

Background and Objectives

Rates of Opioid Use Disorder (OUD) have been increasing in reproductive-aged women and access to primary care is essential for supporting the diverse needs of this growing population. People with OUD, however, consistently receive lower quality preventative and chronic illness care. There is currently not a sufficient understanding of the reasons why women with OUD receive lower quality primary care nor the distinct obstacles that they may encounter when accessing these services.

The objective of this study was therefore to identify barriers that reproductive-aged women with OUD encounter when accessing primary care

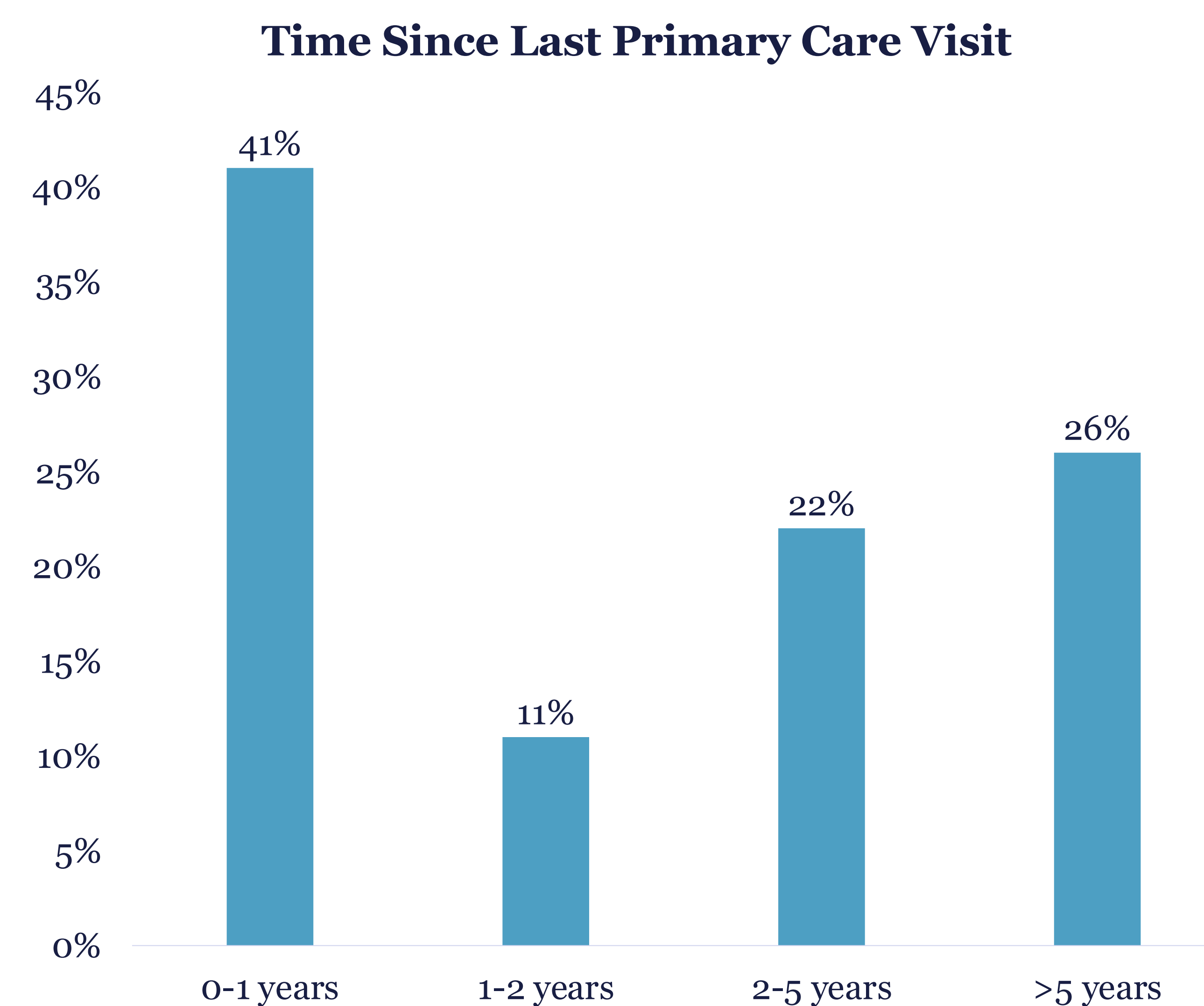
Methods

- Qualitative study with semi-structured, recorded telephone interviews
- Data collected from April-June 2022
- Recruitment from one urban university-affiliated opioid treatment center
- N=27 women who were 18 years or older and participating in OUD treatment
- A pre-interview survey assessed demographics
- Semi-structured questions evaluated previous experiences in primary care related to:
 1. Stigma and bias
 2. Barriers to attending visits
 3. Obstacles to following physician advice
 4. Challenges with managing prescriptions
- NVivo qualitative data analysis software was utilized to assess common themes

Results

Demographics of Study Population

- The age of participants ranged from 27 -57 years with the average age being 35
- Most participants were white (93%), unmarried (89%), and on Medicaid (85%)
- The majority were unemployed (70%) and had completed a high school education or less (63%)
- 85% of participants had at least one child at home
- 74% of patients were concerned about their health and 67% reported having a personal PCP that they visited



Reported Barriers

1. **Feeling judgement from providers:**
*“I definitely have had a few doctors that were **judgmental**. I just feel like, once they find out about your drug history, they just **don't really take you seriously** or they just kind of... I don't know. They have a little bit of an **attitude** about them.”*
2. **Lack of childcare services:**
*“Sometimes just appointments are **weird hours** or whatever... Usually sometimes I'll try to make appointments when my mom's off, this way she can **watch the baby** for me while I'm in the doctor so I don't have a baby screaming while I'm trying to explain to them stuff.”*

Results (continued)

3. Wait time/scheduling:

*“I just think the consideration of just whether it comes to seeing people in a **timely** matter and the **scheduling**, and the just being more mindful and present during appointments, and also figure something out instead of just pushing them along to get to your next patient.”*

Conclusions

- Women with OUD encounter unique barriers in primary care due to their concurrent roles as caregivers and individuals in recovery
- Further research should evaluate the implementation and outcomes of care models that reduce these barriers
- Primary care providers can help improve utilization for this population by addressing these barriers

Acknowledgements

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Disclosures

There are no conflicts of interest to disclose.

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