

Opioid Utilization Among Hospitalized Medicare Beneficiaries

Introduction

The Beneficiary and Family Centered Care National Coordinating Oversight and Review Center (BFCC NCORC) supports the BFCC Quality Improvement Organizations (QIOs) to improve healthcare services for Medicare beneficiaries and their families.

Opioid Use Disorder (OUD) is a growing problem in the Medicare population that is associated with poor health outcomes and higher health costs.

Data Analysis

This analysis is intended to:

1. Describe patients at high risk of opioid use.
2. Identify healthcare facility characteristics associated with opioid use.
3. Investigate whether there are social inequalities in opioid use.
4. Study the association between opioid use and patient safety events.

Methods

To support CMS in addressing the opioid crisis in the United States, the BFCC NCORC recorded information about opioid use, initiation, and discontinuation based on a random national sample of 4,000 Medicare beneficiaries with a discharge date between October 2020 and December 2021. Sampled cases excluded patients with a primary diagnosis of mental health and obstetrics. The BFCC NCORC used a two-stage methodology for chart review, with a trained nurse abstractor and then a physician reviewer confirming the presence of opioid use and patient safety event, as appropriate.

Key Findings

Contrary to national trends suggesting a recent decline in opioid prescribing,¹ findings indicated that opioid use among Medicare beneficiaries did not decline, showing similar patterns to a previous NCORC analysis from April 2018 to March 2019.

Opioid use patterns varied significantly by age group, with initiation of new use and discontinuation being highest among beneficiaries aged 45–54.

Among inpatient hospitalizations, almost two-thirds neither used opioids at admission nor were prescribed opioids at discharge.

Opioid use also varied by geographic region, with the highest usage rates in the region encompassing Colorado, Utah, Montana, Wyoming, North Dakota, and South Dakota.

Opioid use was 1.6 times more common among beneficiaries living in the most disadvantaged area, compared to beneficiaries living in the two least disadvantaged areas.²

Asian-American beneficiaries had the highest rate of no opioid use, while White beneficiaries had the highest rate of being discharged with opioids. The highest rate of continued opioid use was among Black beneficiaries.

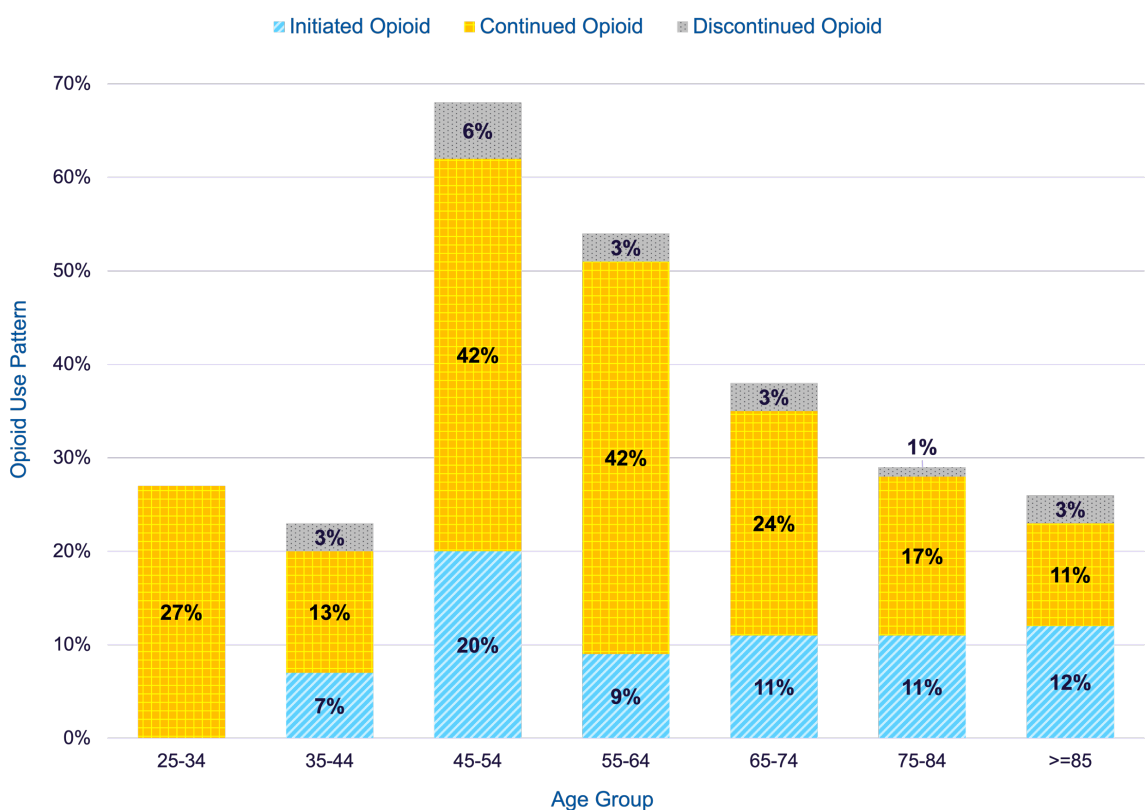
Opioid use varied by insurance type. Among dually eligible beneficiaries with Medicaid, more than half were using opioids when admitted to the hospital, more than double the average rate of use for beneficiaries with other types of insurance.

