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PROBLEM

- Food and Drug Administration-approved medications can effectively treat opioid use disorder (OUD), yet fewer than 20% of individuals with OUD receive these medications.
- Medicare beneficiaries represent a growing proportion of those with OUD, but relatively little is known about use of medications for treating OUD (MOUD) among this population.

RESEARCH OBJECTIVE

- Identify sociodemographic and clinical condition characteristic inequities in MOUD access among Medicare fee-for-service (FFS) beneficiaries with OUD.

STUDY DESIGN

- **Data:** 2018 data on Medicare fee-for-service (FFS) beneficiary sociodemographic characteristics and chronic conditions were from the Centers for Medicare and Medicaid Services (CMS) Chronic Condition Warehouse.
- **Sample:** N= 590,845 non-hospice beneficiaries with OUD, enrolled in Medicare in 2018
- **Key Measures:**
 - MOUD access was defined as having claim(s) for MOUD (buprenorphine, methadone, naltrexone) in 2018.
 - OUD diagnosis and ten chronic pain-related or disabling conditions associated with opioid use were identified using CMS' diagnosis-based algorithms.
- **Approach:** Descriptive univariate and bivariate analyses.

KEY FINDINGS

- Overall, 2.8% of Medicare FFS beneficiaries had OUD in 2018.
 - Among them, only 13.7% accessed MOUD in 2018.
- Relative to the total FFS population, MOUD access was disproportionately lower among beneficiaries:
 - Who were 65 years of age and older
 - Who were Black or African American
 - Who were not dually eligible for Medicare and Medicaid (eligible for Medicare only)
 - With a higher number of comorbidities (≥ 4 conditions)
 - With both physical and mental health comorbid conditions.

CONCLUSIONS

- MOUD access is low overall among Medicare FFS beneficiaries with OUD.
- Gaps in MOUD access were unevenly distributed across Medicare FFS subgroups, and especially pronounced in some historically underserved populations: those who were Black/African American, and those with more complex health needs (e.g., comorbid with ≥ 4 conditions, and comorbid physical and mental health conditions).
- Conversely, MOUD access was higher among those who were White, <65 years of age, disability-eligible for Medicare, dually eligible for Medicare and Medicaid, and with less complex health needs (e.g., <4 multi-morbid conditions, or no conditions).

IMPLICATIONS FOR POLICY AND PRACTICE

- These findings offer a starting point from which to target interventions to assist FFS subgroups disproportionately disadvantaged by gaps in MOUD access.
- Access gaps among those with complex health needs (e.g., comorbid with ≥ 4 conditions, having comorbid physical and mental health conditions) suggest other medical needs may be prioritized over OUD treatment – highlighting challenges for managing OUD in these populations.
- Those under 65 years, disabled, or dually eligible have, or are more likely to have, Medicaid coverage, as backup to Medicare, and may be more willing or able to access MOUD.
- Results suggest the importance of improving integration of behavioral health and primary care services, and reduction of financial or other impediments, to MOUD access.

Gaps in access to medication treatment for opioid use disorder disproportionately affect some underserved Medicare beneficiaries, supporting the need to evaluate the effectiveness of – and to better target – treatment efforts.

Figure 1. Access to Medications for Opioid Use Disorder Among Medicare FFS Beneficiaries, by Race and Ethnicity, 2018.

