

The Growing Opioid Crisis: Spotlight on New York Private Claims Data

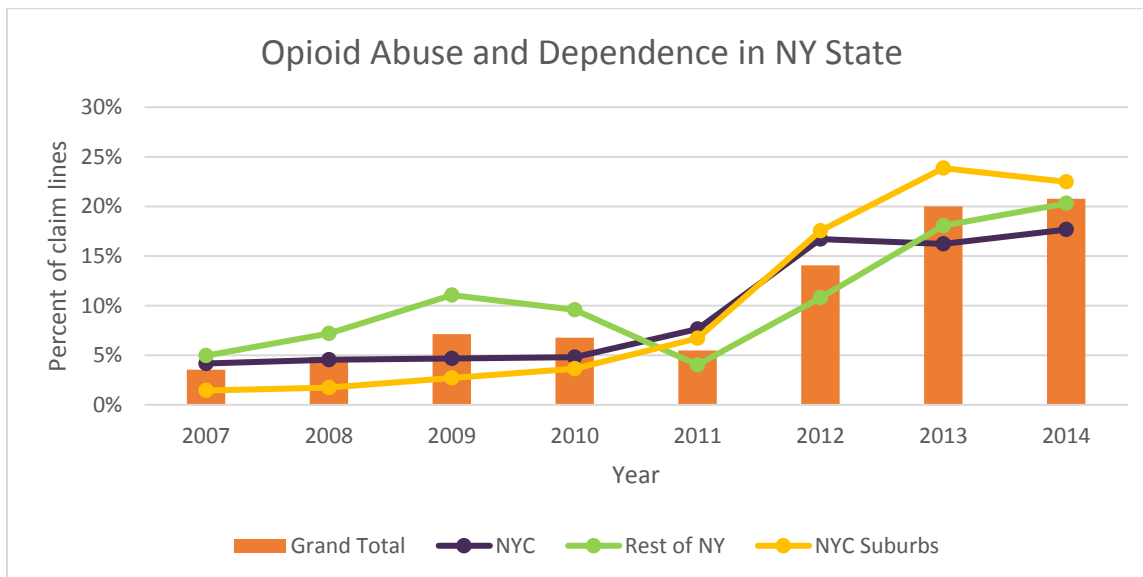
By Robin Gelburd, President, FAIR Health

From 2007 to 2014, private insurance claim lines with opioid abuse and dependence diagnoses increased 487 percent in New York State. The greatest increase occurred in the New York City suburbs (Nassau, Rockland, Suffolk and Westchester), where the rise was 1,459 percent—compared to 324 percent for New York City and 310 percent for the rest of the state.

