

Changes in Access to Medication Treatment during COVID-19 Telehealth Expansion and Disparities in Telehealth Use for Medicare Beneficiaries with Opioid Use Disorder

Who is affected by opioid use disorder (OUD) and how is OUD treated?

The COVID-19 pandemic disrupted healthcare delivery¹ and was accompanied by the highest number of drug overdose deaths ever recorded in a 12-month period, driven primarily by illegal opioids.² In 2018, 2.8% of Medicare fee-for-service (FFS) beneficiaries—approximately 591,000 individuals—had an OUD.³ Evidence-based treatment of OUD with Food and Drug Administration (FDA)-approved medications buprenorphine, methadone and naltrexone can reduce overdoses and deaths.⁴ Use of these medications for treating OUD (MOUD) increased in the Medicare population between 2017 and 2018.⁵ Despite this growth, little is known about whether and how disruptions in care during the COVID-19 pandemic affected MOUD access among the Medicare population.

What was the COVID-19 telehealth expansion and how does it relate to medication treatment for OUD?

As of July 1, 2019, section 2001 of the SUPPORT Act (Pub. L. 115-271) removed the geographic limitations for telehealth services furnished to individuals diagnosed with a substance use disorder for the purpose of treating the substance use disorder or a co-occurring mental health disorder, thus allowing telehealth to be furnished in patient's homes and outside of rural areas. In addition, in the CY 2020 Physician Fee Schedule final rule (84 FR 62568), CMS finalized a policy allowing opioid treatment programs to furnish substance use counseling, individual therapy, and group therapy included in the bundled payment to also be furnish via two-way audio-video telecommunications technology, effective January 2, 2020. In response to the COVID-19 pandemic, the federal government passed a new law in March 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act (Pub. L. 116-136), along with other emergency legislation, to make it easier which increased to access to MOUD through telehealth.² For example, using the 1135 waiver authority from the CARES Act and other authorities, the new policies expanded Medicare coverage for audio and audiovisual telehealth visits was expanded.⁶ The new policies also allowed take-home supplies of methadone and removed requirements for prior patient-provider relationships to access MOUD via telehealth.^{8,7} Early findings indicate that telehealth use among the overall population of Medicare beneficiaries increased in response to the measures taken to respond to the COVID-19 pandemic telehealth expansion.⁸ One study, indicating increased outpatient buprenorphine dispensing in Texas after implementation of the CARES Act, appears to support a link between telehealth expansion and MOUD access for the general adult population.⁹ However, among Medicare FFS beneficiaries with OUD, the link between telehealth expansion and MOUD access is less

understood, and telehealth use may not have been uniform for all beneficiaries. This is salient given that MOUD is typically managed in the outpatient setting and telehealth can facilitate access to these services.

I. Healthcare utilization among FFS Beneficiaries with OUD: How did outpatient telehealth use and medication treatment among beneficiaries with OUD change amid the COVID-19 telehealth expansion (Figures 1-2)?

The following figures (**Figures 1-2**) examine outpatient telehealth use and MOUD access against wider patterns of health care utilization among beneficiaries with OUD. Since beneficiaries who use acute inpatient or emergency department (ED) visits may have higher levels of acuity that impact their wider utilization patterns, **Figures 1-2** distinguish between beneficiaries who rely solely on outpatient services (including telehealth) and beneficiaries who use inpatient or emergency department (ED) services (with or without outpatient services).

Changes in outpatient telehealth use among beneficiaries with OUD during COVID-19 (Figure 1).

Prior to telehealth expansion under the CARES Act, only 2% of FFS beneficiaries with OUD relied on outpatient telehealth services. However, as shown in **Figure 1**, after telehealth expansion, this share increased substantially to 39% of beneficiaries relying solely on outpatient telehealth services in April 2020, as people sought safer alternatives to in-person outpatient care. This share declined steadily to 21% of beneficiaries by October 2020, as potentially due to lockdown restrictions easing over time, and state reopening and vaccine plans were being announced.¹⁰ The share of telehealth utilization rose again to 22% and 24% of beneficiaries in November and December 2020, respectively. This may have been in response to an October 2020 spike in COVID-19 cases, prompting people to seek safer alternatives to in-person care.¹⁰

In addition, with respect to wider patterns of health care utilization:

- Approximately 1 in 4 (26%) beneficiaries with OUD did not have any health care visits in April 2020, though this share declined to 19% by October 2020. This may have been due to stricter lockdowns and more hesitancy to seek care early in the pandemic, which eased over time. However, the share of those without health care visits rose slightly to 21% and 22% by November and December 2020, respectively. This is possibly a response to an October 2020 spike in COVID-19 cases that may have made some patients again less willing to seek care.¹⁰
- The share of beneficiaries with OUD who used acute inpatient and emergency department (ED) services remained steady between April to December 2020.