Opioid use patterns varied by hospital type but were not statistically significant. Indian Health Service (IHS) hospitals had the highest rate of no opioid use and the lowest rate of initiated opioid use.

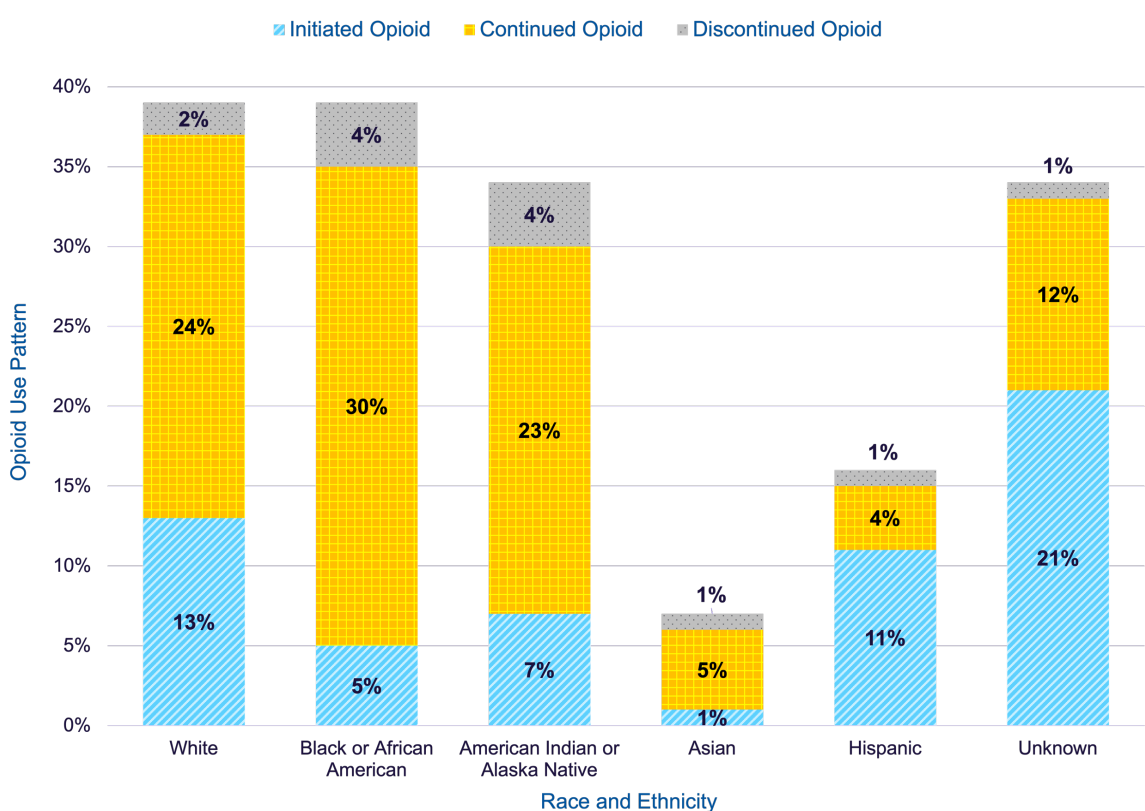
Patient safety events (e.g., patient falls, medication errors) were more prevalent among beneficiaries who initiated opioid use during a hospitalization.

