

Disparities in the Identification and Treatment of Opioid Use Disorder in Primary Care: A Scoping Review

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INTRODUCTION

- Opioid use disorder (OUD) remains a persistent problem in the United States, contributing to over 80,000 overdose deaths annually.
- There is a rising interest in managing OUD in primary care, but like other health settings, there are inequities for racial and ethnic minorities.
- It is important to assess OUD management in primary care for disparities so interventions can be made.

OBJECTIVE

To examine the current literature on disparities in the identification and treatment of OUD among racial and ethnic minorities in primary care settings.

METHODS

- Study design: Scoping review
- Time frame: No limitation
- Databases searched: PubMed, CINAHL, Embase, PsycInfo, Cochrane, Web of Science, Scopus databases
- Inclusion criteria:
 - Written in English
 - Peer-reviewed original research
 - Conducted in a primary care setting
 - Analyzed racial and ethnic disparities
 - Explicitly referred to the identification or treatment of OUD
 - Utilized a quantitative, qualitative, or mixed-methods study design

RESULTS **Prisma Table** Studies from databases (n = 889) References removed (n = 217) Duplicates identified by Covidence (n = 217) Studies excluded (n = 572) Studies screened (n = 672) Studies sought for retrieval (n = 97) Studies not retrieved (n = 0) Studies excluded (n = 84) Studies assessed for eligibility (n = 97) Wrong setting (n = 4)Wrong study design (n = 4) Wrong patient population (n = 1) Wrong Country (Not in the US) (n = 1)No focus on racial health disparities (n = 7)Wrong unit of analysis (at the individual level) (n = 36)Wrong publication format (i.e., poster, etc.) (n = 24) Wrong study question (n = 7)Studies included in review (n = 13)

Study Characteristics

Articles included: 13

Quantitative: 10

Mixed-Methods: 1

Years: 2009-2023

Qualitative: 2

Study design:

Themes

SYSTEM LEVEL FACTORS THAT INFLUENCE PATIENT CARE

- Black and non-Hispanic
 Asian/Pacific Islander patients
 less likely to be prescribed meds
 compared to White patients
- Black patients were less likely to receive Tele-buprenorphine

PROVIDER'S MISTRUST AND BIAS ON PATIENT CARE

- Higher mistrust for Black and non-white participants using Physician Trust in Patients Scale
- Black patients more likely to be over monitored when prescribed pain medicine compared to White patients

PROVIDER'S PERCEPTIONS OF HOW THEY MANAGE OR WANT TO MANAGE OUD TREATMENT

- Perceive primary care is an inappropriate setting to provide OUD care
- Unsatisfied with how OUD is managed

CONCLUSION

- While there is increased OUD treatment in primary care, there are barriers that prevent equitable care to diverse populations.
- There were limited data on non-Black minoritized populations and patient experiences of receiving care in the literature.

IMPLICATIONS

- As there is a push for innovation in OUD care to increase access, it is important to monitor for inequity and make changes when they are identified.
- Organizational policies that support providers by implementing screening for all patients, standardizing treatment guidelines to decrease variations, and ensuring innovation such as tele-buprenorphine are accessible to all patients may reduce disparities.

Questions or comments:

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