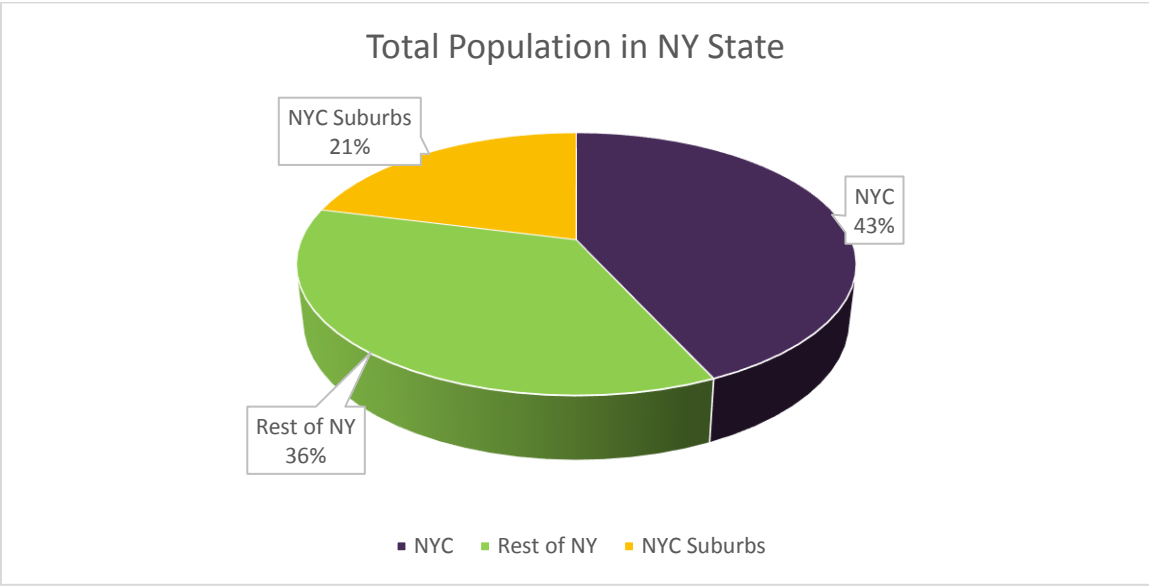
These dramatic trends were identified when we investigated recent opioid-related data from New York State in our FAIR Health database of over 23 billion privately billed healthcare claims, the largest such repository in the country. FAIR Health, a national, independent, nonprofit organization dedicated to transparency in healthcare costs and health insurance information, previously published two white papers on the national opioid crisis, [*The Opioid Crisis among the Privately Insured: The Opioid Abuse Epidemic as Documented in Private Claims Data*](#) and [*The Impact of the Opioid Crisis on the Healthcare System: A Study of Privately Billed Services*](#).

In this article, we report the findings in terms of “claim lines,” which are the individual services or procedures listed on an insurance claim. “Percent of claim lines” is the percent of all claim lines associated with a specific group of diagnosis codes—in this article, particularly the codes associated with opioid abuse or dependence—in a defined time period.

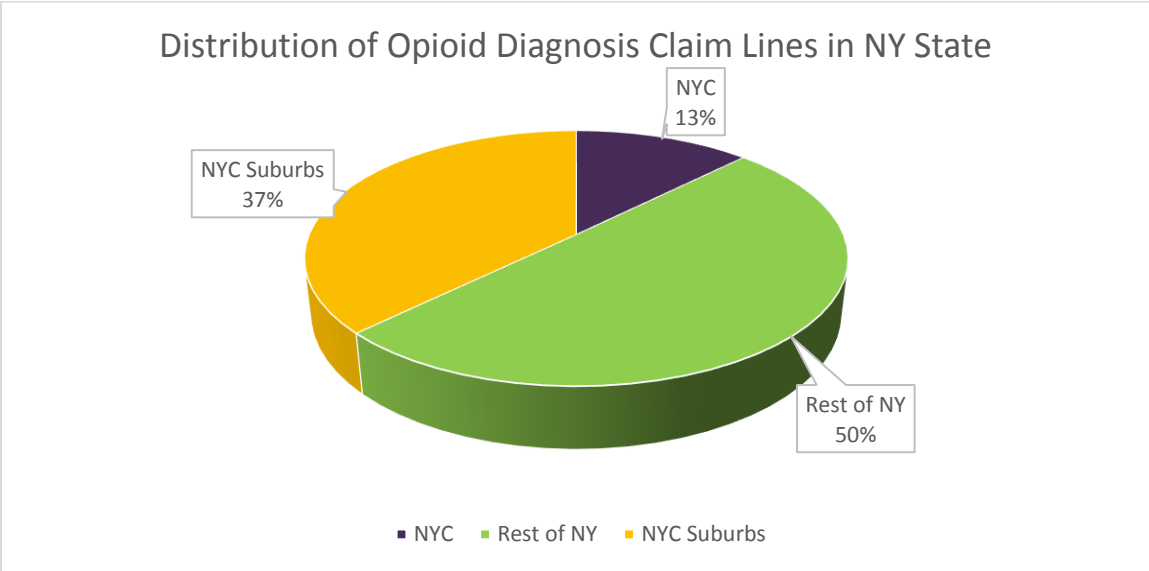
The increase in claim lines in New York State—with the especially high growth in the New York City suburbs—is vividly shown in this chart, where the line representing the New York City suburbs begins lower than the other regions and the state as a whole in 2007 and tops them all by 2014:



Interestingly, the New York City suburbs represent the smallest part (21 percent) of the state’s population, relative to New York City (43 percent) and the rest of the state (36 percent), according to US Census estimated figures from July 2016.



