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Integrated Care Improves Outcomes for Opioid Use Disorder in West Virginia

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Opioid use disorder (OUD) can have significant behavioral and physical health effects including overdose, self-harm, infections, and heart disease. Medicaid managed care plans are well positioned to integrate behavioral and physical health to improve outcomes for beneficiaries experiencing OUD.

Background

The prevalence of OUD, along with fatal overdoses and other negative outcomes due to OUD, is increasing nationally with West Virginia outpacing the United States (U.S.) as a whole.

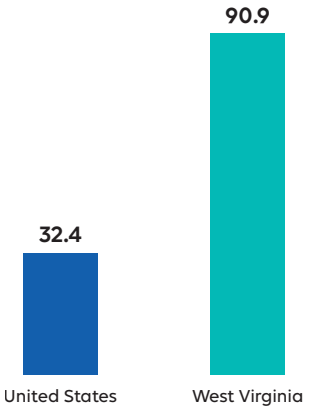
In West Virginia, the fatal opioid overdose rate was almost triple that of the national average in 2020.[1,2] (Figure 1) Almost 30 percent of West Virginia's population is enrolled in Medicaid, with 81 percent enrolled in a Medicaid managed care plan; of those, 5 percent experience OUD, which is greater than the national average of 3.4 percent.[3,4]

This brief describes physical and behavioral health risks associated with OUD, discusses how West Virginia addressed substance use disorders (SUD), with a focus on OUD, through Medicaid and managed care, and analyzes behavioral health outcomes often associated with OUD.

Figure 1

Fatal Opioid Overdose Rates, 2020

Overdoses per 100,000 people



Behavioral and Physical Health

There can be multiple public health implications of OUD, including higher rates of several behavioral and physical health concerns. (Table 1)

Table 1

Behavioral and Physical Health Outcomes in OUD

Outcome	Why it Matters
Overdose	• 10-fold increase in the U.S. since since 1999.[5] • There were over 80 thousand overdose deaths in the U.S. in 2021.[6]
Self-harm	• Risk of self-harm is six times higher for OUD than the general population.[7,8] • Used as an outcome measure for suicide prevention.[9]
Neonatal Abstinence Syndrome (NAS)	• NAS is an indicator of OUD among individuals who are pregnant and can have a significant impact on fetal health and development.[9,10] • NAS incidence in West Virginia was the highest in the country in 2020 (43/1,000 births).[11]
Osteomyelitis (Infection of the Bone)	• Increasing rates of infection nationally due to intravenous drug use.[12] • Longer hospitalizations and increased cost of treatment.[13]
Endocarditis (Bacterial Inflammation of the Heart)	• Medicaid enrollees with OUD have increasing inpatient hospital stays for endocarditis.[14] • Increased risk for heart valve replacement and death.[14]

Medicaid beneficiaries may experience multiple difficulties in accessing treatment for behavioral and physical healthcare. This includes concerns related to social drivers of health (SDOH) such as lack of access to reliable transportation or broadband for virtual care, coupled with barriers related to stigmas attached to OUD.[15] Care that integrates behavioral and physical health services through collaborative efforts between physical and behavioral healthcare providers, innovative payment arrangements, or co-location of services, are strategies to remove barriers to care and improve outcomes for people with OUD.

Integrated Care in West Virginia

In 2019, West Virginia Medicaid implemented an 1115 demonstration waiver to pilot a continuum of care demonstration aiming to reduce the rate of all SUD and improve outcomes among Medicaid enrollees with an SUD, with a specific focus on OUD. One of several key strategies to achieving the pilot's goals was increasing and supporting the integration of behavioral and physical healthcare through Medicaid managed care plans.

UniCare Health Plan of West Virginia, an Elevance Health-affiliated Medicaid health plan, consistently serves the most Medicaid members among all the Medicaid managed care plans in the state. UniCare, which has offered integrated care since 2017, leveraged West Virginia's 1115 demonstration waiver to further develop integrated care approaches focused on direct member services, partnerships, and innovation.

UniCare's member services approach focuses on increasing access to behavioral health case managers for all members experiencing OUD receiving residential treatment, and on supporting maternal and infant health for members experiencing OUD who are pregnant.

UniCare places behavioral health case managers across four Institution for Mental Disease (IMD) facilities (state-funded residential treatment centers) and SUD Residential Adult Services (SUD-RAS) programs that provide residential treatment beds for SUD. This increases access to behavioral health case managers during treatment for members with OUD. Behavioral health case managers work internally across physical and behavioral health teams, and externally by educating care providers on the unmet needs of individuals with OUD and how to better meet those needs. Case managers also provide support to members experiencing OUD through:

- Education on contraception for women of childbearing years.
- Education on treatment options for HIV and Hepatitis C.
- Referrals to internal and external programs to address physical health or SDOH.

