

Sober Sidekick Analysis: Health Plans Spend \$3.64 on Crisis Stabilization Per \$1 Spent on Sustained Recovery in SUD

New brief with Wakely Consulting Group & HMA examines \$569M in ACA marketplace SUD spending, finding a \$2,071 per-member annual opportunity.

BENTONVILLE, AR, UNITED STATES, August 31, 2026 /EINPresswire.com/ -- BENTONVILLE, Ark., August 31, 2026 - Sober Sidekick, the digital recovery support platform by Empathy Health

Technologies, today released a research brief finding that for every \$1 of substance use disorder spending directed to services that sustain long-term recovery, \$3.64 goes to acute stabilization and short-cycle care. Produced jointly with [Wakely Consulting Group, an HMA Company](#), the analysis examined \$569 million in allowed costs for members with a primary substance use disorder diagnosis across approximately 150,000 ACA marketplace lives in benefit year 2023, drawn from the Wakely ACA Database.



Sober Sidekick

Sober Sidekick is establishing a new standard in substance use disorder care.

Wakely actuaries and HMA substance use disorder clinical experts classified 200 Healthcare Common Procedure Coding System (HCPCS) codes along a recovery-value spectrum. The distribution concentrated at the crisis end:

- 51.5 percent of spending, or \$293 million, went to acute stabilization and short-cycle services such as emergency department visits, detoxification, and short-term residential care.
- 14.1 percent, or \$80.4 million, went to sustained-recovery services such as medication-assisted treatment, case management, and psychotherapy.

Emergency department utilization was the single largest concentration at \$127.9 million across six billing codes, and no sustained-recovery service appeared until the 12th ranked code. Medication-assisted treatment, the most cost-effective intervention available for opioid use disorder, accounted for 1.6 percent of substance use disorder spending.

"Emergency departments and detox units save lives, and nothing in this analysis argues otherwise," said Chris Thompson, Founder and CEO of Sober Sidekick. "What the numbers show is that we are paying at the moment of crisis because that is the first moment the system can

see someone. The opportunity is not to spend less on the crisis. It is to be present in the weeks before it, and in the days after it, when recovery is actually decided."

Members using acute-stabilization services averaged \$5,577 per year, compared with \$3,506 per year for those using sustained-recovery services. The brief estimates that closing even part of the continuity gap represents an opportunity of approximately \$2,071 per member, a planning figure sensitive to local conditions rather than a guaranteed yield.

"Health plans have long understood that substance use disorder carries a significant cost burden, but what has been harder to quantify is how much of that spend is concentrated in crisis response versus the services that support sustained recovery," said Teresa Garate, Ph.D., Managing Director at [Health Management Associates](#) (HMA). "This analysis gives plans a more actionable view of that imbalance and helps frame the economic opportunity associated with improving continuity before and after acute events."

The brief identifies the interval between monthly appointments as the point where continuity most often breaks down, and where digital platforms can extend reach beyond geography and scheduling. An independent Validation Institute review of a cohort of more than 50,000 Sober Sidekick users found that relapse declines as peer engagement increases, and that users with five or more peer interactions on their first day were approximately twice as likely to remain enrolled at 12 months, at 7.5 percent against 3.1 percent. At 12 months, the platform's user abstinence rate of 55 percent sat within the range reported for graduates of formal residential programs, at no cost to the member.

The brief also notes that a subset of states are advancing value-based payment for substance use disorder, creating openings for shared-savings, episode-bundled, and HEDIS-linked arrangements tied to measures for treatment initiation and engagement, follow-up after emergency department visits, follow-up after inpatient discharge, and pharmacotherapy for opioid use disorder.

Closing the Care-Continuity Gap in SUD is available at <https://sobersidekick.com/post/closing-the-care-continuity-gap-in-sud>.

About Sober Sidekick

Sober Sidekick, by Empathy Health Technologies, is a digital recovery support platform with more than 1.5 million downloads. The platform provides 24/7 peer-to-peer support, community engagement, and recovery tracking, and is designed to extend care beyond clinical settings and support longitudinal recovery. Users who form social connections show 93 to 244 percent increases in sustained engagement compared to baseline, including a validated 48 percent reduction in self-reported relapse for users who engage with peers at least once. The company is headquartered in Bentonville, Arkansas, and is backed by HealthX Ventures, Nina Capital, Ikigai Growth Partners, 46 Ventures, The Venture Center, High Street Equity Partners, and Suncoast Ventures. Learn more at sobersidekick.com.

About Wakely Consulting Group, an HMA Company

Founded in 1999, Wakely Consulting Group, an HMA Company, is well known for its top-tier healthcare actuarial consulting services. With nine locations nationwide, Wakely boasts deep expertise in Medicare Advantage, Medicaid managed care, risk adjustment and rate setting, market analyses, forecasting, and strategy development. The firm's actuaries bring extensive experience across all sectors of the healthcare industry, collaborating with payers, providers, and government agencies.

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