While New York City, with 43 percent of the state’s population, is the most populous part of the state, it had the lowest share (13 percent) in the distribution of opioid abuse and dependence claim lines for privately insured individuals during the period 2007-2014. The largest share of the distribution (50 percent) was upstate, in the parts of the state that do not include the city and its suburbs. In the New York City suburbs, the share was 37 percent.

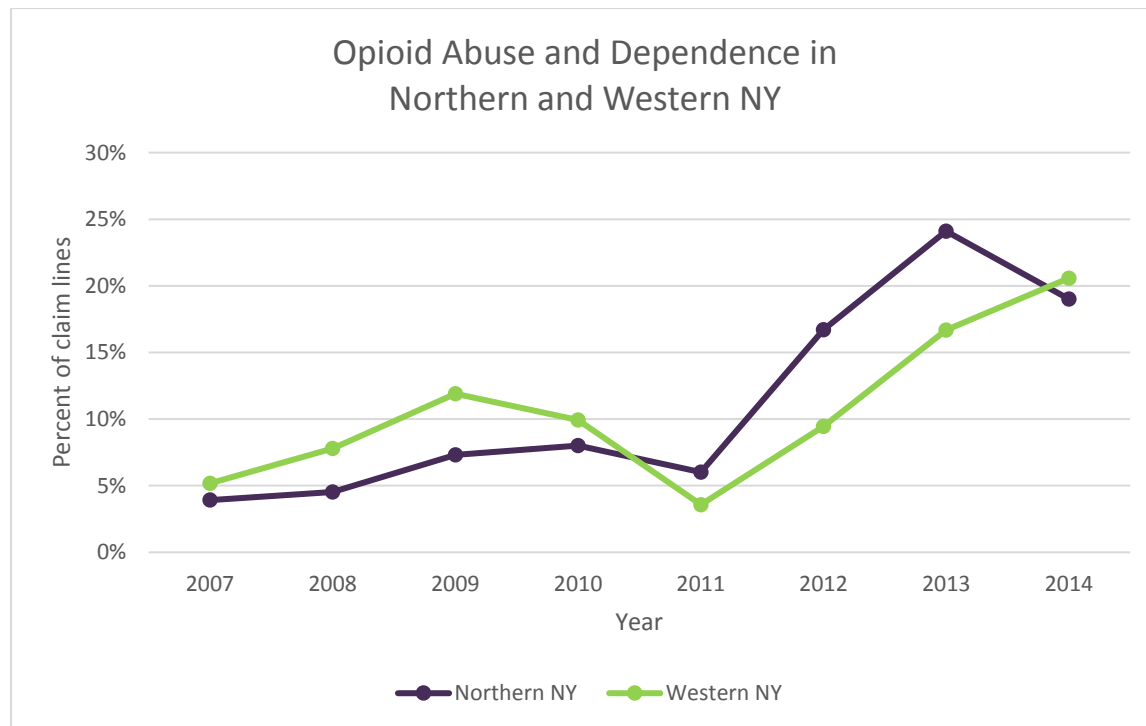


There may be several reasons why New York City has a disproportionately smaller share of the private insurance claim lines with opioid-related diagnoses. It could be that, at least among the privately insured,

the opioid epidemic is having a more severe impact on the rest of the state than on the city. It also could be that, in New York City, a greater share of patients with opioid-related diagnoses are receiving their healthcare under Medicaid than in the rest of the state. Our data do not show Medicaid utilization. And, it could be that in New York City there are a greater number of higher-income individuals who are not using insurance to cover their opioid-related treatment.

