

Closing the Gap: Identifying Mammography Screening Disparities in Urban Patients with Substance Use Disorder.

Lorien Shack, MD, Pauline Thomas, MD, Sheryl Bedno MD, DrPH, Emily Gordon, MD

Rutgers New Jersey Medical School

Background: Recent literature has described the relationship between substance use and overdose, infection, and certain cancer diagnoses. However, there is a paucity of knowledge surrounding the impact of substance use and malignancy screening. Building on a JAMA article demonstrating that the quality of preventive care for those with opioid use disorder (OUD) was lower than those without OUD, the purpose of this study is to characterize the current mammography screening disparities, identify systemic barriers, and begin building the framework for closing gaps in prevention for those with substance use disorders (SUD).

Methods: This study identified 285 Horizon Blue Cross Blue Shield Medicaid records of women who, in 2021, were due for their screening mammography according to USPSTF guidelines. After exclusion (death, decreased life expectancy, misidentification, no available chart), 247 charts were reviewed for mammography completion, last primary care visit, order placement and current diagnosis of SUD identified by physician note. SPSS statistical analysis software was used.

Results: Of the 247 women, 61% completed screening mammography. Women at University Hospital with SUD are less likely to complete mammography than those who do not have SUD (49% vs. 66%) [OR = 0.49, 95% CI = 0.28, 0.85]. Additionally, women with SUD were less likely to have the order placed by a physician (64% vs 75%) [OR= 0.60, 95% CI =0.33, 1.1].

Conclusion: Medicaid patients, who have SUD are less likely to complete recommended screening mammography and less likely to have been referred for mammography than women who do not. Although only breast cancer screening is addressed in this study, SUD presents unique challenges regarding case complexity and compliance, which combined with the inherent associated disparities, create difficulty with adhering to all preventive services. These results highlight the necessity of additional attention towards eliminating barriers to preventive care in those with SUD.