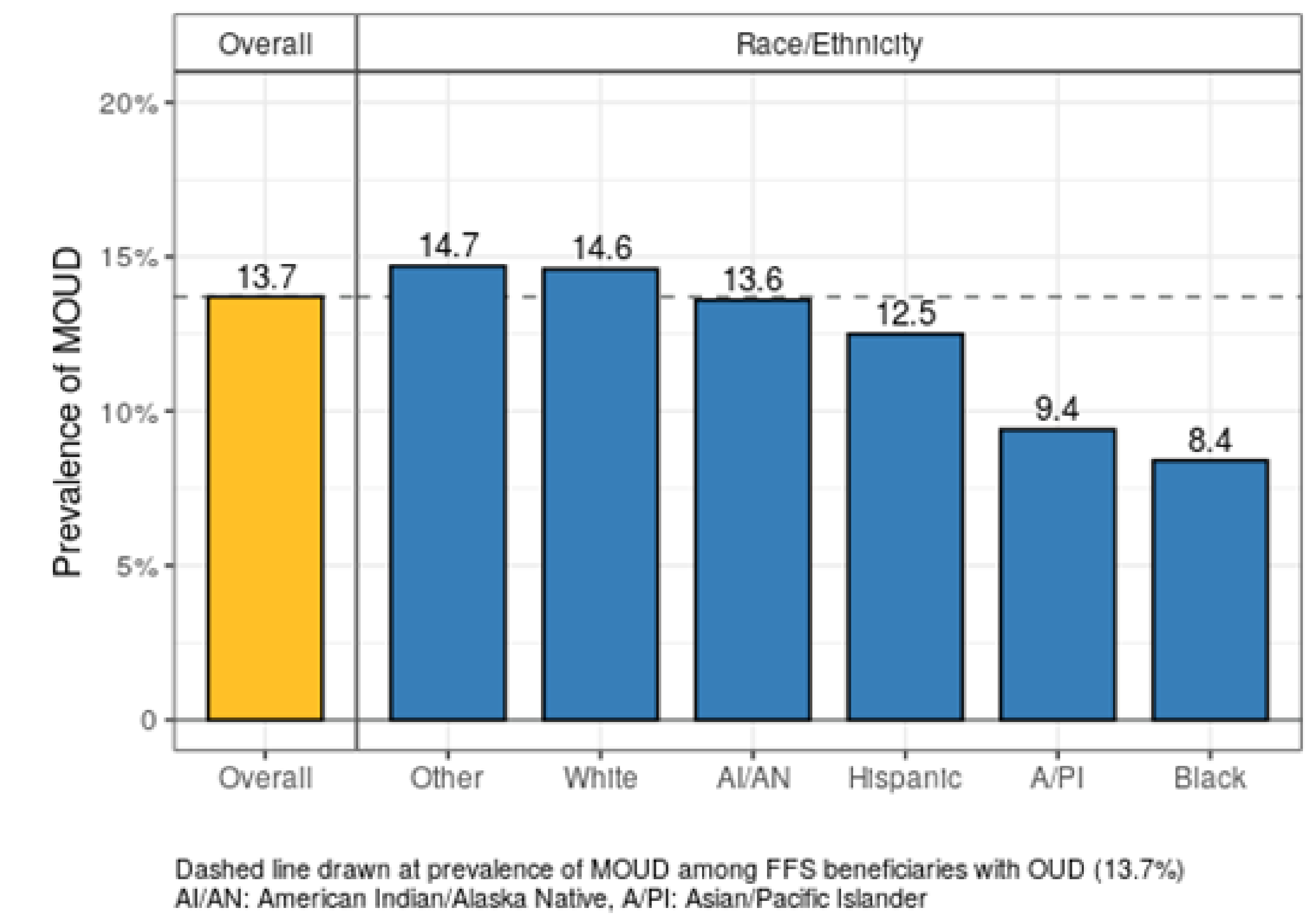


Figure 2. Access to Medications for Opioid Use Disorder Among Medicare FFS Beneficiaries by Age, Rurality, Original Reason for Medicare Entitlement, and Dual Eligibility Status, 2018.

