Behind SUD Care Disparities

Patient and Provider Perspectives on SUD Care Disparities at Mass General Brigham and Recommendations for Equity

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FOR IMMIGRANT HEALTH RESEARCH

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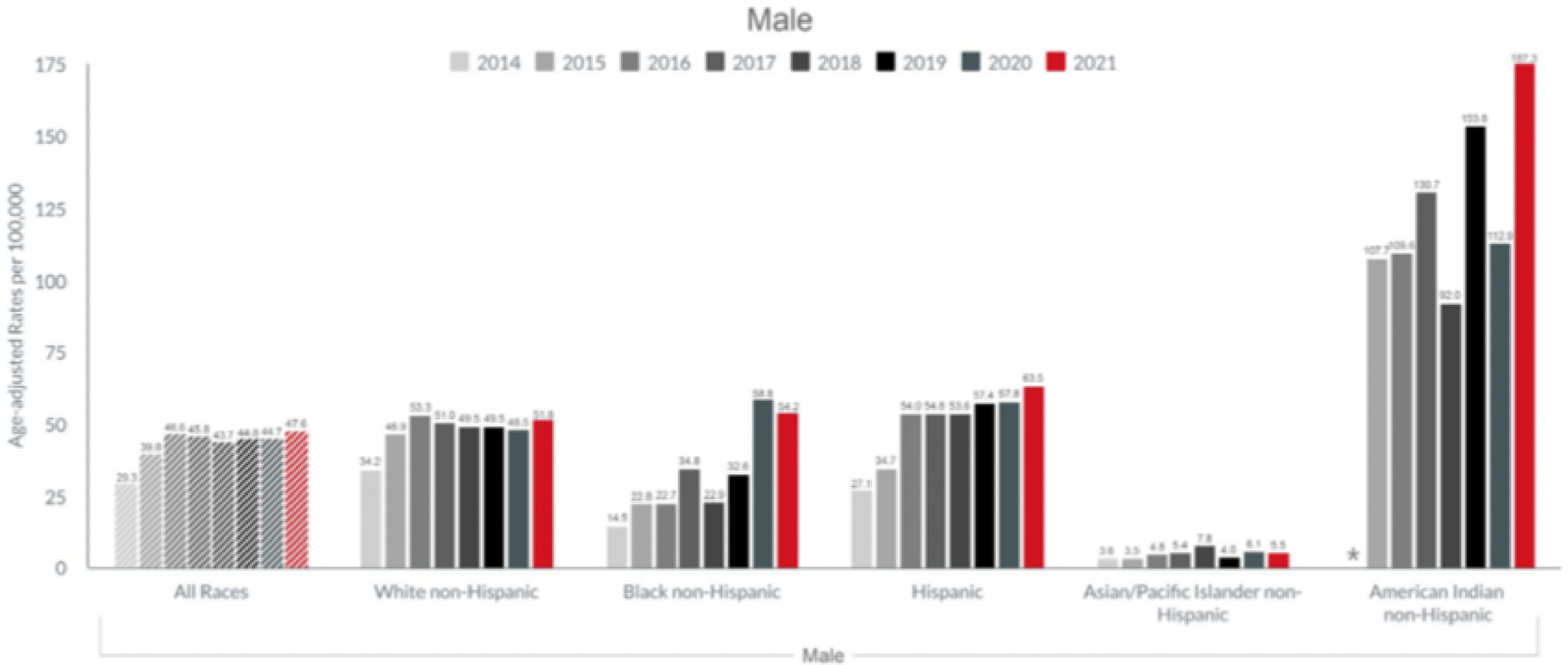
Background

Opioid-related overdose death rates in MA for Black, Hispanic, and American Indian men surpass the White population



+66%

Increase in opioid-related overdose deaths among Black men in MA, 2019-2021

https://www.mass.gov/doc/opioid-related-overdose-deaths-demographics-june-2022/download

