



# PATIENT OUTCOMES

## ANNUAL REPORT

### 2025

WASHINGTON

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# INTRODUCTION

This 2025 Annual Patient Outcomes Report for Washington, published by Ideal Option, highlights the effectiveness of office-based addiction treatment and demonstrates that:

- Specialized treatment leads to verifiably positive recovery outcomes.
- Objective abstinence outcomes can be longitudinally measured over extended periods.

Toxicology results are a key indicator of treatment success. In the outpatient treatment setting, objective and accurate test accountability is essential to the patient-provider therapeutic alliance and, together with medication and psychosocial support and guidance, is a key element of the treatment process. At Ideal Option, unexpected test results do not result in treatment discontinuation or judgment.

## Treatment Works<sup>2</sup>

↓ 98%

less fentanyl use

↓ 85%

less methamphetamine use

## Retention

69%

of patients who returned for a second visit remained in treatment after six months

## Life Improves<sup>3</sup>

↑ 70%

reported improvement in housing

↑ 51%

reported improvement in employment

## Key Takeaway

**96%** of patients in long-term recovery demonstrated sustained abstinence from opioids!<sup>1</sup>



<sup>1</sup> As of 12/31/2025, the percentage of patients in Maintenance Stages of Care demonstrating abstinence from opioids.

<sup>2</sup> The reduction in positive tests for all patients during 2025 at Maintenance B compared to Initiation Stage of Care.

<sup>3</sup> Ideal Option Self-Reported Patient Outcomes Survey, November 2025, 876 respondents.

# OUR PATIENTS

Ideal Option's treatment program in Washington includes 24 clinics and supports over 7,000 patients.

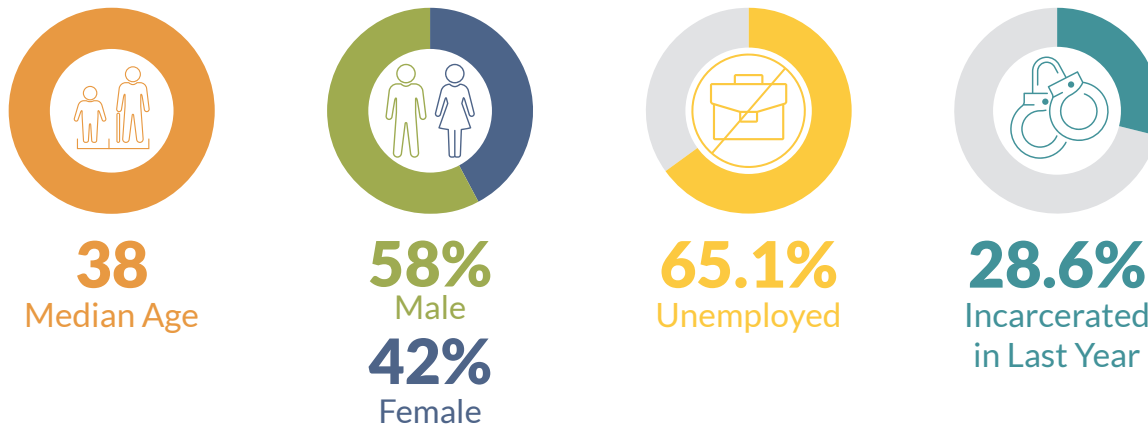
Patient Census as of December 31, 2025



# OUR PATIENTS

Substance use disorder profoundly impacts patients' stability at enrollment, underscoring the need for strong community partnerships.

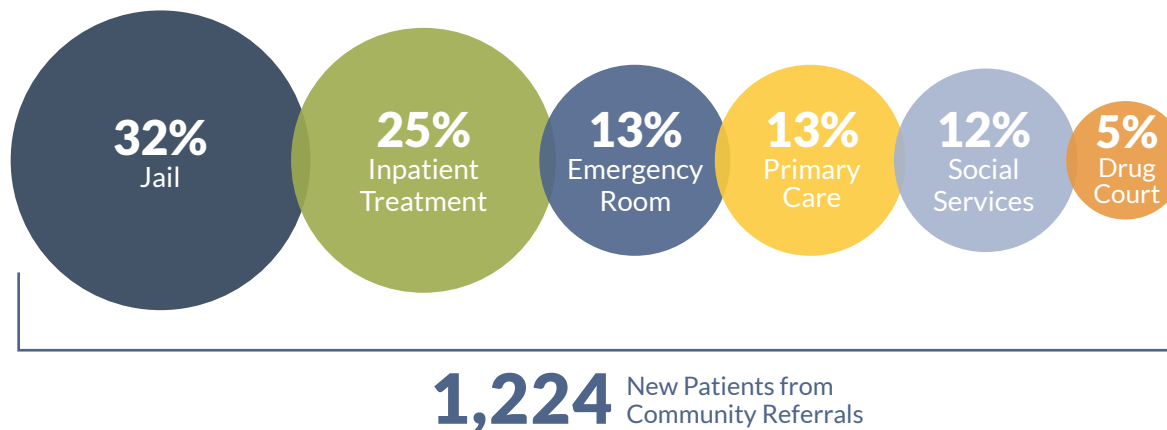
## Patient Characteristics at Enrollment



At enrollment, Washington patients' self-reported characteristics highlight the **severe societal impact of substance use disorder**.

