Addressing Gaps in Buprenorphine Treatment Among Black and Non-English-Speaking Patients

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Introduction and Background

- An integrated academic health system ,Mass General Brigham (MGB) developed a structure, process, outcome framework for process improvement with the focus of targeting buprenorphine treatment to reduce the gap between Black and White patient and English and Non-English-speaking patients by 50%.
- Buprenorphine is an effective medication for opioid use disorder (OUD), shown to reduce mortality by more than 50% yet it is prescribed less often to individuals who are Black, Hispanic or speak a language other than English. [1,2,3]

Goal and Objective

- We aimed to achieve a 50% relative reduction in the buprenorphine treatment inequity between Black and White and Non-English and English-speaking patients with OUD.
- We defined patients as having OUD if they had an encounter within the past 12 months at either the emergency department (ED), inpatient hospital, inpatient psychiatry, Bridge Clinic, primary care, outpatient obstetrics or outpatient psychiatry with an associated diagnosis code for OUD or opioid overdose.
- We defined buprenorphine treatment as being prescribed or administered buprenorphine in the past 12 months.

Methods

- We developed a dashboard updated monthly with trends in buprenorphine treatment by race and language to assess progress in closing the equity gaps.
- We created clinical decision support (CDS) in the electronic health record (EHR) to nudge providers to consider buprenorphine prescription.
- An education campaign for providers and patients was launched with videos and printed material about buprenorphine and challenging common myths.

References

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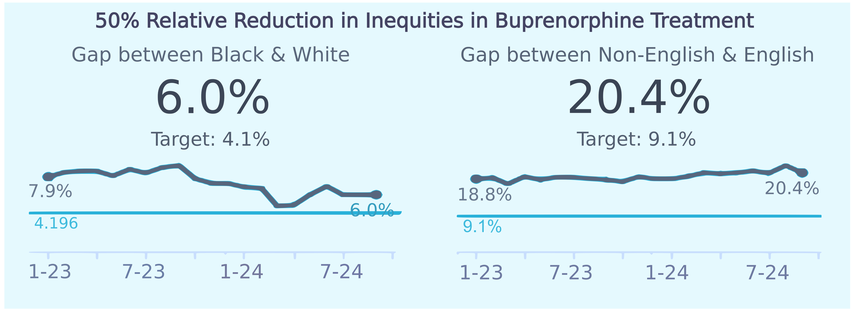
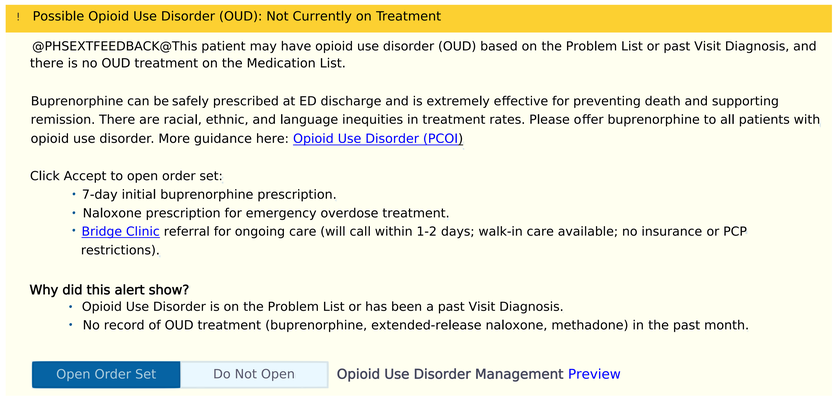
Results

- The baseline treatment rate in September 2023 was 39.28% for Black patients and 47.19% for white patients, with a gap of 7.9%.
- The baseline treatment rate was 28.04% for limited English proficient (LEP) patients and 46.67% for English proficient (EP) patients, with a gap of 18.6%.
- In September 2024, the treatment gap was reduced by 24% to a gap of 6% between Black (40.8%) and White (46.8%) patients and the treatment gap for LEP and EP patients increased by 9.7% to a gap of 20.4% between English (25.9%) and non-English (46.3%) patients.
- When viewed by providers, the CDS resulted in providers from the emergency room (7.5%), inpatient hospitals (4.9%) and outpatient sites (1.4%) placing orders for either medication or a referral to an MGB Bridge Clinic.

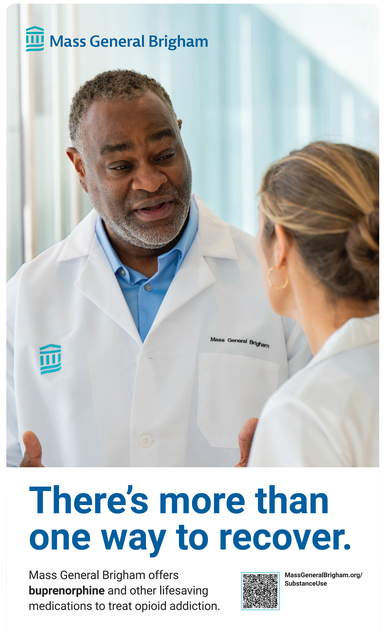




Conclusion and Discussion

A multipronged process improvement effort to reduce racial and language inequity in buprenorphine treatment rates which included regular sharing of performance data with leadership, development of a CDS tool, and an educational campaign had a modest effect on reducing the racial inequity in buprenorphine treatment for Black patients but no impact on reducing inequity by language.

More tailored interventions are needed to further reduce racial inequity in buprenorphine treatment and to begin to reduce inequity by language.



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