Quality and Access of Buprenorphine Treatment for Opioid Use Disorder in Medicaid

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Abstract

The United States is in the midst of a drug overdose epidemic that shows no sign of abating. Studies suggest the rate of overdose deaths among Medicaid enrollees is several times higher than the general population rate. Given the continuing overdose epidemic and the elevated overdose risk among Medicaid beneficiaries, and the importance of Medicaid in financing substance use disorder services, there is a need for research on access and quality of opioid use disorder (OUD) treatment in Medicaid. Treatment with the medications buprenorphine or methadone, known as opioid agonist treatment (OAT), has the strongest evidence of reducing overdose mortality from OUD. Nevertheless, these medications are vastly underutilized in practice. This dissertation consists of three chapters that provide evidence for improving access and quality of buprenorphine treatment for OUD in Medicaid. The first chapter uses national data to examine whether Medicaid expansion under the Affordable Care Act increased use of OAT. Many health policy professionals have pointed to the potential of Medicaid expansion for increasing access to OUD treatment, but studies have yet to demonstrate this. This chapter also examines whether limits in the number of OAT providers in states limited the effect of expansion on OAT use. The second chapter examines whether improvements in buprenorphine treatment access may be coming at the cost of quality using data from North Carolina Medicaid. Many states, including North Carolina, have sought to increase access to OAT by encouraging non-specialist primary care providers (PCPs) to deliver buprenorphine treatment. However, some providers and political leaders have raised concerns that PCPs do not have the training or resources to provide high-quality buprenorphine treatment. This chapter provides the first evidence of whether this is the case. The third chapter combines analyses of North Carolina Medicaid claims and interviews with buprenorphine prescribers to understand factors that drive retention in treatment. Treatment guidelines generally recommend patients receive OAT for at least 6 months, but many patients drop out of treatment sooner. This chapter developed a novel mixed-methods approach to identify provider-level practices that could improve retention in treatment while controlling for differences in patient characteristics between providers.

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