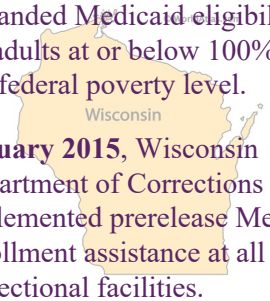
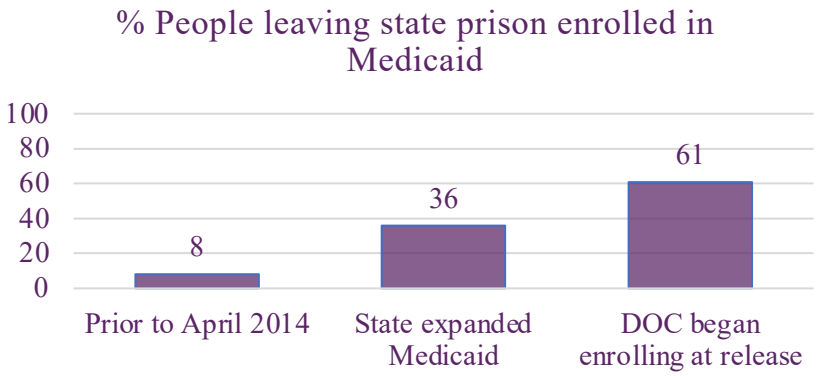
Insurance and Medication Assisted Treatment

April 2014, Wisconsin expanded Medicaid eligibility to all adults at or below 100% of the federal poverty level.



January 2015, Wisconsin Department of Corrections implemented prerelease Medicaid enrollment assistance at all state correctional facilities.



Research question: Did the DOC enrollment program change use of outpatient, emergency department, and inpatient care services in the month following release?

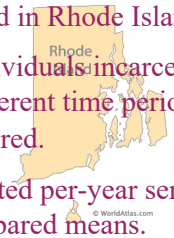
Sample: 18,265 releases of individuals with a history of substance use from state prison between April 1, 2014 and December 31, 2016.

Study outcome	% (95% CI) Baseline period	Enrollment assistance period	*P* value
Outpatient visit			
Any	16.1 (15.1 to 17.1)	24.4 (23.6 to 25.1)	<.001
With OUD diagnosis	0.7 (0.5 to 1.0)	1.4 (1.2 to 1.6)	<.001
With SUD diagnosis	2.5 (2.1 to 3.0)	3.8 (3.4 to 4.1)	<.001
Medication treatment for OUD	0.3 (0.1 to 0.4)	0.7 (0.5 to 0.8)	<.001
ED visit	5.6 (4.9 to 6.2)	6.2 (5.8 to 6.6)	.06
ED visit for overdose	0.3 (0.1 to 0.4)	0.4 (0.3 to 0.5)	.13
Inpatient stay	0.8 (0.6 to 1.1)	1.1 (0.9 to 1.3)	.04
Inpatient stay for overdose	0.06 (−0.008 to 0.13)	0.2 (0.1 to 0.2)	.048

Findings highlight the promise and limits of enrollment:

- DOC enrollment program was associated with a large increase in the likelihood of having any outpatient visit within 30 days after release (16.1% at baseline to 24.4% after enrollment program).
- But absolute levels of health care related to substance use immediately following release from incarceration remained low. Less than 4% of individuals had an SUD-related outpatient visit within 30 days of release.
- No evidence of reductions in the use of hospital-based care.

Research question: Did healthcare costs in the community change after individual was given MOUD while incarcerated in Rhode Island?



Sample: 807 individuals incarcerated in the state prison at two different time periods when MOUD were and were not offered.

Method: Calculated per-year service use and costs. Paired t-test compared means.

	Costs before	Costs after
All costs	$15,780	$17,316
All Inpatient costs	6,795	7,075
Inpatient medical admissions	4,335	4,716
Inpatient addiction treatment	2,460	2,359
Emergency department	1,898	1,356***
Nonacute outpatient services	3,265	3,878***
Pharmacy	1,560	2,508***

TAKEAWAYS

- ✓ Enrollment assistance should be made universal within correctional settings.
- ✓ More tailored interventions should aim to increase the receipt of treatment for substance use disorders.
- ✓ After patient exposure to MOUD, Medicaid costs shifted from emergency dept. services to outpatient and pharmacy.

Sources: Burns, M. E., Cook, S., Brown, L. M., Dague, L., Tyska, S., Romero, K. H., ... & Westergaard, R. P. (2022). Association between assistance with Medicaid enrollment and use of health care after incarceration among adults with a history of substance use. *JAMA Network Open*, *5*(1), e2142688-e2142688. Burns, M. E., Cook, S. T., Brown, L., Tyska, S., & Westergaard, R. P. (2021). Increasing Medicaid enrollment among formerly incarcerated adults. *Health Services Research*, *56*(4), 643-654. Howell, B. A., Martin, R. A., Lebeau, R., Truong, A. Q., Wang, E. A., Rich, J. D., & Clarke, J. G. (2021). Changes in health services use after receipt of medications for opioid use disorder in a statewide correctional System: Study examines changes in postrelease health care use among formerly incarcerated people who received treatment for opioid use disorder while in the Rhode Island Department of Corrections system. *Health Affairs*, *40*(8), 1304-1311.