

Racial disparities in MOUD initiation among Medicaid patients with infective endocarditis

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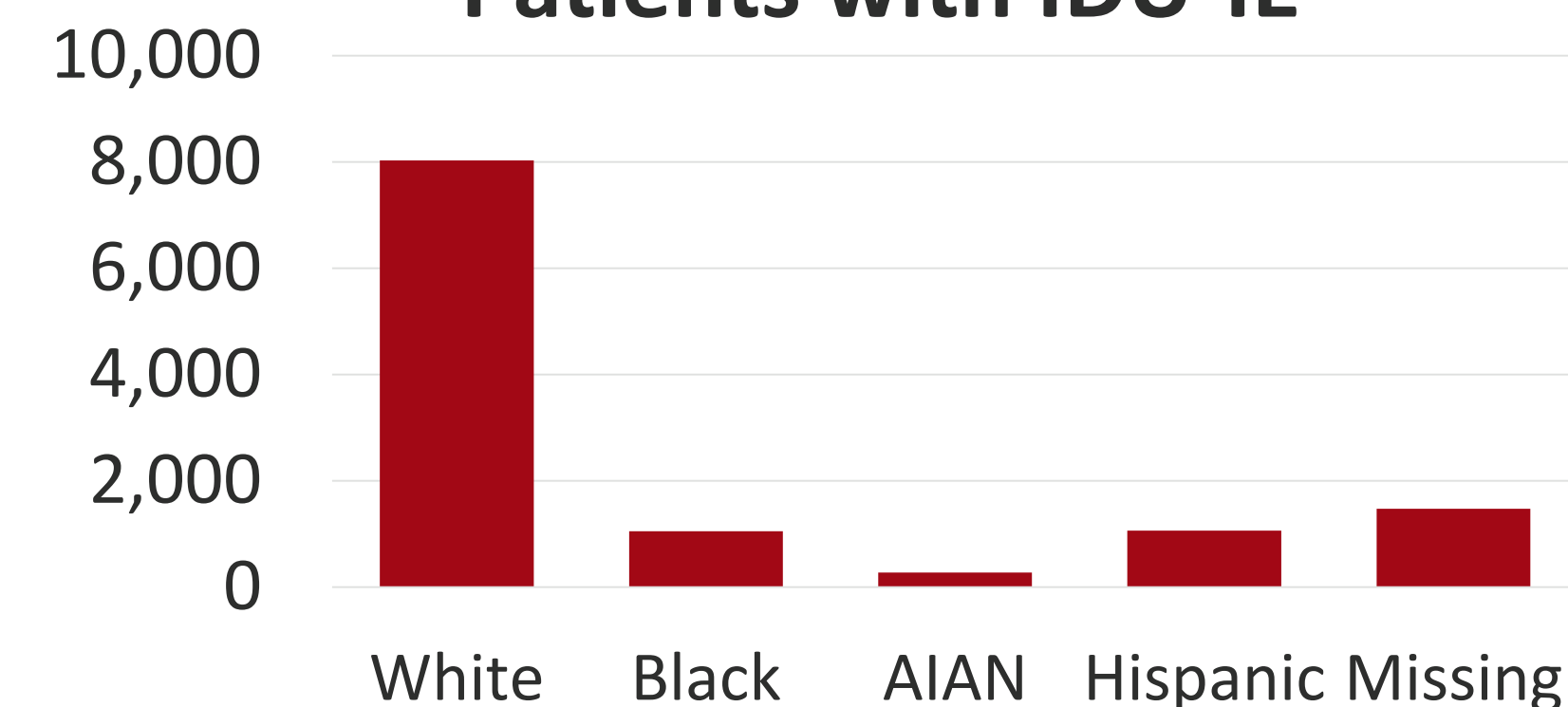
Background

- People with injection drug use (IDU) have an increased risk of developing infective endocarditis (IE) and often have negative health outcomes.
- Medication for opioid use disorder (MOUD) is associated with better outcomes among people who inject drugs.
- We aimed to identify racial disparities in MOUD initiation among patients with IDU-IE and in outcomes of IDU-IE.