Background

Worsening racial and ethnic disparities highlight long standing inequities in substance use disorder identification and treatment

- We evaluated buprenorphine treatment receipt within MGB among 3,653 patients with OUD or overdose diagnoses who had a clinical encounter in the prior year
- Overall, 55% received buprenorphine
- Notable disparities were demonstrated, with Black patients, female patients, and those with LEP having lower aPR of treatment

	Adjusted Prevalence Ratio (95% CI)	p
Sex		
Female	Reference	
Male	1.09 (1.02, 1.16)	<.01
Race and Ethnicity		
Non-Hispanic White	Reference	
Non-Hispanic Black	0.85 (0.72, 0.99)	<.05
Hispanic/Latino	0.98 (0.87, 1.09)	.69
Non-Hispanic Other	0.95 (0.75, 1.20)	.66
Non-Hispanic Unknown	1.14 (0.97, 1.34)	.11
Language		
English	Reference	
Non-English	0.82 (0.62, 1.09)	.17
Unknown	0.60 (0.40, 0.91)	<.05

Project Goals

United Against Racism campaign banner outside MGB Central Command Office, Assembly Row

- **Disparities** in SUD screening and Buprenorphine treatment rates: **Lower** among Black, Latinx, and limited-English proficient (LEP) patients at MGB compared to white/English-only patients
- **Commitment to equity** as part of **United Against Racism:** How to reduce barriers in SUD treatment across MGB?
- **Qualitative study** to understand provider and staff perspectives and identify leverage points for change

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Research Questions

1

What are the **perspectives** and **experiences** of MGB providers, and Black, Latinx, and LEP patients?

2

What **gaps** exist, and what **opportunities** do staff and patients see to address these disparities?

3

What **strategies, interventions**, or **supports** would help Black, Latinx, and LEP patients enter and engage in SUD treatment?

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Theoretical Frameworks

Structural model of health behavior seeks to **shift the curve** instead of changing high risk behaviors at the tail of the curve

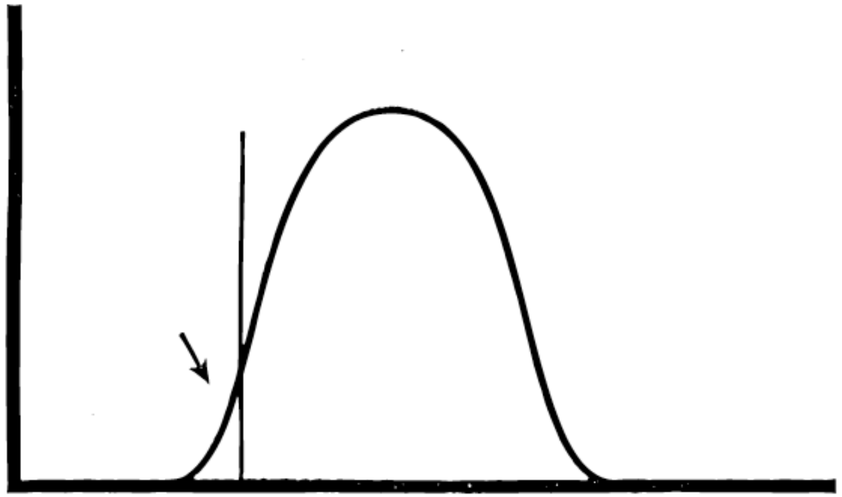

FIG. 1. Individual-level interventions (the Theory of Bad Apples).

