

Strengthening Systems of Care for People with or at risk for HIV, HCV, and Opioid Use Disorder: A Call for Enhanced Data Collection



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INTRODUCTION

The syndemic between opioid use disorder (OUD), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) results in excessive burdens on the healthcare system. Integrating these siloed systems of care is critical to address all three conditions adequately. In this implementation project, we assessed the data capacity of the health system to measure a cascade of care (COC) across HIV, HCV and OUD services in five states to help guide public health planning.

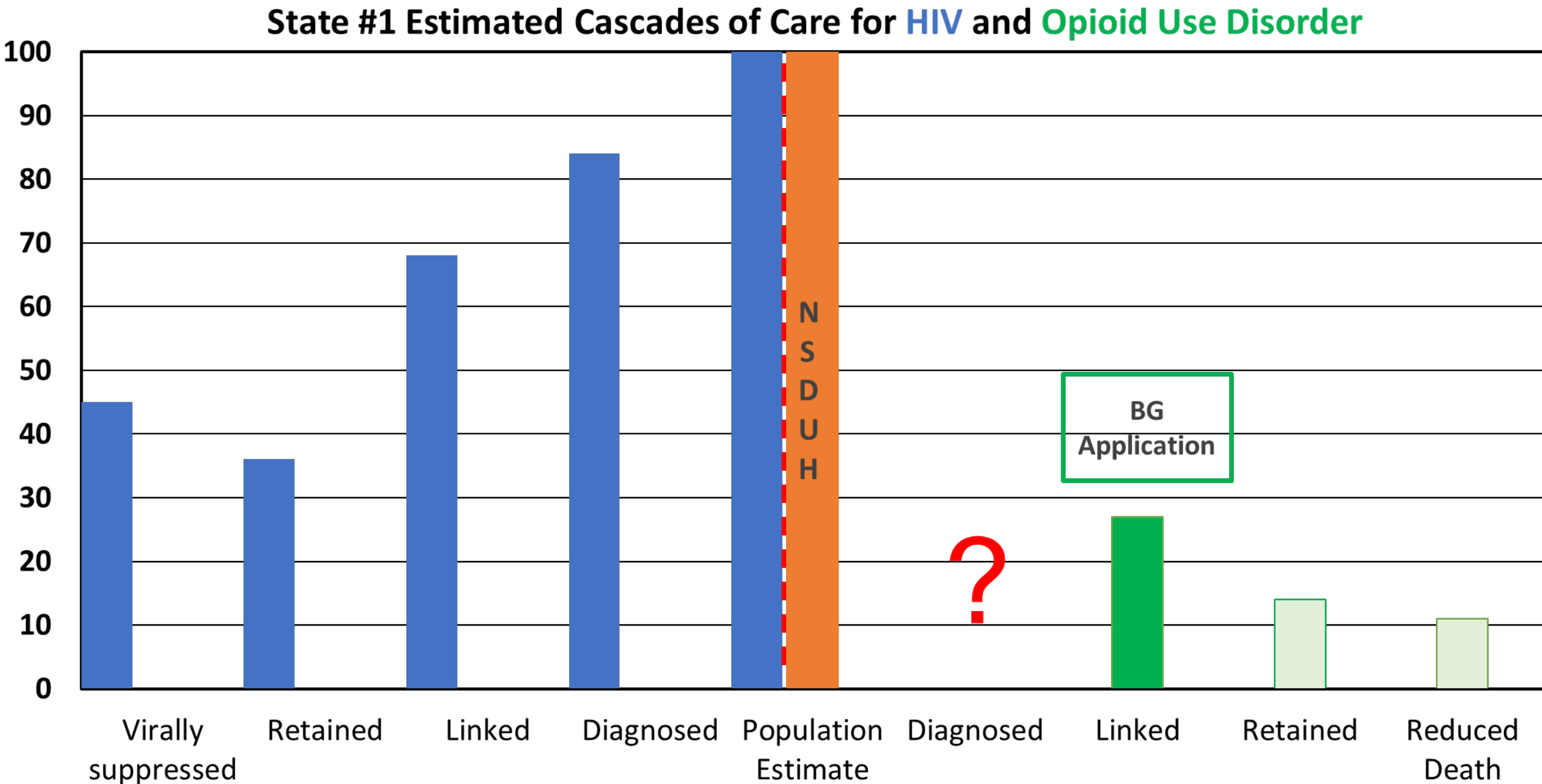
AIM

To determine an epidemiological baseline for the interrelated conditions of HIV, HCV, and OUD utilizing a cascade of care framework in five states.

METHODS

Data for this study were gathered from publicly available datasets and reports from government (SAMSHA, CMS, HRSA and CDC) sites. We created COCs for HIV, HCV, and OUD spanning population estimate, diagnosis, treatment initiation, treatment retention, and patient outcomes for each of five states in the study.

Legend: Solid color designates data from state reports or block grants. Lighter shade of color designates an estimate from research or a single population such as block grant funded or Medicaid patients. OUD COCs cannot be compared between states as TEDS data is collected on different populations in each state.



Data Sources Table

	Population Prevalence	Identification/ Diagnosis	Treatment Initiation	Retained in Care	Patient Outcome
HIV	CDC	State HIV webpages	State HIV webpages	State HIV webpages	State HIV webpages
OUD	NSDUH, State reports, Federal Reports, Foundation Reports	Not available	TEDS, state reports, federal reports	Research, Not available as local data	Research
HCV	CDC/State public health webpages	State Public Health webpages	N/A	N/A	N/A

RESULTS

The process of data collection showed that baseline COCs examining the intersections of OUD, HIV, and HCV cannot be produced and that there are missing data in all states examined. Collection of specific data points is not consistent across all states. States are better at reporting HIV cascades due to federal requirements. No state had an integrated COC for people who had both HIV and OUD. We were unable to use existing data to create a combined COC for co-infected individuals, or to include HCV in any of the analyses. Each state indicated that a combined COC would be helpful for planning.

CONCLUSIONS

It is difficult to assess the strategies needed and the progress made towards increasing treatment access and decreasing the burden of disease without the ability to construct an accurate baseline. Using integrated COCs with relevant benchmarks can not only guide public health planning, but also provide meaningful targets for intervention.

ACKNOWLEDGEMENTS

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