To support members who are pregnant with OUD and increase NAS prevention, UniCare has established a physical health team that includes a medical director and a high-risk obstetrics case manager. This team coordinates care and follows the member and infant up to six months post-delivery. The behavioral health team, including a women's wellness and recovery specialist and behavioral health case manager, collaborates with the physical health team during rounds to coordinate integrated care and provide referrals to bridge gaps in support.

In addition to providing direct support for members, UniCare has partnerships across the state and is actively involved in many initiatives. (Table 2)

Table 2

UniCare Partnerships

State Department for Health and Human Services and Bureau for Medical Services
Behavioral Healthcare Providers Association
Clinical and Translational Science Institute
Project Extensions for Community Healthcare Outcomes (ECHO)
West Virginia Governor's Council on Substance Use Prevention and Treatment

Finally, UniCare has innovated to support members with OUD in several ways. These include applying digital therapeutics to support personalized case management, developing an incentive strategy for members managing their SUD recovery, and leveraging value-added benefits to support SDOH for Medicaid and community members experiencing SUD.

Analysis

The purpose of this analysis was to examine the behavioral health outcomes of integrated care for individuals with OUD enrolled in UniCare's Medicaid managed care plan.

Claims from July 2019 to April 2023 with a diagnosis of OUD, overdose, self-harm, or NAS were identified using the relevant ICD-10 codes which are defined within the figures in the results below.

Results

The number of UniCare's Medicaid members with a new OUD diagnosis increased by 33 percent from July 2019 through April 2023. Even with this increase in new diagnoses, the figures below demonstrate decreased rates of overdose, self-harm, and NAS among West Virginia's Medicaid members over the analysis period.

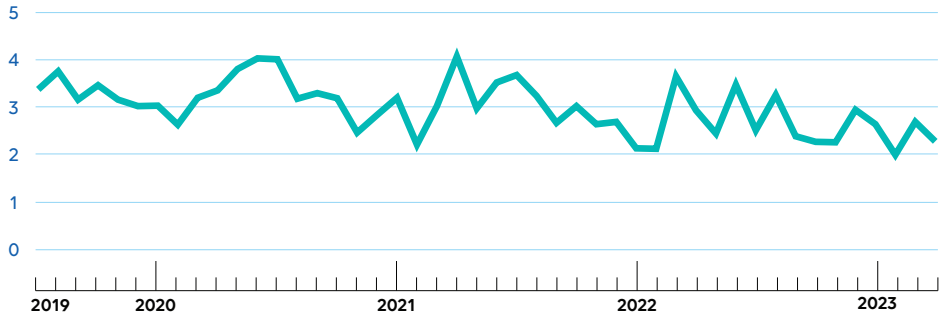
A 33 percent reduction in opioid overdose was observed from July 2019 through April 2023. (Figure 2) Self-harm incidence among members with an OUD diagnosis decreased by 62 percent over the reporting period. (Figure 3) Finally, NAS incidence decreased by 82 percent from July 2019 through April 2023. (Figure 4)

Figure 2

Overdose Incidence by Month, July 2019 to April 2023

Per 1,000 Members

A 33% reduction in overdose was observed from July 2019 to April 2023.



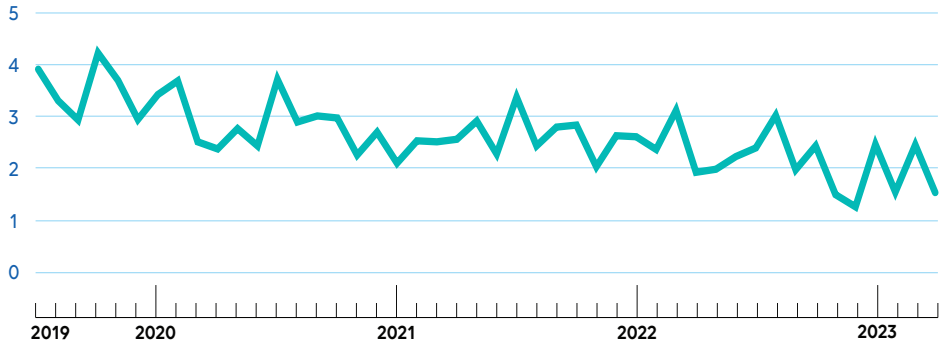
Note. Overdoses are defined as the first claim for each member with any variation of the T40 ICD-10 diagnosis codes in one of the first four diagnosis positions on the claim.

Figure 3

Self-Harm Incidence by Month, July 2019 to April 2023

Per 1,000 Members

A 62% reduction in the incidence of self-harm was observed between July 2019 to April 2023.



