

Race and Insurance Influence on Medications for Opioid Use Disorder

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INTRODUCTION

Opioid use disorder (OUD) affects approximately 2.5 million Americans annually, contributing to significant morbidity and mortality. Medications for opioid use disorder (MOUD), including methadone and buprenorphine, are the cornerstone of OUD treatment. However, substantial disparities in MOUD use persist, particularly across racial and insurance status demographics. Methadone remains predominantly prescribed in lower-income and minoritized populations, while buprenorphine utilization is higher in white, privately insured individuals. This study leverages Epic's Cosmos database to quantify these disparities, examining MOUD prescription patterns from 2014 to 2024. Understanding these trends is critical to addressing systemic inequities and improving access to all MOUD treatment modalities.

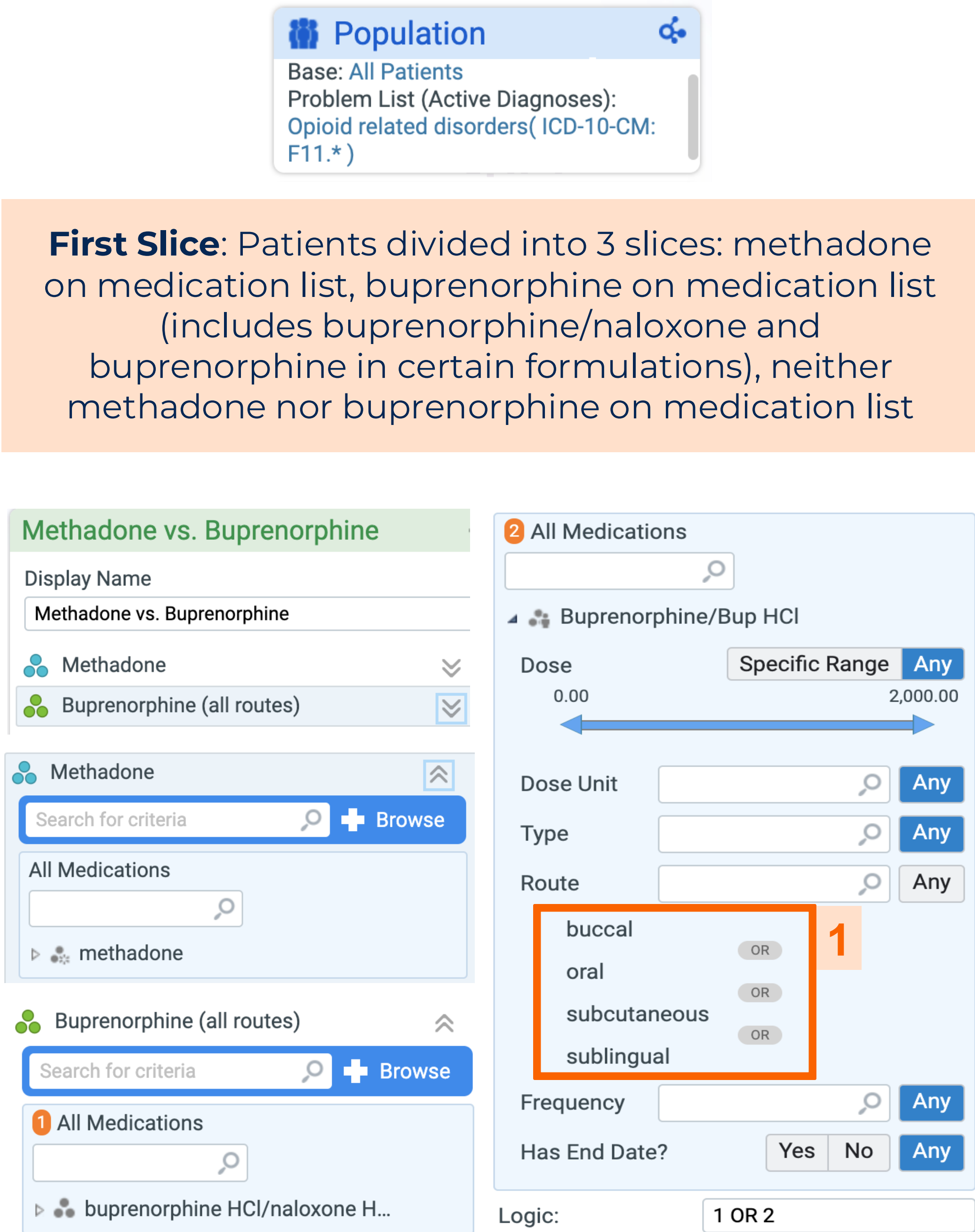
METHODS

- Utilized Epic's Cosmos database, which contains deidentified patient data from (to date) 1,633 hospitals and 295 million patients
- Methadone and buprenorphine were the focus of this study, as these two medications are most commonly utilized for OUD
- Individuals diagnosed with OUD in the past ten years were divided into groups based on medications listed on the active medication list