Figure 1. Changes in Outpatient Telehealth and Other Health Care Services among Medicare FFS Beneficiaries with OUD, April-December 2020*

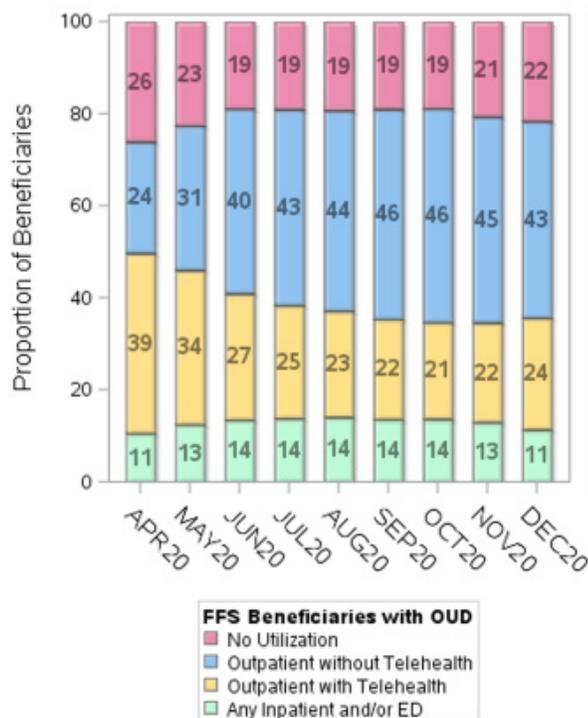
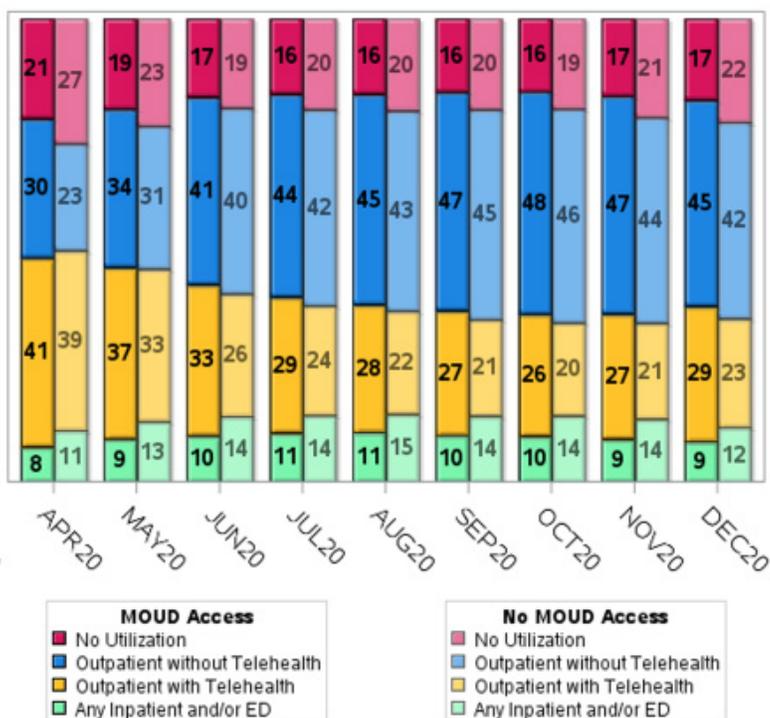


Figure 2. Outpatient Telehealth and Other Health Care Services, by MOUD Access, among Medicare FFS Beneficiaries with OUD, April-December 2020*



*Note: ED=emergency department. Beneficiaries were categorized into “Any Inpatient and/or ED” if they had any such visit in the given month, regardless of whether they also had an outpatient visit with or without telehealth in the same month. “Outpatient with Telehealth” represents beneficiaries who did not have inpatient and/or ED visits but did have at least one outpatient telehealth visit, regardless of whether they also had an in-person outpatient visit. “Outpatient without Telehealth” represents beneficiaries who had at least one in-person outpatient visit and did not have inpatient, ED, or telehealth visits, while “No Utilization” represents beneficiaries who did not have any inpatient, ED, or outpatient visits.

Changes in medication treatment among beneficiaries with OUD amid COVID-19 telehealth expansion (Figure 2) Use of outpatient telehealth visits also appeared to coincide with MOUD access, suggesting a potential benefit of telehealth in MOUD access. As shown in **Figure 2**, compared to beneficiaries with OUD who did not access MOUD, beneficiaries who accessed MOUD had higher use of were more likely to utilize outpatient telehealth visits. This pattern persisted from April to December 2020. The difference in the percent of outpatient telehealth visits for beneficiaries with and without MOUD access was 2% in April 2020. This difference increased to 6% by August 2020 and remained steady through December 2020.

In addition, compared to those without MOUD access, beneficiaries who accessed MOUD:

- Had higher use of in-person outpatient (non-telehealth) visits, although after an initial difference of 7% in April 2020, the difference diminished over time.
- Made up a smaller share of those who did not have any health care visits.
- Had lower use of inpatient and/or emergency department visits. This suggests that more effective management of OUD generally may help reduce use of more acute and costly care.

II. Outpatient telehealth use among beneficiaries with OUD during the COVID-19 pandemic: What were sociodemographic characteristics among those who used outpatient telehealth and what were disparities in use (Figures 3-5)?

