

Promoting Resilience for Medicaid Members with Opioid Use Disorder

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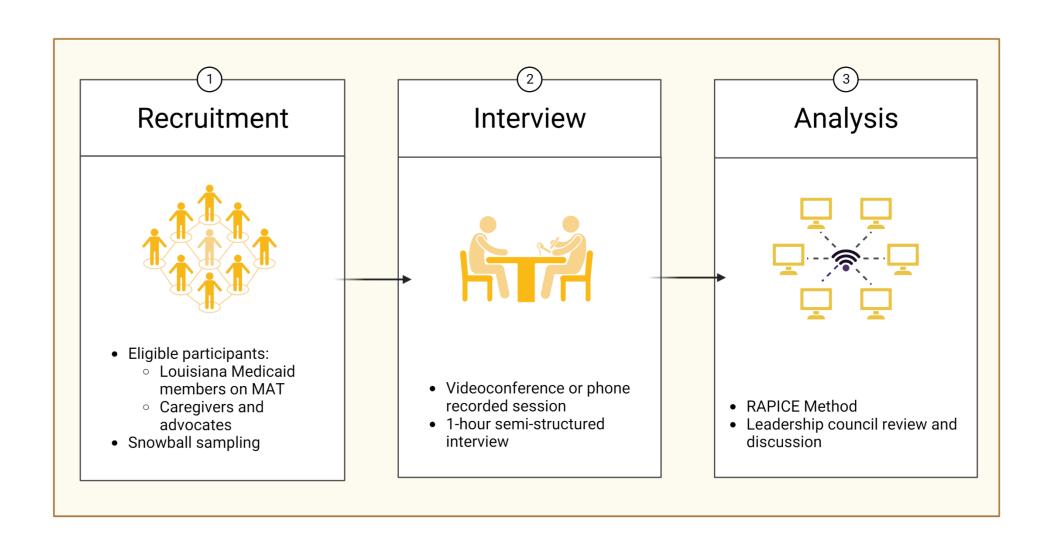
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INTRODUCTION

During the height of the COVID-19 pandemic between March 2020 and March 2021, Louisiana residents experienced a 56.2% rise in reported overdose deaths.^{1,2} Despite this dramatic rise in overdoses, opioid use disorder (OUD) remains a treatable chronic condition.^{3,4} Access to appropriate, evidence-based therapy including medication assisted treatment (MAT) with buprenorphine is highly effective in helping patients achieve remission from the disorder, which improves survival and quality of life.^{3,4} However, expanding access to this life-saving and life-sustaining treatment remains a challenge. In Louisiana, we have seen this challenge magnified by environmental stressors such as the COVID-19 pandemic and severe weather events such as hurricanes, floods, and major storms.^{5,6}

METHODS

Assessment Procedures-Informed Rapid Community Ethnography (RAPICE)⁷ to study the experiences of people in South Louisiana engaged in care for Opioid Use Disorder (OUD) as they were faced with environmental stressors such as COVID-19, hurricanes, floods, and major storms. We employed community-partnered participatory research framework⁸ to engage a diverse Leadership Council to co-lead study design and implementation. Interviews were analyzed by team members through summarization of transcripts to parse content within target domains, followed by identification of patterns using thematic analysis and the matrix method. The partnered study team reviewed summary data and quotes from interviewees related to these themes to inform potential policy recommendations and lessons for the broader community to improve care and experiences for Medicaid members with OUD during times of environmental stress.



PRELIMINARY RESULTS

A subset of interviews included 17 Medicaid members (10 females) living with OUD, with a mean age of 42 (25 - 65) years currently residing in 7 parishes but receiving treatment in 2 parishes, 94% in Orleans. Participants were 58.8% White, 23.5% Black, 11.8% other race, and 5.9% Native American. Themes and illustrative quotes were reviewed by the partnered study team, including the Leadership Council, to inform potential policy recommendations and lessons for the broader community. A selection of insights from interviews with Medicaid members is summarized in the figure below.

How did COVID-19 and hurricanes and storms impact health care for opioid use disorder?

