HRSA
Health Resources & Services Administration

Strategies for Addressing Health Disparities in Medication Assisted Treatment (MAT) for Opioid Use Disorders (OUD)

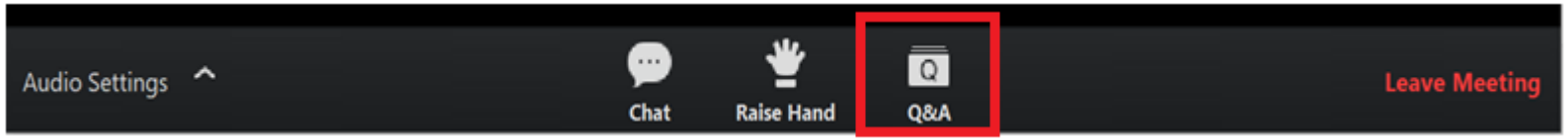
Wednesday, June 2, 2021, 3:00 –4:00 p.m. ET

R. Lyle Cooper, Ph.D., M.S.W.
Pat Tucker, M.B.A., M.A.

Vision: Healthy Communities, Healthy People

Submitting Questions and Comments

- Submit questions by using the Q&A feature. To open your Q&A window, click the Q&A icon on the bottom center of your Zoom window.



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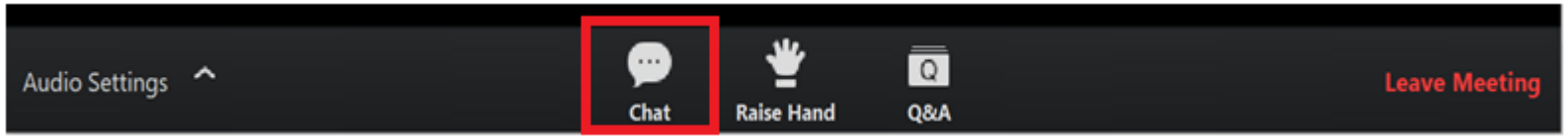

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- We will be offering **1 CE credit** for attending today's information session.
- You **must** complete the Health Center Satisfaction Assessment after this session.
- **CE credits will be distributed to participants who complete the Satisfaction Assessment within 2 weeks of this Webinar.**
- We will provide details to complete the Satisfaction Assessment at the end of the webinar.

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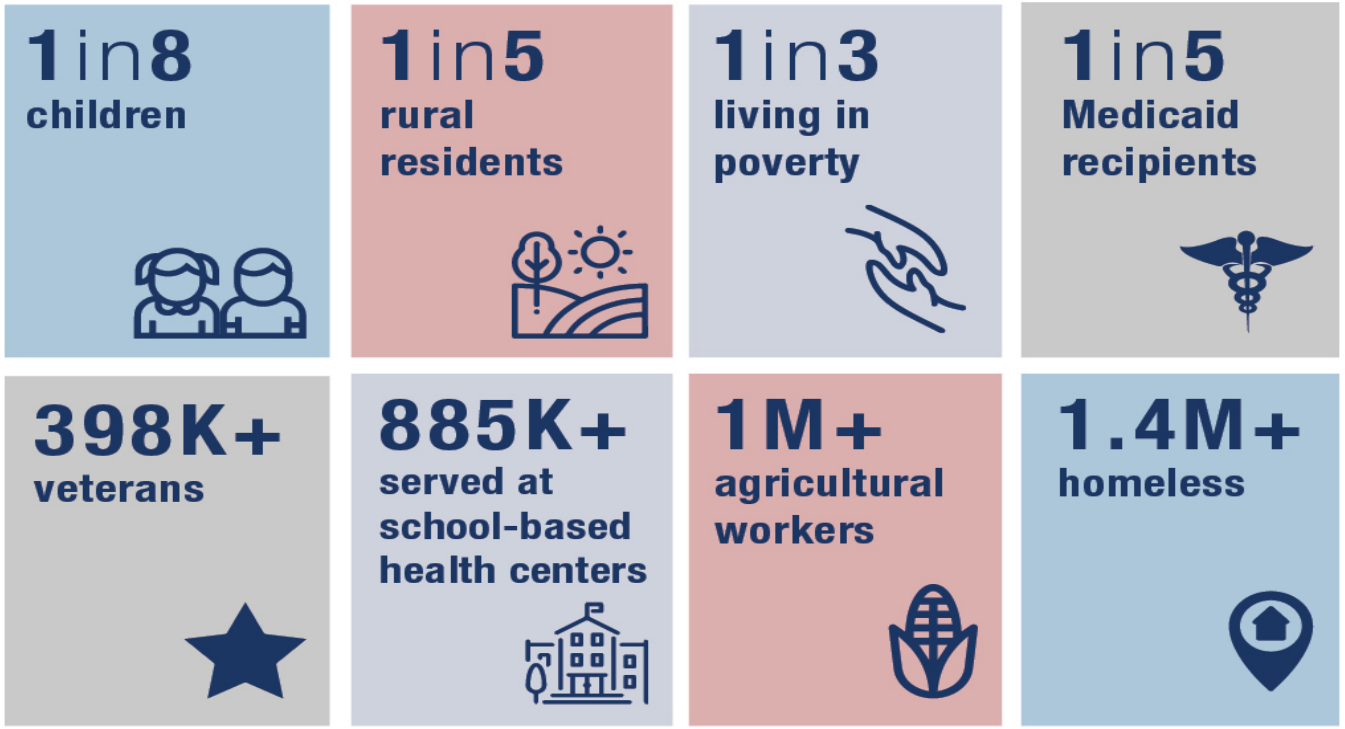
Health Center Program Patients