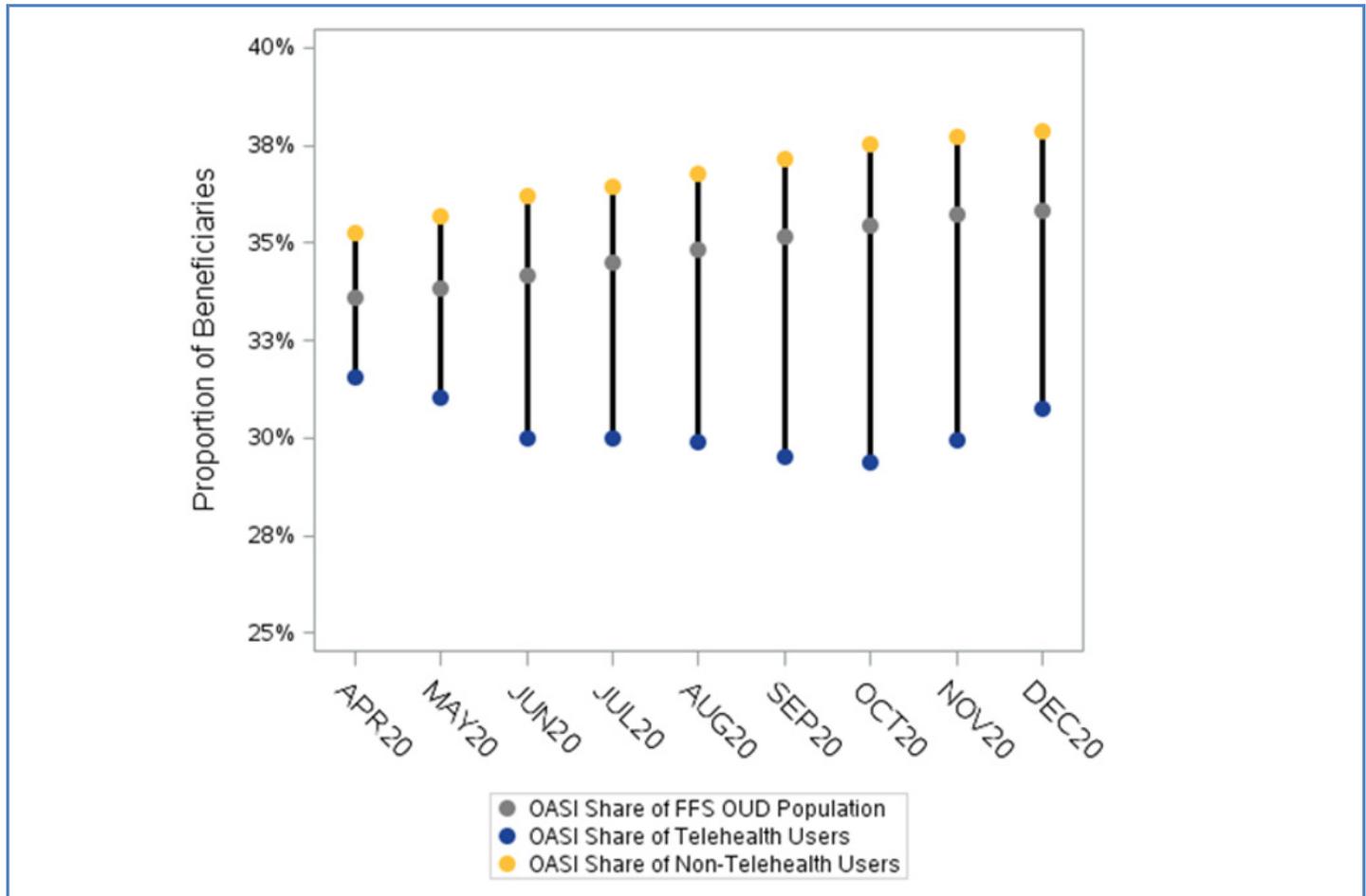
The remainder of this report primarily focuses on disparities in outpatient telehealth use. Thus, all remaining figures distinguish between beneficiaries with any outpatient telehealth service use (regardless of other services used) and beneficiaries without any outpatient telehealth service use.

Sociodemographic characteristics of those who used outpatient telehealth services during the COVID-19 pandemic. Between April and December 2020, the majority of beneficiaries with OUD using outpatient telehealth services were <65 years and disabled, non-Hispanic White, dually-eligible for Medicare and Medicaid, and living in metropolitan (urban) areas [data not shown].

During the COVID-19 pandemic, beneficiaries with OUD from key sociodemographic characteristics experienced gaps in outpatient telehealth use (Figures 3-5). Among beneficiaries with OUD, there were few disparities in outpatient telehealth use based on race and ethnicity, or on social deprivation levels [data not shown], but there were disparities based on Medicare eligibility, dual eligibility status, and rurality.

