

Promoting Resilience for Medicaid Members with Opioid Use Disorder

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Introduction

- During the peak of the COVID-19 pandemic in 2020-2021, the rate of opioid-related overdose fatalities rose disproportionately 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}

Objectives

- Qualitatively assess the impact of environmental stressors, of hurricanes, and the COVID-19 pandemic on Medicaid members' experiences of OUD in Louisiana since 2020.
- Identify the knowledge, attitudes, and beliefs of healthcare providers serving members of Medicaid in Louisiana regarding adoption of MAT into clinical practice; how environmental stressors such as hurricanes or the COVID-19 pandemic impact clinical services delivery for OUD; and how telehealth or other innovations in clinical services or coordination of care may be of value in ensuring continuity of care and evidence-based care such as MAT for OUD, including during times of increased environmental stress, to reduce overdoses and improve health.
- Inform improvements in Louisiana Medicaid policy, preventive strategies, planning, and care for Medicaid members with OUD who may face current and/or future environmental stressors which may result in adverse health outcomes such as overdoses.

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 analyzed to date.
- Thematic analysis of the interviews was completed using pattern identification and the matrix method.

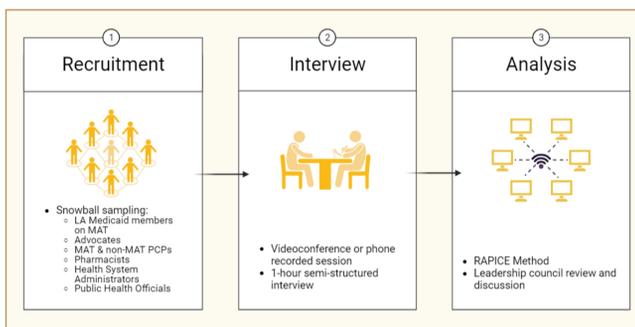


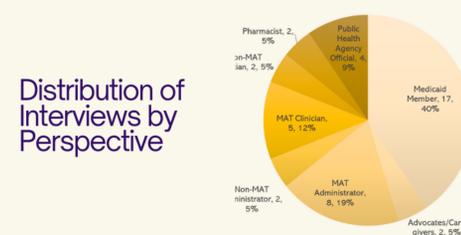
Figure 1. Study design and methodology

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. Illustrative quotes from Medicaid members highlighting important factors contributing to the development of the six domains are summarized in Figure 2.

How did COVID-19 and natural disasters affect Opioid Use Disorder?

16 of 17 (94%) Louisiana Medicaid members reported direct negative impact to treatment for OUD related to the COVID-19 pandemic, hurricanes and storms, or both since 2020.



Distribution of Interviews by Perspective

COVID-19

Members reported negative effects on mental health and sobriety during isolation

Hurricanes

Members reported a need for access to MAT in times of displacement and communication loss

Telehealth

Members reported frequent use of telehealth appointments to retain care for OUD

Coordination and Communication

Members reported inconsistencies in clinic disaster preparedness

Medication Access

Members reported difficulty with obtaining refills and subsequent increases in relapse rates

Mental Health

Members reported a decline in baseline mental health status due to stress, anxiety, depression, and social isolation

Overdoses

Members reported an increase in overdoses secondary to increased stress

Sources of Support

Members reported an increased reliance on clinic services and healthcare professionals



Everything was shut down...I was depressed and I wanted to use... I wanted to stay clean at the time. I needed help, and it wasn't there... It was very difficult because everything was shut down... I (relapsed).

I think they should give you a little bit more of [medication] supply because they know that power outage [due to a storm] is going to knock you out the system... Not too much, just maybe a week's more, just a little bit more to make sure you're going to be okay.

[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.

I believe that some of the clinics may have a good plan about how to prepare for it, but some may not... My clinic wasn't prepared as they should have been... making sure that we were able to get our medication, it was hard to get in touch with our counselors.

I know people that had trouble getting their medicine after the hurricane... It was hard if people had appointments during that time.

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.

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.

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



Discussion

Environmental stressors such as hurricanes, floods, major storms, and COVID-19 have significantly impacted Louisiana Medicaid Members with OUD since 2020. Policy makers may draw on these findings to identify opportunities for potential policy improvements. For example:

- Is there an opportunity for Centers for Medicare and Medicaid Services (CMS) or state Medicaid programs to improve medication refill flexibilities (or improve use of existing flexibilities) for early refills to ensure continuity of care before, during, and after hurricanes, tropical storms, or floods, when displacements and facility closures may limit access to life-saving medication such as buprenorphine or methadone?
- Telehealth services can enhance access to continuity of care during periods of prolonged displacement, regional infrastructure disruptions, or power outages that prevent in-person clinical visits. Can CMS or state Medicaid programs develop additional mechanisms to incentivize use of telehealth services in these circumstances to facilitate more systematic use?
- Given the experiences of Members facing difficulty with continuity of care, can clinical entities and providers in unaffected areas be organized in advance of hurricanes to serve as a virtual safety net for Members with Opioid Use Disorder? Can public health officials ensure this extends to shelters?
- Might partnerships with Louisiana Board of Pharmacy, pharmacy retailers, and others develop new processes to address known supply chain challenges for medications for Opioid Use Disorder following hurricanes, floods, and major storms?

This community-partnered participatory study highlights opportunities to improve policies and systems for Medicaid Members with opioid use disorder, who are at risk of substantial stress and interruptions in care as a result of the COVID-19 pandemic and climate-change related events.

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Figure 2. Illustrative themes and quotes from Louisiana Medicaid member interviews