



Promoting Resilience for Medicaid Members with Opioid Use Disorder



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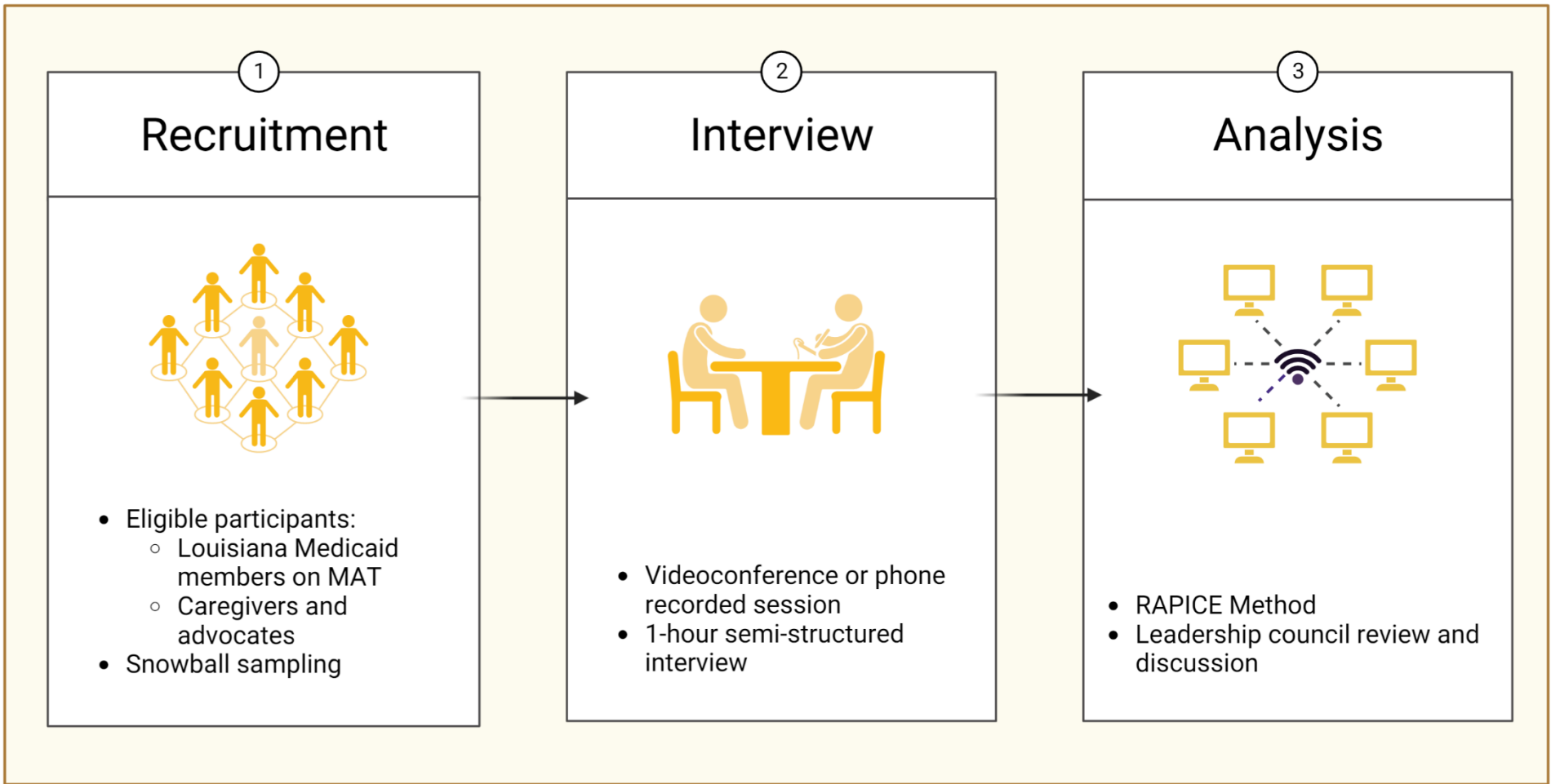
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INTRODUCTION

