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CENTERS FOR MEDICARE & MEDICAID SERVICES
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Findings at a Glance

Value in Opioid Use Disorder Treatment (VIT-OUD) Demonstration

Final Report to Congress (2021–2024)

OVERVIEW

Demonstration Overview

The Value in Opioid Use Disorder Treatment (VIT-OUD) Demonstration tested whether specialized opioid use disorder (OUD) care teams, supported by two new payments, could 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. The demonstration started on April 1, 2021, and ended on December 31, 2024.

Key Components of the VIT-OUD Demonstration

Two New Payments
$125 PBPM care management fee plus a performance-based incentive payment

Cost Sharing
Beneficiary cost sharing is waived for select services delivered by OTPs

OUD Care Teams
Can use VIT-OUD payments to furnish services not typically covered by Medicare

OTP = opioid treatment program; PBPM = per beneficiary per month.

Evaluation Key Takeaways

Compared with similar patients treated by similar providers, VIT-OUD beneficiary enrollees:

- Were more likely to initiate use of medications to treat opioid use disorder (MOUDs) and to remain on MOUDs for at least 180 days;
- Had less opioid overdose mortality risk, fewer hospitalizations, fewer SUD-related hospitalizations, fewer ED visits, and fewer SUD-related ED visits; and
- Had lower Medicare expenditures.

The reduction in total expenditures highlights that addressing SUD for Medicare enrollees may be an effective way to lower health care costs in the Medicare program.

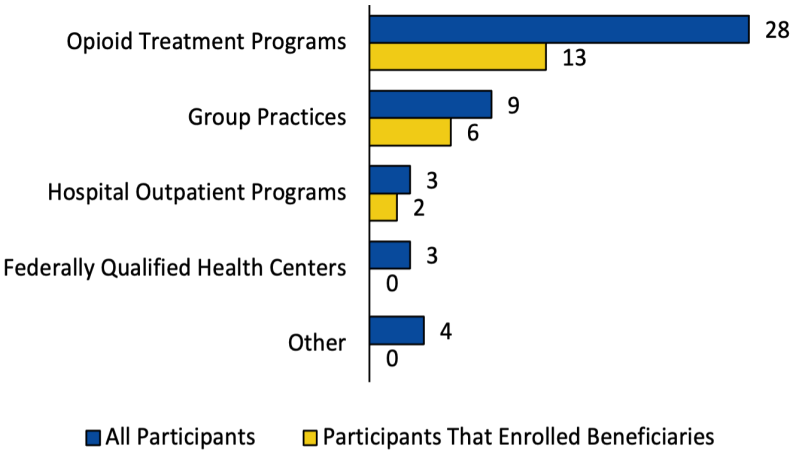
Impacts on hepatitis C incidence, all-cause mortality, and residential SUD treatment were not statistically significant.

HIV/AIDs was too rare to report.

PARTICIPANTS

- As of December 2024, 47 providers were participating in the VIT-OUD Demonstration.
- Of these 47 provider participants, 21 enrolled at least one beneficiary between April 2021 and December 2024.
- To be eligible for the demonstration, beneficiaries had to be enrolled in original Medicare Parts A and B.
- Collectively, provider participants enrolled 1,403 beneficiaries with an OUD.
- For most of the demonstration period (October 2021 through June 2023), provider participants enrolled an average of about 95 new beneficiaries per quarter.

Number and Type of Providers That Participated



Other provider participant types include community mental health centers and certified community behavioral health centers.

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FINDINGS

The VIT-OUD Demonstration was associated with a higher likelihood of MOUD use and continuity of MOUD use.

Relative to a matched comparison group, VIT-OUD beneficiary enrollees were:

- 5% more likely to use an MOUD within 30 days of their earliest visit
- 56% more likely to use an MOUD within 30 days of their earliest visit if they had not received an MOUD in the 12 months prior to their enrollment
- 35% more likely to use an MOUD continuously for at least 180 days

The ViT Demonstration was associated with fewer hospitalizations and emergency department (ED) visits and less mortality risk.

Relative to a matched comparison group, VIT-OUD beneficiary enrollees had:

- 20% fewer inpatient admissions
- 19% fewer ED visits
- 39% fewer substance use disorder (SUD)-related inpatient admissions
- 51% fewer SUD-related ED visits
- 35% less mortality risk from opioid overdose

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

Relative to a matched comparison group, VIT-OUD beneficiary enrollees had:

- 12% lower Medicare expenditures before accounting for demonstration payments
- 10% lower Medicare expenditures after accounting for demonstration payments

The VIT-OUD Demonstration was not associated with differences in some outcomes.

Impacts were not statistically significant for:

- Incidence of hepatitis C
- Use of residential SUD treatment

VIT-OUD beneficiary enrollees were comparable to other Medicare beneficiaries with OUD.

Consistent with other original Medicare beneficiaries with OUD, VIT-OUD beneficiary enrollees were more likely than the overall Medicare population to be:

- Younger
- Male
- Originally entitled to Medicare due to a disability
- Dually eligible for Medicare and Medicaid
- Enrolled in a Medicare Part D plan

Beneficiary enrollment was less than expected.

- Over the course of the demonstration 1,403 beneficiaries were enrolled.
- This was less than the upper limit of 20,000 beneficiaries that could have participated at any given time.

Some challenges were reported that may explain why enrollment was less than expected.

- 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, and this may have made it harder to obtain the required forms to enroll a beneficiary.
- Staff turnover, which stemmed from ongoing or downstream effects associated with the COVID-19 pandemic, was impactful among provider participants.
- Some provider participants may have been unfamiliar with participating in a demonstration.
- While billing issues were resolved early in the demonstration period, there were some challenges that persisted into the third demonstration year.

For more information about the ViT Demonstration and to download the final report to Congress, visit https://www.cms.gov/priorities/innovation/innovation-models/value-in-treatment-demonstration.