

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

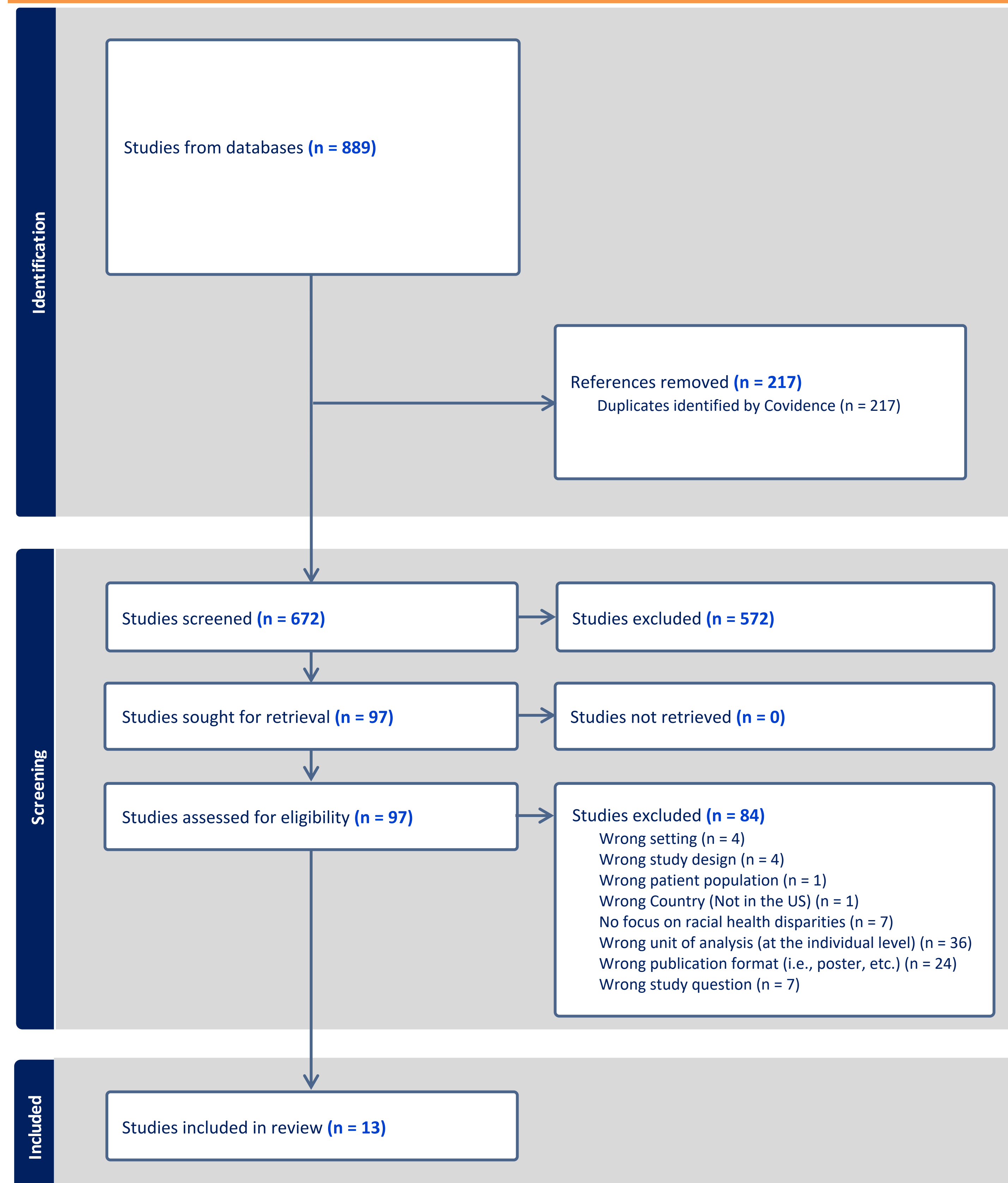
- To examine the current literature on disparities in the identification and treatment of OUD among racial and ethnic minorities in primary care settings.

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



Study Characteristics

- Articles included: 13
- Years: 2009-2023
- Study design:
 - Quantitative: 10
 - Qualitative: 2
 - Mixed-Methods: 1

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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