HRSA-Funded Health Centers Improve Lives

Nearly 30M people—that's **1 in 11** in the U.S.—rely on a HRSA-funded health center for care, including:



Source: Uniform Data System, 2019

HRSA Health Center Program

Presenters

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- Director of Integrated Addiction and Primary Care Residency Program

Agenda

1. Disparities
2. MAT and disparities
3. OUD terminology, neurobiology, physiology, and social effects
4. MAT evidence base
5. Enhancing MAT access
6. MAT integration

Source: iStock

Objectives

After attending this session, attendees will be able to

- Recall terminology relevant to medication for opioid use disorder (MAT),
- Describe the physiology and neurobiology of opioid use disorder (OUD),
- Describe in layman's terms the pharmacokinetics of MAT treatment and the evidence base for this,
- Describe a multilevel strategy to increase treatment entry for underserved and minority populations, and
- Describe how MAT can be integrated into primary care services.

OUD/MAT Terminology

- **Opioids:** refers to all: natural, semisynthetic, and synthetic
- **Opiates:** refers to natural opioids
- **Fentanyl:** blanket term for many synthetic opioids but includes MANY analogues
- **Methadone:** full opioid agonist
- **Buprenorphine:** partial agonist
- **Naltrexone:** antagonist
- **OUD:** opioid use disorder
- **MAT:** medication assisted treatment (i.e., medications used for treatment of AUD or OUD)
- **OBOT:** office-based opioid treatment
- **OTP:** opioid treatment program (usually refers to methadone, but can include all treatments)

Source: iStock

Disparities

- Criminal justice
- Bias in health care
- Medication-assisted treatment (MAT) for opioid use disorder (OUD)

Polling Question #1

African Americans/Black people are less likely to access MAT because:

a. Bias built into health care system (e.g., factors such as policy, community, resources)

b. Patient mistrust due to historically poor effective communication

c. Perceived stigma related to MAT as a treatment option

d. Lack of cultural humility or culturally competent/culturally responsive service provision

e. All of the above

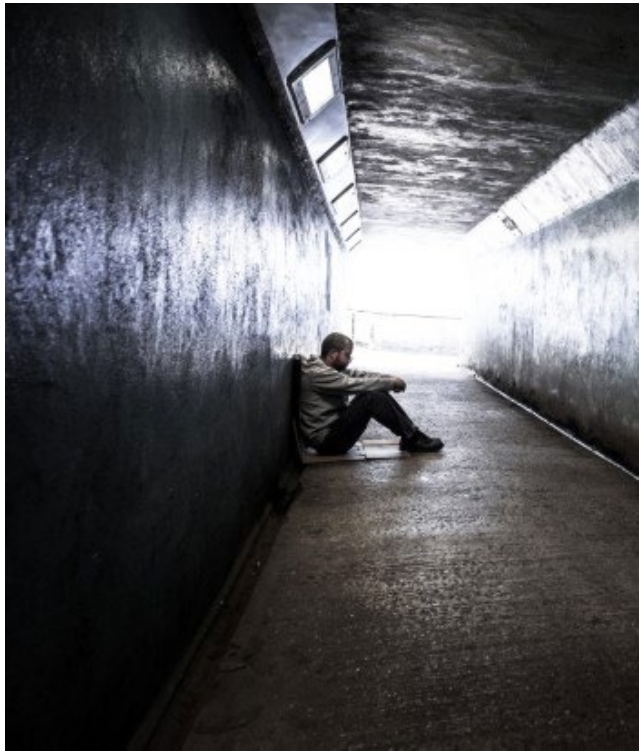
National Outlook

- Opioid-related overdose death rate increased from 2.9 deaths per 100,000 people in 1999 to 14.9 deaths per 100,000 in 2017.
- Largest increase in overdose deaths was with synthetic opioids (fentanyl, fentanyl analogues, and tramadol).
- The CDC estimates that from 2014 to 2016 opioid overdose deaths increased by 45.8% for whites but **83.9% for African Americans.**

(AHRQ, 2020)
(Lippold, Jones, Olsen & Giroir, 2019)

Synthetic Opioids

- In 2017, the non-Hispanic Black population had the highest percentage of opioid overdose deaths and total drug deaths as a whole attributed to synthetic opioids.
- Fentanyl and fentanyl analogues accounted for
  - 70% of the opioid-related deaths and
  - 43% of the total overdose drug deaths for Black people in 2017.
- In 3 years, from 2014 to 2017, the death rate involving **synthetic opioids increased 818%** among the non-Hispanic Black population.



Source: iStock

(AHRQ, 2020)
(Howard, 2019)

Criminal Justice

- Studies show that despite drug use being similar between White and Black people, Black people are **13 times** more likely to be arrested for buying and using drugs.
- For instance, the Black and Hispanic population in 2013 represented 29% of the U.S. population; however, this segment dominated in numbers of people imprisoned for drug offenses.
- The U.S. Sentencing Commission revealed that **Black individuals received longer prison sentences for drug-related offenses than did people of other races**, despite being convicted for crimes of similar weight.

(HHS, n.d.; Escamilla & Gatens, 2018)

Racial Disparities in Health Care

- Racial and ethnic minorities experience **disparities in morbidity, mortality, coverage, and access to and quality of care**, which are often exacerbated as a result of disparities in many underlying and reinforcing social drivers of health.