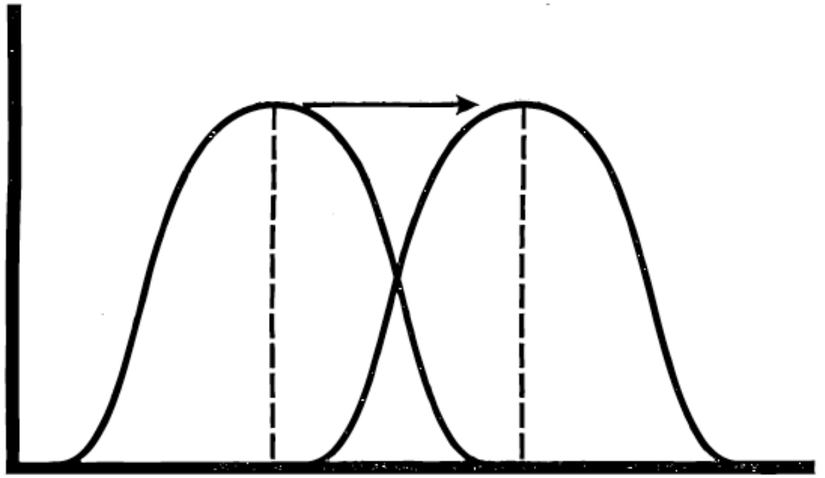

FIG. 2. Structural-level interventions ("shift the curve").

Cohen, D. A., Scribner, R. A., & Farley, T. A. (2000). A structural model of health behavior: a pragmatic approach to explain and influence health behaviors at the population level. Preventive medicine, 30(2), 146-154.

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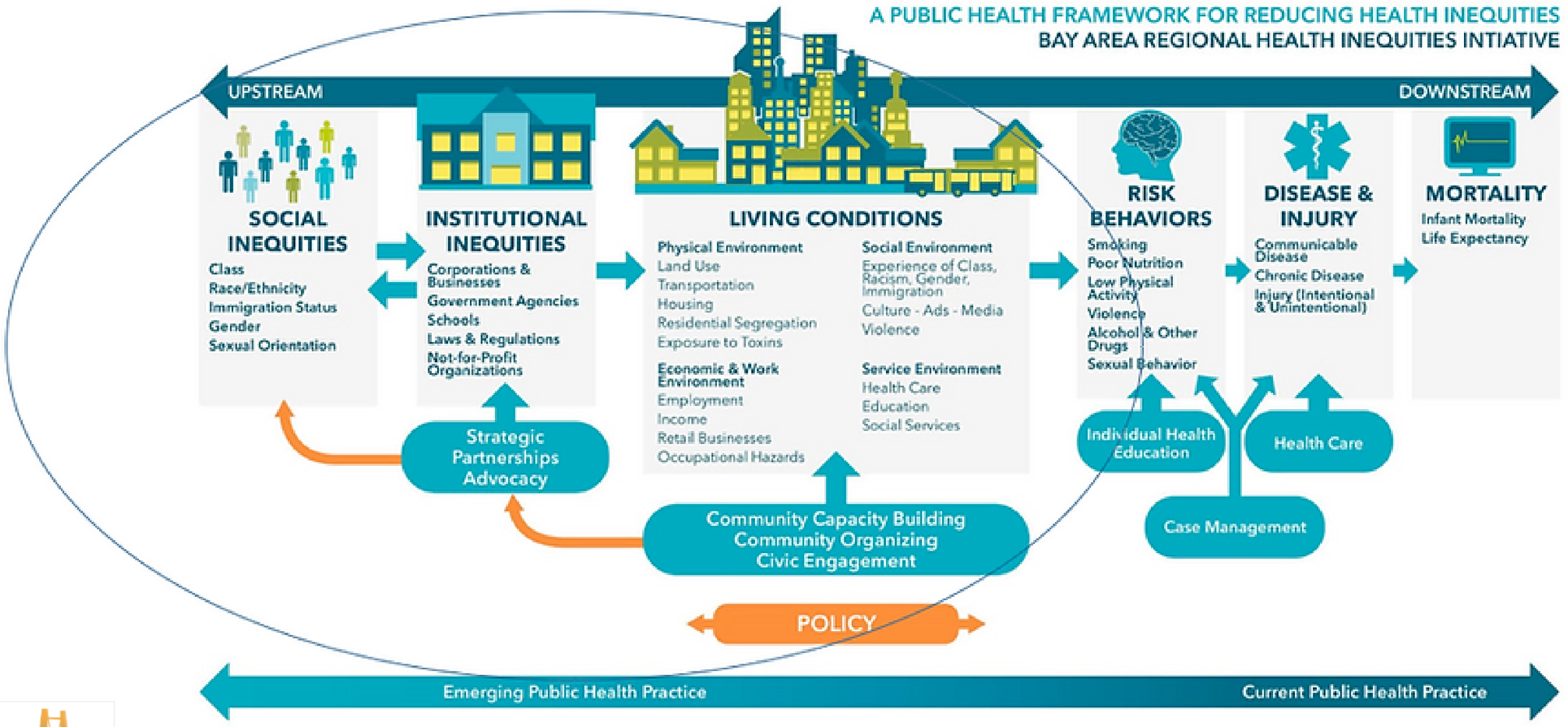