- **Disparities in telehealth use by Medicare eligibility (Figure 3).** Relative to their share of the Medicare FFS population with OUD (grey dot), beneficiaries age >65 and eligible for Medicare based on older age represented a lower share of outpatient telehealth use (blue dot) during COVID-19's telehealth expansion.
 - Differences in the share of beneficiaries age >65 (and Medicare age-eligible) who used telehealth (blue dot) and who did not use telehealth (yellow dot) were evident immediately after telehealth expansion. This disparity increased, particularly over the first six months.

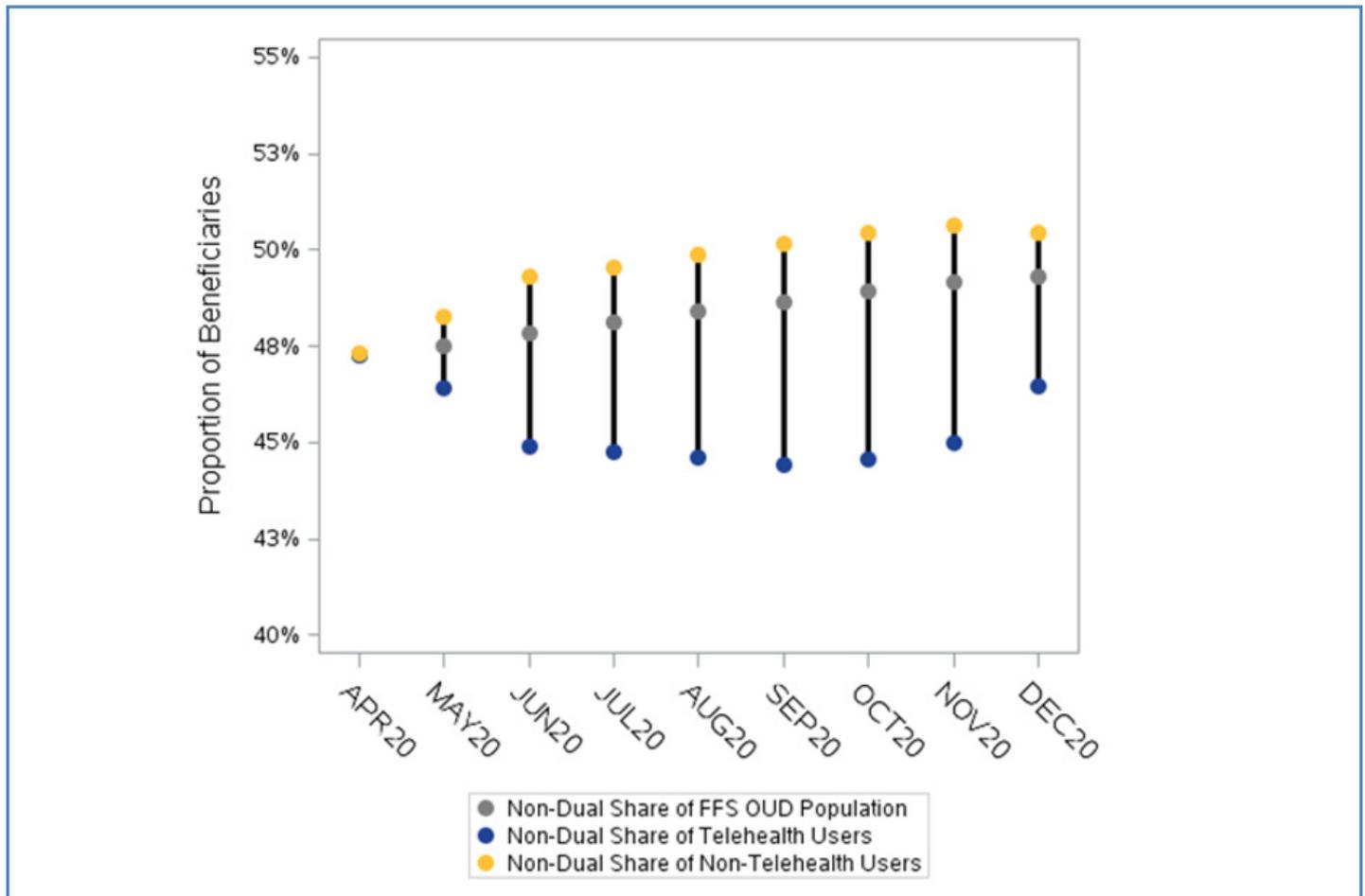
Figure 3. Telehealth use among beneficiaries age >65 between April – December 2020



*Note: FFS=fee-for-service; OASI=old-age and survivors’ insurance; OUD=opioid use disorder. “Telehealth Use” here represents beneficiaries who had any outpatient telehealth use regardless of whether they also had other utilization (inpatient, emergency department, or in-person outpatient) in the same month.

- **Disparities in telehealth use by dual eligibility status (Figure 4).** Relative to their share of beneficiaries with OUD (grey dot), those who were not dually-eligible for Medicare and Medicaid were underrepresented in their outpatient telehealth use (blue dot).
 - Telehealth use for non-dually-eligible beneficiaries immediately after telehealth expansion (April 2020) closely reflected their makeup of the Medicare population with OUD.
 - However, the disparity among those who used telehealth (blue dot) and those who did not use telehealth (yellow dot) increased, particularly over the first six months.