- Those affected are more likely to experience homelessness, unemployment, drug-related charges, and incarceration.
- Sustained abstinence from addictive substances has been shown to improve social determinants of health including housing, employment, food security, education, and social inclusion.

## Community Referrals



New patients find Ideal Option through online searches, social media, referrals from friends and family, and community partner recommendations.

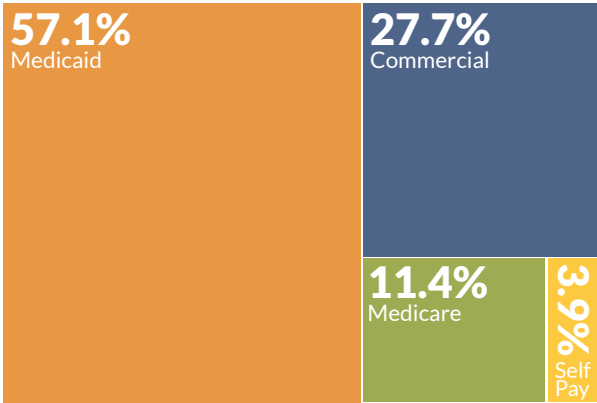
To foster relationships with community stakeholders and encourage patient referrals, outreach is conducted in every community in which Ideal Option operates. In 2025, Ideal Option received referrals from 30 correctional facilities in Washington, enabling a smooth transition to outpatient treatment for justice-involved individuals with substance use disorder upon release.

# OUR PATIENTS

Most patients rely on Medicaid for treatment; correctional facilities play a critical role in expanding access to care.

## Payor Coverage

Most Ideal Option patients seeking treatment for substance use disorder rely on Medicaid. The chart shows payor coverage for Washington patients seen in 2025.



## Correctional Facility Partnerships

Since 2019, Ideal Option has partnered with correctional facilities to provide care to justice-involved individuals with substance use disorder, both inside and outside of correctional settings.

In 2025, Ideal Option received 1,315 direct referrals from 46 correctional facilities, enabling a smooth transition to outpatient treatment upon release. Of those referrals, 1,172 were received from 30 correctional facilities in Washington.



# CLINICAL PROTOCOL

Ideal Option’s evidence- and stage-based care model drives long-term recovery outcomes.

## How the Program Works

Ideal Option providers guide patients through a stage-based protocol for long-term, sustainable recovery. The chart below shows the criteria opioid use disorder patients must meet to advance from one Stage of Care to the next. This evidence-based treatment approach leverages contingency management behavioral theory to optimize patient outcomes and ensure clinical consistency, while enabling providers to personalize care and celebrate key milestones in recovery.

Note: Patients with isolated methamphetamine or alcohol use disorder will follow specialized protocols.

## STAGES OF CARE

### INITIATION

New patients, re-start patients, or patients not yet stabilized on buprenorphine.



### STABILIZATION A

Patients who are starting to feel stable on buprenorphine and have reduced their use of opioids.



### STABILIZATION B

Patients who are stable on buprenorphine and have stopped use of opioids but may still be using other non-prescribed substances.



