



Strengthening Systems of Care for People with OUD and HIV



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INTRODUCTION

Multi-level factors involving legal policies, structural factors for healthcare delivery and funding, clinic-level and patient-level factors all undermine successful coordination of HIV and OUD services.

Scaling up MOUD is the most cost-effective primary prevention strategy and is a predictor for adherence to treatment of infectious diseases. Integrating MOUD with other HIV/HCV services is the most promising solution for addressing the dual, emerging epidemics.

AIM

The aim is to develop a highly adaptable set of implementation strategies to increase persons on MOUD and braid systems of care for OUD and HIV.

METHODS

A four-pronged sequential plan is being utilized for each site including – assembling of key stakeholder groups, gap analysis/needs assessment, establishment of learning collaboratives and change project implementation, then dissemination of promising practices.

In the late 2019, early 2020 gap analyses were conducted at each of the sites utilizing publicly available data and refined by state stakeholders. Gap analysis results were used to identify opportunities for improvement. Change projects were actualized from opportunities and are currently being implemented.

Results and Opportunities

- Overdose fatalities on the rise and vulnerability for HIV/HCV outbreaks worsening
- Significant gaps between prevalence of OUD and linkage to care
- Varied testing and re-testing procedures for OUD, HIV, HCV, lack of standardized protocols
- Underdeveloped and highly variable publicly available data to create continuum's of care for OUD and HIV
- Significant gaps in continuation of care from incarceration into community
- Persistent stigma against MOUD among various populations
- Remote clinical care opportunity to overcome rural access, capacity issues
- Legal impediments preventing the scale up of evidence-based services
- Major federal financial resources for tackling these issues

CONCLUSIONS

Preliminary data in each state point to opportunities for increased induction into MOUD treatment across multiple touch points

Need for improved data collection and availability across sites. In particular, information on continuum of care for OUD and viral load status for people with both HIV and OUD

Opportunity for education of providers, community on MOUD effectiveness and stigma

Regulatory and legislative changes necessary to aid scale-up of services

No standard operating procedures for co-screening and co-treatment of OUD, HIV, HCV and PrEP readiness – braiding the screening and treatment of these diseases presents real opportunities for improving both cascades

ACKNOWLEDGEMENTS

We thank our our partners in each of the states for their collaboration. This is a HRSA funded SPNS 038 endeavor.