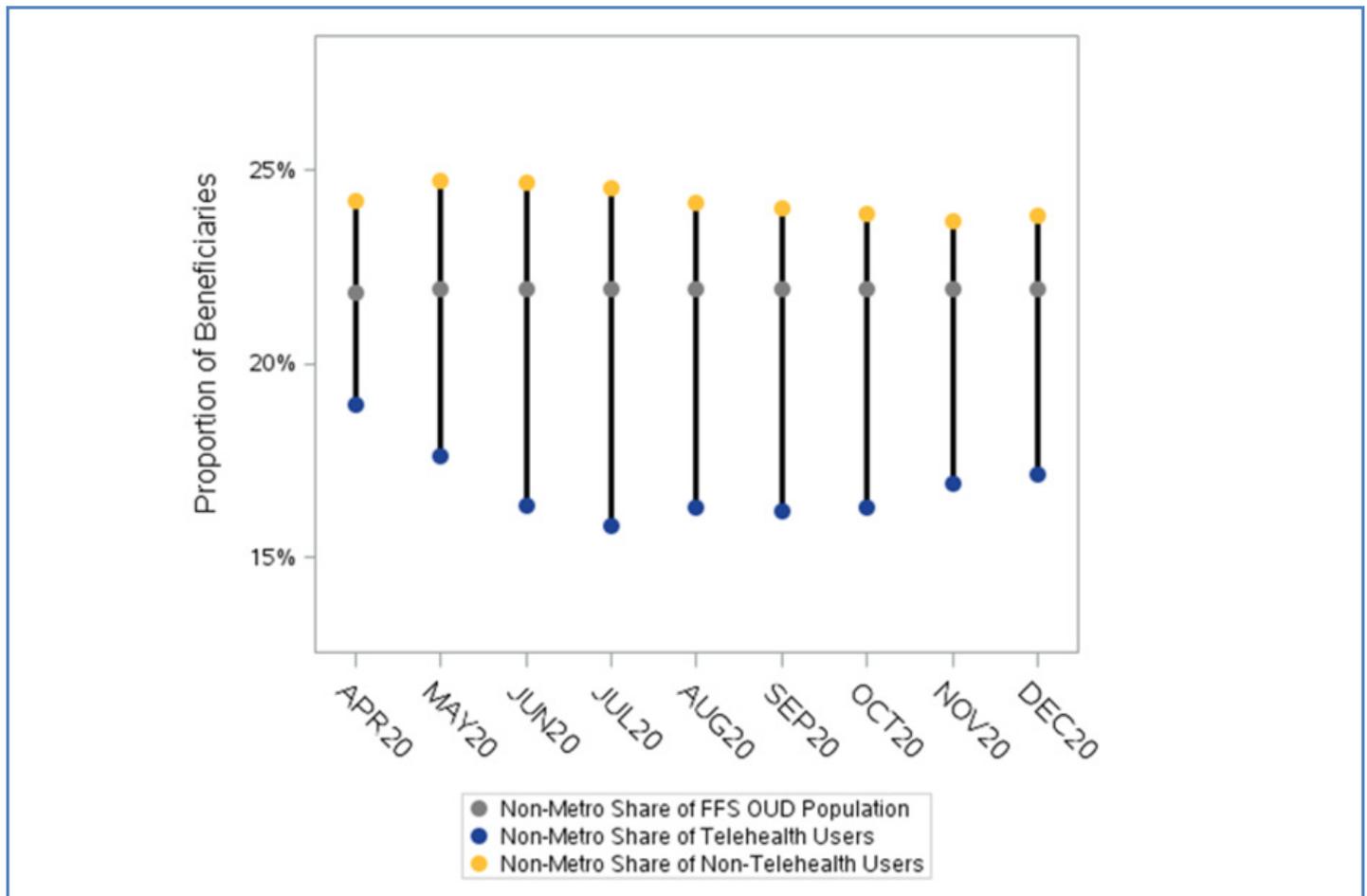
Figure 4. Telehealth use among non-dually-eligible beneficiaries between April – December 2020



*Note: FFS=fee-for-service; OUD=opioid use disorder. “Telehealth Use” here represents beneficiaries who had any outpatient telehealth use regardless of whether they also had other utilization (inpatient, emergency department, or in-person outpatient) in the same month.

- **Disparities in telehealth use by rurality (Figure 5).** Among beneficiaries living in non-metropolitan, rural areas, their share of the population with OUD, beneficiaries living in non-metropolitan, rural areas (grey dot) were increasingly underrepresented in their outpatient telehealth use compared the entire population living in non-metropolitan, rural areas (blue dot).
 - The disparity between those who used telehealth (blue dot) and those who did not use telehealth (yellow dot) widened, particularly for the first four months.

Figure 5. Telehealth use among non-metropolitan, rural beneficiaries between April - December 2020



*Note: FFS=fee-for-service; OUD=opioid use disorder. “Telehealth Use” here represents beneficiaries who had any outpatient telehealth use regardless of whether they also had other utilization (inpatient, emergency department, or in-person outpatient) in the same month.