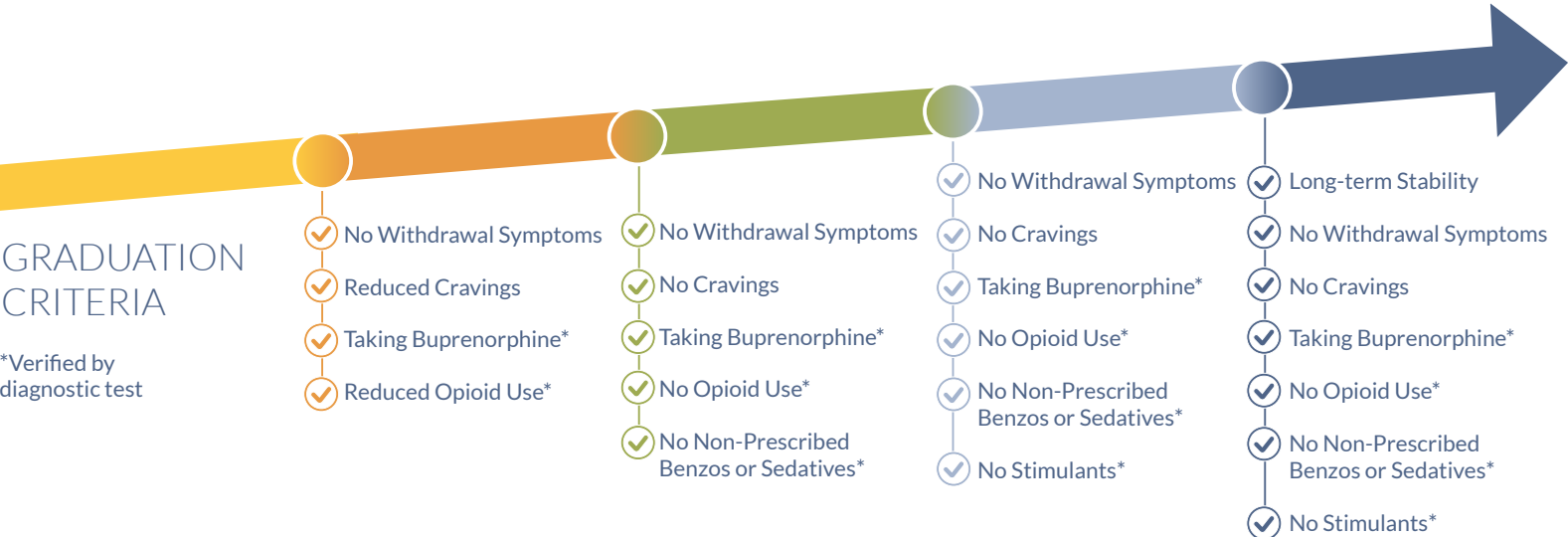
### MAINTENANCE A

Patients who are completely stable on buprenorphine and abstinent from all non-prescribed substances.



### MAINTENANCE B

Patients who have long-term stability on buprenorphine and are abstinent from all non-prescribed substances.



\*Verified by diagnostic test

*“Addiction is a disease that often requires long-term care and follow-up. Recovery plans including medication for opioid use disorder can increase success rates by normalizing brain chemistry and reducing cravings.”<sup>4</sup>*

<sup>4</sup>Centers for Disease Control and Prevention. (2020). Treatment and Recovery Fact Sheet. CDC. <https://www.cdc.gov/overdose-prevention/media/pdfs/What-to-look-for-Treatment-and-Recovery-Fact-Sheet.pdf>

# CENSUS PROGRESSION

Patient census reflects increasing long-term engagement.

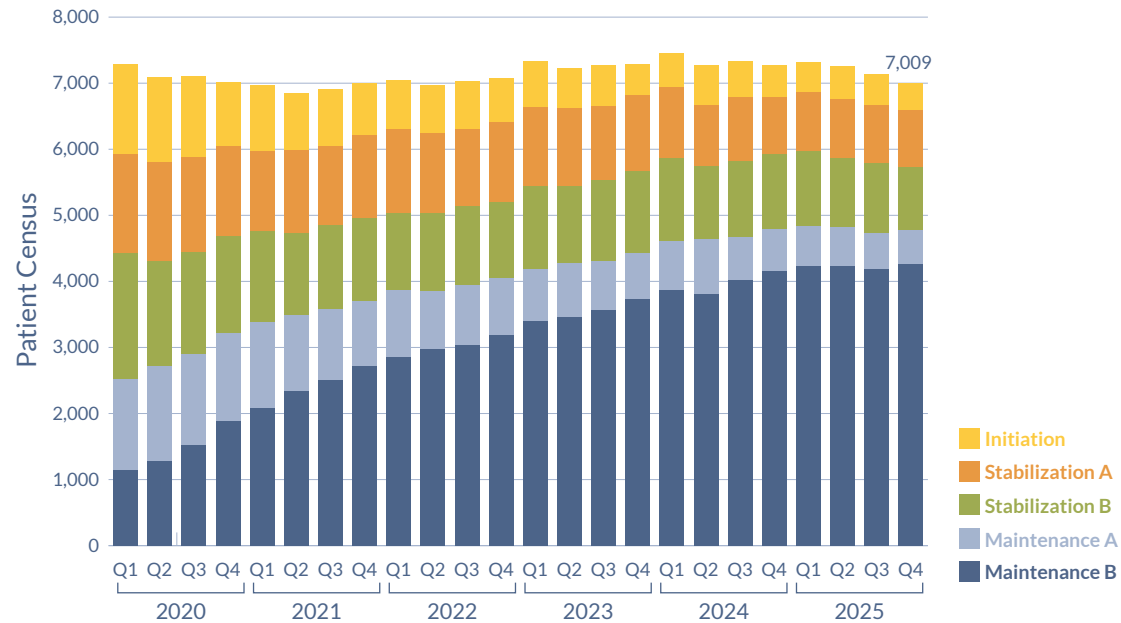
From 2020 to 2025, Ideal Option’s Washington patient census remained stable, while demonstrating a substantial shift toward patients in the Maintenance Stages of Care.

- The accompanying chart shows census stratification by Stage of Care for each calendar quarter during the six-year period.
- The cumulative annual growth rate of patients in the Maintenance Stages of Care (both A and B) was 17% over the six-year period, increasing from 28% to 68% of total census.
- The Maintenance Stages of Care are typically associated with long-term recovery and correlate with remission (see Remission & Recovery Data).



2020-2025 | WASHINGTON

## Census by Stage of Care



Ideal Option has provided care to 37,190 unique Washington patients in 640,067 appointments over the past six years. Although Maintenance B patients constituted the majority of the census at any given time, 66% of appointments over this period were dedicated to patients in a Stage of Care prior to Maintenance B. Over the six-year period, 47% of patients who transitioned to Maintenance B exited the program, many of whom are presumed to have tapered off medication.