- Compared with White people, **Black people and other minorities have lower levels of access to medical care** due to
  - higher rates of unemployment and therefore less insurance
  - underrepresentation in good-paying jobs that include health insurance as part of the benefit package

(Serchen et. al. American College of Physicians, 2021)
(National Center for Health Statistics, 1998; Williams & Rucker, 2000)

Disparities in Services

- Compared with White Americans, Black Americans are
  - **Less likely to receive guideline-consistent care**,
  - **Less frequently included in research**, and
  - **More likely to use emergency rooms or primary care** (rather than mental health specialists).
- Compared with the general population, Black Americans are **less likely to be offered either evidence-based medication therapy or psychotherapy**.

(Office of Behavioral Health Equity, SAMHSA, 2020)

Disparities in Access to MAT

- Among patients who experience nonfatal overdoses, Black patients are **half as likely to obtain follow-up appointments for OUD** care after discharge from the emergency room.
- Regarding access to buprenorphine compared to methadone, a 2020 national county-level evaluation showed that
  - **Racial segregation predicts differences in access to both medications**

    and
  - Even at the regional level, neighborhood demographic makeup **drives disparities in access to both medications**.

(Kilaru et al., 2020; Hansen et al., 2016; Goedel et al., 2020)
Buprenorphine and methadone treatment for opioid dependence by income, ethnicity and race of neighborhoods in New York City (nih.gov)

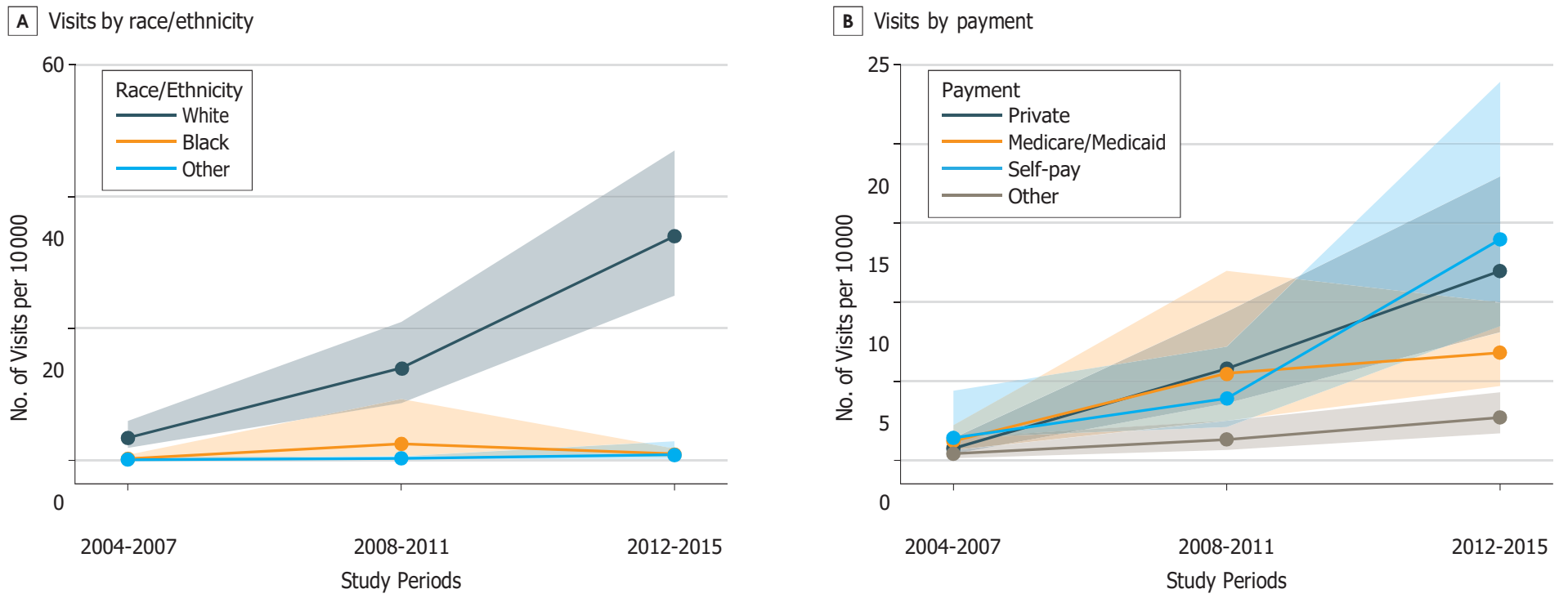
Disparities in Access to MAT (cont'd)

- **White patients are 35 times more likely to receive addiction medication than Black patients**.
  - Even though OUD rates are similar for the two groups (3.5% for Blacks, 4.7% for Whites), 35 White patients received a buprenorphine prescription for every patient of another race or ethnicity who received one.
- Compared with White patients, **Black patients had 77% lower odds of having an office visit that included a buprenorphine prescription**.

(Bebinger, 2019)

Disparities in MAT Treatment

Figure. Buprenorphine Visits by Race/Ethnicity and Payment Type, 2004-2015



Buprenorphine visits (n = 1369) and 95% CIs per 10 000 visits (shaded areas), grouped by year and stratified by race/ethnicity and payment type. Estimates account for complex survey design elements and are nationally representative.

