

## University Partnership Research Brief

“Promoting Resilience Among Medicaid Members with Opioid Use Disorder (PROUD) Study”



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**College/School:** LSU Health School of Medicine

**Department:** Center for Healthcare Value and Equity

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### WHAT IS KNOWN ABOUT THE TOPIC?

*Disasters (hurricanes, floods, major storms, pandemics) interrupt healthcare and can place people at greater risk for poor outcomes, including hospitalization and death. People with Opioid Use Disorder (OUD) face challenges with access to high quality care which can be exacerbated by experiences of disaster affecting them or their healthcare providers. Medicaid and public health policy changes at the state level may improve outcomes for Medicaid members with OUD before, during and after disasters.*

### WHAT DID THIS PROJECT DO?

The PROUD Study Team of academics and community collaborators worked in partnership to better understand the experiences of Louisiana Medicaid members with OUD and others (healthcare, public health, advocates) who work to support them before, during and after disasters. The PROUD Study Team conducted 42 interviews representing stakeholders from 22 Louisiana parishes and analyzed them together. PROUD identified barriers to OUD care during and after disasters that are modifiable by changes in policy and practice.

### INTRODUCTION AND BACKGROUND

The United States witnessed a national surge in drug overdoses fueled by synthetic opioids between March 2020 and March 2021. The compound stressors of the COVID-19 pandemic and hurricanes in Louisiana significantly impacted Louisiana residents at risk of opioid overdose, including disrupting care and limiting initiation of care. Despite the significant rise in overdoses, opioid use disorder (OUD) remains a treatable chronic condition. Improved access to low cost, gold standard therapies (e.g., medication for opioid use disorder (MOUD) such as buprenorphine or methadone) and distribution of effective harm reduction modalities (e.g., intranasal naloxone) help to prevent overdose deaths. Telehealth regulations and flexibility in care delivery options for Medicaid providers and Medicaid members that emerged during the COVID-19 pandemic can improve engagement and continuity of care. However, few eligible physicians who treat Medicaid members in Louisiana offer MOUD, and other barriers remain. Telehealth may bolster entry into care and retention in care with MOUD for Medicaid members, including in the event of a natural disaster or another pandemic.

### WHAT CAN MEDICAID DO WITH THIS INFORMATION?

Louisiana Medicaid can look to implement policies —independently and in collaboration with managed care organizations and other agencies — that increase access to telehealth and other providers, improve access to life-saving medication, and decrease the risk of overdose or other adverse outcomes for Medicaid members with OUD who face hurricanes, floods, major storms or pandemic outbreaks. Medicaid can expand telehealth and medication for OUD (MOUD) access and offer targeted support for its impacted Members with OUD after disasters.

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## PROJECT DESIGN AND METHODOLOGY

The objectives of this project were to understand how members of Louisiana Medicaid with OUD have been impacted by hurricanes and COVID-19; to learn how providers have adapted or might be willing to adapt their clinical practices to provide MOUD for patients; including in-person or via telehealth services; and to inform improvements in Medicaid policy and care for Medicaid members with OUD who may face current and/or future environmental stressors which may result in adverse health outcomes. We built on the track record of the Community Resilience Learning Collaborative and Research Network (C-LEARN), a community-academic partnership focused since 2017 on conducting research to improve health and resilience outcomes among under-resourced and at-risk communities in Louisiana (such as people with OUD) threatened by hurricanes, COVID-19 and other significant health threats. We conducted 42 key informant interviews and applied analysis procedures of rapid assessment procedure-informed community ethnography (RAPICE) to assess the impact of these stressors on Medicaid members experiences of OUD in Louisiana since 2020. We had the three following aims:

**Aim 1:** Understand and describe how environmental stressors of COVID-19 and hurricanes have impacted both Louisiana Medicaid members with OUD and affected their usual sources of support and care through semi-structured interviews with key informants (i.e., Louisiana Medicaid members with OUD, their caregivers, and advocates).