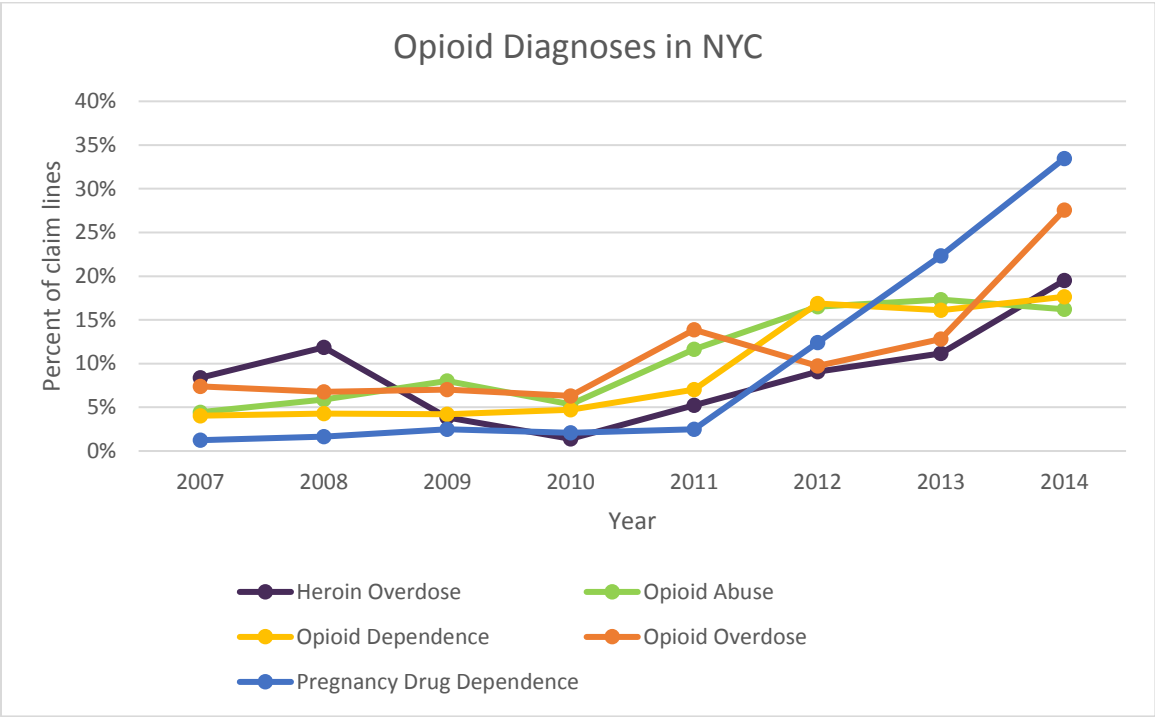
Upstate New York

Within the region of the state that does not include New York City or its suburbs, distinct trends are visible. As shown below, in northern New York (the mid-Hudson region, the capital district and the Adirondacks) and western New York (Binghamton, Buffalo, Elmira, Jamestown, Rochester, Syracuse and their surrounding areas), the trends in private insurance claim lines with opioid abuse and dependence diagnoses were similar but not identical. For example, while opioid-related claim lines rose in both subregions from 2011 to 2013, they fell in northern New York from 2013 to 2014 while continuing to rise in western New York. Overall, opioid-related claim lines increased 385 percent from 2007 to 2014 in northern New York, compared to 297 percent in western New York.