Lagisetty et. Al JAMA Psychiatry (2019)

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Opioid Use Disorders and Medication-Assisted Treatment (MAT)

Image by Steve Buissinne from Pixabay

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Polling Question #2

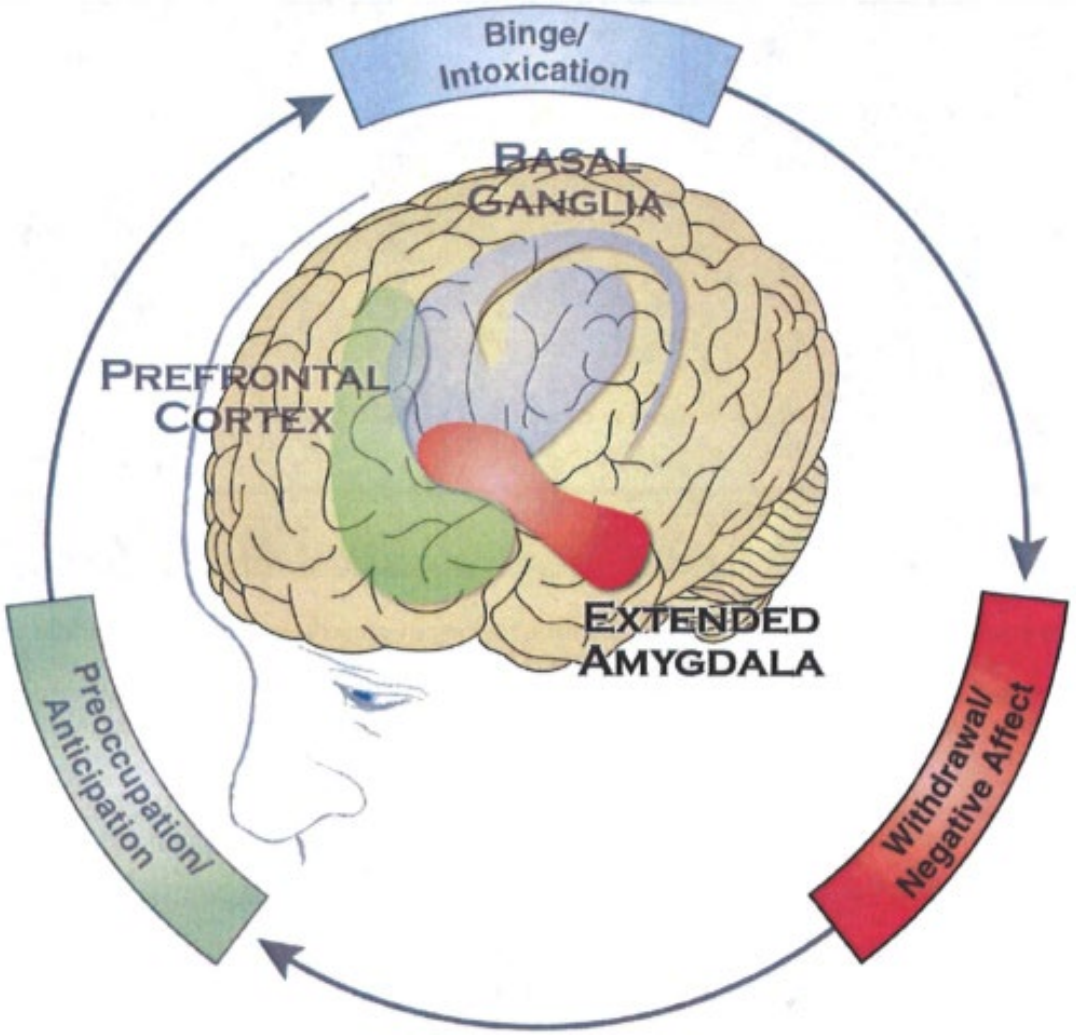
How would you rate your current knowledge regarding medication-assisted treatment (MAT)?

a. No knowledge.
b. I have heard of it, but not much more.
c. I have a general understanding.
d. I have an in-depth understanding.

Source: ThinkStock

The Gas Is Stuck and the Brakes Do Not Work

World's Fastest Opioid Physiology Overview[18,24]