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}

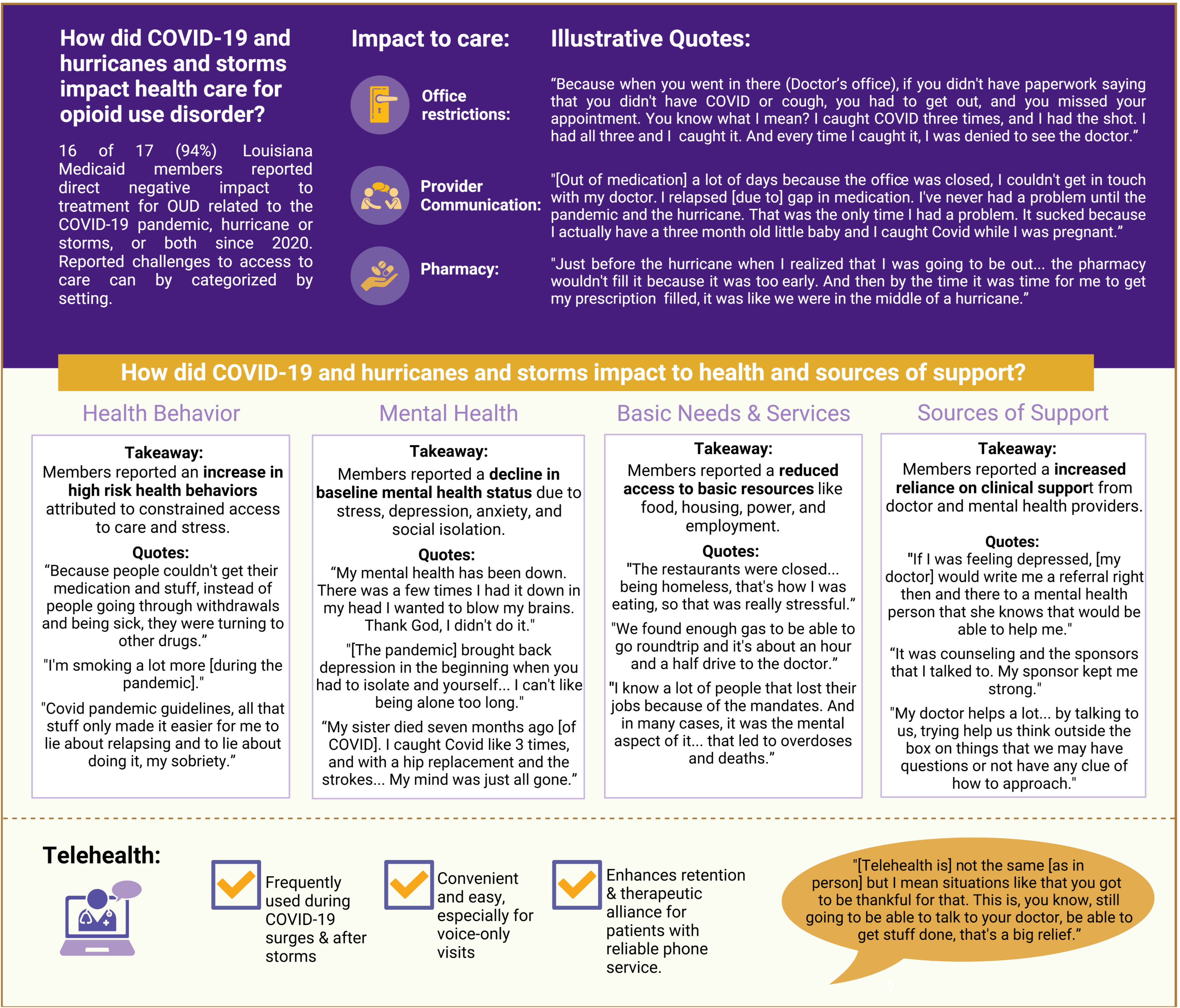
METHODS

We applied Rapid Assessment Procedures-Informed 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.



ACKNOWLEDGEMENTS

We would like to acknowledge the instrumental support of our PROUD Leadership Council, who contributed to study design; input on interview guides for diverse stakeholders including Medicaid members with OUD, healthcare providers, advocates, public health officials, and healthcare administrators; interview nominations; review of study progress; and providing feedback on preliminary analysis of interviews for potential policy recommendations.

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 were 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 lowered many barriers faced by Louisiana Medicaid Members to establishing and remaining in 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, and major storms. There are yet 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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