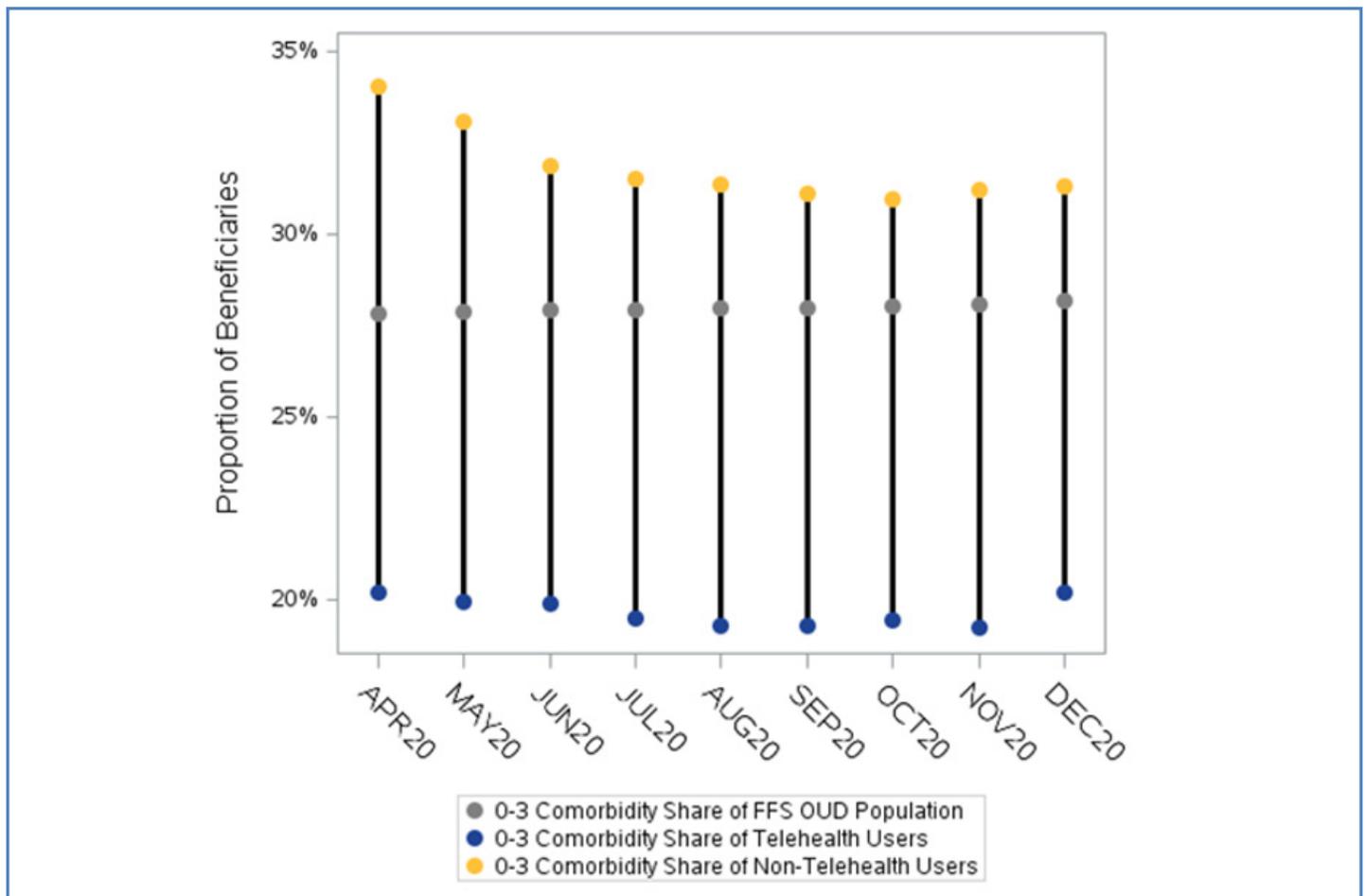
III. Outpatient telehealth use among beneficiaries with OUD during the COVID-19 pandemic: What were health condition characteristics among those who used outpatient telehealth and what were disparities in use (Figures 6-7)?

Health condition characteristics of those who used outpatient telehealth services during the COVID-19 pandemic. On average, beneficiaries with OUD using outpatient telehealth services during the pandemic had more complex health needs. The majority had 4 or more comorbid health conditions, as well as both a physical and mental health comorbidity [data not shown].

Beneficiaries with OUD who had less complex health conditions experienced gaps in outpatient telehealth use (Figure 6-7). Among beneficiaries with OUD, there were disparities in outpatient telehealth use based on number and type of comorbid health conditions.

- Disparities in telehealth use by number of health conditions (Figure 6). Among beneficiaries with fewer (0-3) comorbid conditions, Relative to their share of beneficiaries with OUD, beneficiaries with fewer (0-3) comorbid conditions OUD (grey dot) represented a lower share of outpatient telehealth use compared to the entire population of beneficiaries with fewer comorbid conditions (blue dot).
 - The disparity between those who used telehealth (blue dot) and who did not use telehealth (yellow dot) was immediately apparent after telehealth expansion (in April 2020). This pattern remained in place over time.