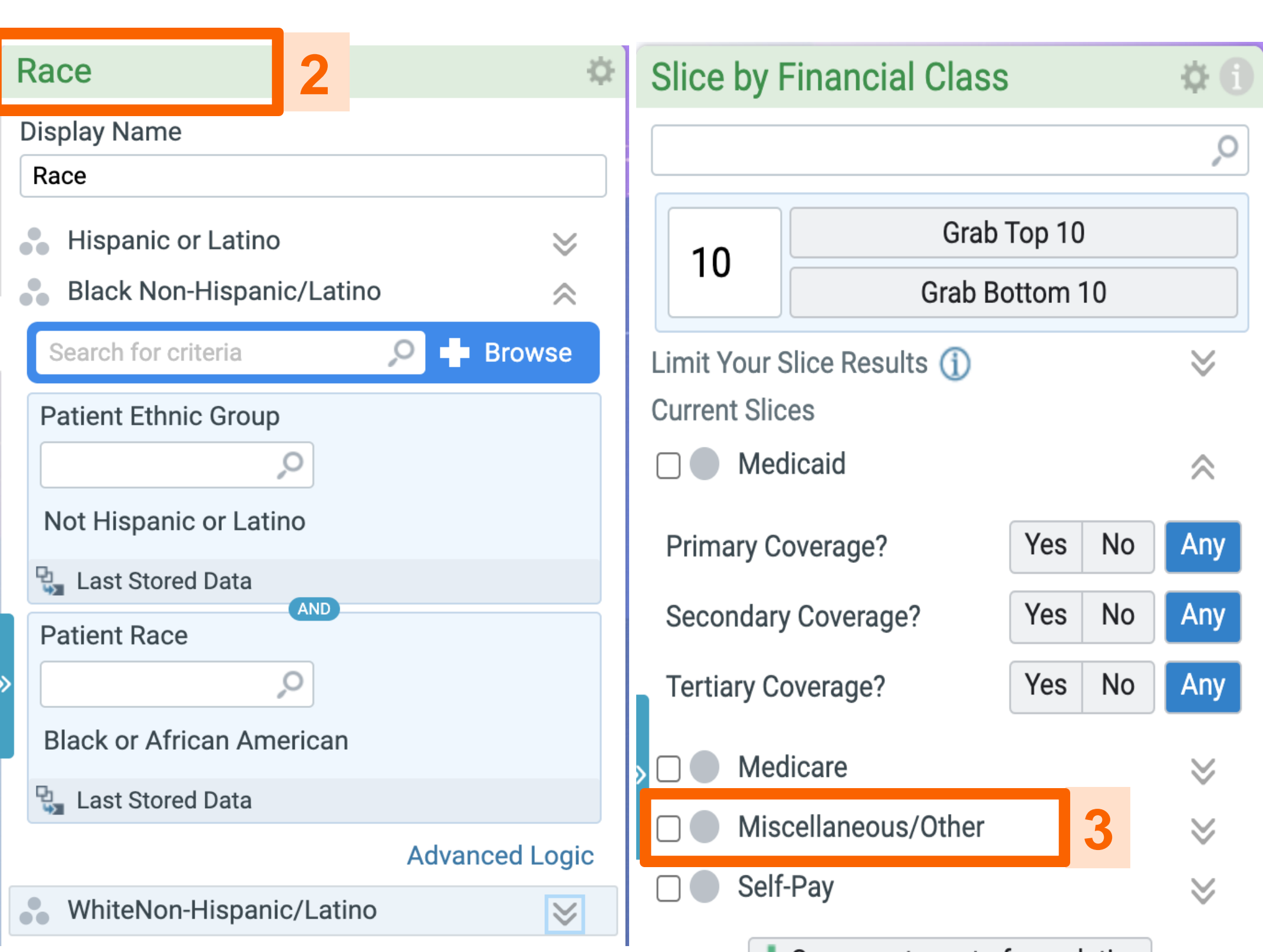
EPIC COSMOS DATABASE SEARCH STRATEGY

Base Population: All patients with active diagnoses of opioid related disorders on the problem list at any point in time in past ten years