Source: SAMHSA, Office of the Surgeon General, 2016

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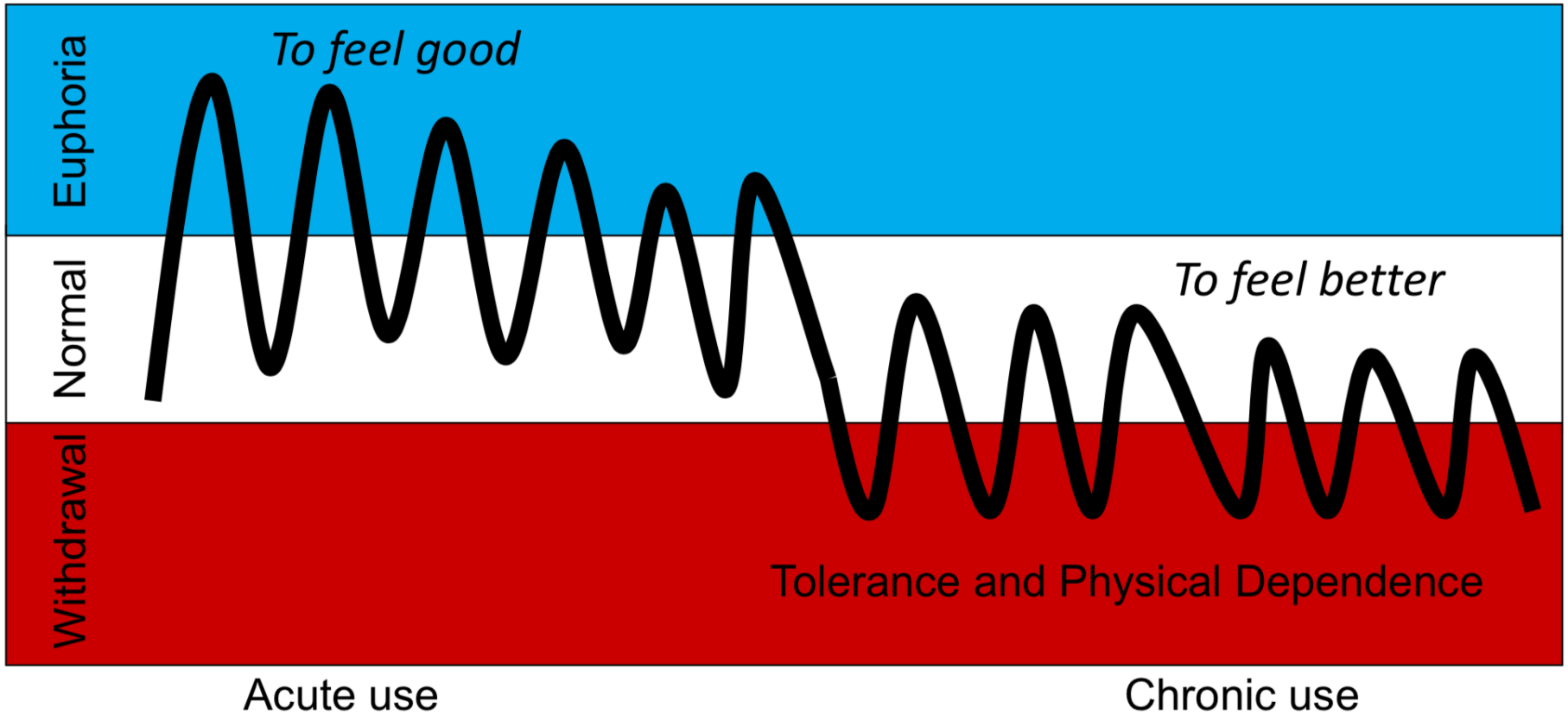
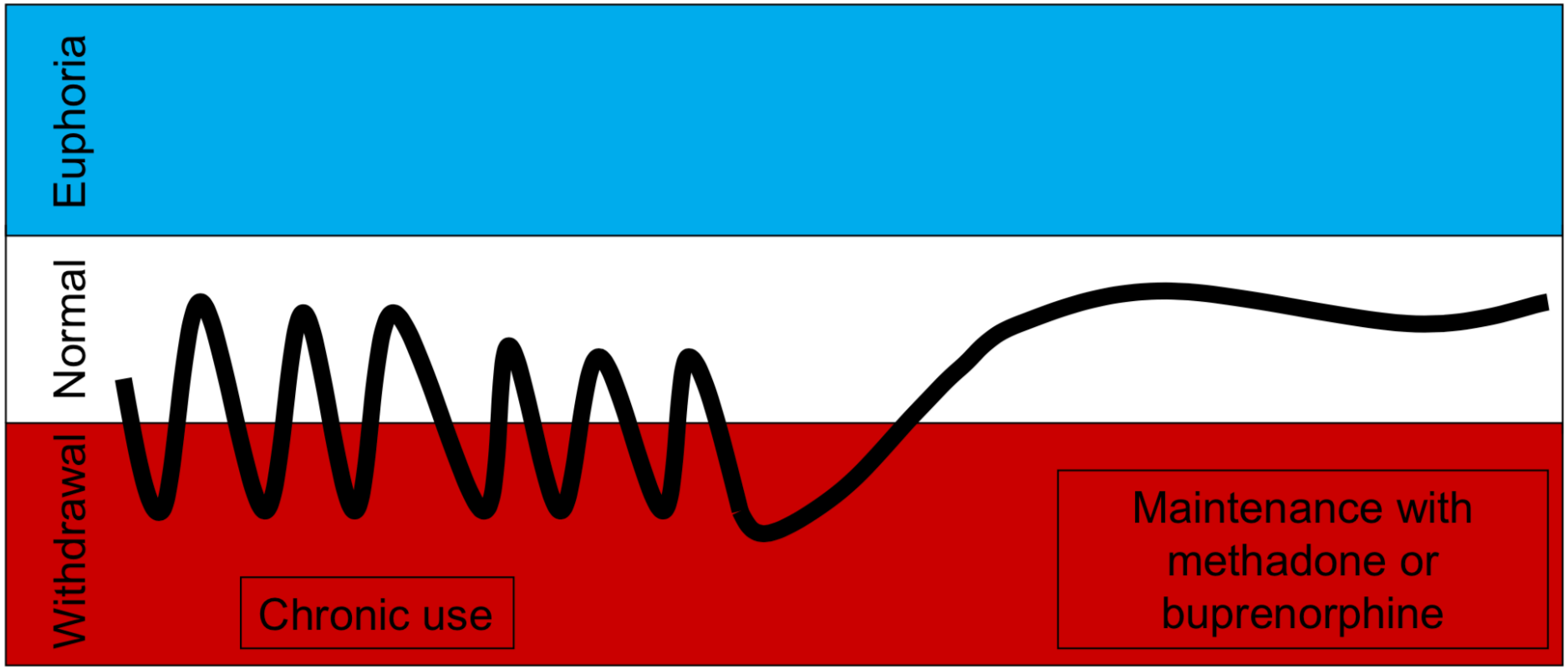
Chronic Opioid Use



