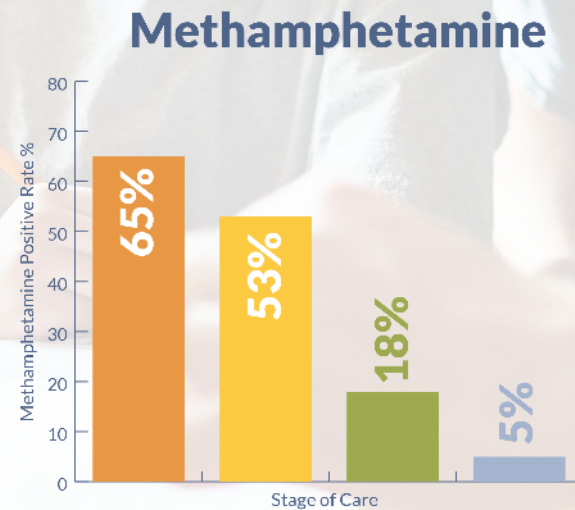
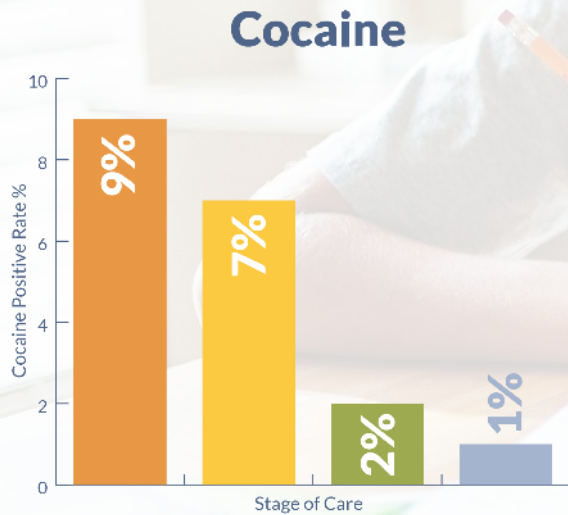
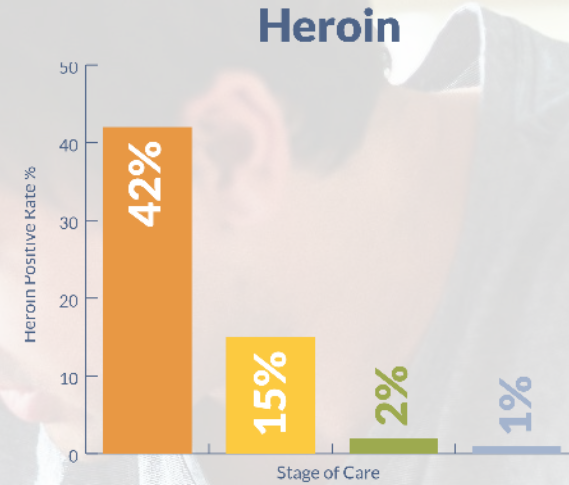
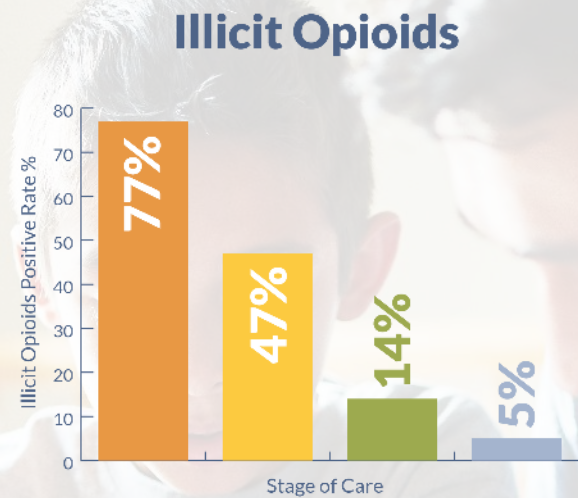
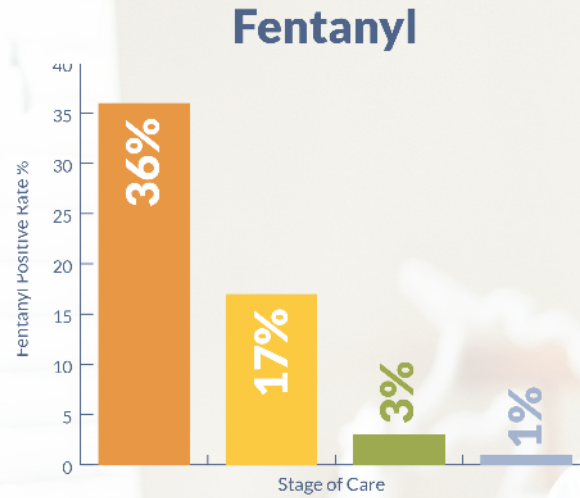
# Medication Adherence