First Slice: Patients divided into 3 slices: methadone on medication list, buprenorphine on medication list (includes buprenorphine/naloxone and buprenorphine in certain formulations), neither methadone nor buprenorphine on medication list



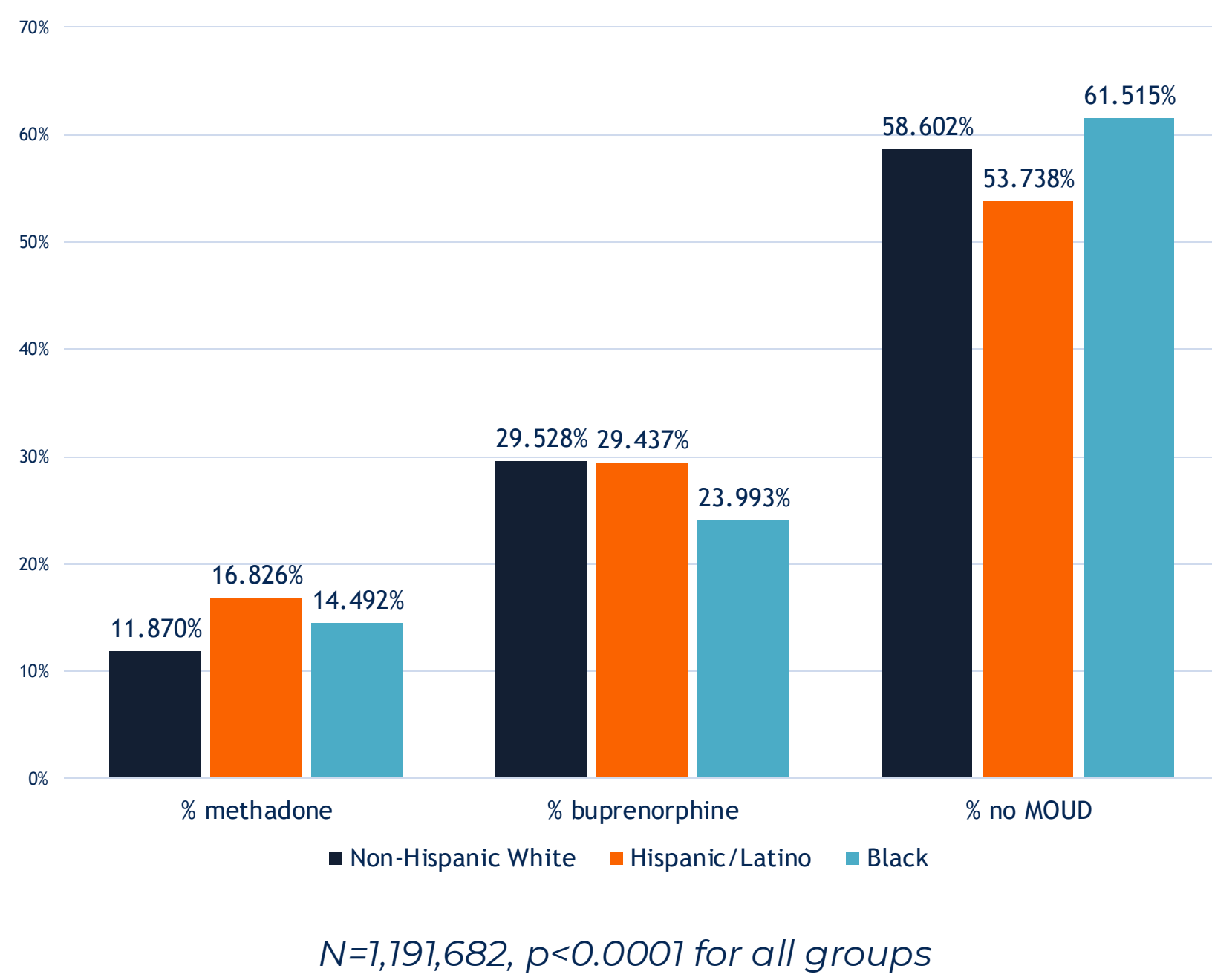
Additional Slices: Patients further divided into slices by race and insurance status