BARHII
Bay Area Regional Health Inequities Initiative

Enlarged Framework

Methods

- **Interviews with staff and providers** at MGB (n=29)
  - Recovery coaches, peer navigators, nurses, physicians, mental health clinicians, medical assistants, and others.
- **Interviews with SUD Patients** at MGB (n=8)
  - Black, Latinx and/or LEP SUD patients; conducted in English and Spanish.
- **Ongoing engagement and reflection** with MGB leadership in Addiction Medicine Department over one year

Staff and patient representation

- Boston metropolitan area
- Merrimack Valley
- North Shore
- Central Massachusetts

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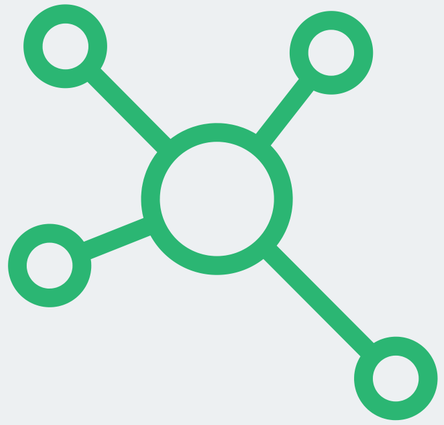
Provider interview representation (n=29)

Occupation	Acute / Inpatient	Outpatient	Language other than English	Race / Ethnicity	Location	Worksite
Addiction pyschologist, social worker	2	5	10	Black or African American: 9 Black/ Cape Verdean: 1 Black/Brown: 1 White: 13 Asian: 1 White/Latinx: 1 Latinx: 3 Mixed: 1	Boston: 22 North Shore: 2 Central MA: 1 Merrimack Valley: 4	Salem Hospital: 2 Pentuket Medical Associates: 4 McLean Naukeag : 1 BWH Bridge Clinic: 1 Mass General Hospital: 8 BWH Bridge Clinic (Faulkner): 3 MGH Bridge Clinic: 1 Brigham and Women's Primary Care: 3 MGH Outpatient Psychiatry: 1 MGH Hope Clinic: 2 MGH Center for Community Health Improvement: 1 Office of the CMO: 2
Advanced practice provider (MD, DO, NP,PA)	6	8				
Medical Assistant, Front Desk Staff	1	3				
Office-based addiction treatment RN	N/a	2				
Recovery coach	1	4				
Community health workers or other peer support staff	1	1				
MGB administrative staff	2					

Key themes and opportunities for MGB



Embedding Expertise in a Fragmented System

Strengthening and integrating equitable SUD care across MGB

Trust as a Foundation for Equity

Building systemic, institutional and interpersonal trust

Setting up "Usual Care" to be Equitable Care

Addressing Barriers to SUD Care for Black, Latinx and LEP Patients

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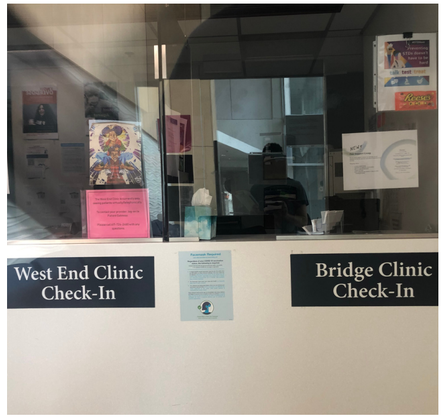
Addiction Medicine at MGB