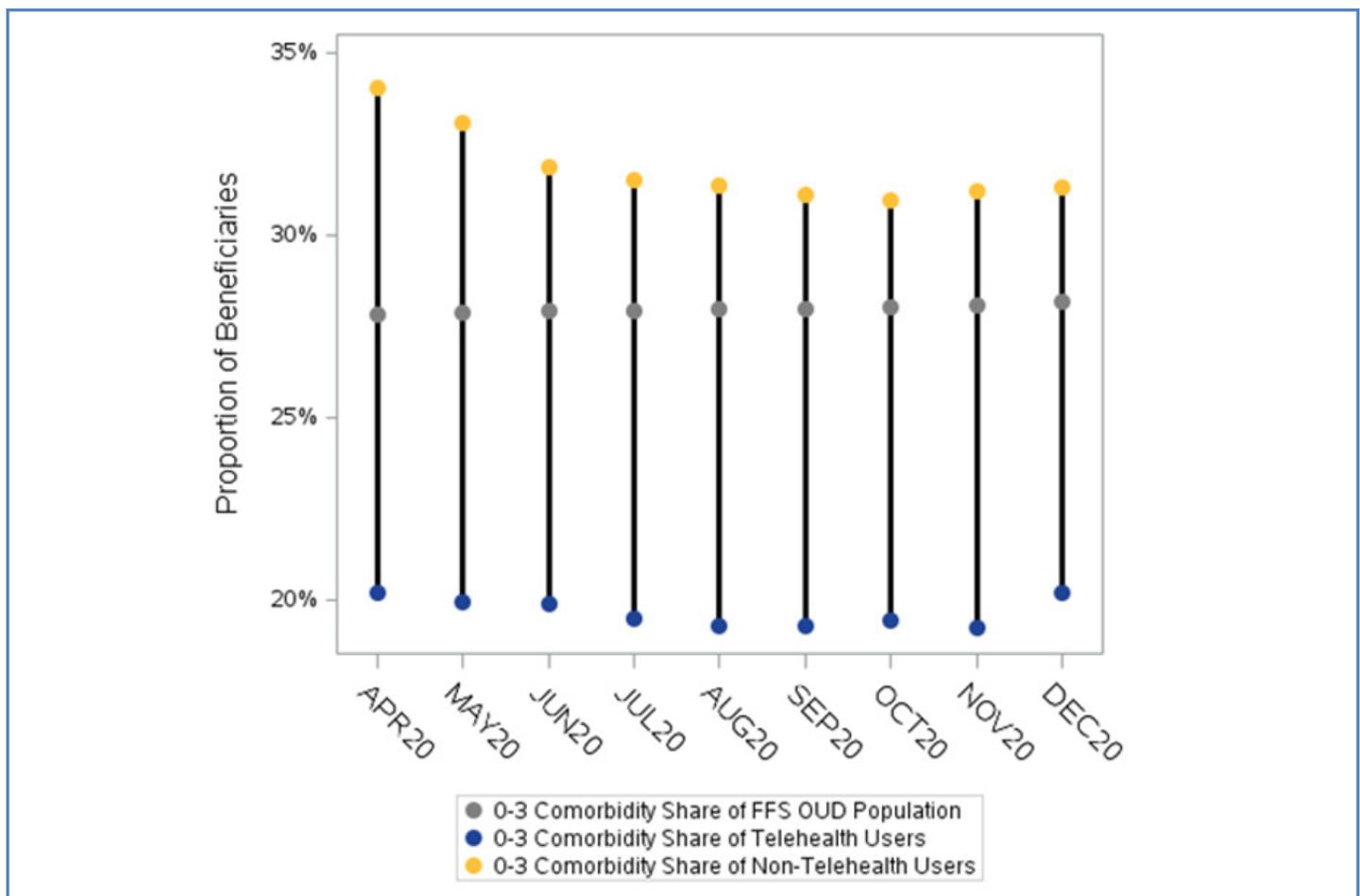
Figure 6. Telehealth use among beneficiaries who had 0-3 comorbid conditions between April – December 2020



*Note: FFS=fee-for-service; OUD=opioid use disorder. “Telehealth Use” here represents beneficiaries who had any outpatient telehealth use regardless of whether they also had other utilization (inpatient, emergency department, or in-person outpatient) in the same month.

- **Disparities in telehealth use by type of health condition (Figure 7).** Among beneficiaries who had only physical health comorbid conditions, Relative to theirthe share of beneficiaries with OUD, those with only physical health comorbid condition (grey dot) represented a lower share of outpatient telehealth use relative to those who used telehealth (blue dot) during COVID-19’s telehealth expansion.
 - The disparity between those who used telehealth (blue dot) and who did not use telehealth (yellow dot) increased over time. The disparity lessened slightly by December 2020 but remained in place.