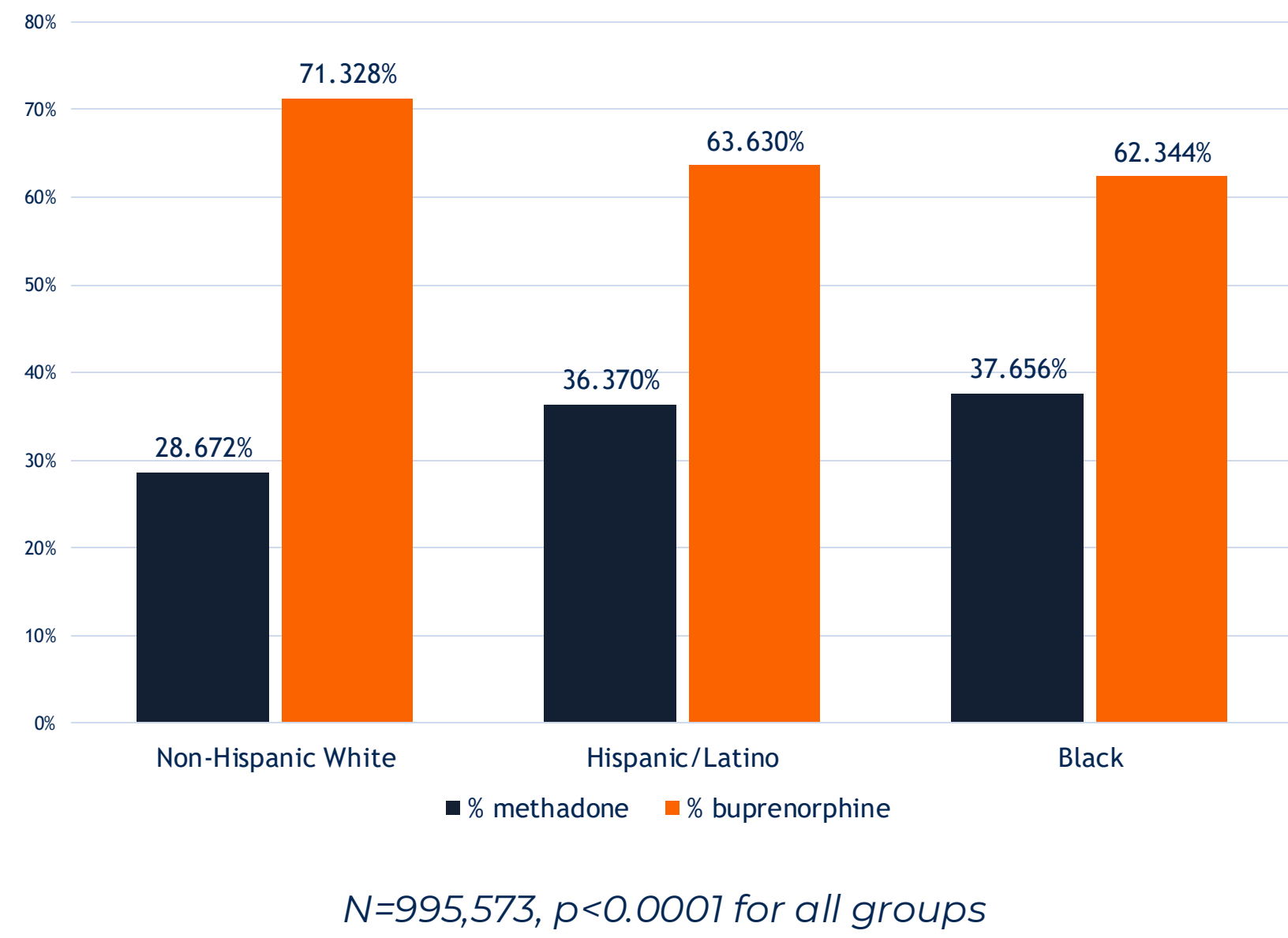
- Administration routes were chosen to select for formulations specifically used for MOUD
- Many more racial categories exist within Epic, but the number of patients was significantly smaller
- Miscellaneous includes private insurance coverage