# REMISSION & RECOVERY OUTCOMES

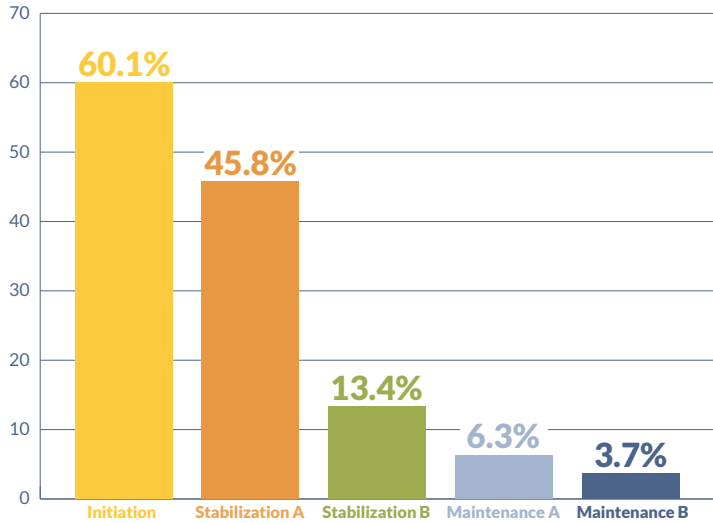
Remission and recovery outcomes improve with each Stage of Care.

The accompanying charts summarize remission and recovery outcomes. Patients improve medication adherence and abstinence from illicit substances as they advance through each Stage of Care. The positive progression results from a combination of medication adherence, strong therapeutic alliances with patients, psycho-social support, test result accountability, contingency management, and positive reinforcement.

<sup>5</sup> Centers for Disease Control and Prevention. (2021, September 2). Treatment and Recovery, CDC. [https://www.cdc.gov/overdose-prevention/treatment/opioid-addiction.html?CDC\\_AAref\\_Val=https://www.cdc.gov/drugoverdose/featured-topics/treatment-recovery.html](https://www.cdc.gov/overdose-prevention/treatment/opioid-addiction.html?CDC_AAref_Val=https://www.cdc.gov/drugoverdose/featured-topics/treatment-recovery.html)

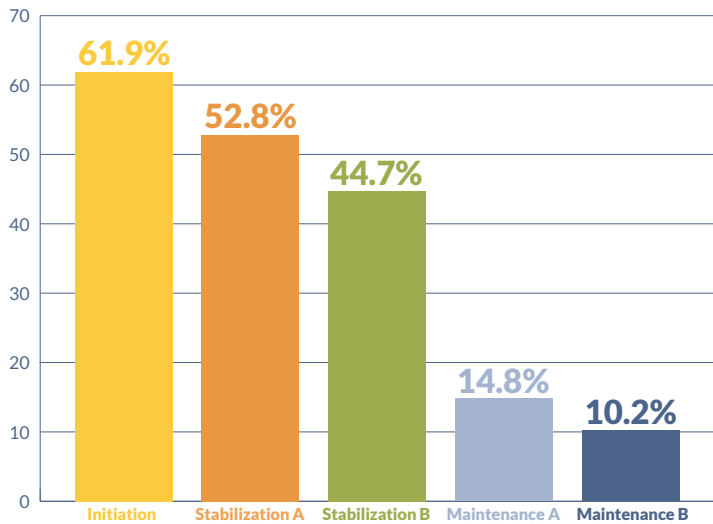


Positive Opioid\* Rates by Stage of Care  
WASHINGTON



\*Opioids include fentanyl, heroin, and prescription pain medication.

Positive Stimulant\* Rates by Stage of Care  
WASHINGTON



\* Stimulants include methamphetamine and cocaine.

# TREATMENT RETENTION

High retention rates demonstrate patient determination and resilience.

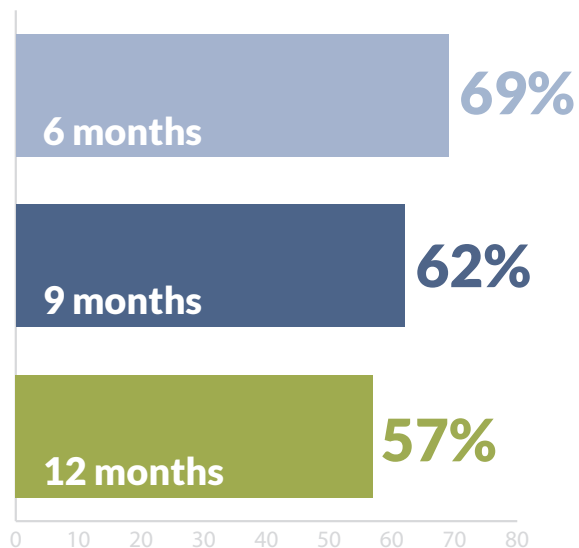
Recovery from substance use disorder requires ongoing treatment over many months, and often years.

- Outpatient treatment is voluntary.
- Return-to-use episodes are common in the recovery process.
- Readiness to change varies widely among individuals.

Despite these challenges, patient determination and resilience are reflected in outcomes:

- 85% of patients returned for a second visit.
- Of patients who returned for a second visit, 69% continued to attend treatment visits after at least six months, 62% continued after at least nine months, and 57% continued after at least 12 months.