Addiction medicine services at MGB provide expert care that incorporates promising, evidence-based practices that incorporate a harm reduction and low barrier approach for SUD care, and work to integrate SUD resources into the MGB system



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Addiction Medicine at MGB

> *Bridge Clinics are a big part of the MGB system and where a lot of the efforts are currently going to ensure that patients with a substance use disorder kind of have no wrong door. They come, they can show up, they call in, they can get access to some sort of intervention, whether it's a recovery coach, a medication, a doctor, a therapist, what have you. They have somewhere that they can go to get treatment.* **-MGB Clinician**

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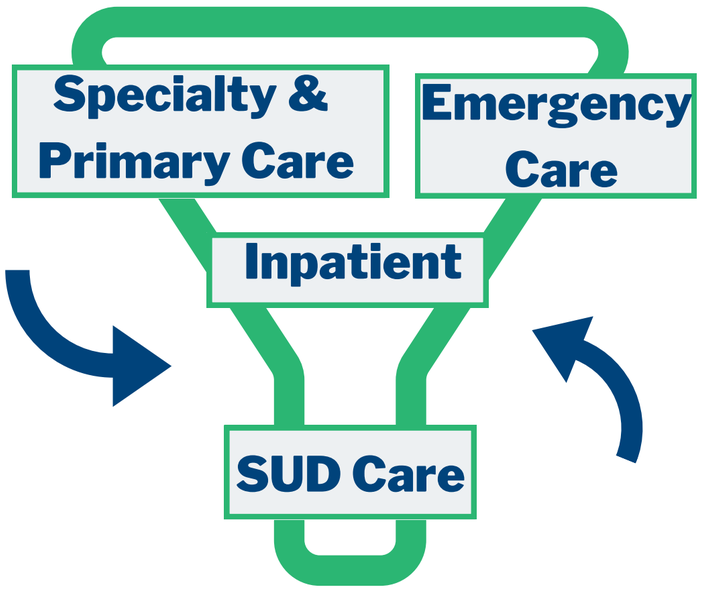
Gaps in SUD Care Integration for Black, Latinx and LEP Patients

"Funnel" of referrals from other services, specialties and departments

- Patients do not always know about SUD care resources
- Often **enter through other parts of the system** and get referred to SUD specialties
- SUD treatment and resources are **not always available** in other parts of the system
- Non-SUD providers **do not always know** what is available for SUD care

Mass General Brigham



Inconsistency and bias in SUD screening practices leads to SUDs that are unidentified or referred to care:

- **Unequal application of SUD screening** and assessments among Black and Latinx patients
- **Language barriers** to screenings with LEP patients
- Lack of patient, and provider, comfort with having **conversations around substance use**

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Gaps and biases in SUD screenings

Discomfort while discussing substance use with patients

...You know, someone's opting not to talk to [patients] about [substance use] or doesn't feel comfortable talking to them about it. I think there are some structural barriers in terms of for example, uh, some of the screening questions are in English that there's linguistic barriers right there...then obviously you're going to have disparities in who gets screened. -**MGB Clinician**

Racial bias in screening and identification of SUDs

We just don't have...as many people of color as, providers willing to be advocate for [Black, Latinx, LEP patients] in a way that is meaningful because I think when you see yourself in other people... it may be that a person identifies with someone else or they reminds them of someone else, and so they do more kind of help with screening, things like that, versus if it's someone who [says]-- 'Oh, they just appear drunk. They just came intoxicated,' or what have you. They're like, 'Okay, let's -- you know, let's just clear the bed as soon as they're sober.' -**MGB Clinician**

Racialized perceptions of SUD disease process

I think that [the] opioid wave really came out of, you know, seeing a Caucasian population be affected by opioids... I think a part [the reason for disparities] is the fact that [substance use] may be seen as part of the identity of a person of color, and not a disease process. And I think that matters --because when you identify a person as, um, an opioid user and not as a part of a disease process, I think you can tend to treat them differently. -**MGB Clinician**

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Conflicting SUD Care Ideologies Across the System

Provider and patient interviewees expressed support for the harm reduction approach to SUD care to address disparities.

