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“PROUD: Promoting Resilience in Medicaid Members with Opioid Use Disorder”

Background: During the peak of the COVID-19 pandemic in 2020-2021, the rate of opioid-related overdose fatalities rose disproportionality in Louisiana (56.2%) compared to the national average (29.6%).^{1,2} Fewer than 10% of patients with opioid use disorder (OUD) receive therapy despite the existence of successful evidence-based therapy with medication assisted treatment (MAT).^{3,4} Access to healthcare and ensuring patient retention is further complicated by environmental stressors and natural disasters.^{5,6} Understanding the experiences of patients, their caregivers, clinicians, agency officials, and clinical administrators is critical to make informed changes. The PROUD study aims to translate the effects of environmental stressors on Louisiana Medicaid Members (LMM) with OUD into recommendations for policy innovations to improve quality and continuity of care and reduce the rate of opioid-related deaths.

Methods: Study design, implementation, and analysis was led by a diverse Leadership Council engaged using community-partnered participatory research framework.⁸ Qualitative results were gathered by applying Rapid Assessment Procedures-Informed Community Ethnography to study the experience of people in South Louisiana in care for OUD as they were faced with environmental stressors including COVID-19, hurricanes, floods, and major storms.⁷ A total of 42 interviews with Medicaid members using MAT and their advocates (45%), professionals who provide or oversee direct service (45%), and Public Health officials (9%) have been summarized and parsed to date. Thematic analysis of the interviews was completed using pattern identification and the matrix method.

Results: Participants interviewed were 58% female with a mean age of 42.83 years, spanning 22 Louisiana parishes. Six target domains were identified for the development of quality improvement recommendations: supporting emergency disaster plans, improving pre-disaster provider communication, supporting resilience to environmental stressors, dissemination of successful healthcare adaptations, expanded utilization of telehealth, and supporting interventions to address increases in overdose. Factors contributing to overdose were identified as fentanyl exposure, limited Narcan availability, treatment inaccessibility, displacement, and mental illness.

Conclusion: Environmental stressors have significantly impacted Louisiana Medicaid Members in treatment for OUD since the peak of the COVID-19 pandemic. Challenges related to inaccessibility of care, economic hardship, diminished social support, and mental and physical health have adversely affected quality of care in this patient population. Continued patient-provider communication amidst natural disasters was considered protective against relapse. Members expressed the necessity of continued access to MAT in times of limited face-to-face appointments with clinicians. Recommendations from this study introduce areas in which current policies can undergo quality improvement measures to support continuity of care and increase successful outcomes for Medicaid members with OUD.

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