Source: L. Robert Cooper

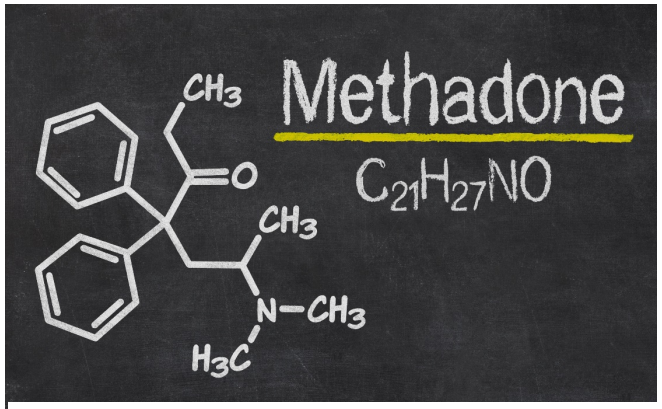
Opioid Agonist Treatment



Source: L. Robert Cooper

Medically supervised withdrawal, followed by treatment without medications should not be used as a first-line approach (very high failure rate, >90% in 3 months).[19]

Medically supervised withdrawal without MAT increases the risk for overdose due to the loss of tolerance.



Source: iStock

Vivitrol®
(naltrexone for extended-release injectable suspension)

Retention in Treatment

Methadone [4,10]

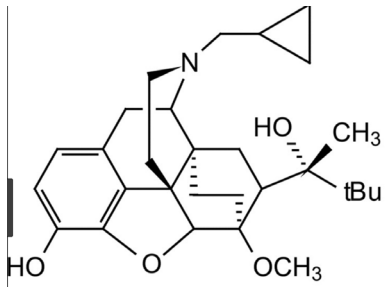
- 75% retention at 6 months

Buprenorphine/Naloxone[10,12]

- 46% retention at 6 months

Naltrexone[3, 15,16]

- XR-naltrexone—60% retention at 6 months (sort of)



buprenorphine

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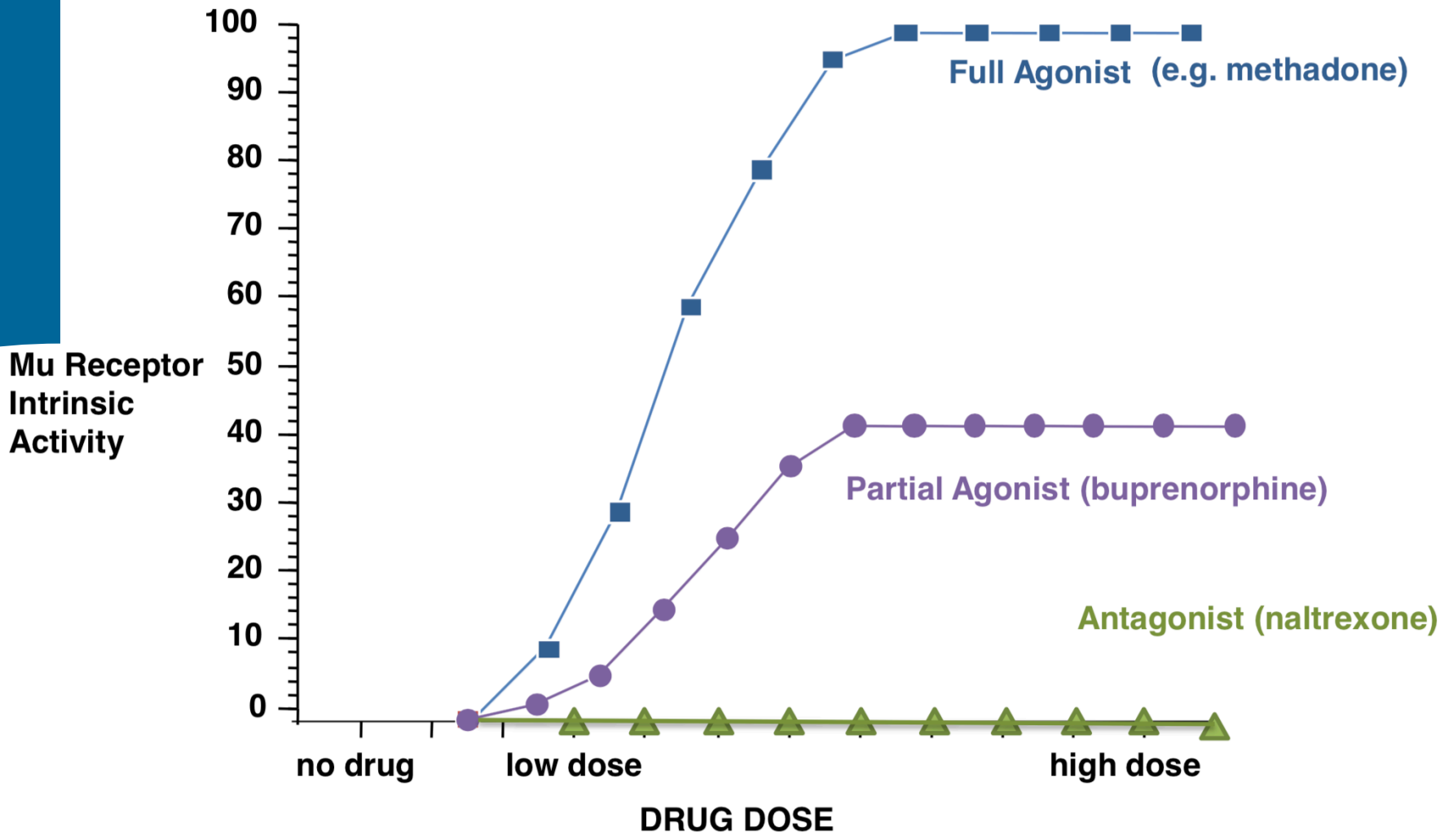
Agonist, Partial Agonist, and Antagonist MAT[18]



