

Demographic Disparities in Opioid Use Disorder and Treatment Access During Pregnancy Among Kentucky Medicaid Beneficiaries

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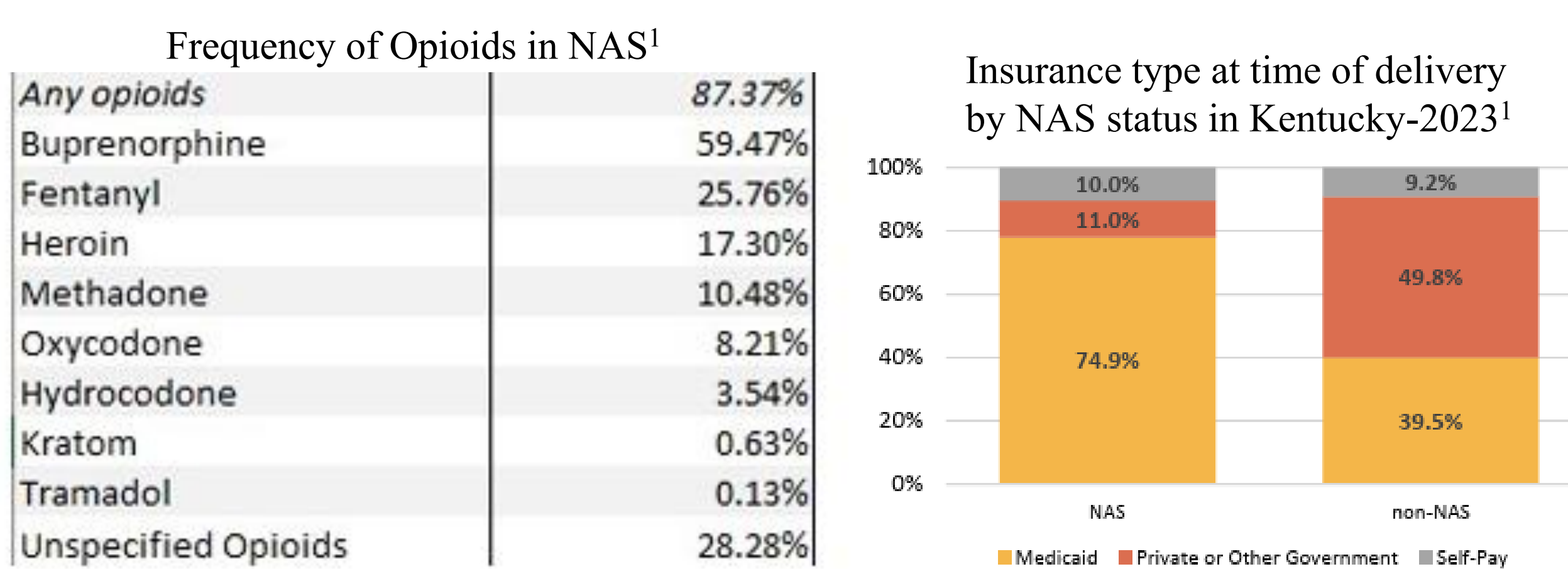
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Introduction

- Opioid Crisis in Kentucky:** Kentucky maintains one of the highest opioid overdose mortality rates in the United States.
- Clinical Consequences:** Increased incidences of Neonatal Abstinence Syndrome (NAS) and maternal morbidity are linked to this crisis.
- Treatment Utilization:** Despite the clinical efficacy of MOUD, persistent barriers to access remain across the state.



Method

Identification of Pregnancy & Clinical Episodes

1. Outcome Classification

Claims were processed across 25 diagnosis fields and categorized using ICD-10, CPT/PCS, NDC, and DRG codes into six distinct outcome groups

2. Pregnancy Timing & Start Date Estimation

Pregnancy start dates were back-calculated from the delivery (**Primary Source:** Gestational Age (GA) and **Secondary:** Clinical Defaults)

3. Episode Validation & Temporal Logic

To ensure distinct episodes for beneficiaries with multiple pregnancies, specific temporal separation rules were enforced.

