



DIFFERENCES IN OPIOID DEPENDENCE SEVERITY BY HEALTH INSURANCE AMELIORATED BY MONTH THREE OF BUPRENORPHINE TREATMENT

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Background/Objective

Few studies have examined the effect of patient insurance coverage on outcomes among opioid dependent (OD) patients in buprenorphine-medication assisted therapy (B-MAT). Vital to payors, both commercial and government, the purpose of this study was to understand differences in treatment outcomes between commercially-insured B-MAT patients and those with public sector coverage (i.e. Medicare or Medicaid) or no insurance coverage participating in a medication compliance program.

Methods

Subjects (N=625) were new B-MAT cases who met inclusion criteria and were randomly assigned to the intervention arm (telephonic patient support medication compliance program) or controls (BMT as usual) of a larger RCT. Measures included the Addiction Severity Index and Treatment Services Review collected at baseline, 1, 2, 3, and 6 months.

Results

At baseline, subjects using Medicaid/Medicare or no coverage were more likely to have more severe problems such as more heroin use (5.2 days vs. 3.1 days), employment problems (10.1 days vs. 4.6 days), criminal activity for profit (2.4 days vs. 1.3 days), and psychological problems (9.5 days vs. 7.3 days) than the commercially insured (p 's < .05). The group X insurance interaction indicates that at 3 months, except for employment problems, the insurance effects faded in the intervention but not the control group.

Conclusions

The patient support and compliance enhancement program helps to counter the effect of insurance status on outcomes for OD patients receiving B-MAT.

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