However, this exists in tension with an abstinence-oriented approach in the broader MGB environment, which can impact patient engagement in SUD care.

> *For me, I give you [a patient] vivitrol, and you cut it down from 10 to 5 beers in a day? Like, that's a win. You know, I'm celebrating that with you, and we'll tweak the plan as we go to meet your goals. But, to the PCP, that was a failure. And that reinforced that sense of failure in the patient's own brain.* -**MGB Clinician**

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Trust as a Foundation for Equity

Trust impacts engagement by Black, Latinx, and LEP patients in SUD-related care.

In addressing SUD care disparities, trust needs to be built at the *systemic*, *institutional* and *interpersonal* level

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Patient-Provider Relationships: The Best of MGB

> *They're amazing. They really are... I think I've been coming [to the Bridge Clinic] for 3 or 4 years...they're all wicked, wicked cool people. They care, it's overwhelming sometimes. But it's hard to pick a favorite... I got so like close to- I actually cried when I found out that one of the doctors left.* - **MGB Patient**

Providers and patients alike discussed the positive impact of trusting relationships in equitable SUD treatment. Both groups also stressed that providers have an important role in working with patients to create these trusting relationships.

Provider and patient interviews characterized these relationships with practices such as partnering with patients around their personal goals, listening to and showing understanding of the greater context of their lives, and creating a non-judgmental and stigma-free environment.

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Patient-Provider Relationships:

Mistrust of patients, on the part of providers, may alternatively have a negative impact on these relationships during a patient's recovery path.

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>
> **-MGB Patient**

> *..When [a patient] finally told his PCP [about his opioid use], I think, the PCP, since they were giving them pain meds on and off, was sort of like "Oh, well you used me" ...so, I think that's a perspective the PCP gets versus the patient like, 'Oh, you know, I'm over here taking care of you and you're really using me..." So I think, you know, educating providers, that you know, you're not being abused.. that's the condition they have.*
>
> **-MGB Clinician**

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Patient-Provider Relationships

> *If a patient is trying to navigate colorectal cancer screening, but they can't get to the screening because maybe they drank too much the day before...and that got in the way of preparing for the procedure or that the substance use got in the way of following through treatment, I think what we've experienced is that oftentimes, patient would not tell providers of those barriers. They would tell people they trusted, CHWs in this case, right? ...So I think what I've seen happening in terms of patients not sharing with providers when it comes to substance use disorder related barriers through following or accessing or following through with care, you know, you could imagine that same parallel with patients not openly talking about this substance use disorders with providers when it comes to the screenings.* **-MGB Administrative Staff Member**

Trusting provider relationships are also important when patients may be uncomfortable discussing their substance use

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Building Trust at the Institutional Level

> *The in-person, outpatient [SUD care], I don't think it's as accessible to somebody who's a person of color, just based on like, neighborhood and demographics. Um, and then transportation is a huge barrier. So even before the pandemic, if somebody couldn't get to a program, they weren't going to attend. And there are not very many programs, um, that would be in neighborhoods where I think folks need them the most.* **-MGB Care Team Member**

Several providers noted that Black, Latinx and LEP patients don't always seek healthcare at MGB locations as they are less present in the communities where these patients live.

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Building Trust at the Institutional Level

I think [MGB has] been slowly starting to do some of this work, um, with some of the work [MGB has] been doing in Nubian Square. I know MGH also has, like, a community engagement department -- community and culture engagement department, where they've been engaging in a lot of different events that have been going on in in the city, as well.