4. OUD and MOUD Identification Strategy

The **CMS Chronic Conditions Warehouse (CCW)**² framework was utilized to identify Opioid Use Disorder (OUD) and Medication for Opioid Use Disorder (MOUD) utilization.

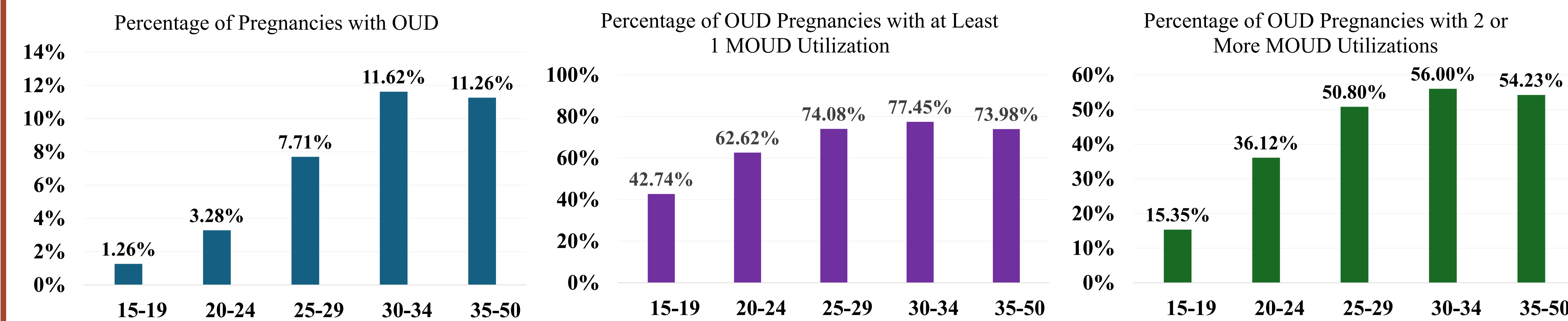
OUD #2: Identification required 1 inpatient claim or 2 outpatient/non-drug claims with OUD-related ICD-10 codes.

OUD #3: Identification was based on 1 inpatient or emergency department (ED) claim specifically for opioid-related events.

OUD #4 (MOUD): Identification was based on **Procedure-Based Treatment (HCPCS/MAT)** or **Pharmacy-Based Identification (NDC)** was tracked across four categories: Methadone, Buprenorphine, Naltrexone, and Combination products.

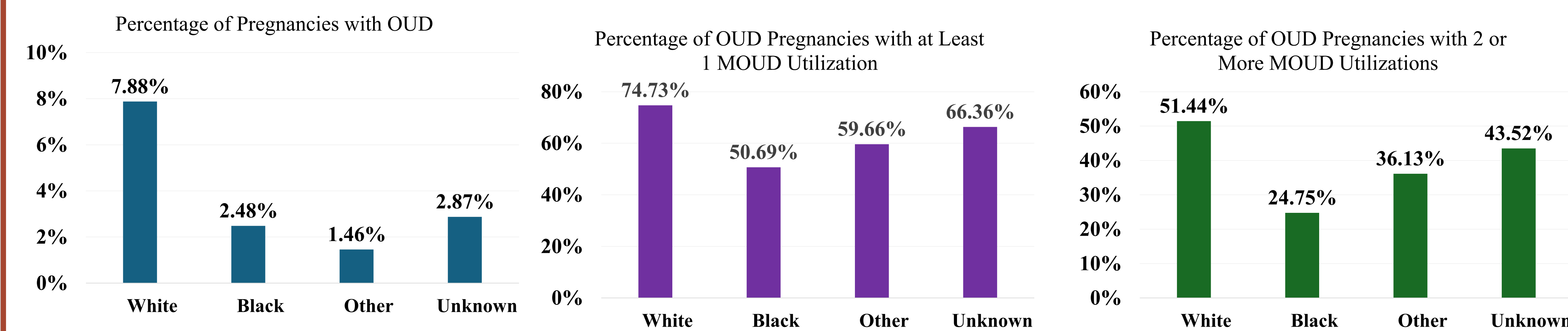
Results

Demographic Characteristics	Number of Pregnancies	Number of Pregnancies with OUD	Number of Pregnancies with OUD & at Least 1 MOUD Utilization	Number of Pregnancies with OUD & 2 or More MOUD Utilizations
Total	145,872	9,295	6,723	4,602
Age				
15-19	19,112	241	103	37
20-24	48,169	1,581	990	571
25-29	41,203	3,175	2,352	1,613
30-34	24,386	2,834	2,195	1,587
35-50	13,002	1,464	1,083	794