Agonist (Methadone and Buprenorphine) Treatment Outcome

- Greater retention in treatment[3,10]
- Reduced illicit opioid use[9]
- Reduced risk of overdose[9]
- Reduced risk of HIV infection[9,30]
- Reduced risk of hepatitis C and B[9]
- Increased length of life[9]
- Increased rates of employment (methadone)[4]
- Decreased crime/recidivism (methadone)[4]

Source: iStock

Polling Question #3

What percentage of African American/Black patients at your health center with OUD are receiving MAT?
(Guesses are ok!)

a. 10%

b. 25%

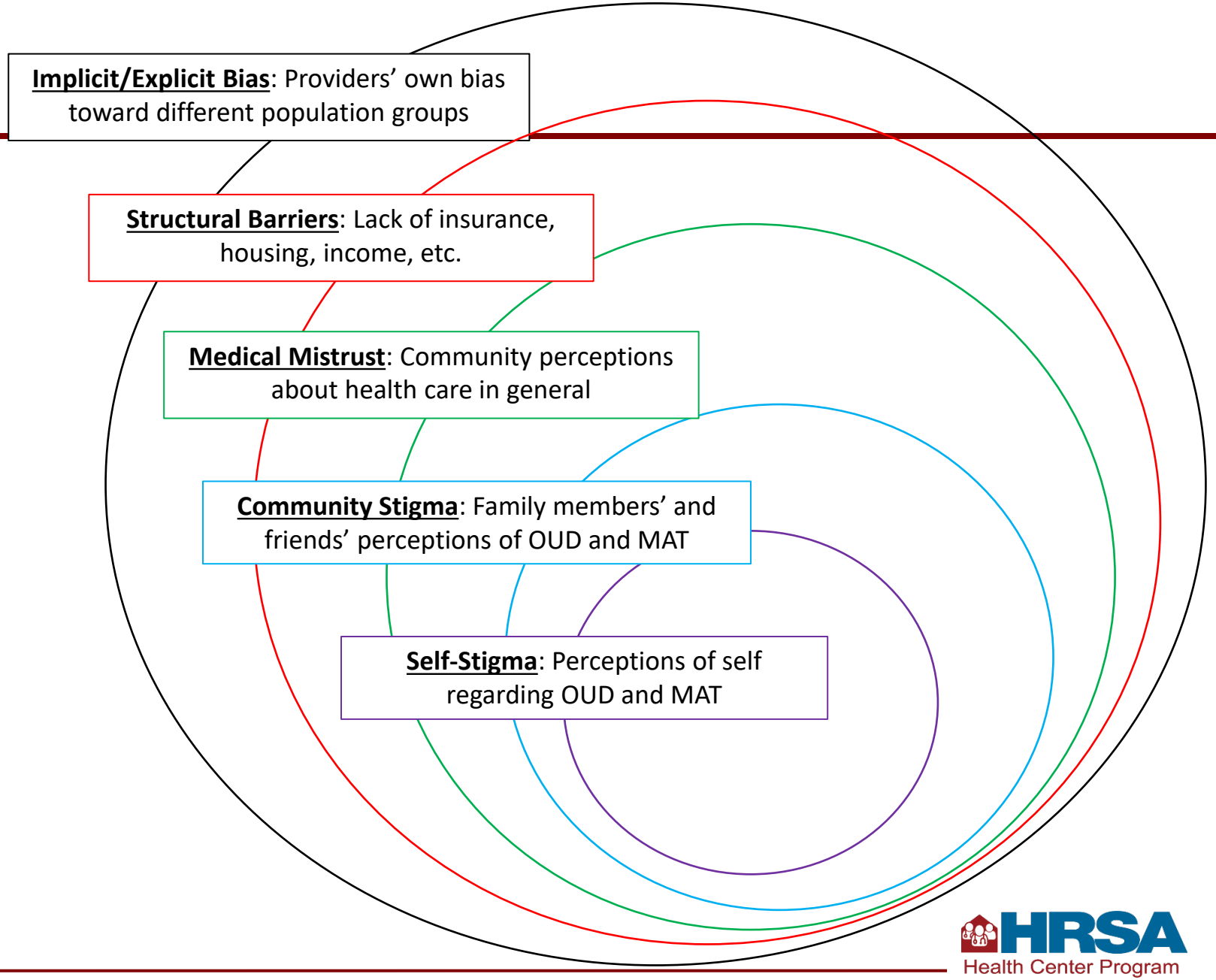
c. 50%

d. 75%

e. I have no idea! (But I'm going to find out after this webinar.)