Washington patients who returned for a second visit remained in treatment after:



*“With effective treatment, recovery is possible for everyone. There is strength in getting help.”<sup>6</sup>*

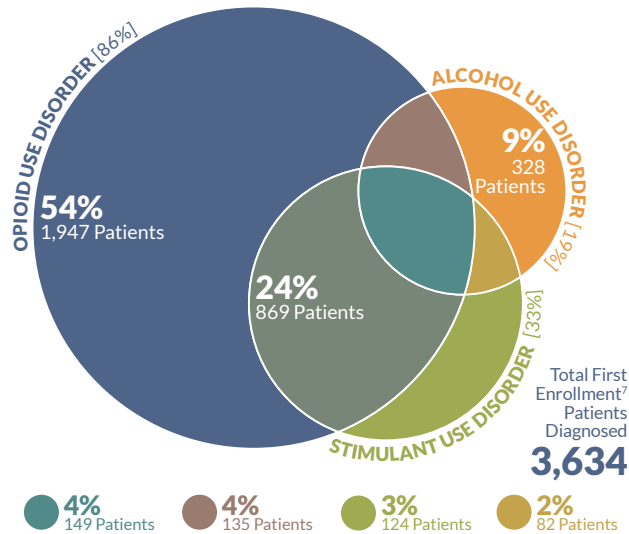
<sup>6</sup>Centers for Disease Control and Prevention. (2024, September 11). Recovery from Substance Use Disorder. CDC. [https://www.cdc.gov/overdose-prevention/treatment/?CDC\\_ARef\\_Val=https://www.cdc.gov/drugoverdose/featured-topics/recovery-SUD.html](https://www.cdc.gov/overdose-prevention/treatment/?CDC_ARef_Val=https://www.cdc.gov/drugoverdose/featured-topics/recovery-SUD.html)

# POLYSUBSTANCE USE

Polysubstance use at enrollment reflects complex and contaminated street drug supplies.

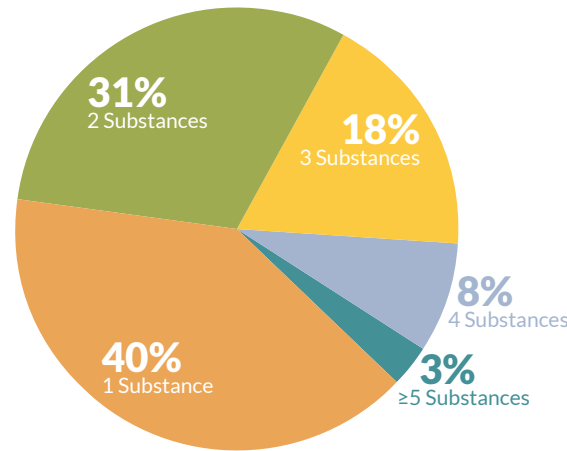
## Treatment Diagnosis

2025 DIAGNOSES AT FIRST ENROLLMENT  
 WASHINGTON



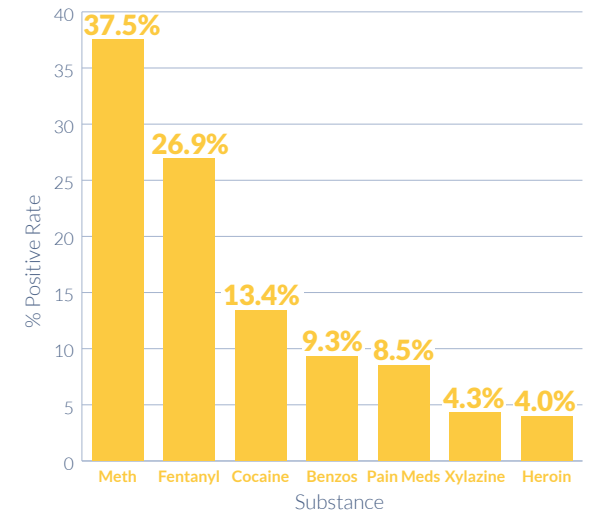
## Polysubstance Use

2025 POSITIVE RATES AT ENROLLMENT<sup>8</sup>  
 WASHINGTON



## Substance Use

2025 POSITIVE RATES AT ENROLLMENT<sup>8</sup>  
 WASHINGTON



## Polysubstance Use at Enrollment

Test results at program enrollment reflect current substance use trends. Most enrolling patients test positive for multiple substances, often unaware of some of the substances they have consumed.

**Fentanyl** use has largely replaced heroin and prescription pain medications. The widespread use of stimulants and sedatives continues, with **methamphetamine** remaining the most widely consumed illicit drug in the U.S. **Cocaine** also remains

available in many markets. Both methamphetamine and cocaine are **often contaminated with other substances, including fentanyl**.

**Benzodiazepines**, also known as sedatives or tranquilizers, are commonly prescribed for anxiety and related conditions, but they can cause dependency and are frequently misused and diverted. Illicitly manufactured benzodiazepines, often highly potent and **contaminated with fentanyl**, pose significant

risks, including respiratory depression and death when combined with opioids.

**Xylazine** is a powerful animal tranquilizer that is currently not a controlled substance. Like benzodiazepines, xylazine increases the risk of respiratory depression and death and can cause severe skin lesions, including necrosis leading to amputation.

<sup>7</sup> Diagnosis at first-time patient enrollment.

<sup>8</sup> An enrollment occurs when a first-time patient begins treatment at Ideal Option and when a patient returns to Ideal Option for treatment following a lapse of 42 days or more.