Race

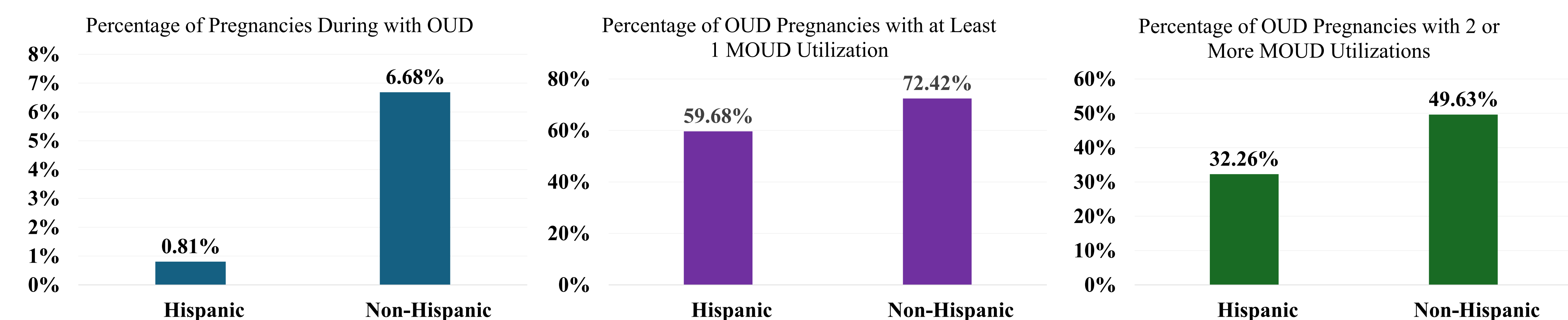
White	105,933	8,343	6,235	4,292
Black	20,504	509	258	126
Other	8,164	119	71	43
Unknown	11,271	324	215	141



Ethnicity

Hispanic	7,696	62	37	20
Non-Hispanic	138,176	9,233	6,687	4,582

Total Number of Unique Beneficiaries with a Reported Pregnancy: 140,879



Conclusion

- Significant Disparities in Care:** Substantial gaps in MOUD utilization exist across age, racial, and ethnic groups. While the total utilization rate is approximately **49.5%**, **younger** beneficiaries (ages 15-19) and **Black** beneficiaries show significantly lower rates at **15.4%** and **24.8%**, respectively.
- Age-Related Trends:** MOUD utilization increases with age, peaking in the **30-34 group (56.0%)** before slightly declining.
- Racial and Ethnic Gaps:** **Non-Hispanic and White** populations demonstrate higher rates of consistent treatment compared to Hispanic and Black populations, suggesting barriers to equitable healthcare access.

Discussion

- Barriers for Young Populations:** The notably low utilization among the **15-19 age group** suggests a need for tailored adolescent-focused addiction services and a reduction in **age-specific stigma**.
- Addressing Racial Inequities:** The lower utilization rates among **Black and Hispanic** beneficiaries indicate that current outreach or provider-level interventions may not be reaching these communities effectively.
- Clinical Implications:** Since **only about half of the total population** with OUD receives consistent MOUD (2+ utilizations), future strategies should focus on "non-persistence" or treatment interruption rather than just initial enrollment.

Fundings

This work was funded by a State-University Partnership (SUP) grant that included the State of Kentucky's Cabinet for Health and Family Services (CHFS) and the University of Louisville (Contract Number: PON2 746 2400004958)

Bibliography

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- <https://www2.ccwdata.org/web/guest/condition-categories-other>