-MGB Administrative Staff Member

At the same time, patients and providers emphasized ongoing engagement and outreach efforts as important ways to build trust between patients and MGB, and spreading awareness of SUD care resources.

I work in the streets, helping with resources, directing people to detox. The doctors and recovery coaches that I work with they're called the... 'Addiction Medicine Street Team." But I love calling them the 'Meet Them Where You're At Team"...we actually walk around in these areas where there are a lot of disparities and not many resources, or the help is not there to say that it might be in a more... financially safe community or environment, and meet people right where they're at...[it's] very successful. Because you're caught up in that addiction...it's hard to not only accept the help, but go to the help.

-MGB Peer Support Staff Member

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Healing a History of Mistrust

Efforts to build trust should also be mindful of a broader history of mistrust between communities of color and healthcare

Providers and patients noted that mistrust is rooted in past mis-treatment by healthcare systems; collaboration with other authorities and systems that can discriminate against Black, Latinx, immigrant, and LEP patients; and the criminalization of SUDs among people of color in the United States

> *Back in the day when Black people was [sic] smoking crack, well you know it was put on the streets for blacks, black people went to jail. As soon as white people started OD'ing on those opioids and everything, all of a sudden there's all these rehab centers.* **-MGB Patient**

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Setting Up "Usual Care" to be Equitable Care

Addressing Barriers to SUD Care for Black, Latinx and LEP Patients

> *The usual care is mainly set up for white, English-speaking patients, so having to problem solve and think outside of the box to support patients who don't [follow the] usual care -- it's more work for providers, they don't often have the time. Providers are overwhelmed and burned out. ...because the system is set up with just, you know, the usual care and serves the patients who can navigate themselves, these communities, Latinx and Black, non-English speakers, oftentimes fall through the cracks.* **-MGB Administrative Staff Member**

Focus Areas for Equitable Care

Cultural factors in Black, Latinx, and immigrant communities that impact engagement in SUD care or services

> *If havin' a conversation around mental health [or SUD] is seen as taboo in someone's culture, um, just gettin' them to accept help is also, um, a barrier. And it requires some clinical expertise, kind of, talk the patient into, um, understandin' the concerns that we're bringing to them at the moment and why it may be important to, um, seek these resources that we're providin' to them.*
>
> **-MGB Administrative Staff Member**

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Focus Areas for Equitable Care

Providers discussed a need for more racially, ethnically and linguistically concordant providers and treatment resources. Some patient interviewees agreed; however, others expressed they valued provider compassion and knowledge over racial or ethnic concordance.

> *If you have a system or if these patients are coming for care to a system where, in many cases, providers don't look like them or sound like them or can understand their cultures or lived experiences, um, that I think can create a barrier for patients to opening up and trusting the system and sharing.* -**MGB Administrative Staff Member**

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Focus Areas for Equitable Care

Language barriers for LEP patients in navigating healthcare spaces and care interactions

> *We have started...**diversifying our waiting room space**. So making sure that there are people of color on our posters. Making sure that **information is printed in both English and Spanish or Haitian Creole.** Making sure that the information that we're putting up is not just [site] specific. You know, like research things, but we're putting community engagement things up. Things that are happening around where people are living.... [feedback's] been great, especially for our Spanish-speaking patients. **Our front desk person is Spanish speaking**, so I think it's great when they can get on the phone with someone, and they can speak in real time and not wait for a translator to have a conversation with someone. So that's been great.* -**MGB Administrative Staff Member**

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Focus Areas for Equitable Care

Addressing language accessibility of healthcare spaces for LEP patients, and addressing language barriers to SUD care/screenings

> *I think that by [LEP patients] walking around the hospital, the fact that they don't know the hospital, how big it is, and, uh, you know, a majority of the things are in English, so they get shy to ask someone. Um, I don't know. I just think that there should be more people of -- at least translators, or someone that speaks languages just around the hallway... because if you think about it, someone who speaks English, they walk around and they can ask anybody with a badge, 'Hey, where is this?'* **-MGB Care Team Member**

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Focus Areas for Equitable Care

Social determinants of health: More than two thirds of providers referenced that SDOH can disproportion impact Black, Latinx and LEP patients as major barriers to SUD care, including: insurance coverage, unemployment, housing instability, and transportation.