RESULTS

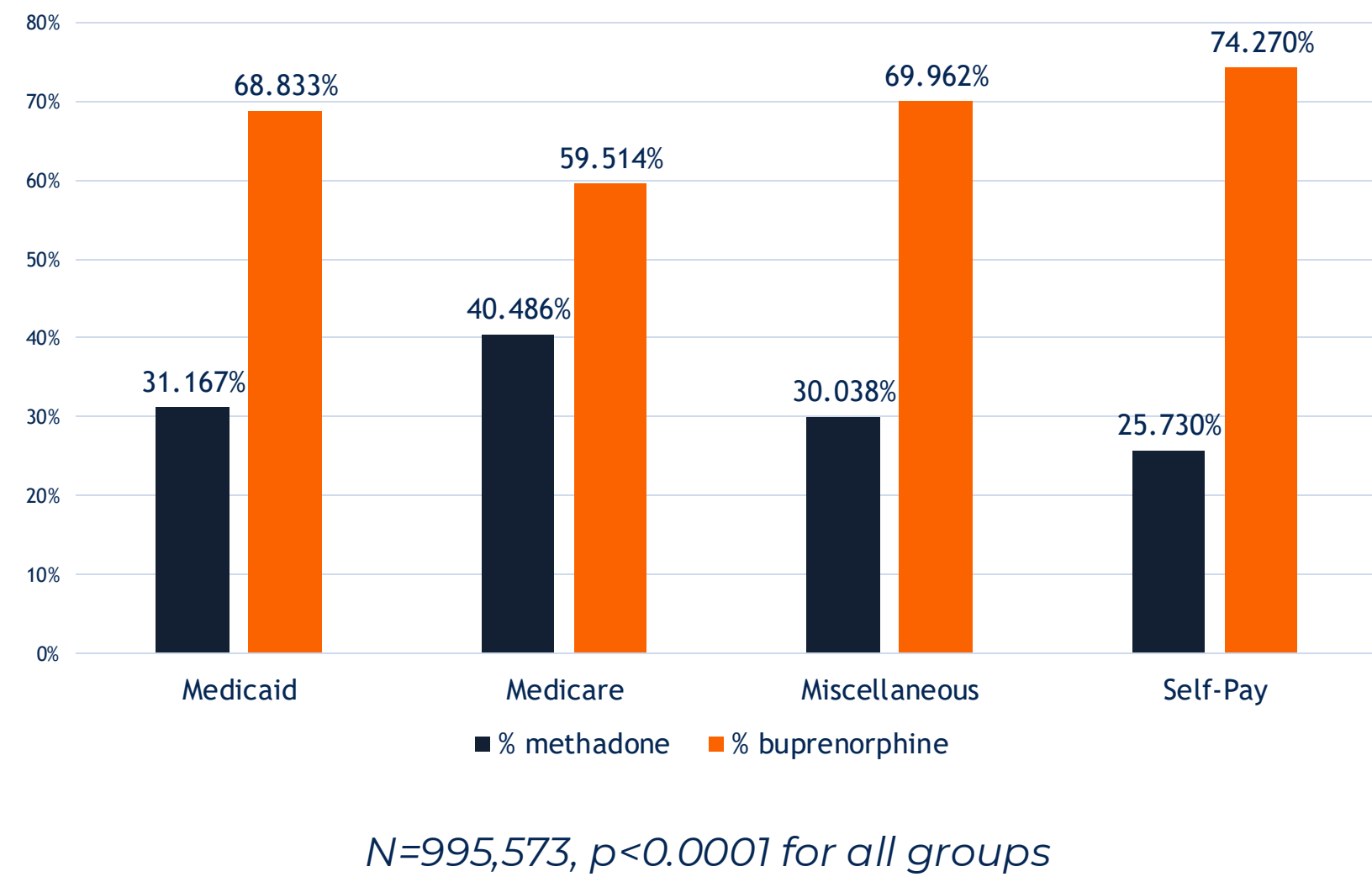
Methadone vs. Buprenorphine vs. No MOUD by Patient Race