- Buprenorphine adherence correlates with improved treatment outcomes
- Ideal Option verifies buprenorphine ingestion by testing for the drug's metabolite, norbuprenorphine
- Medication adherence rates improve by stage of care:
  - ✓ 59% adherence at initiation (*indicates early engagement*)
  - ✓ 88% adherence at stabilization
  - ✓ 98% adherence at maintenance

## 2020 Patient Norbuprenorphine Positive Rate by Stage of Care



# Treatment Outcomes



**INITIATION**  
New patient: At least 1 visit per week.

**STABILIZATION**  
Inconsistent progress; 1 visit within 10 days.

**MAINTENANCE A**  
Consistent progress; 1 visit within 20 days.

**MAINTENANCE B**  
Long-term progress; 1 visit per month.



# Self-Reported Outcomes

Self-reported outcomes from 1,298 patients with at least 6 months of treatment for opioid use disorder at Ideal Option since 2018.



# Recovery

**87%**

of patients report being abstinent from opioids for the last 6 months or more

**95%**

of patients consider themselves to be in stable recovery

**56%**

of patients report being abstinent from opioids for the last 12 months or more

**98%**

of patients feel confident they can abstain from opioids for the long term

**62%**

of patients report they have not had one slip or relapse since starting treatment

**92%**

of patients who slipped or relapsed since starting treatment now feel stable in their recovery

# Societal Impact



of patients have had no visits to the ER for drug-related medical care since starting treatment

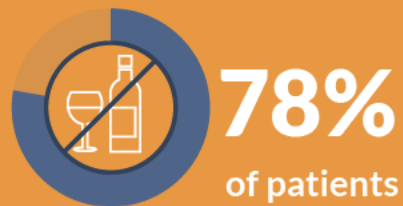


of patients have had no drug-related arrests or charges since starting treatment

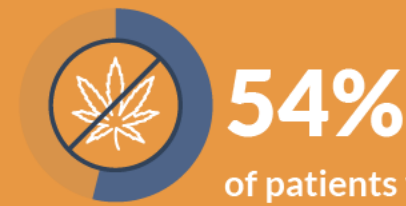
# Other Substance Use



of patients who used stimulants before treatment report they no longer use stimulants



of patients who consumed alcohol before treatment report they no longer consume alcohol



of patients who used marijuana before treatment report they no longer use marijuana

# Wellbeing



**98%** of patients report their physical health has improved since starting treatment

**93%**

of patients report feeling more optimistic about the future since starting treatment

**98%**

of patients report their quality of life has improved since starting treatment

**94%**

of patients report their relationships have improved since starting treatment

**96%**

of patients report their emotional health has improved since starting treatment

# Social Determinants of Health

**90%**

of patients who had unstable employment before starting treatment report their employment situation has improved since starting treatment

**92%**

of patients report their financial situation has improved since starting treatment

**92%**

of patients who had unstable housing before treatment report their housing situation has improved since starting treatment

**85%**

of patients reported they have gained new skills for employment since starting treatment

**69%**

of patients reported they have continued their education since starting treatment

*"Ideal Option is the best thing that ever happened to my community. I am grateful everyday. Thank you all for helping me and so many others get their lives back!"*

—Ideal Option Patient

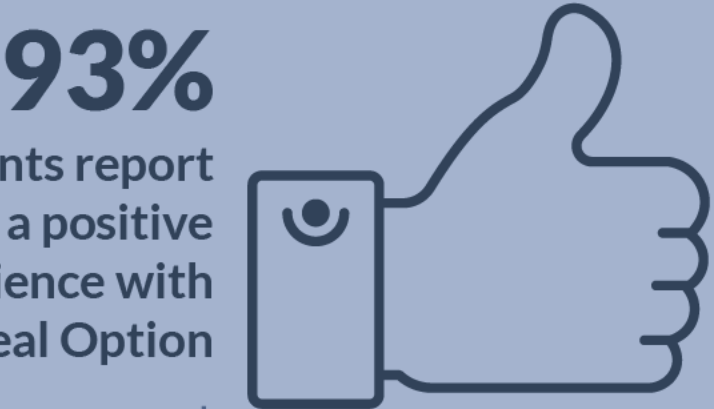
# Treatment Experience



of patients report they had positive thoughts and feelings within 24 hours of taking their first dose of buprenorphine

**60%**  
60% of patients report their withdrawal symptoms stopped

**65%**  
65% of patients report they felt more hopeful about the future



**93%**  
of patients report they had a positive experience with Ideal Option



felt supported



never felt judged



felt truly cared for



of patients would recommend Ideal Option to a friend or family member



# Community Partnerships

Ideal Option works with community based organizations, hospitals, law enforcement, and other treatment providers to coordinate warm handoffs and referrals.