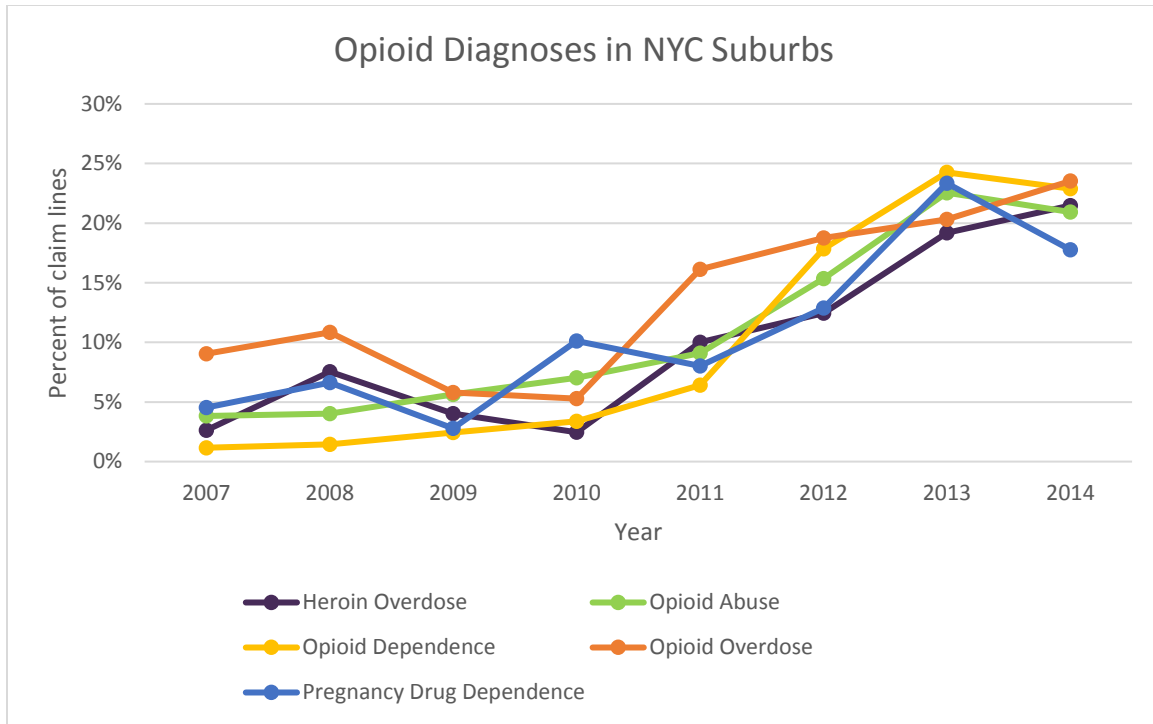


Opioid-Related Diagnoses by Category

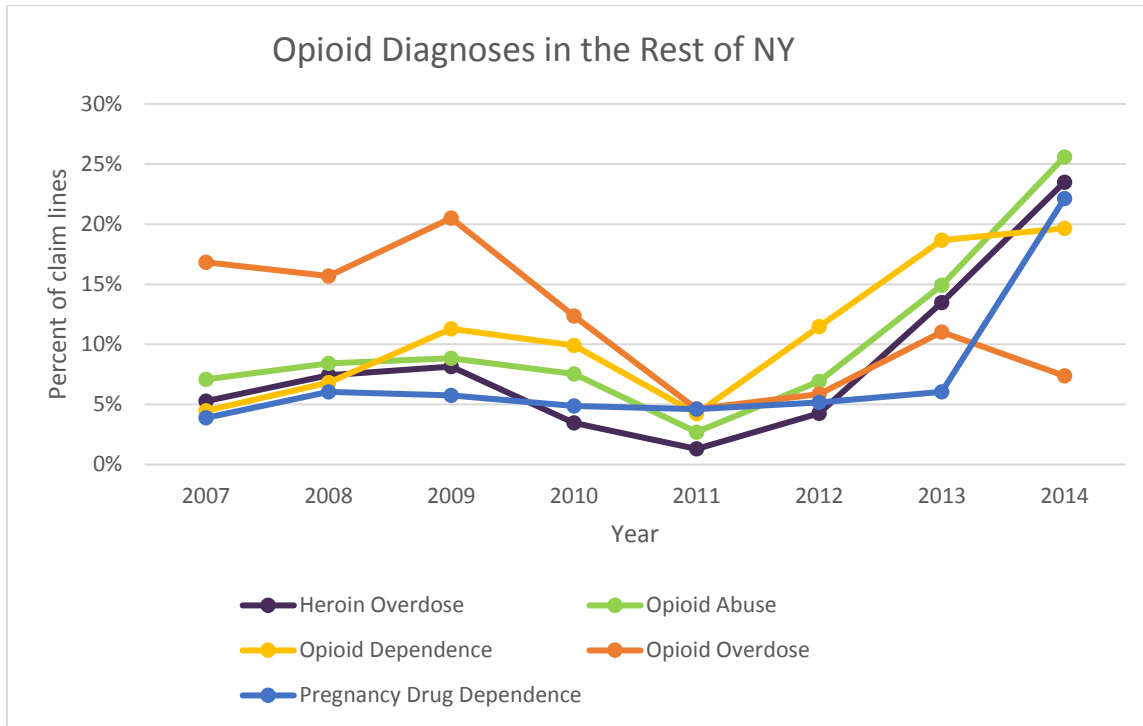
There are a number of distinct categories of opioid-related diagnoses, and claim lines associated with them have risen at different rates in different regions of New York State. Of five diagnoses—heroin overdose, opioid overdose (excluding heroin), opioid abuse, opioid dependence and pregnancy drug dependence—the largest increase in New York City from 2007 to 2014 was in pregnancy drug dependence, which rose 2,600 percent. (Pregnancy drug dependence can include other drugs as well as opioids.) The increases for the other diagnoses were 273 percent for heroin overdose, 151 percent for opioid dependence, 99 percent for opioid overdose and 39 percent for opioid abuse.