Methadone vs. Buprenorphine Use by Patient Race

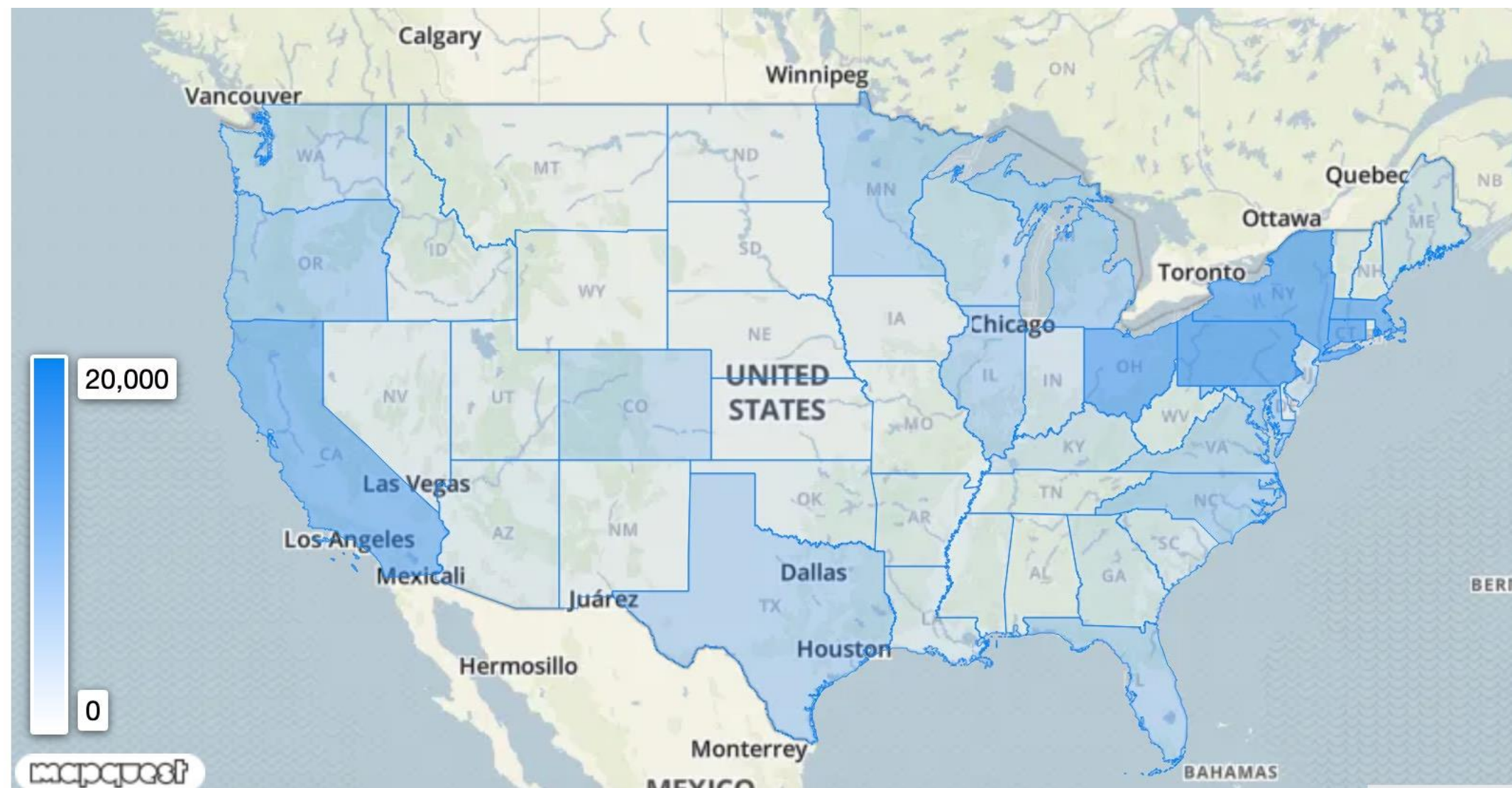


Methadone vs. Buprenorphine Use by Patient Financial Class

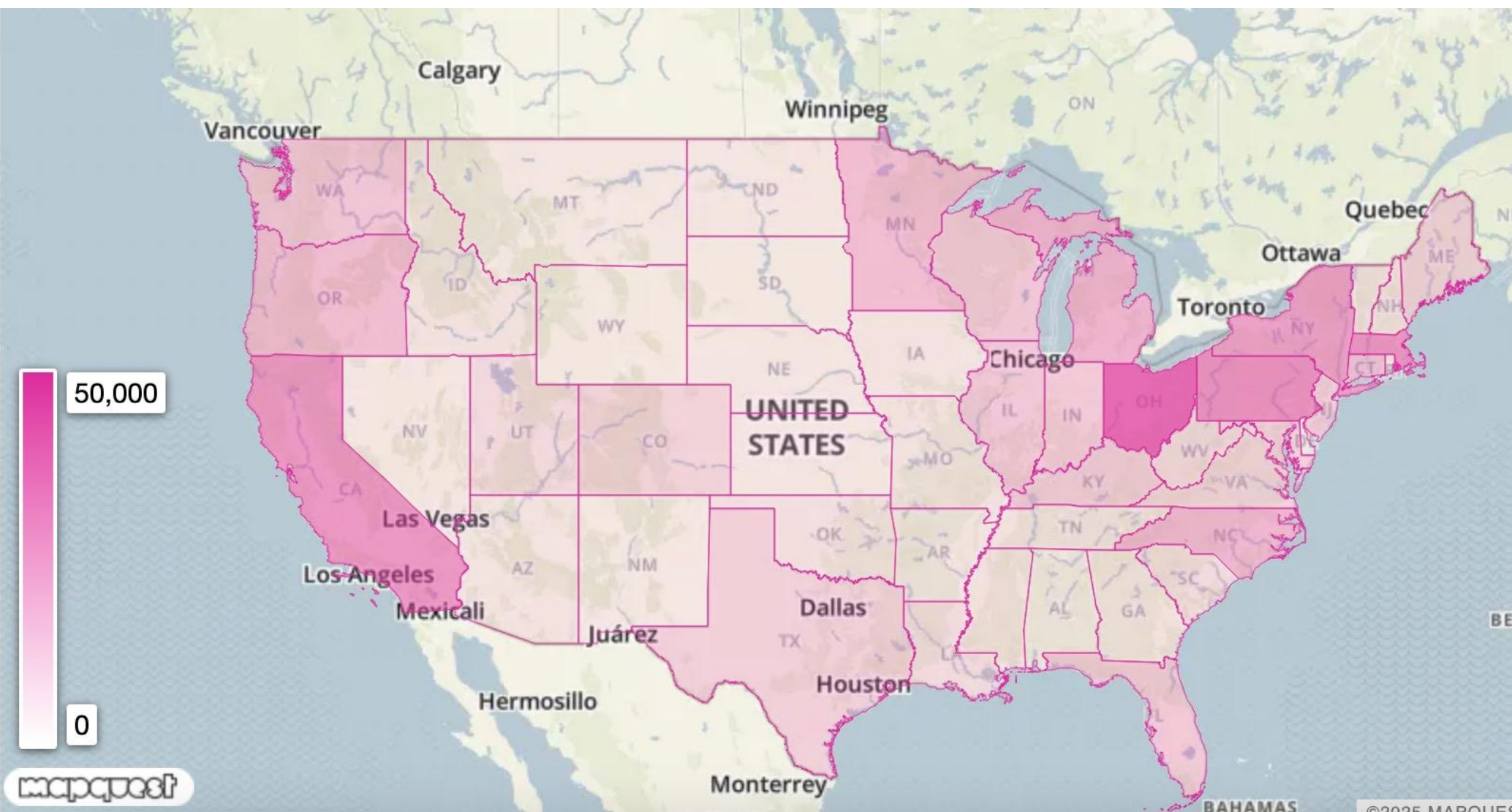


RESULTS

Methadone Use 6/13/2014-6/12/2024



Buprenorphine Use 6/13/2014-6/12/2024



CONCLUSIONS

- This study highlights enduring disparities in MOUD prescribing practices that reflect broader systemic inequities.
- The persistence of these disparities post-X-waiver removal suggests additional structural interventions are needed to promote health equity in OUD treatment.

- A limitation to utilizing the Cosmos database is the reliance on methadone prescriptions as a self-reported metric within Epic. Methadone's delivery through highly regulated clinics, e.g. opioid treatment programs (OTPs), which may not be included in the Prescription Monitoring Program (PMP), increases the chances of inaccurate reporting within the Epic database.
- Future efforts should focus on increasing buprenorphine availability in underserved areas and reducing stigma associated with MOUD use in minoritized populations.