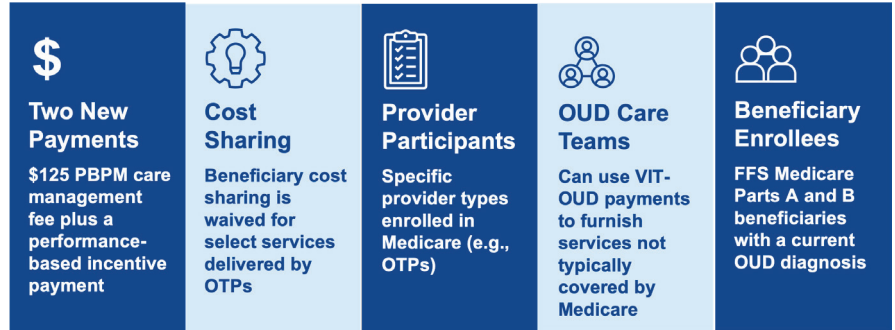


DEMONSTRATION OVERVIEW

The Value in Opioid Use Disorder Treatment (VIT-OD) Demonstration aims to test whether specialized opioid use disorder (OUD) care teams, supported by two new payments, can increase access to OUD treatment services, improve health outcomes, and reduce Medicare expenditures. The demonstration was required by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018 (SUPPORT Act). It started on April 1, 2021, and is expected to end on December 31, 2024.

Key Components of the VIT-OD Demonstration

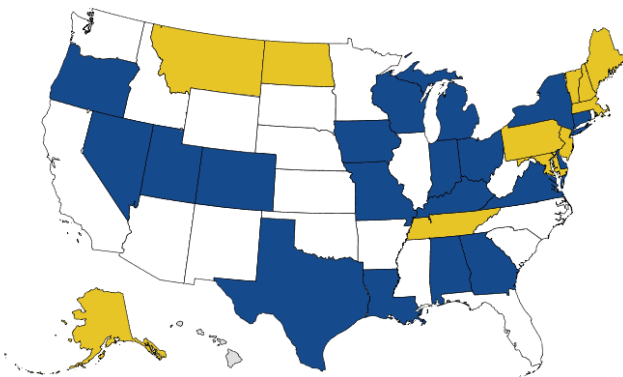


FFS = fee-for-service; OTP = opioid treatment program; PBPM = per beneficiary per month.

PARTICIPANTS

As of September 2023, 47 providers were participating in the VIT-OD Demonstration. Of these 47 provider participants, 18 had enrolled at least one beneficiary between April 2021 and September 2022. Collectively, 943 beneficiaries were enrolled.

States Where Providers Are Located¹



¹ Yellow states represent states where provider participants that enrolled beneficiaries (April 2021 to September 2022) are located; blue states represent states where provider participants that did not enroll beneficiaries are located.



VIT-OD beneficiary enrollees had different characteristics from those of the overall Medicare population.

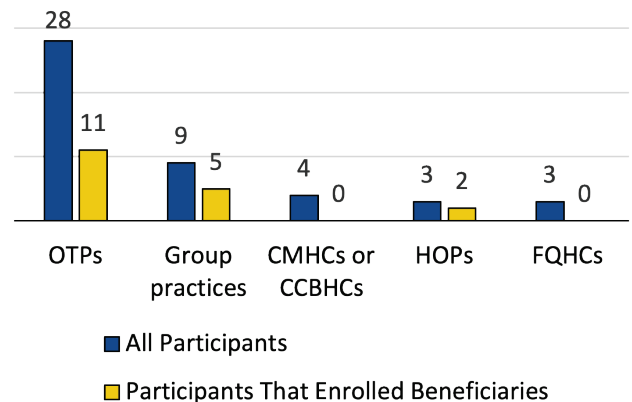
Consistent with other OUD populations, VIT-OD beneficiaries tended to be younger and more likely to be male, originally entitled to Medicare due to a disability, dually eligible for Medicare and Medicaid, and enrolled in a Medicare Part D plan than the overall Medicare population.



Providers reported challenges with enrolling beneficiaries.

