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Study Finds Increased Use of Medications for OUD among Medicaid Enrollees in 11 States

Key Findings

- The prevalence of medication treatment for OUD increased from 47.8% in 2014 to 57.1% in 2018 among 11 states' Medicaid enrollees.
- Despite an increase in OUD prevalence, the overall percentage of enrollees receiving 180 days of continuous medications for OUD did not change.
- Non-Hispanic Black enrollees, compared to White enrollees, had lower OUD medication use and continuity.

The Question:

How did treatment of opioid use disorder (OUD) among Medicaid enrollees change from 2014 to 2018?

As the largest financing source of OUD treatment in the U.S., Medicaid should be studied to understand OUD care. Although reports have indicated increased use of medications for OUD, less is known about whether this increase has been accompanied by changes in care patterns associated with improved outcomes. Medicaid data can inform these patterns of care, yet there are no recent, large-scale studies of Medicaid due to a lack of data.

State universities participating in the Medicaid Outcomes Distributed Research Network (MODRN) developed a Common Data Model enabling standard Medicaid data analysis across states. States reported aggregate data to MODRN's data coordinating center for comparative analyses on changes in use of medications for OUD, potential indicators of good quality (OUD medication continuity for 180 days, behavioral health counseling, urine drug tests), and potential indicators of poor quality (prescribing of opioid analgesics and benzodiazepines) among Medicaid enrollees in 11 states from 2014 to 2018.

This research was funded by National Institute for Drug Abuse grant R01DA048029. Julie M. Donohue, Ph.D., professor and chair of Health Policy and Management in the Graduate School of Public Health at the University of Pittsburgh, is the principal investigator. Members of MODRN are listed in the *JAMA* manuscript.

The Implications:

Improved understanding of the factors driving increased use of medications for OUD is crucial to closing the remaining treatment gaps.

Although the prevalence of use of medications for OUD increased from 2014 to 2018 among Medicaid enrollees in 11 states, there are still significant gaps. In 2018, 43% of Medicaid enrollees diagnosed with OUD in these 11 states did not receive medication treatment. In order to address these treatment gaps, it is crucial to understand the factors driving increased use of medications for OUD.

Several factors may explain this increase. First, many states broadened coverage and loosened restrictions on medications for OUD, some using federal funds to enhance treatment capacity. Second, there has been reduced stigma associated with seeking OUD treatment. Third, ACA Expansion may also be driving some of the increase in OUD medication use. By 2018, a little over half of the enrollees with OUD in the 11 study states were eligible for Medicaid via expansion. These findings highlight the ACA's importance in increasing access to care for low-income people with OUD and suggests expanding access to care for those who can't afford it may be an important step in continuing to increase use of OUD medications.

The study identified that validated quality measures for medications for OUDs are lacking, and treatment guidelines may issue conflicting recommendations on optimal components of medication treatment for OUD. Overall, only 56.0% of enrollees in these 11 states received 180 days of OUD medications, with substantial variation across states. Recent evidence should inform development and validation of new quality indicators with the strongest likelihood of improving outcomes.

Non-Hispanic Black enrollees, compared to White enrollees, had substantially lower rates of OUD medication use and continuity. This has been consistent with other reports and warrants focused attention by health systems and policymakers.

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