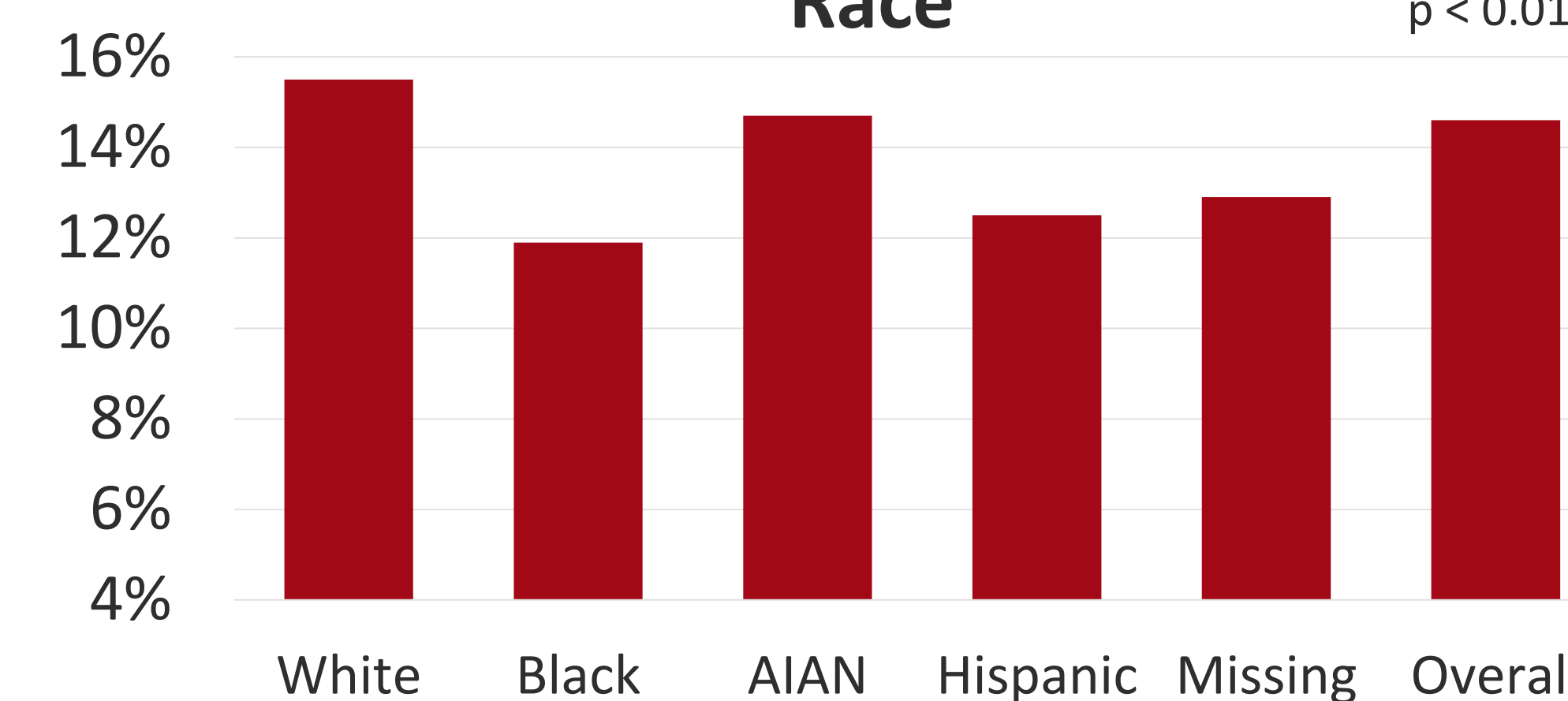
Research Methods

- We used the T-MSIS Analytic File from 2017-20, which contains Medicaid claims from all 50 states and Washington DC.
- Adult patients who were not dually enrolled with Medicare, between ages 18-65, with at least one hospitalization with IE were included.
- IDU-IE was defined by a combination of ICD-10 diagnosis codes related to injectable drug use disorders. MOUD initiation included prescriptions for buprenorphine and naltrexone, and procedure codes for methadone, within 30 and 90 days of discharge. Race/ethnicity was assigned based on the original dataset.
- We present descriptive analyses focused on racial/ethnic disparities in MOUD receipt.