> *Insurance companies tell you how long it should take you to get better... when I first went away [to residential treatment for SUD], I was in my forties but, I had been drinking since I was 12 years old and you gon' tell me you gon' treat me in three weeks? Impossible... If you took 12 years screwing your brain up, ain't nobody gon' turn it around in 3 weeks...just when my cloud was lifting and everything, I was sent back home.* **-MGB Patient**

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Focus Areas for Equitable Care

Both patient and provider knowledge/readiness impact access and engagement in SUD care

> *A lot of providers...are onboarding [newly], and they might not fully understand the systems, or the resources that [MGB] provides [for SUD care], or the fact that we even have an addiction consulting [team] that can aid in stuff like this. I often hear the comment like, 'Oh, wow...I've never been in a hospital before where this type of service is provided or we give this type of informed care." I also think that it could just be that a lot of providers might not still understand addiction care or what that looks like or what it is...I think a lot of providers in general are worried about patients being med-seeking and prescribing a controlled substance where they might not know where that's gonna end up.*
>
> **-MGB Administrative Staff Member**

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Focus Areas for Equitable Care

Both patient and provider knowledge/readiness impact access and engagement in SUD care

> *Doctors have to work hand by hand with patients. And if you have that patient that doesn't open up that much, help [them to open up]. Work together...the doctors know what he's doing...they can know about things in the community to help patients, or where to send them. Like, thank god for my recovery coach. Thank god we have that here!* -**MGB Patient**

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Recommendations: Workforce Diversity

Increase workforce diversity to facilitate greater patient/provider concordance for Black, Latinx,and LEP patients at MGB

Action Steps	Expertise	Trust	Equitable Care
Continue to strengthen DEI efforts in hiring practices at all levels (including MGB leadership, medical providers, administrative staff)		X	
Invest in outreach and programming for local students of color to advance careers in healthcare		X	
Ensure fair/competitive compensation and retention of staff of color, multilingual and immigrant staff			X

Recommendations: Welcoming Spaces

Create welcoming spaces for Black, Latinx, and LEP patients

Action Steps	Expertise	Trust	Equitable Care
Include diverse representation in pamphlets, posters and informational materials		X	
Make information available about other community events or resources outside of MGB			X
Hire multilingual front desk/waiting room staff			X
Provide signage/materials in multiple languages			X

Recommendations: Community Engagement

Expand community engagement and outreach efforts to build trust and spread awareness of SUD resources in Black, Latinx, and immigrant communities

Action Steps	Expertise	Trust	Equitable Care
Continue to support ongoing community engagement efforts led by MGB		X	
Spread awareness of SUD resources at MGB through external/public media campaign		X	
Dedicate resources, staff, and time to facilitate community engagement efforts		X	

Recommendations: Community Engagement

Expand community engagement and outreach efforts to build trust and spread awareness of SUD resources in Black, Latinx, and immigrant communities

Action Steps	Expertise	Trust	Equitable Care
Spread awareness of SUD resources through targeted outreach and relationship building with community leaders and institutions (i.e., local churches, community centers) about SUD resources at MGB		X	
Amplify United Against Racism messaging through external/public media campaign		X	

Implementation at MGB

Recommendation Area	Steps
Workforce Diversity	• Fellowship programs • Postings, job descriptions, hiring process • Compensation package
Welcoming Spaces	• Artwork and signage in Bridge Clinics • Interpreter services and multilingual staff
Community Engagement	• Community care vans • Community partnerships

Thank you!

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