Results

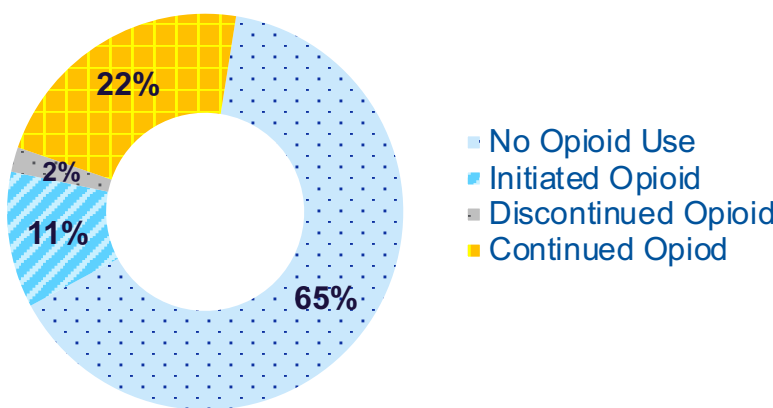
Opioid Use Patterns by Age Group



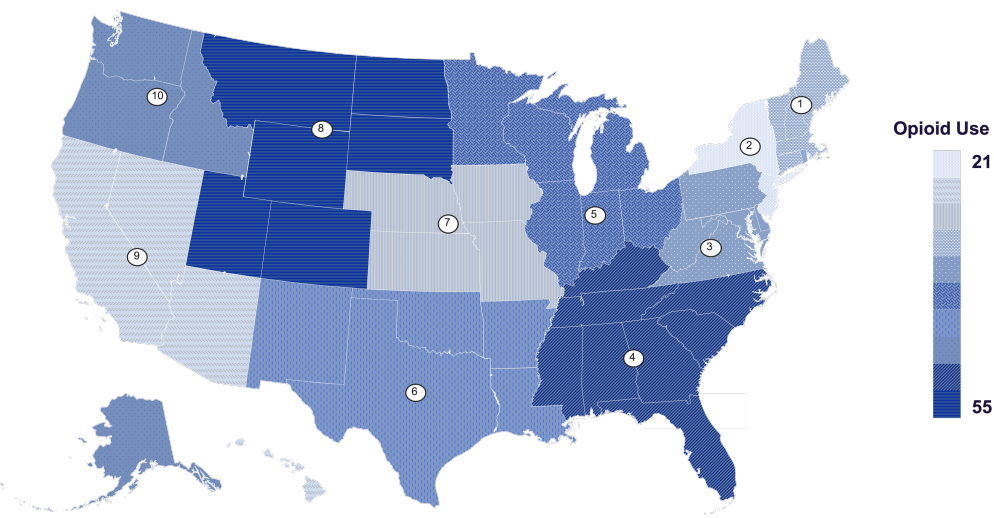
Opioid Use Prevalence by Race and Ethnicity



Opioid Use Patterns among Hospitalized Beneficiaries



Opioid Use Prevalence by BFCC-QIO Region



Opioid Use Patterns by Payer Type