**Aim 2:** Through semi-structured interview of key informants (i.e, Louisiana Medicaid healthcare providers, health agency officials, and clinical administrators) identify and describe the knowledge, attitudes and beliefs of healthcare providers serving members of Medicaid in Louisiana regarding adoption of MOUD 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 MOUD, including during times of increased environmental stress, to reduce overdoses and improve health.

**Aim 3:** Drawing from findings of Aim 1 and 2 and using a community partnered participatory research (CPPR) model, collaborate with affected community partners to provide policy recommendations to Louisiana Medicaid to facilitate more efficient entry of Medicaid members with OUD into evidence-based care with MOUD, bolster continuity of care, and ensure availability of necessary supports to health and well-being for these members when facing environmental stressors including hurricanes and COVID-19.

## CONCLUSIONS AND HEALTH POLICY IMPLICATIONS

94% of Louisiana Medicaid members interviewed reported direct negative impact to treatment for OUD related to disasters since 2020. Louisiana Medicaid members in treatment for OUD report reduced quality of medical care due to inaccessibility, displacement, mental and physical health challenges, and diminished support related to disasters since 2020. Direct communication mechanisms with providers and telehealth were perceived as protective against care interruptions and relapse.

### **Additional findings and policy recommendations include:**

⇒ **Telehealth services support entry into care and retention in care for OUD, including after disasters.**

**Policy Recommendation:** Louisiana Medicaid and Medicaid Managed Care Organizations (MCOs) should facilitate increased use of audio-visual and audio-only telehealth services through regulatory updates (e.g. allowing payment to all MOUD prescribers for audio-only telehealth services) and financial incentives promoting telehealth access for Medicaid members with OUD, to encourage readiness and experience with utilization of telehealth technologies by Medicaid members and health care providers prior to a disaster. Readiness and experience prior to a disaster will

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support more systematic implementation of telehealth by health services providers to support Medicaid members during times of disaster and in the aftermath, better ensuring continuity of care, reducing care interruptions, and reducing risk of overdose or other adverse outcomes for affected members with OUD.

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⇒ **Accessible MOUD dispensing by pharmacies prior, during, and after disasters is critical to care delivery for OUD**

**Policy Recommendation:** To ensure Louisiana Medicaid members with OUD do not run out of existing prescriptions for MOUD during or after a disaster, Louisiana Department of Health, Medicaid Managed Care Organizations, CMS, DEA, the State Board of Pharmacy, the State Board of Medical Examiners, and pharmacy retailers in Louisiana should develop disaster planning guidance, or plans to better communicate existing guidance, to ensure access to timely (even early) refills of MOUD for affected patients who may be displaced or limited by infrastructure or other barriers before, during, and after disasters. LDH and agency partners should require all Louisiana pharmacies to stock and dispense buprenorphine products.

**Policy Recommendation:** To address access to MOUD for Louisiana Medicaid members displaced across state lines by a disaster, Louisiana Department of Health, Medicaid Managed Care Organizations, CMS, DEA, and State Boards of Pharmacy, State Boards of Medical Examiners, pharmacy retailers, and others in Louisiana and adjacent states should develop disaster planning guidance, or plans to better communicate existing guidance, to ensure access to MOUD at the pharmacy point of sale and continuity of care for patients displaced across state borders before, during, and after disasters.

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⇒ **Public Health and Medicaid collaboration facilitates access to MOUD, naloxone, and needed services during and after disasters.**

**Policy Recommendation:** Louisiana Department of Health, including the Office of Public Health, Regional Offices, Louisiana Medicaid, regional human services authorities, clinical organizations, disaster-shelter operators, pharmacies, and healthcare providers in disaster-affected and unaffected areas should organize in advance of disasters to provide toll free or online telehealth-supported clinical services for affected people who are cut off from usual sources of healthcare and MOUD during a disaster. These parties can organize a virtual safety net to reduce the risk of interruptions of care and facilitate continuity of MOUD. MOUD care continuity, Naloxone distribution, and other harm reduction efforts in clinical and non-clinical settings such as disaster shelters or settings with displaced people can reduce overdose deaths.

**Acknowledgements:** *The PROUD Study team thanks LDH, PUPP, the PROUD Leadership Council, LSU Health and the participants in this study.*

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