Figure 7. Telehealth use among beneficiaries who had only physical health comorbid conditions between April - December 2020



*Note: FFS=fee-for-service; OUD=opioid use disorder. “Telehealth Use” here represents beneficiaries who had any outpatient telehealth use regardless of whether they also had other utilization (inpatient, emergency department, or in-person outpatient) in the same month.

Beneficiary Resources

1. [Medicare and You Handbook](#)
2. [Decisions in Recovery: Treatment for Opioid Use Disorder \(OUD\) Handbook](#)
3. [Medications to Treat OUD](#)
4. [Opioid Overdose Prevention Toolkit](#)
5. [Telehealth: What to Know for Your Family](#)

Clinician Resources

1. [Medications for Opioid Use Disorder Treatment Improvement Protocol](#)
2. [CDC: Information for Healthcare Providers](#)
3. [CDC Guidelines for Prescribing Opioids for Chronic Pain](#)
4. [CDC Guidelines for Prescribing Opioids for Chronic Pain Fact Sheet](#)
5. [Identifying and Managing OUD Clinician Guide](#)
6. [Treating OUD and Telehealth](#)
7. [Supporting Access to Telehealth for Addiction Services](#)
8. [Opioid Treatment Programs \(OTPs\): Medicare Billing and Payment Fact Sheet](#)

References

1. Czeisler ME, Marynak K, Clark KEN, et. al. (2020). Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020. *MMWR Morb Mortal Wkly Rep*, 69 (36), 1250–1257.
2. Centers for Disease Control and Prevention. (n.d.). Save Lives Now. <https://www.cdc.gov/drugoverdose/pubs/featured-topics/save-lives-now.html>
3. Niles L, Blaz J, Ng J, Strohmeyer J, Olin S, Maksut J, and Khau M. (December 2020). *Medicare Fee-For-Service Beneficiaries with Opioid Use Disorder in 2018: Disparities in Prevalence by Beneficiary Characteristics*. CMS OMH Data Highlight No.21. Baltimore, MD: CMS Office of Minority Health. <https://www.cms.gov/files/document/oud-disparities-prevalence-2018-medicare-ffs-dh-002.pdf>.
4. Orgera K, Tolbert J. (2019, May 24). *The Opioid Epidemic and Medicaid’s Role in Facilitating Access to Treatment*. Kaiser Family Foundation. <https://www.kff.org/medicaid/issue-brief/the-opioid-epidemic-and-medicoids-role-in-facilitating-access-to-treatment/>.
5. U.S. Department of Health and Human Services Office of Inspector General (HHS OIG). (July 2019). *HHS OIG Data Brief: Opioid Use Decreased in Medicare Part D, While Medication-Assisted Treatment Increased*. <https://oig.hhs.gov/oei/reports/OEI-02-19-00390.pdf>.
6. Centers for Medicare & Medicaid Services. (March 2020). *Medicare Telemedicine Health Care Provider Fact Sheet*. <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>.
7. Guyer J & Scott K. (2020, May 2). State Strategies for Helping Individuals with Opioid Use Disorder Through the COVID-19 Epidemic. *Health Affairs Blog*. doi: 10.1377/HBLOG20200429.476954.
8. Verna S. (2020, July 15). Early impact of CMS expansion of Medicare telehealth during COVID-19. *Health Affairs Blog*. doi: 10.1377/HBLOG20200715.454789.
9. Cance JD & Doyle E. (2020). Changes in outpatient buprenorphine dispensing during the COVID-19 pandemic. *JAMA* 324: 2442-2444. doi: 10.1001/jama.2020.22154.
10. American Journal of Managed Care. (2021, January 1). *A Timeline of COVID-19 Developments in 2020*. <https://www.ajmc.com/view/a-timeline-of-covid19-developments-in-2020>.

About the Authors

Dr. Judy Ng, Lauren Niles, Kelsy Kinderknecht, Jennifer Strohmeier, and Dr. Serene Olin are with the National Committee for Quality Assurance (NCQA).

Dr. Jessica Maksut, Simar Bajaj, and Meagan Khau who also contributed are with the Data and Policy Analytics Group (DPAG) in the Office of Minority Health (OMH).

Copyright Information

This communication was produced, published, and disseminated at US taxpayer expense. All material appearing in this report is in the public domain and may be reproduced or copied without permission. Citation as to source, however, is appreciated.

Suggested Citation

Ng, J, Niles, L, Kinderknecht, K, Strohmeier, J, & Olin, S. Changes in Access to Medication Treatment during COVID-19 Telehealth Expansion and Disparities in Telehealth Use for Medicare Beneficiaries with Opioid Use Disorder. Office of Minority Health (OMH) Data Highlight No. 28. Centers for Medicare & Medicaid Services (CMS), Baltimore, MD, 2022.

Disclaimer

This work was sponsored by the Centers for Medicare & Medicaid Services' Office of Minority Health and was produced, published, and disseminated at US taxpayer expense.

CMS Office of Minority Health

7500 Security Blvd.

MS S2-12-17

Baltimore, MD 21244

Email: HealthEquityTA@cms.hhs.gov

Website: go.cms.gov/cms-omh