16 of 17 (94%) Louisiana Medicaid members reported direct negative impact to treatment for OUD related to the COVID-19 pandemic, hurricane or storms, or both since 2020. Reported challenges to access to care can by categorized by

Impact to care:

restrictions:





Illustrative Quotes:

"Because when you went in there (Doctor's office), if you didn't have paperwork saying that you didn't have COVID or cough, you had to get out, and you missed your appointment. You know what I mean? I caught COVID three times, and I had the shot. I had all three and I caught it. And every time I caught it, I was denied to see the doctor."

"[Out of medication] a lot of days because the office was closed, I couldn't get in touch with my doctor. I relapsed [due to] gap in medication. I've never had a problem until the pandemic and the hurricane. That was the only time I had a problem. It sucked because I actually have a three month old little baby and I caught Covid while I was pregnant."

"Just before the hurricane when I realized that I was going to be out... the pharmacy wouldn't fill it because it was too early. And then by the time it was time for me to get my prescription filled, it was like we were in the middle of a hurricane."

How did COVID-19 and hurricanes and storms impact to health and sources of support?

Health Behavior

Takeaway: Members reported an increase in high risk health behaviors

attributed to constrained access to care and stress.

Quotes:

"Because people couldn't get their medication and stuff, instead of people going through withdrawals and being sick, they were turning to other drugs."

"I'm smoking a lot more [during the pandemic]."

"Covid pandemic guidelines, all that stuff only made it easier for me to lie about relapsing and to lie about doing it, my sobriety."

Mental Health

Takeaway: Members reported a **decline in**

baseline mental health status due to stress, depression, anxiety, and social isolation.

Quotes:

"My mental health has been down. There was a few times I had it down in my head I wanted to blow my brains. Thank God, I didn't do it."

"[The pandemic] brought back depression in the beginning when you had to isolate and yourself... I can't like being alone too long."

"My sister died seven months ago [of COVID]. I caught Covid like 3 times, and with a hip replacement and the strokes... My mind was just all gone."

Basic Needs & Services

Takeaway: Members reported a reduced

access to basic resources like food, housing, power, and employment.

Quotes:

"The restaurants were closed. being homeless, that's how I was eating, so that was really stressful." "We found enough gas to be able to

go roundtrip and it's about an hour and a half drive to the doctor." "I know a lot of people that lost their jobs because of the mandates. And

in many cases, it was the mental aspect of it... that led to overdoses and deaths."

Sources of Support

Takeaway:

Members reported a increased reliance on clinical support from doctor and mental health providers.

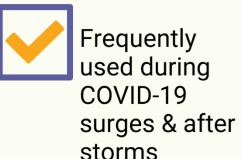
"If I was feeling depressed, [my doctor] would write me a referral right then and there to a mental health person that she knows that would be able to help me."

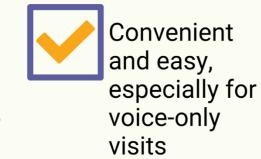
"It was counseling and the sponsors that I talked to. My sponsor kept me strong."

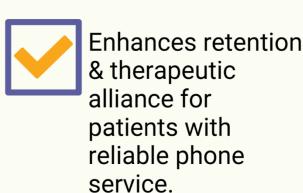
"My doctor helps a lot... by talking to us, trying help us think outside the box on things that we may have questions or not have any clue of how to approach.

Telehealth:









"[Telehealth is] not the same [as in person] but I mean situations like that you got to be thankful for that. This is, you know, still going to be able to talk to your doctor, be able to get stuff done, that's a big relief."

ACKNOWLEDGEMENTS

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DISCUSSION

In this qualitative review of Louisiana Medicaid Members' reported lived experiences during hurricanes, floods, and major storms and throughout the COVID19 pandemic, strong themes of challenges and adaptations identified. Analysis of these interviews highlighted some of the limitations of existing health systems as well as opportunities for improvement and innovation. The expansion of the use of telehealth during the COVID19 pandemic appears to have effectively many barriers faced lowered Medicaid Louisiana Members establishing remaining and treatment for opioid use disorder. Further research is needed to quantify the impact of telehealth and other healthcare adaptations as Louisiana continues to endure severe weather events such as hurricanes, floods, storms. There are yet and major additional opportunities for research around the potential integration of these adaptations into standard of care for patients with opioid use disorder and other chronic diseases. The need for such innovation is underscored by the devastating nature of sequelae faced by the innumerable communities in Louisiana in which treatment for opioid use disorder remains inaccessible.

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