



January 2020

Opportunities to Improve Opioid Use Disorder and Infectious Disease Services: Integrating Responses to a Dual Epidemic

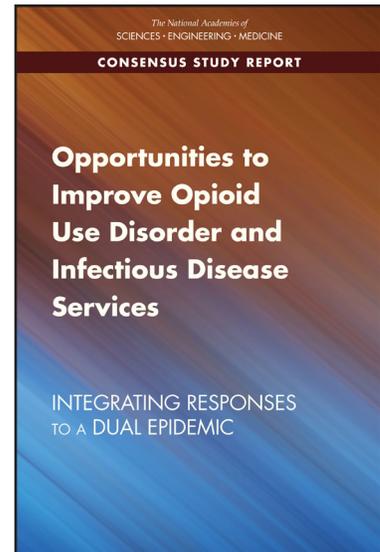
Opioid use disorder (OUD) and infectious diseases are intertwined epidemics. In the 1980s, it was realized that human immunodeficiency virus (HIV) could be transmitted via injection drug use. Today, infectious diseases related to opioid use disorder include HIV and hepatitis A, B, and C viruses, as well as bacterial, fungal, and other infections. To reduce the harm of these epidemics, changes must be made to policy and health care practice.

Despite the fact that the United States is more than 20 years into the opioid crisis, health care systems have not sufficiently prevented drug-related infections. This is due at least in part to traditional models of substance use disorder (SUD) care wherein treatment is delivered independently of other medical care. At the same time, SUD treatment is not commonly integrated into primary medical care, and specifically within infectious disease care. As a result, the United States is experiencing an unprecedented number of HIV and viral hepatitis outbreaks among people who use drugs (contracted either through their injection drug use or through high-risk sexual behaviors).

Even well-intentioned policies have exacerbated the link between OUD and infectious disease. For instance, implementation of prescription drug monitoring programs and other measures to limit access to prescription opioids triggered a transition to heroin and, eventually, injection use among people who had become dependent on prescription pain relievers. At the same time, primary care clinics have not adequately screened, treated, and retained patients on treatment for SUD. The resulting increase in the number of people who inject drugs (and engage in high-risk sexual behaviors in exchange for drugs) has also increased the overall risk of infectious disease outbreaks.

Conducted at the request of the Department of Health and Human Services' Office of Infectious Disease and HIV/AIDS Policy (OIDP), this report identifies the barriers to greater integration of OUD and infectious disease services and offers strategies to overcome those barriers.

Integrating medical services—such as colocating services, sharing a common vision, and aligning processes—is a well-recognized strategy for the delivery of comprehensive health care. When SUD treatment is moved from a stand-



“Integration stands to improve both opioids use disorder and infectious disease outcomes, as it allows for a more seamless delivery of services between illnesses that overlap.”

alone clinic to a general medical setting, the emphasis may expand to encompass harm reduction tactics and principles, including strategies for safer drug use, minimizing risk of overdose, and preventing transmission of infectious disease.

As this study makes clear, integration stands to improve both OUD and infectious disease outcomes, as it allows for a more seamless delivery of services between illnesses that overlap. Patients are more likely to comply with HIV medication regimens, for example, when their treatment plan includes medications for OUD. In this way, the removal of barriers for OUD treatment is, in itself, a process by which prevention and treatment for infectious disease can be improved.

A primary source of evidence for this report was a set of semi-structured interviews with 11 programs (e.g., public health departments, healthcare providers and systems) seeking to integrate OUD and infectious disease services. These interviews and a review of peer-reviewed evidence reveal many barriers to integrating OUD and infectious disease prevention and treatment services. The specific barriers identified are:

- **Prior Authorization Policies:** State-level policies often require providers to obtain permission from insurers to prescribe medications for OUD, preventing the timely, effective delivery of evidence-based and increasing the risk of infectious disease through continued drug use.
- **Drug Addiction Treatment Act (DATA) Waiver Requirement:** Providers are required to apply for the ability to prescribe buprenorphine under the DATA of 2000, undergo mandatory training on prescribing practices, and are limited to a certain number of patients they can treat for OUD.
- **Lack of Data Integration and Sharing:** Medical care providers may not be able to access patients’ information surrounding substance use and treatment, thereby inhibiting comprehensive care plans.
- **Inadequate Workforce and Training:** There are several barriers to integration from a workforce perspective, including the geographic distribution and inadequate training of providers and restrictions on care delivery.
- **Stigma:** Stigma surrounding both OUD and infectious disease may prevent patients from seeking or accessing care, and provider stigma may inhibit a productive patient–provider relationship.
- **Payment and Financing Limitations:** Services that are helpful to patients with OUD and infectious diseases (e.g., harm-reduction services, case management, telemedicine, and peer-recovery counselors) are difficult to obtain or sustain financially.
- **Same-Day Billing Restrictions:** Some states do not allow providers to bill for a physical and a behavioral health visit in the same day, thereby requiring patients to return for care another day or forcing programs to provide care without the opportunity for reimbursement.
- **Limits on Harm-Reduction Services:** Often harm-reduction services serve as an entry point for further medical care, reduce the risk of infectious disease outbreaks, and allow for a culture of patient-centered care. Limits on these services increases the risk of infectious diseases spreading.
- **Disconnect Between the Health and Criminal Justice Systems:** Care for infectious diseases and OUD in criminal justice settings is fragmented and inconsistent; the process of maintaining coordinated care while patients enter and exit the criminal justice system is inadequate.

CONCLUSION

For each of the listed barriers, the report offers a number of recommendations (see insert), all with the intent of reducing the barriers to greater integration of OUD and infectious disease prevention and treatment. The recommendations include specific actions at the congressional, federal, and/or state levels; addressing gaps in training and workforce development; and improving practices around care delivery, including in correctional facilities.

As these recommendations make clear, there is a great deal to be accomplished at the intersection of OUD and infectious diseases. Patients, families, and society writ large cannot afford delay—it is essential that the barriers impeding prevention and treatment are dismantled. It is the hope of this report’s authoring committee that implementing the recommended actions may alleviate the burden of these dual epidemics.

Committee on Examination of the Integration of Opioid and Infectious Disease Prevention Efforts in Select Programs

Carlos del Rio (Chair)

Rollins School of Public Health,
Emory University and Emory School
of Medicine

Julie A. Baldwin

College of Health and Human
Services

Northern Arizona University

Edwin Chapman

Medical Home Development Group

Hannah Cooper

Rollins School of Public Health Emory
University

David H. Gustafson

University of Wisconsin-Madison

Holly Hagan

New York University College of Global
Public Health

Robin P. Newhouse

Indiana University School of Nursing

Josiah D. Rich

Brown University

Study Staff

Rose Marie Martinez

Study Director

Andrew Merluzzi

Associate Program Officer

Anna Martin

Administrative Assistant

Study Sponsor

United States Department of
Health and Human Services,
Office of Infectious Disease and
HIV/AIDS Policy

To read the full report, please visit
nationalacademies.org/ODInfectiousdiseaseservices

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

The nation turns to the National Academies
of Sciences, Engineering, and Medicine for
independent, objective advice on issues that
affect people's lives worldwide.

www.national-academies.org