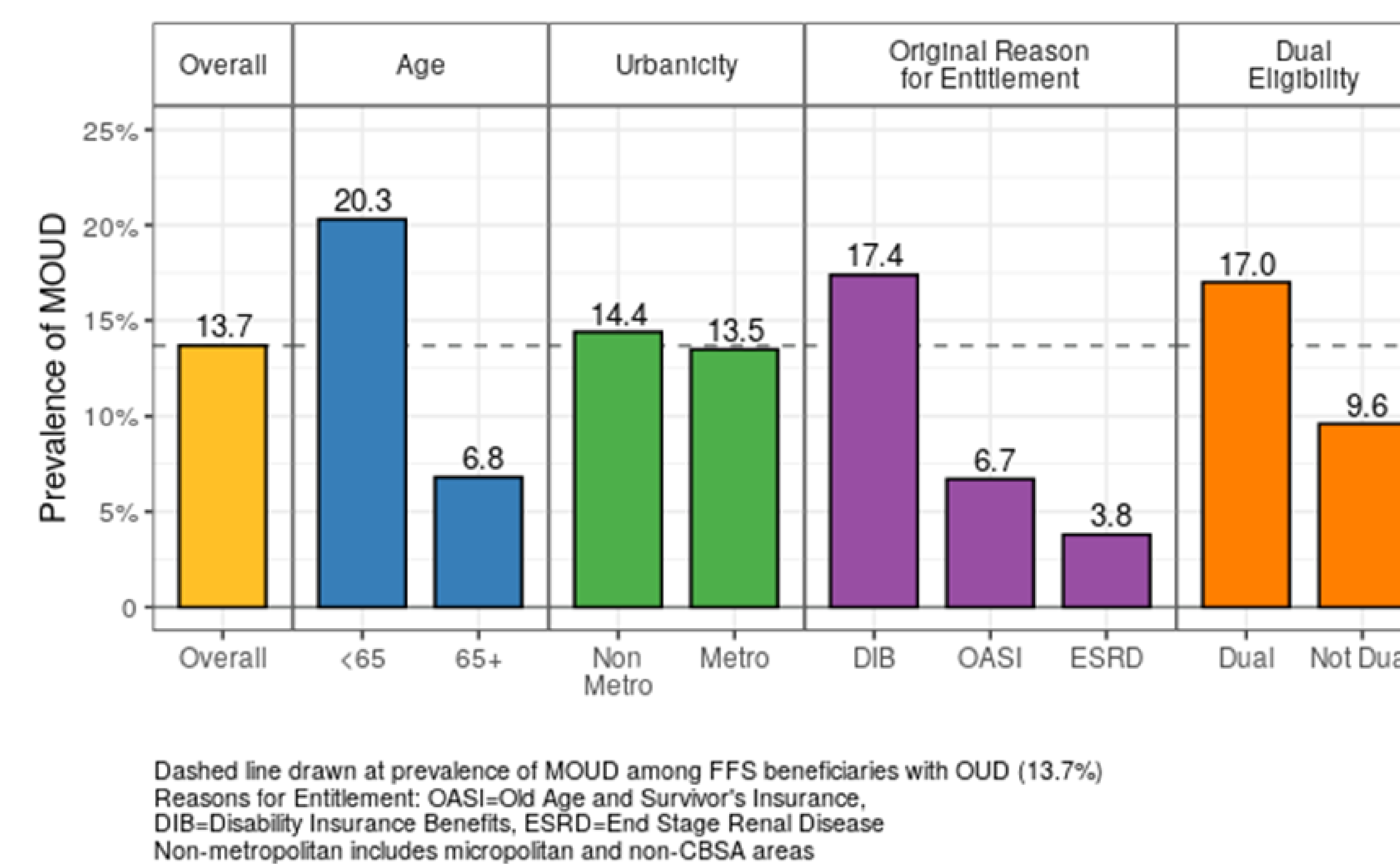
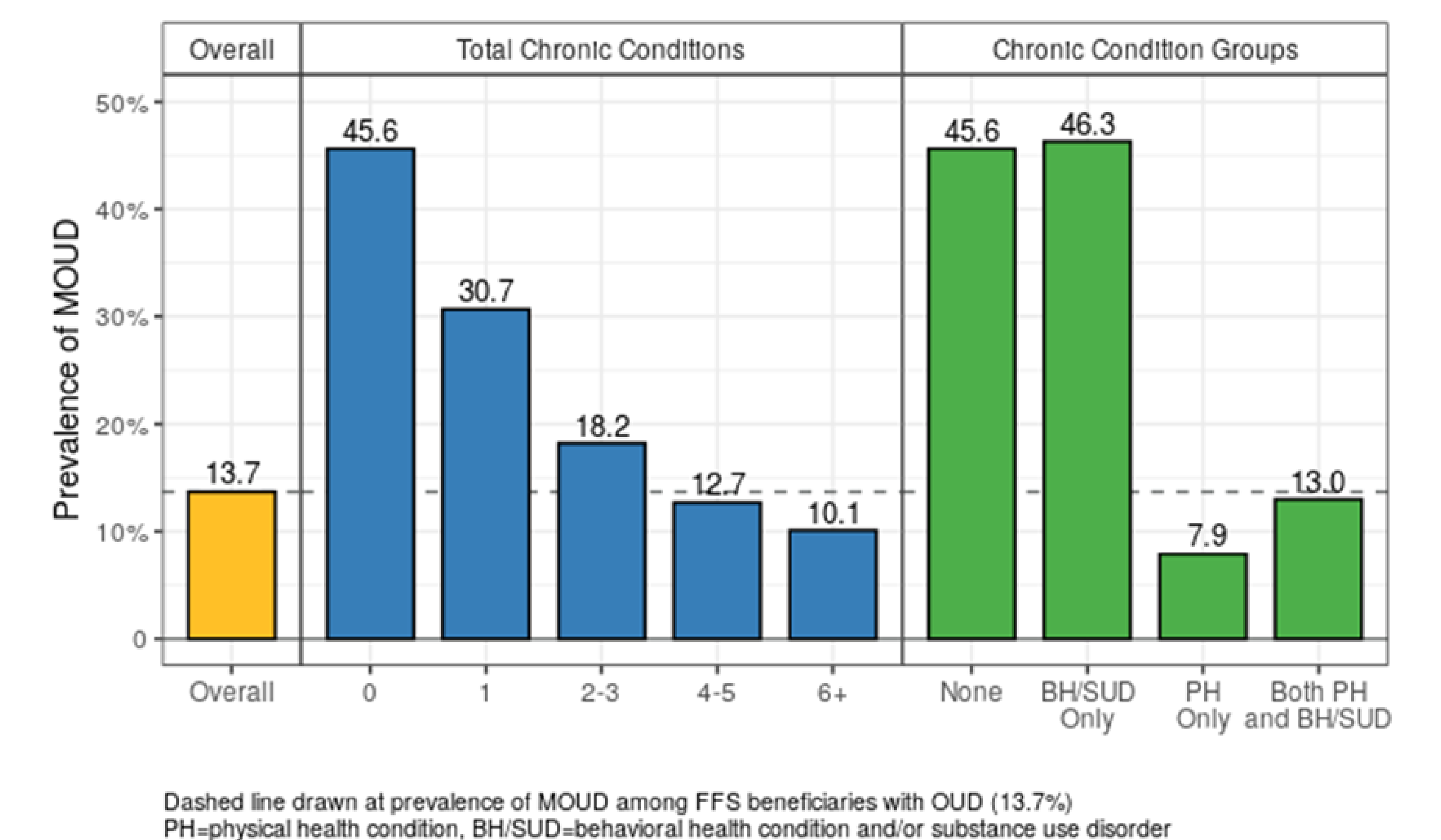


Figure 3. Access to Medications for Opioid Use Disorder Among Medicare FFS Beneficiaries by Total Number and Grouping of Chronic Conditions, 2018



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