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ADOPTING AN INTEGRATED CARE MODEL FOR PATIENTS WITH HIV AND SUBSTANCE USE DISORDERS

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Despite significant advances in health outcomes in the patients living with HIV (PLWH) population, those with substance use disorders have continued to face barriers at every level of care. These patients have delayed diagnosis, decreased access to care and adherence to antiretroviral therapy, increased risk behavior, and inferior medical outcomes. Integration of HIV and substance use disorder care has been shown to improve retention in care, leading to improved outcomes. In particular, treatment of patients with opioid use disorder and HIV with medication assisted treatment, such as methadone or buprenorphine has been shown to improve retention in care, improve adherence to antiretroviral therapy and decrease risky transmission behavior. The Cooper early intervention program (EIP) is located within Camden, NJ, and provides HIV/AIDS care and treatment services to part of the Philadelphia Eligible Metropolitan Area, a Part A planning region that includes the southwestern area of New Jersey. Preliminary 2017 data from internal reporting suggested that 186 out of 924 (20.1%) active HIV+ patients were identified as having a substance use disorder over the previous 5 years. Of the 186 patients, only 107 exhibited durable viral suppression, in stark contrast to EIP's overall viral load suppression rate of 86.98%. This identified cohort of patients could be indicative of chronic medication nonadherence frequently observed in these patients. In 2017, EIP integrated addiction medicine services to provide support for PLWH with co-occurring substance abuse issues. The mission for this enhanced treatment adherence program aligns with the national goals to develop a coordinated response against the largest barrier to achieving viral suppression. Since its inception, addiction medicine has linked approximately 17 PLWH to care. Our goal is to achieve a 50% improvement in viral suppression, thus reaching the 90–90–90 targets launched by the United Nations Program on HIV/AIDS (UNAIDS).

Recent Publications

1. Meyer J E, Althoff A L and Alice F L (2013) Optimizing care for HIV-infected people who use drugs: Evidence-based approaches to overcoming healthcare

disparities. *Clin Infect Dis* 57(9):1309-1317

2. Batkis M F, Treisman G J and Angelino A F (2010) Integrated opioid use disorder and HIV treatment: Rationale, clinical guidelines for addiction treatment, and review of interactions of antiretroviral agents and opioid agonist therapies. *AIDS Patient Care STDS* 24:15–22.
3. Lucas GM, Chaudhry A, Hsu J, et al. (2010) Clinic-based treatment of opioid-dependent HIV-infected patients versus referral to an opioid treatment program: A randomized trial. *Ann Intern Med.* 152:704–11.
4. Chitsaz E, Meyer J P, Krishnan A, et al. (2013) Contribution of substance use disorders on HIV treatment outcomes and antiretroviral medication adherence among HIV-infected persons entering jail. *AIDS Behav.* DOI: 10.1007/s10461-013-0506-0.
5. Van Asten L C, Boufassa F, Schiffer V, et al. (2003) Limited effect of highly active antiretroviral therapy among HIV-positive injecting drug users on the population level. *Eur J Public Health* 13:347–9.

Biography

Rachel Haroz is an Assistant Professor in the Department of Emergency Medicine at Cooper Medical School of Rowan University. She is board certified in Emergency Medicine, Medical Toxicology and Addiction Medicine; she obtained her BA in Biology from Brandeis University, MD from Tufts University and completed a residency in Emergency Medicine and fellowship in Medical Toxicology. She has spent the last 17 years working in inner city emergency departments, mostly in the Camden area where opioid intoxication, abuse and dependency are rampant. She helps staff the Outreach Clinic at the Urban Health Institute at Cooper University Hospital in Camden New Jersey, an addiction medicine specialty clinic dedicated to treating patients with substance use disorders as well as the Early Intervention Program Clinic – a clinic dedicated to the care of patients with HIV and substance use disorders.

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