Racial Distribution of Patients with IDU-IE

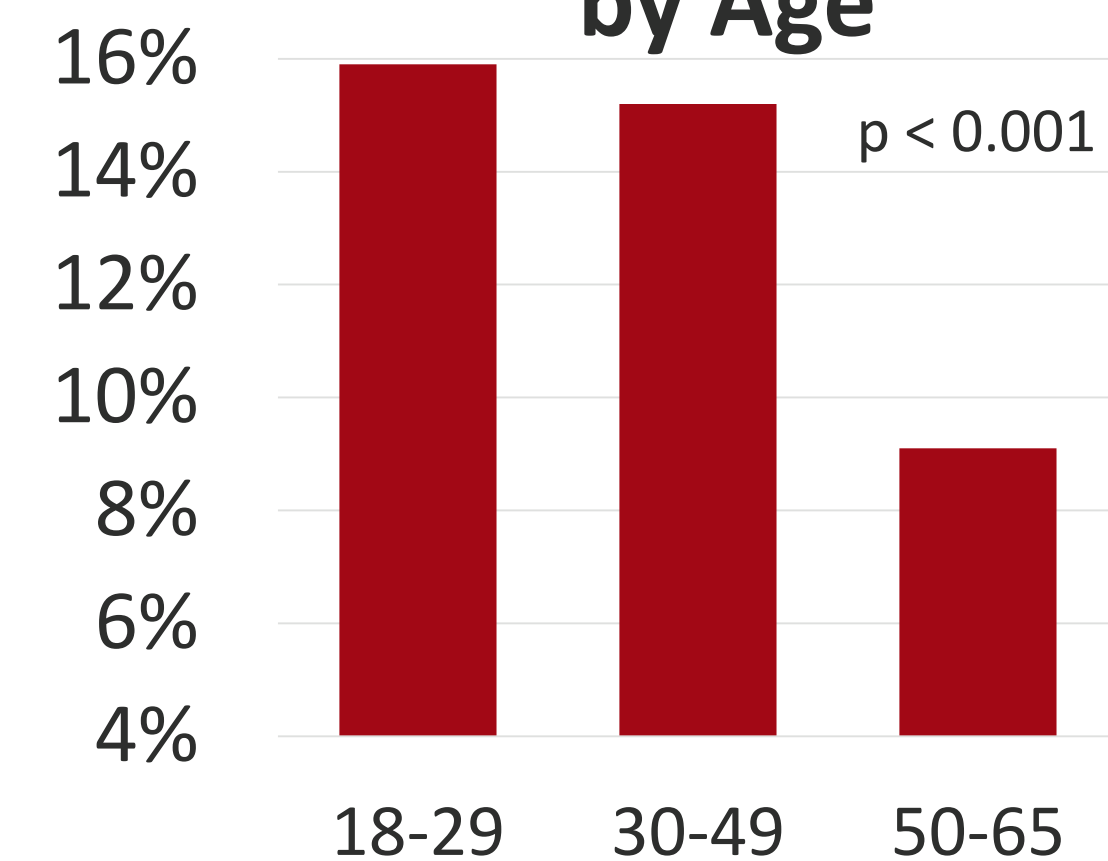


MOUD Initiation within 90 Days by Race

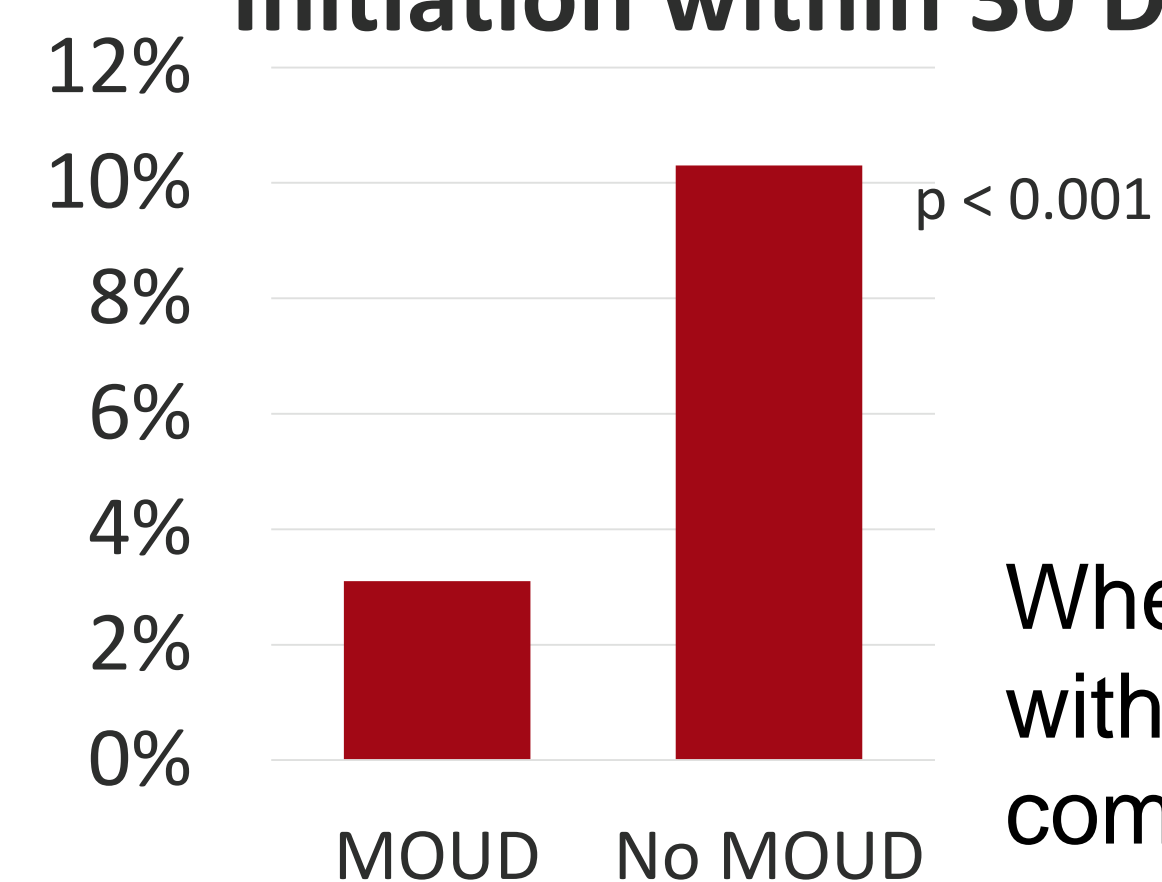


When adjusted for age and sex, Black and non-Black Hispanic patients have poorer rates of MOUD initiation (OR 0.82 $p=0.05$, OR 0.81 $p<0.03$).