# MENTAL HEALTH OUTCOMES

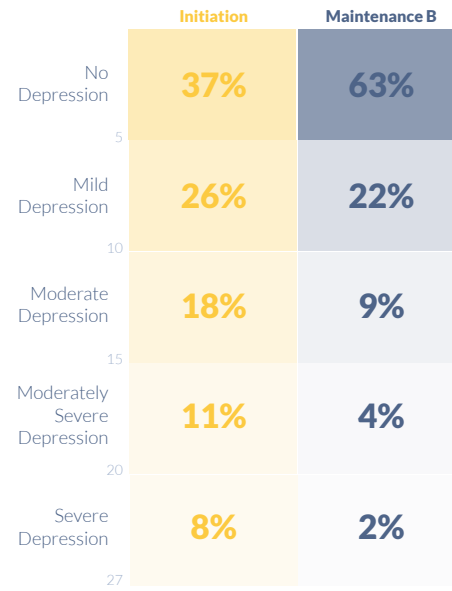
Outcomes from mental health screeners show sustained improvements with each Stage of Care.

Washington patients showed sustained improvement in mental health outcomes as demonstrated by PHQ-9 (depression) and GAD-7 (anxiety) assessments.

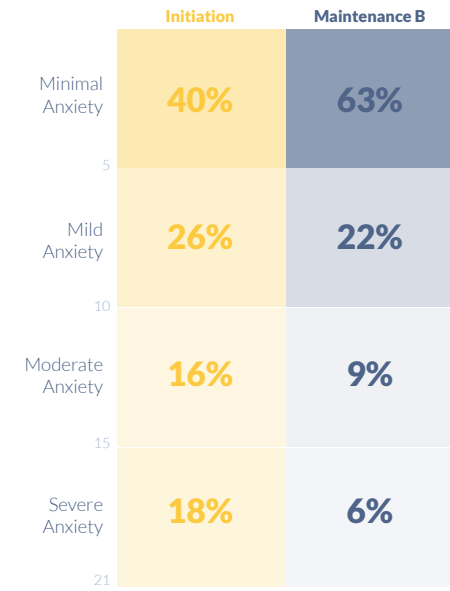
- **Severity is reduced:** Moderate to severe symptoms decreased markedly from as high as 37% in the Initiation stage to as low as 15% in the Maintenance B stage.
- **Stability is increased:** The percentage of patients reporting no/minimal depression or anxiety was significantly higher in Maintenance B compared to the Initiation stage.
- **Average scores improved:** Average scores in the Maintenance Stages of Care reflect no depression and minimal anxiety.

These results highlight meaningful progress and reinforce the value of continued engagement in care to sustain and build on these positive mental health outcomes.

## PHQ-9 Depression Score<sup>9</sup>



## GAD-7 Anxiety Score<sup>9</sup>



Average Score		
Stage of Care	PHQ-9	GAD-7
Initiation	8.0	7.5
Stabilization A	6.9	6.5
Stabilization B	5.7	5.5
Maintenance A	4.4	4.3
Maintenance B	4.4	4.2

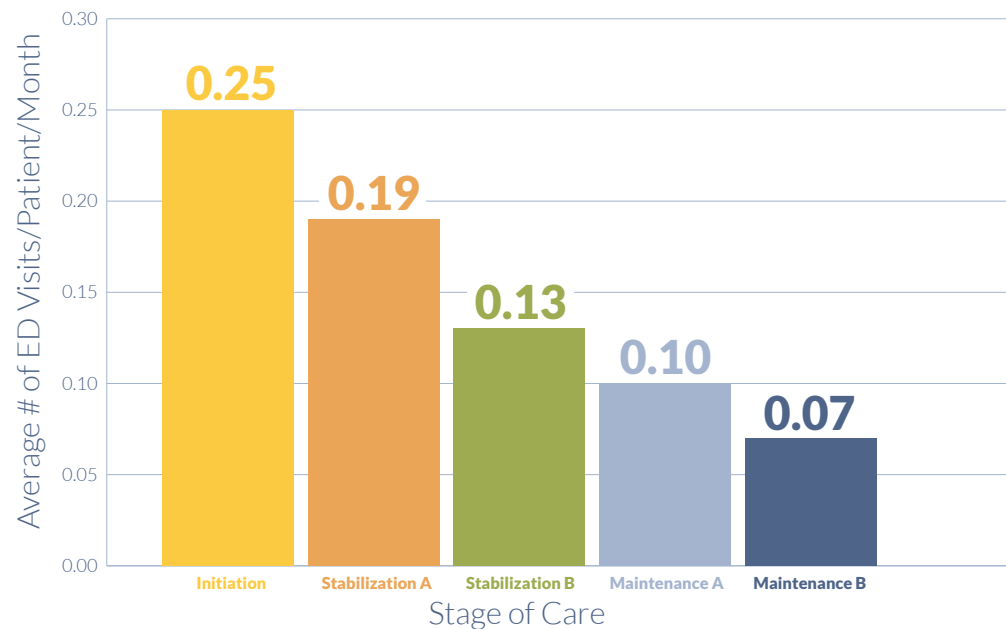


<sup>9</sup> In 2025, 15,401 patients completed the PHQ-9 and 15,101 patients completed the GAD-7.