- Medicare Advantage beneficiaries were not eligible for the demonstration, and many beneficiaries treated by participants were either in Medicare Advantage or were switching to Medicare Advantage.
- Some providers reported that the beneficiary agreement forms may have been too complicated for beneficiaries to understand.
- Early on, many care management fee claims were erroneously denied due to confusion as to what elements were required on the claim; these issues have been mostly resolved.

Number and Type of Providers That Participated



CCBHC = Certified Community Behavioral Health Center; CMHC = Community Mental Health Center; FQHC = Federally Qualified Health Center; HOP = hospital outpatient department.

FINDINGS

Beneficiary enrollment was lower than expected.

Over the first 18 months of the demonstration, 943 beneficiaries were enrolled. This was less than expected.



The VIT-OD Demonstration was associated with fewer hospitalizations and emergency department (ED) visits.

VIT-OD beneficiary enrollees had 17% fewer inpatient admissions, 18% fewer ED visits, and 51% fewer substance use disorder (SUD)-related ED visits per 1,000 beneficiaries than beneficiaries in a matched comparison group.



Medicare expenditures were also lower, a reflection of lower hospitalization and ED visit rates.

Before accounting for demonstration payments, Medicare expenditures for VIT-OD beneficiary enrollees were 15% less than for a matched comparison group. After accounting for demonstration payments, data continue to show savings of 11%.



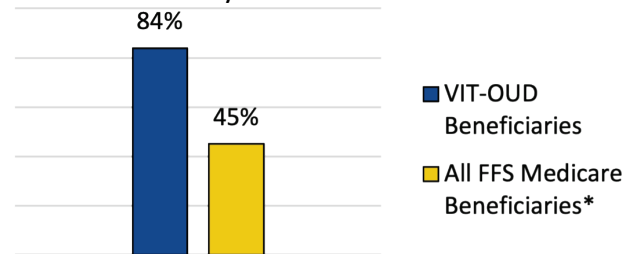
The VIT-OD Demonstration was not associated with a significant difference in incidence of hepatitis C.

Five percent of VIT-OD beneficiary enrollees had a new (incident) diagnosis of hepatitis C. This was not statistically different from the 6% of comparison beneficiaries who had a new diagnosis of hepatitis C.



Most VIT-OD beneficiary enrollees used medications to treat OUD prior to their enrollment.

Eighty-four percent of VIT-OD beneficiary enrollees received at least one medication to treat OUD (MOUD) in the 12 months before they enrolled in the demonstration. In contrast, less than half of all FFS Medicare beneficiaries who had a primary OUD diagnosis on at least one claim in 2021 ever received an MOUD in that same year.



Percent That Received an MOUD

* Includes all FFS Medicare beneficiaries who had a primary OUD diagnosis on at least one claim in 2021.

Source: 2021 FFS Medicare claims data.



High use of MOUDs prior to enrollment may explain a lack of significance on MOUD use after enrollment.

A similar percentage (89%–90%) of demonstration and comparison beneficiaries received an MOUD within 30 days of their earliest visit, and a similar percentage (59%) of demonstration and comparison beneficiaries continuously received MOUDs for at least 180 days. These findings may reflect that there was little room to improve on the high baseline use of MOUDs.

Key Takeaways

Interim findings show that the VIT-OD Demonstration was associated with improvements in important clinical and economic outcomes. Hospitalizations, ED visits, and Medicare expenditures were all lower among VIT-OD beneficiary enrollees than among a matched comparison group. Considering the high mortality and morbidity rates associated with OUD, and the challenges of engaging patients in high-quality treatment, these findings are promising. However, the findings are also surprising because the VIT-OD Demonstration was not associated with an impact on the use of MOUDs, and MOUD use has previously been shown to reduce hospitalizations and ED visits. Without qualitative data to explain the findings, it is unclear how the demonstration has had these impacts. Although the use of MOUDs was not different from that of a matched comparison group, VIT-OD beneficiary enrollees did have high use of MOUDs both before and after enrolling in the demonstration. Thus, these findings may not generalize to a population without a history of MOUD use or to a population with lower engagement with MOUDs.