MOUD Initiation within 90 Days by Age

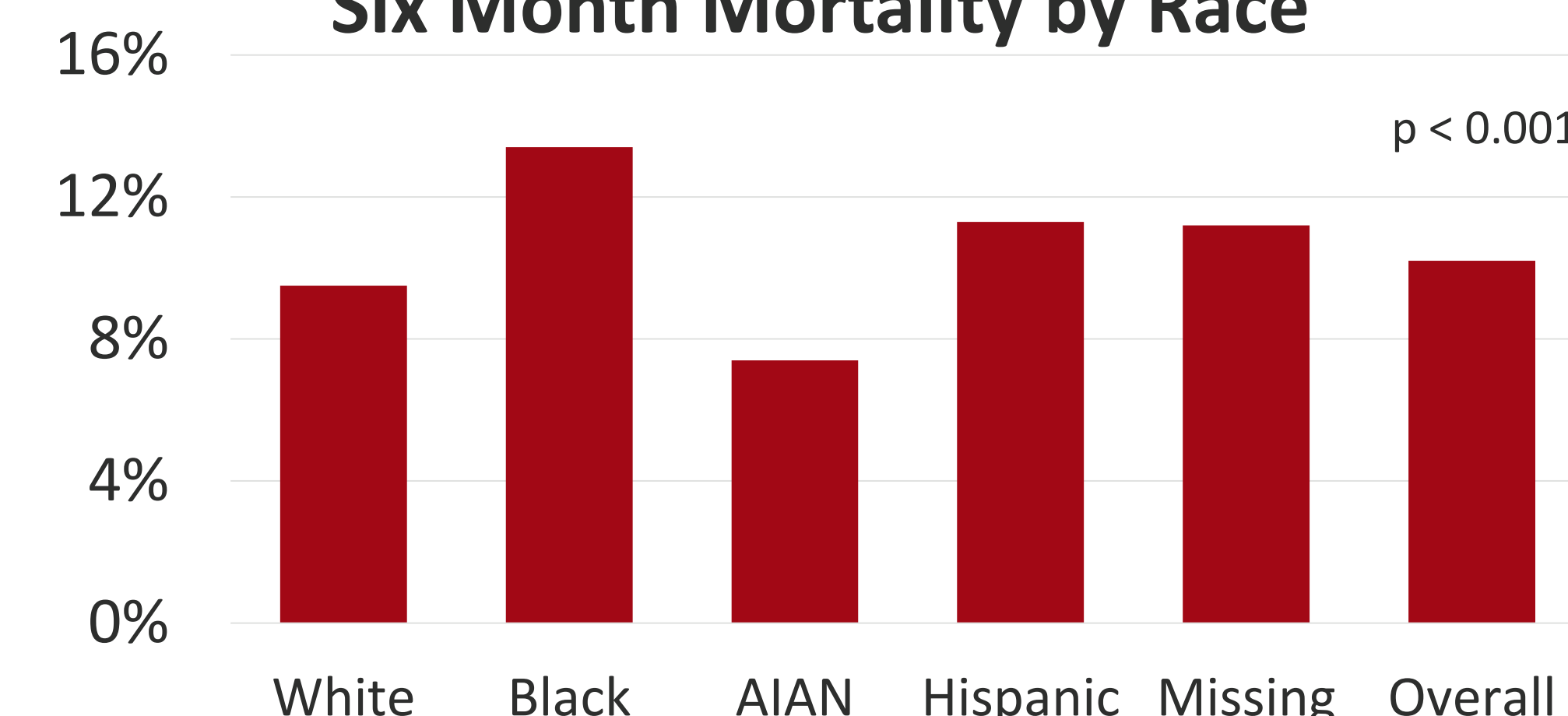


Six Month Mortality by MOUD Initiation within 30 Days



When adjusted for race, sex, and age, patients initiated on MOUD within 30 days continued to have lower mortality at 6 months compared to patients not initiated on MOUD (OR 0.29, $p < 0.001$).

Six Month Mortality by Race



Adjusting for age and sex attenuated the relationship between Black race and six-month mortality (OR 1.06, $p=0.42$).

Conclusion and Discussion

MOUD initiation was associated with improved survival among patients with IDU-IE. Black and Hispanic patients were less likely to be initiated on MOUD and had higher unadjusted mortality.

- Younger patients with IDU-IE have higher rates of MOUD initiation.
- Further efforts are necessary to mitigate disparities in MOUD initiation for this population.

References and Disclosures

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