# EMERGENCY DEPARTMENT FREQUENCY OUTCOMES

Emergency department visits decline substantially as patients progress through the Stages of Care.

## Emergency Department Visits by WA and ID Medicaid Patients Decline by Stage of Care



In 2025, Ideal Option’s Medicaid patients in Washington and Idaho showed a significant decrease in emergency department (ED) visits, as measured by data from Collective Medical.<sup>10</sup>

**ED visits declined sharply as patients progressed through the Stages of Care.** Nearly 20% of patients in the Initiation Stage of Care visited the ED each month, with an average of 0.25 visits per patient. In comparison, only 6% of patients in Maintenance B visited the ED monthly, averaging 0.07 visits per patient. This yields significant medical cost savings as patients with an opioid use disorder (OUD) diagnosis face 32.5% higher costs per ED visit.<sup>11</sup>



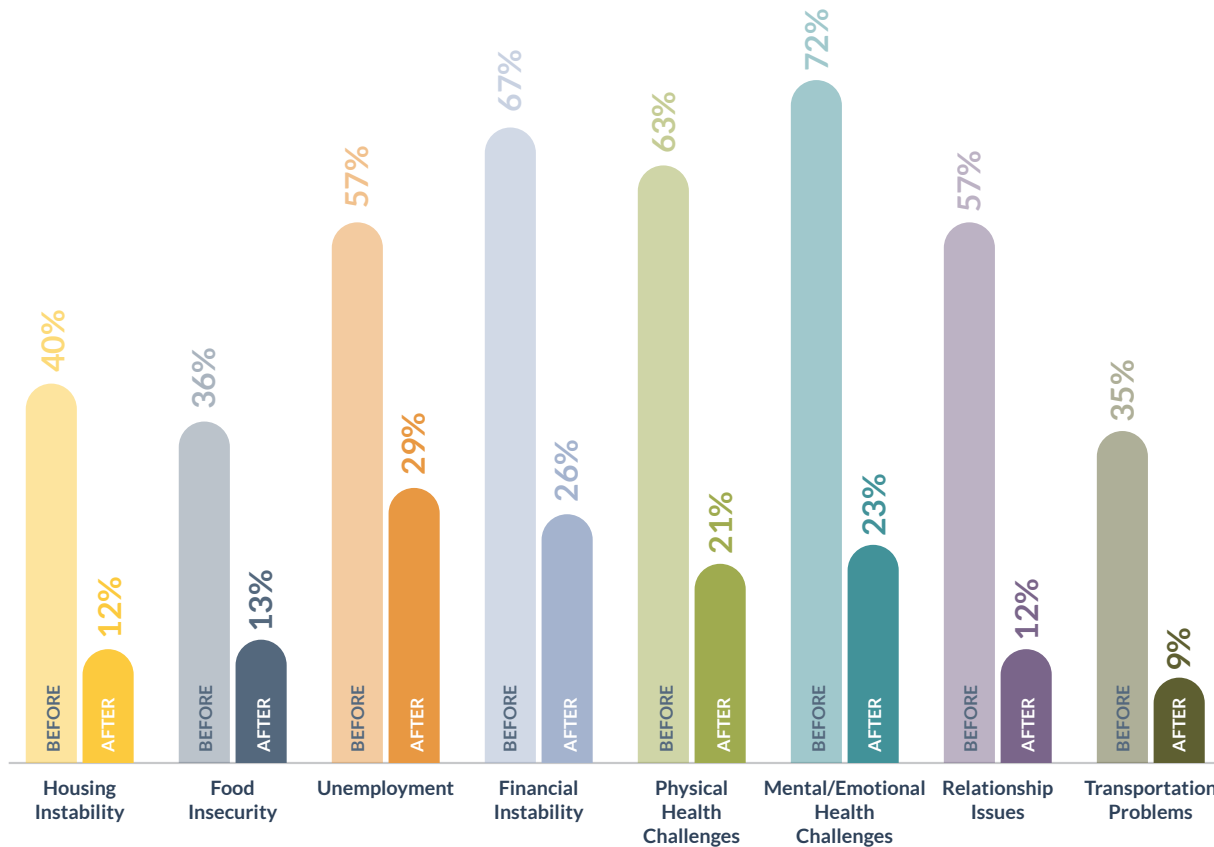
<sup>10</sup> Collective Medical. <http://collectivemedical.com/>

<sup>11</sup> Goldman, M. (2023, January 24). How opioid misuse is costing health systems. Axios Vitals. <https://www.axios.com/2023/01/24/opioid-abuse-hospital-costs>

# SOCIAL DETERMINANTS OF HEALTH OUTCOMES

Patient-reported data show that engagement in treatment leads to significant improvement in quality of life.

## Patient Challenges Before and After Starting Treatment



Have you visited the ER for drug-related medical care since starting treatment?  
**96% SAY NO**



Have you had any drug-related arrests or charges since starting treatment?  
**98% SAY NO**



Ideal Option found that **quality of life significantly improves** when patients engage in treatment.