# Healthcare Provider Partnerships

Ideal Option routinely accepts referrals from emergency departments, primary care providers, medical specialists and other addiction treatment facilities for ongoing, outpatient medication-assisted treatment.

We also offer phone consultation, training and dosing protocols for initiating buprenorphine in the ED.



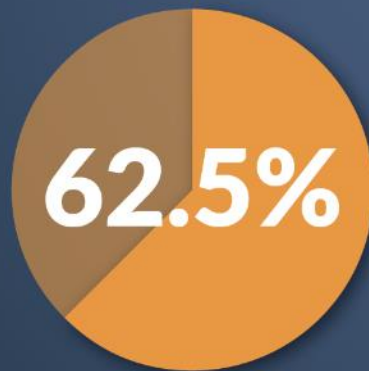
## Partnerships with ERs Work!



**Ideal Option** has a partnership with **Swedish Medical Center** in Edmonds, WA.



Swedish began treating ER patients with opioid use disorder with **medication-assisted treatment**.



Patients started on buprenorphine came to **Ideal Option** for continued treatment.



Of those patients **remain in treatment with us today!**



# Criminal Justice Partnerships

Ideal Option has extensive experience working with criminal justice partners such as municipal courts, drug courts, diversion centers, county jails and police departments to:

- Coordinate referrals and records for court-ordered treatment
- Accept diversion and release referrals
- Provide treatment inside jails to incarcerated individuals

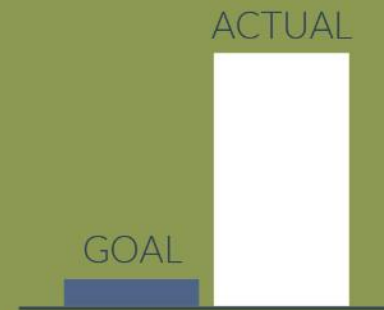


## Partnership with Benton County Jail



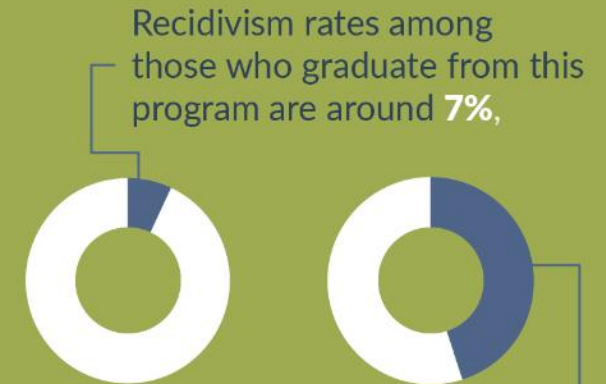
Since January 2019, Ideal Option has partnered with the **Benton County Jail** to provide medication-assisted treatment to inmates with opioid use disorder

In just 8 months,  
**1,300**  
inmates have started  
medication-assisted treatment



**Each month, the program far exceeds monthly goals.**

The target for September was 18. The program enrolled 169 inmates!



while the normal recidivism rates for those without treatment are much higher at **40-50%**

# Warm Hand-Off Program

- Dedicated 24/7 referral hotline for community partners and providers to initiate warm handoffs.
- Warm handoff patients are fast-tracked through intake and every effort is made to schedule their first appointment within 24 hours.
- Direct billing for all forms of insurance including Medicaid and Medicare, payment plans, and financial counseling.

## REQUEST A REFERRAL KIT!

Community partners and healthcare providers can request a referral kit at [hello@idealooption.net](mailto:hello@idealooption.net) or [idealooption.com/contact-us](https://idealooption.com/contact-us).



## How to Refer a New Patient

- 1 Collect the patient's name, date of birth, and a contact phone number.
- 2 Call our 24/7 referral hotline at **1-844-GO-IDEAL (1-844-464-3325)** or visit **[idealooption.com/refer](https://idealooption.com/refer)**.
- 3 Write down the appointment time and clinic address and give to patient.

Need an ROI? Complete it online at [idealooption.com/patient-forms](https://idealooption.com/patient-forms)



# King County Clinics:

- North Seattle – 12317 15th Ave NE Ste. 103, Seattle, WA 98125
- Bellevue - 1215 120th Ave NE Suite 201, Bellevue, WA 98005
- Tukwila – 2801 S 128th St / Military Rd Tukwila, WA 98168 (down the hill)
- Auburn – 1811 Howard Rd. Ste 101, Auburn WA 98002
- Renton Safeway – 200 S. 3rd St (In the back next to the pharmacy) Renton, WA 98057



A young man with a beard and a grey-haired elderly man are sitting on the floor, embracing each other warmly. The young man is on the left, wearing a light blue shirt, and the elderly man is on the right, wearing a dark blue shirt. They are both smiling and looking at each other. The background is a blurred indoor setting with some greenery. The entire image has a blue tint.

# Thank you.