Source: ThinkStock

Framework for Culturally Competent MAT

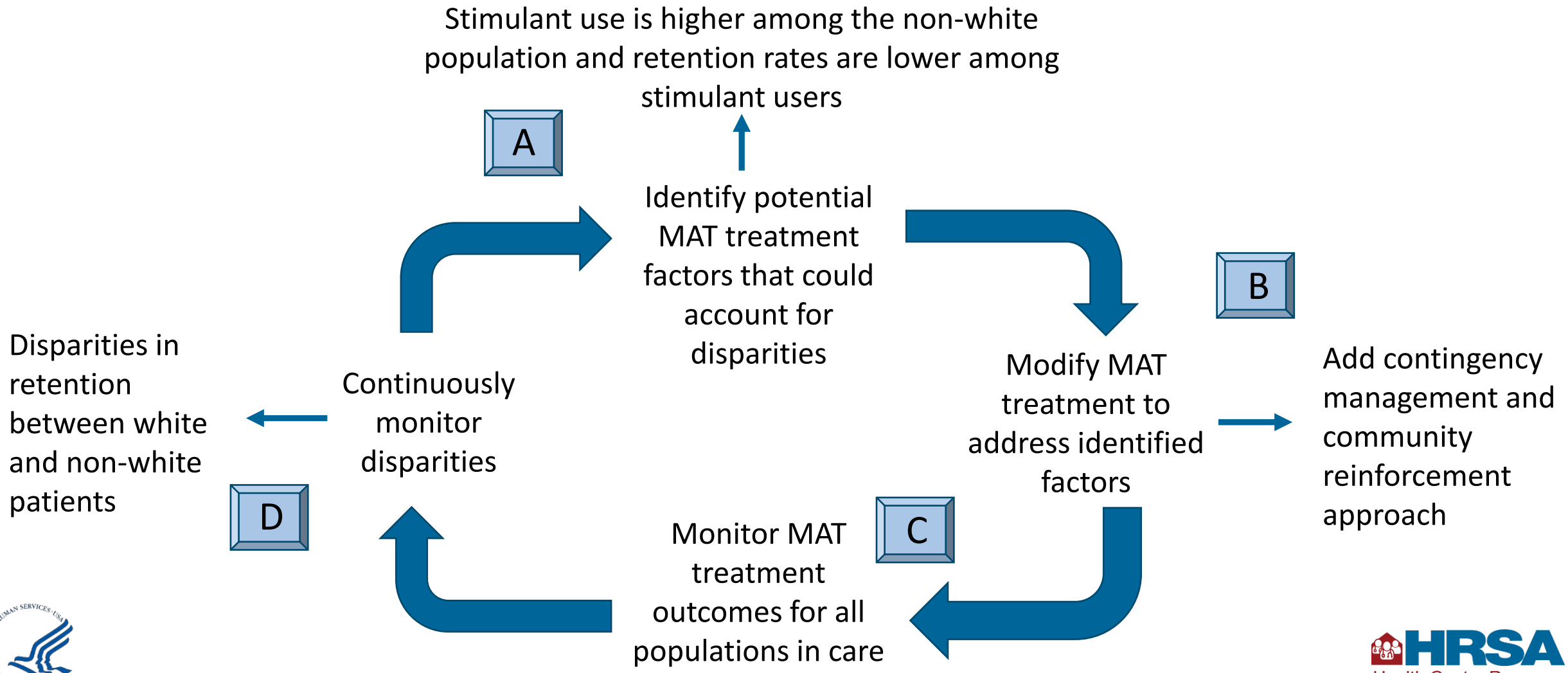


Source: R. Lyle Cooper

Strategies to Decrease Disparities

- **Bias**: Training to include identification of implicit bias for ALL staff.
- **Structural Barriers**: SOAR (SSI/SSDI Outreach, Access, and Recovery), housing assistance and case-management, job training, childcare. Creating welcoming environments; CABs can really help here.
- **Medical Mistrust**: Agency-level community outreach and two-way involvement, partnering with trusted agencies. Receiving services from providers that patients can relate to.
- **Community Stigma**: Program-level community outreach. Identify community members to support or lead efforts, identify trusted information sources to partner with.
- **Self-Stigma**: Identify venues for outreach to potential patients, educate on services, and address stigma directly.

Using Rapid Cycle Quality Improvement to Reduce Disparity



Integrating MAT in Primary Care

Screen

Screen all patients at initial visit (2 questions) and annually or when they have been prescribed an opioid.

Develop

Develop relationships with ED to accept recently overdosed patients, relationships with **treatment centers** to intensify treatment, and consulting with addiction psychiatrists or ADMs.

Maintain

Maintain a low threshold for treatment entry and retention. Medication first, same-day induction if possible.

Distribute*

Distribute naloxone to all patients, loved ones, and friends. Educate all patients on its use.

Support

Either provide or establish **relationships with case-managers, behavioral health counselors, LADACs, psychiatrists, and psychologists**.

* Image Source: National Institute on Drug Abuse

Questions and Answers

Source: ThinkStock

Next Webinar

Reducing Health Disparities by Addressing Integrated Behavioral Health in a Maternal Child Health Care Setting

The top three pregnancy-associated deaths are homicide, suicide, and drug overdoses, according to data from the Centers for Disease Control and Prevention (CDC). All three are connected to a variety of health disparities. This webinar explores the intersection of social determinants of health (SDOH) and treatment for substance use disorders (SUDs)/opioid use disorder (OUD) within community health center maternal and child health programs. ***Presenter:*** Sharon Morello, B.S.N., RN.

Thursday, July 29, 3:00–4:00 p.m. ET

Registration Link: **https://zoom.us/webinar/register/WN_smCvIfV5RP2qz5awjlYZrA**

You can receive 1 hour of Continuing Education credit for your participation.

Current TA Opportunities

- Communities of Practice
- One-on-One Coaching (Virtual)
- Site Visits (Virtual)
- Community Outreach Using Social Media

To register, go to https://bphc-ta.jbsinternational.com/

Upcoming TA Opportunities

Communities of Practice (CoPs)

- **Social Determinants of Health and Integrated Care**
  - *Cohort 2: Tuesdays, 6/8/21 – 7/13/21, 2:30–4:00 p.m.*
    https://zoom.us/meeting/register/tJYkdeivqz4jHNGwrJzV8L4gUoaxTCSCPGLu

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- We will also email you a link to the Satisfaction Assessment.

Please take 2–3 minutes to complete
the Satisfaction Assessment directly following this session.

Thank you!

Thank You!

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