- In November 2025, 876 patients completed an anonymous survey sent to over 22,000 patients who had received treatment for six months or more.
- Patients were asked questions about overwhelming challenges they faced before starting treatment with Ideal Option, and which challenges they continued to face after receiving treatment from Ideal Option.
- Patients report significant improvement across all measured social determinants of health, and encouragingly, objective toxicology results confirm that recovery aligns with self-reported progress in social determinants of health.

# REMISSION & RECOVERY DATA

A structured care model supports increasing stability and high medication adherence over time.

## Initiation and Stabilization Stages (A & B) Maintenance Stages (A & B)

As of December 2025, 32% of Ideal Option's Washington patients were in pre-Maintenance Stages of Care (Initiation and Stabilization A & B).

The pre-Maintenance Stages are particularly challenging as patients face physical, mental, and environmental obstacles to both substance abstinence and medication adherence. Withdrawal causes intense discomfort and cravings that can last for days, while sublingual buprenorphine adherence requires strict and time-consuming daily dosing, all while resisting the temptation to divert the medication.

The Initiation Stage includes newly enrolling or re-enrolling patients and those needing frequent and intensive care. Stabilization A patients show improved medication adherence and reduced opioid use. Stabilization B patients show further progress, including a decrease in the use of other substances, particularly methamphetamine.

As of December 2025, 68% of Ideal Option's Washington patients were in the Maintenance A and B Stages of Care.

Over 97% of opioid use disorder patients in these stages are adherent to buprenorphine, as confirmed by definitive testing results for the drug's metabolite, norbuprenorphine. Buprenorphine adherence correlates with recovery from opioid use disorder as shown by the near elimination of fentanyl, heroin, and prescription pain medication positive test results in the Maintenance Stages. Maintenance Stage patients also show significant reductions in stimulant and sedative use, despite the lack of FDA-approved medication treatments.

## Positive Rates by Stage of Care | WASHINGTON

Patient Census & Outcomes	Initiation	Stabilization A	Stabilization B	Maintenance A	Maintenance B
Fentanyl	50.0%	32.0%	6.5%	2.0%	1.0%
Methamphetamine	58.2%	47.3%	37.4%	12.7%	8.9%
Benzodiazepines	10.5%	12.3%	10.0%	7.9%	5.6%
Prescription Pain Meds	10.5%	11.2%	4.2%	2.6%	1.8%
Cocaine	21.2%	16.7%	12.0%	3.0%	1.6%
Xylazine	10.0%	4.0%	0.2%	0.1%	0.1%
Heroin	7.6%	5.2%	1.5%	0.9%	0.7%
Norbuprenorphine	76.7%	89.0%	94.4%	97.4%	97.8%
% of Total Census	6.0%	12.2%	13.8%	7.2%	60.9%

## Hepatitis C Treatment Outcomes

Ideal Option screens for, identifies, and treats patients with Hepatitis C. If left untreated, chronic Hepatitis C can lead to serious health problems like liver cancer, cirrhosis, and death. Fortunately, people diagnosed and treated with direct-acting antiviral medications can be cured, as shown by Ideal Option's 2025 Hep C treatment outcomes.






Ideal Option Washington Hep C Treatment Outcomes	Jan.-Dec. 2025*
Patients Tested	2,084
Hep C Positive	72
Eligible for Treatment	38
Prescriptions	35
Confirmed Cures	33

\*The Hep C treatment process spans many months and requires completion of state-required forms, medication approval, an 8-12 week medication regimen, and a 12-week waiting period after the completion of the medication to validate a cure. 2025 cured patients include some who may have begun treatment in 2024. Some patients who began treatment in 2025 are expected to have their cure validated in 2025.





# ABOUT IDEAL OPTION

Founded in 2012, Ideal Option has treated more than 100,000 patients and:

-  Operates 80 specialized outpatient treatment clinics across nine states.
-  Employs over 500 staff, with more than half being healthcare professionals, including addiction medicine providers, medical assistants, nurse care managers, peer outreach specialists, and behavioral health counselors.
-  Is a member of the American Society of Addiction Medicine (ASAM), with providers regularly completing ASAM trainings and following current guidelines to deliver evidence-based treatment.
-  Operates a high-complexity, CLIA-certified laboratory, accredited by The Joint Commission, and staffed by laboratory managers, quality specialists, analysts, and ASCP registered clinical scientists, to rapidly supply comprehensive and accurate clinical information to providers.
-  Is accredited by The Joint Commission and holds The Gold Seal of Approval®.

Ideal Option aims to provide cost-effective, outcomes-based addiction treatment that improves patients' lives and reduces the financial and social burdens of untreated, or ineffectively treated, substance use disorder. As part of its mission, Ideal Option:

-  Diagnoses and treats Hepatitis C, sexually transmitted infections, and other communicable diseases, and provides reporting to public health agencies.
-  Connects patients to essential resources such as food, housing, employment, and transportation by partnering with community organizations, government agencies, law enforcement, and local, state, and national leaders.

This report uses toxicology results as a definitive measure of treatment progress. In outpatient addiction care, objective and accurate testing is vital, not only for clinical accountability but also for reinforcing trust between patients and providers. Combined with medication and psychosocial support, it forms the foundation of a successful recovery model. At Ideal Option, unexpected test results are treated as clinical information, not as grounds for punishment or discharge.



**TO LEARN MORE**  
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