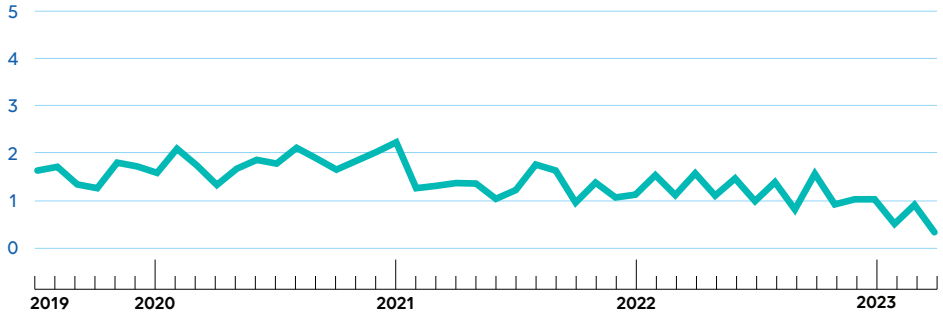
Note. Self-harm data is defined as the first claim for each member with any of the following ICD-10 codes in one of the first four diagnosis positions on the claim: T1491XA, T360X2A, T361X2A, T362X2A, T363X2A, T364X2A, T365X2A, T366X2A, T367X2A, T368X2A, T370X2A, T371X2A, T372X2A, T373X2A, T374X2A, T375X2A, T378X2A, T3792XA, T380X2A, T381X2A, T382X2A, or T383X2A.

Figure 4

NAS Incidence by Month, July 2019 to April 2023

Per 1,000 Births

An 82% reduction in NAS incidence was observed between July 2019 to April 2023.



Note. NAS is defined as infants aged 4 months or younger with a P96.1, P04.49, or P04.41 diagnosis.

Discussion

This analysis reveals improvements in critical behavioral health outcome measures among UniCare's Medicaid members with OUD.

There is an opportunity to establish infrastructure to support sustainable and consistent delivery of integrated care within West Virginia and across other states, as well as tailor integrated care services to the needs of individuals. These opportunities include:

Implement Section 1115 Medicaid demonstration waivers to advance evidence-based approaches to integrated care.

This Medicaid authority presents an opportunity to pilot or evaluate new or experimental approaches to care. For example, the Collaborative Care Model (CoCM) is an evidence-based approach to integrated care for people experiencing psychiatric disorders, which integrates behavioral health case management with primary care and psychiatric consultation. The model is predicted to decrease costs of care for Medicaid enrollees with OUD when applied in primary care settings; however, barriers to CoCM implementation include clinical coordination and knowledge, organizational capacity, and financing the initial investment to establish CoCM services.[16]

Support collaboration and engagement across multi-sector partnerships.

States, providers, payers, and community-based organizations (CBOs) can collaborate to support the development of technological infrastructure, such as opportunities for shared data, communication, and payment models that are evidence-based, compliant, and poised to deliver integrated care services. Engagement and collaboration among multi-sector partners may also optimize existing resources offered by local CBOs to better support a continuum of integrated care and help members with SDOH needs.

Engage with Medicaid beneficiaries with lived experience with OUD.

Intentional and collaborative strategies to include people with lived experience will help stakeholders tailor evidence-based approaches to meet the identified needs of these individuals. Such conversations can inform stakeholders about barriers and facilitators of care, help shape outcomes that are important to them, and discuss preferences for integrated care service options.

Establish reimbursement for integration services delivered under evidence-based approaches.

The Centers for Medicare & Medicaid Services (CMS) allows for reimbursement that supports behavioral health integration, such as billing for psychiatric care planning. Medicaid coverage for services provided under a behavioral health integrated model, such as CoCM, varies by state and is not currently covered in West Virginia, presenting a barrier to implementation for the OUD population.[17] Establishing this reimbursement in West Virginia, and in other states that do not currently support reimbursement for integrated services, could increase the availability of integrated care and promote more consistent service coordination and care delivery.

Conclusion

OUD persists in the U.S., with increased incidence of opioid use, fatal overdose, and other negative outcomes impacting both behavioral and physical health. Medicaid managed care plans are well situated to support, coordinate, and deliver integrated care to advance treatment for OUD and improve individuals' health and well-being. This is evident through the partnerships and strategies implemented by UniCare that focused integrated care efforts on treating OUD in West Virginia.

The results of this analysis further suggest that integrated care improves behavioral health outcomes for individuals experiencing OUD. Future research should also include outcomes such as MAT utilization and incidence of osteomyelitis and endocarditis. As Medicaid continues to be an important source of health coverage for people experiencing SUD and OUD, states and other stakeholders should consider policy options to advance the approach of evidence-based integrated care models.

Endnotes

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