

# Exploring the patient-related factors behind racial inequities in buprenorphine treatment for opioid use disorder in primary care

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## INTRO

- From 2019 to 2020, overdose death rates **increased 39%** among Black Americans nationally [1].
- A recent study done at an integrated health system in Massachusetts showed that **Black patients** with opioid use disorder (OUD) were **less likely** to receive buprenorphine **compared to white patients** in 2020, consistent with national trends [2].
- Purpose: to understand patient-related etiologies behind **racial inequities** in buprenorphine treatment for OUD in primary care patients who had practice-based access to buprenorphine.

## METHODS

- Surveyed adult patients with Massachusetts General Hospital (MGH) primary care providers (PCPs) in practices where buprenorphine was prescribed
- Inclusion criteria: ICD-10 diagnosis of OUD, opioid overdose, or opioid poisoning PLUS had a primary care visit with PCP from April 2020 to April 2021
- Sampled randomly with the goal of reaching equal numbers of Black, Latinx, and white patients for a total of 100 survey responses. Chart review performed to confirm OUD diagnosis.
- Potential participants contacted by recruitment letter then by telephone. Survey was conducted over the phone but those who preferred were emailed links to self-administer the survey.

## RESULTS

- 428 patients were sampled, 278 confirmed to have OUD via chart review, and 33 patients completed the survey
- 46% (n=15) reported having ever been prescribed methadone for OUD
  - 67% (n=6) of white respondents, 50% (n=6) of Latinx respondents, and 18% (n=2) of Black respondents
- 82% (n=27) of participants reported having ever been prescribed buprenorphine for OUD
  - 100% (n=9) of white respondents, 75% (n=9) of Latinx respondents, 73% (n=8) of Black respondents
- Less than half (48%) reported their MGH PCPs having discussed buprenorphine treatment with them
  - 45% (n=5) of Black respondents, 58% (n=7) of Latinx respondents, and 44% (n=4) of white respondents
- 70% (n=23) preferred to get their OUD treatment at their PCP's office compared to 15% (n=5) who preferred other clinical or community settings; 12% (n=4) preferred not to say
  - 82% (n=9) of Black respondents, 75% (n=9) of Latinx respondents, and 56% (n=5) of white respondents preferred their PCP's office
- Nearly a quarter (24%) of respondents never had an MGH provider discuss buprenorphine treatment with them
  - 27% (n=3) of Black respondents, 33% (n=4) of Latinx respondents, and 11% (n=1) of white respondents
- Black and Latinx respondents found culturally appropriate care to be more important on average compared to white respondents (Figure 2)
- None of the respondents reported that having their PCP share or understand their racial/ethnic background would improve their ability to get buprenorphine
- Suggestions for improving buprenorphine treatment at PCP's office: more PCP knowledge and less stigma about addiction, access to peer support specialists, longer prescription lengths, transportation, flexible doctor's schedule, co-located mental health services, accepting all insurance products, having staff share similar cultural backgrounds
- Suggestions for better meeting the needs of BIPOC patients: hiring more staff and clinicians who are Black and/or Latinx, treating people with compassion, offering financial assistance, providing services on the street and within communities where Black and Latinx people live

## DISCUSSION & CONCLUSIONS

- Black and Latinx respondents were less likely than white respondents to ever have been prescribed medication treatment for OUD, whether it be buprenorphine or methadone, which is consistent with known inequities.
- Providers in primary care and other specialties have room for improvement in discussing treatment for OUD with their patients. Most patients preferred to have OUD treatment at their PCP's office, demonstrating the importance of having a primary care workforce with the training and comfort to provide buprenorphine treatment.
- Respondents across the three racial groups had similar rates of their MGH PCPs discussing buprenorphine with them while Black and Latinx respondents were less likely to have ever been prescribed buprenorphine. A majority of Black and Latinx respondents, compared to a little over half of white respondents, preferred to have their OUD treatment at their PCP's office. This indicates that Black and Latin X patients may possibly having less acceptability of buprenorphine itself as treatment.
- Black and Latinx patients place more importance on having healthcare staff who are from and know about different racial/ethnic backgrounds compared to white patients. Interestingly, respondents did not think that having a racially concordant PCP impacted their ability to access buprenorphine treatment but did think that having PCPs with more knowledge and less stigma would improve access.
- Low barrier, non-stigmatizing, community-based approaches to addiction treatment are needed to improve access for racially and ethnically minoritized patients.

## REFERENCES

- [1] MMWR, drug overdose deaths, by selected sociodemographic and social ... (n.d.). Retrieved November 2, 2022, from <https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7129e2-H.pdf>
- [2] Sarah E. Wakeman, Eugene Lambert, Sunny Kung, Nicholas M. Brisbon, Aleta D. Carroll, Thu-Trang Hickman, Charles Covahey, Thomas D. Sequist & Scott G. Weiner (2022) Trends in buprenorphine treatment disparities during the COVID pandemic in Massachusetts, Substance Abuse, 43:1, 1317-1321, DOI: 10.1080/08897077.2022.2095077

Table 1: Participant characteristics

Gender	N	%
Cis Woman	14	42
Cis Man	19	57
Race/Ethnicity	N	%
Black	11	33
Latinx	12	36
White	9	27
Other/Unknown	1	3
Recently experiencing homelessness	N	%
Yes	14	42
Types of opioids used	N	%
Fentanyl or heroin	19	58
Prescription opioid pills	15	45
Other opioids	12	36
Preferred not to report	2	6
Routes of administration	N	%
Intravenously	15	46
Intranasally	15	46
Per oral	10	30
Inhalation	3	9
Per rectum	1	3
Preferred not to report	2	6

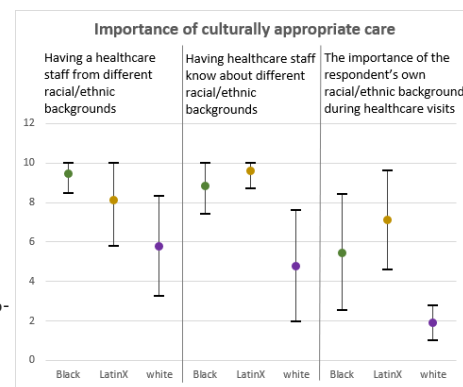


Figure 2: Mean ratings on the importance of culturally appropriate care (scale: 1-10)