But, the results in the same period in the New York City suburbs were very different. There, claim lines with an opioid dependence diagnosis rose at the greatest rate—1,867 percent. The increases for the others were 719 percent for heroin overdose, 447 percent for opioid abuse, 292 percent for pregnancy drug dependence and 160 percent for opioid overdose.

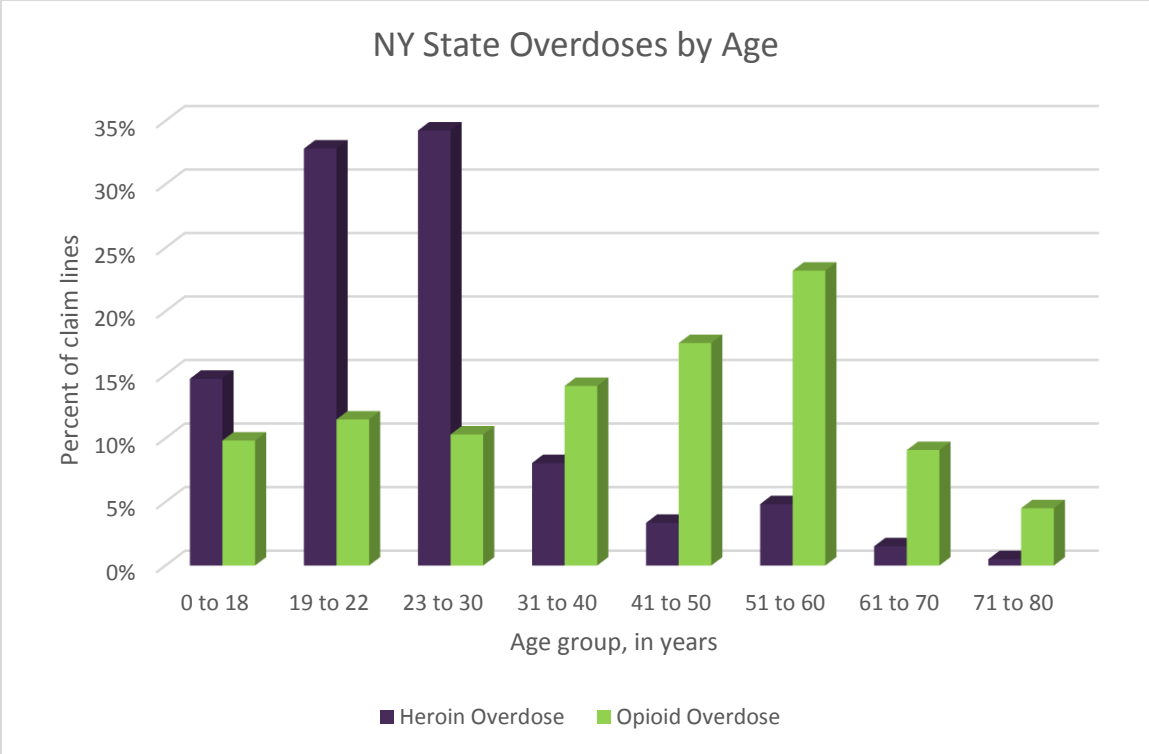


The rest of New York demonstrated yet another picture for the same period. There, claim lines for one of the diagnoses actually *decreased*: opioid overdoses fell by 56 percent. The other diagnoses all saw increases: 470 percent for pregnancy drug dependence, 347 percent for heroin overdose, 338 percent for opioid dependence and 262 percent for opioid abuse.

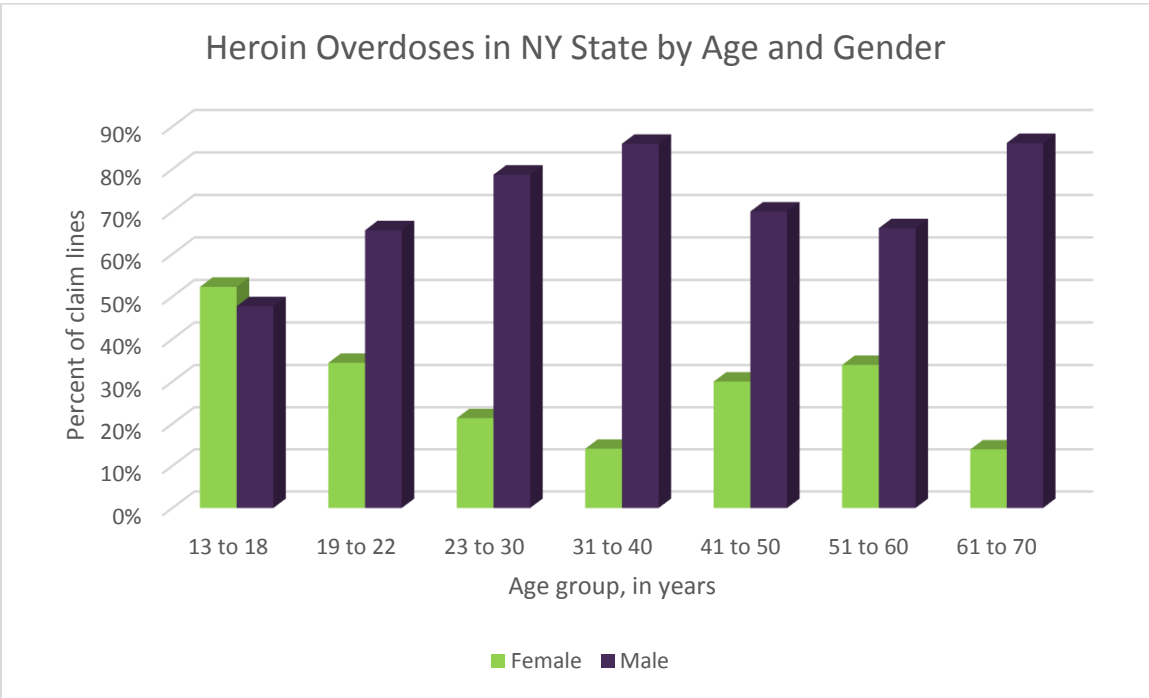


Overdoses by Age and Gender

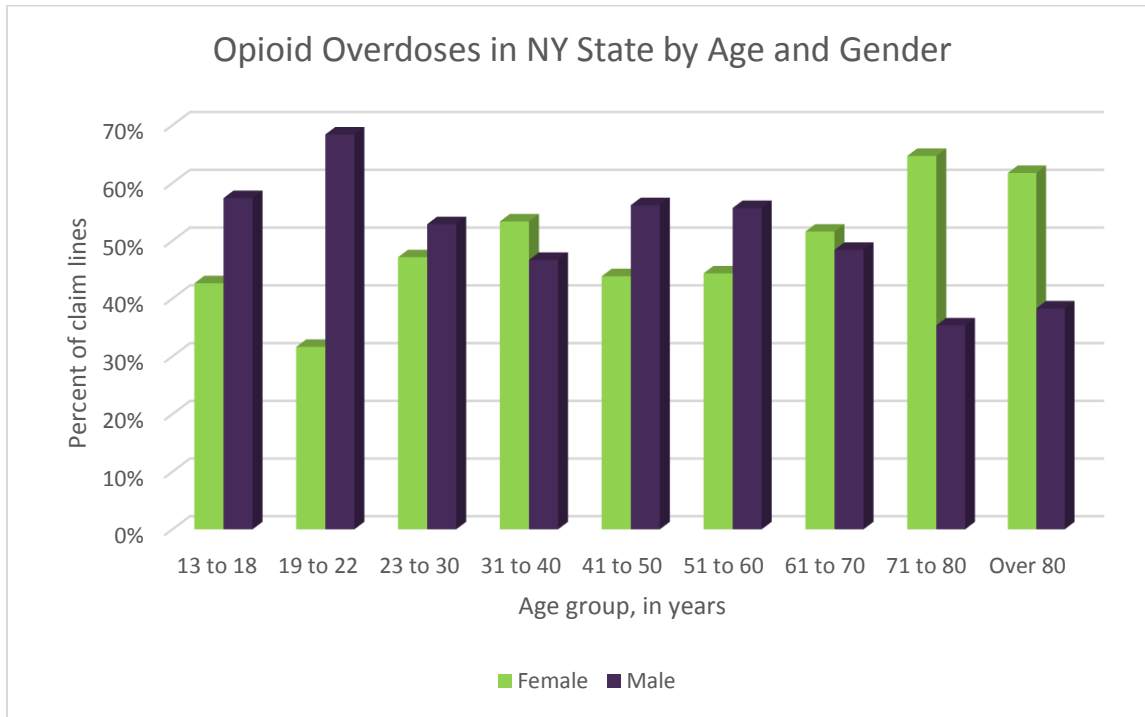
In New York State in the period 2007-2014, heroin overdoses showed strikingly different age-related patterns as compared to overdoses of opioids excluding heroin. Claim lines associated with heroin overdoses occurred overwhelmingly in the younger population, mostly in the age groups 23 to 30 years and 19 to 22 years, with the third most populous age group those 18 years and under. By contrast, claim lines associated with opioid overdoses excluding heroin occurred most frequently in the age group 51 to 60 years, followed by the age group 41 to 50 years.



Gender-related patterns also differed with respect to heroin overdoses as compared to overdoses of opioids excluding heroin. In the period 2007-2014 in New York State, claim lines associated with heroin overdoses were more frequent for males than females in all age groups but one (13 to 18 years).



Claim lines associated with opioid overdoses excluding heroin, however, showed a different pattern. The frequency of such claim lines for males was greater than for females from ages 13 to 30, and again from 41 to 60. But, such claim lines occurred more frequently for females from ages 31 to 40, and again from ages 61 to over 80.



As the opioid epidemic continues to spread across the nation, robust, reliable data are vital to understanding the complexities and layered impact of this pressing national issue.

Robin Gelburd, JD, is the president of [FAIR Health](#), a national, independent nonprofit with the mission of bringing transparency to healthcare costs and insurance reimbursement. FAIR Health oversees the nation's largest collection of healthcare claims data, which includes a repository of over 23 billion billed medical and dental claims from plans covering over 150 million privately insured individuals, and separate data representing the experience of more than 55 million individuals enrolled in Medicare. Certified by the Centers for Medicare & Medicaid Services (CMS) as a Qualified Entity, FAIR Health receives all of Medicare Parts A, B and D claims data for use in nationwide transparency efforts.