



Responding Now, Preparing for the Future:

Creating a Multidisciplinary HIV Syndemic Care Team

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NMAC Biomedical HIV/AIDS Summit

Chicago, IL

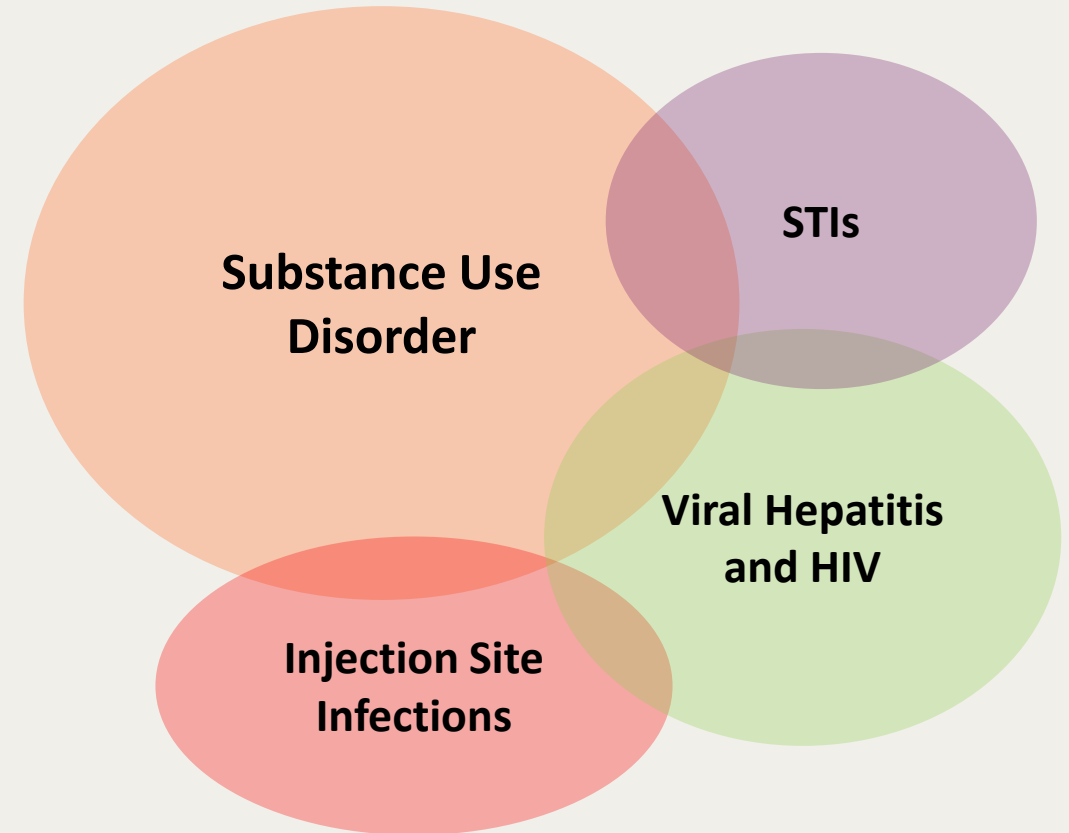
Learning objectives

- I. Identify the need for syndemic care education and its importance in advancing health equity.
- II. Discuss policy and system-level recommendations that support multidisciplinary syndemic care models.
- III. Explore tools and resources for developing a multi-disciplinary HIV syndemic care team.

The need for syndemic care education and its importance to advance health equity

What is a syndemic?

- 2+ diseases or health conditions cluster and interact within a population
- Facilitated by social and cultural factors and disparities
 - Sexual/injecting networks
 - Needle/syringe sharing
 - Homelessness
 - Criminal-justice involvement
 - Race/ethnicity
 - Gender
 - Sexuality
- Clustering results in disease interaction leading to excess disease burden and worsens disparities



Defining HIV syndemic care

What? Integrates HIV care and co-occurring conditions while addressing the social and structural drivers of health inequities

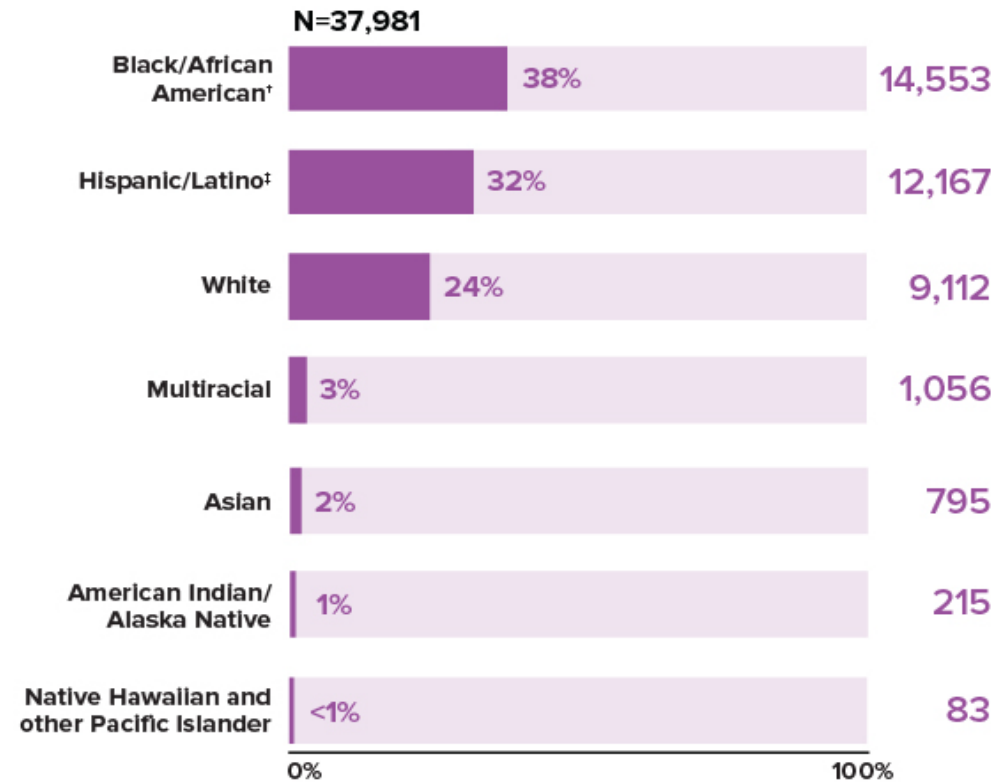
How? Coordinates team-based medical, behavioral and social services to meet the cyclical and structural needs of individuals living with HIV

Why? Prepares future clinicians with skills to provide comprehensive care across HIV, viral hepatitis, STIs, TB and substance use

Racial & ethnic disparities

HIV diagnoses in the US and 6 territories and freely associated states by race and ethnicity, 2022*

Racism, HIV stigma, discrimination, homophobia, poverty, and other barriers to health care continue to drive disparities in HIV diagnoses.



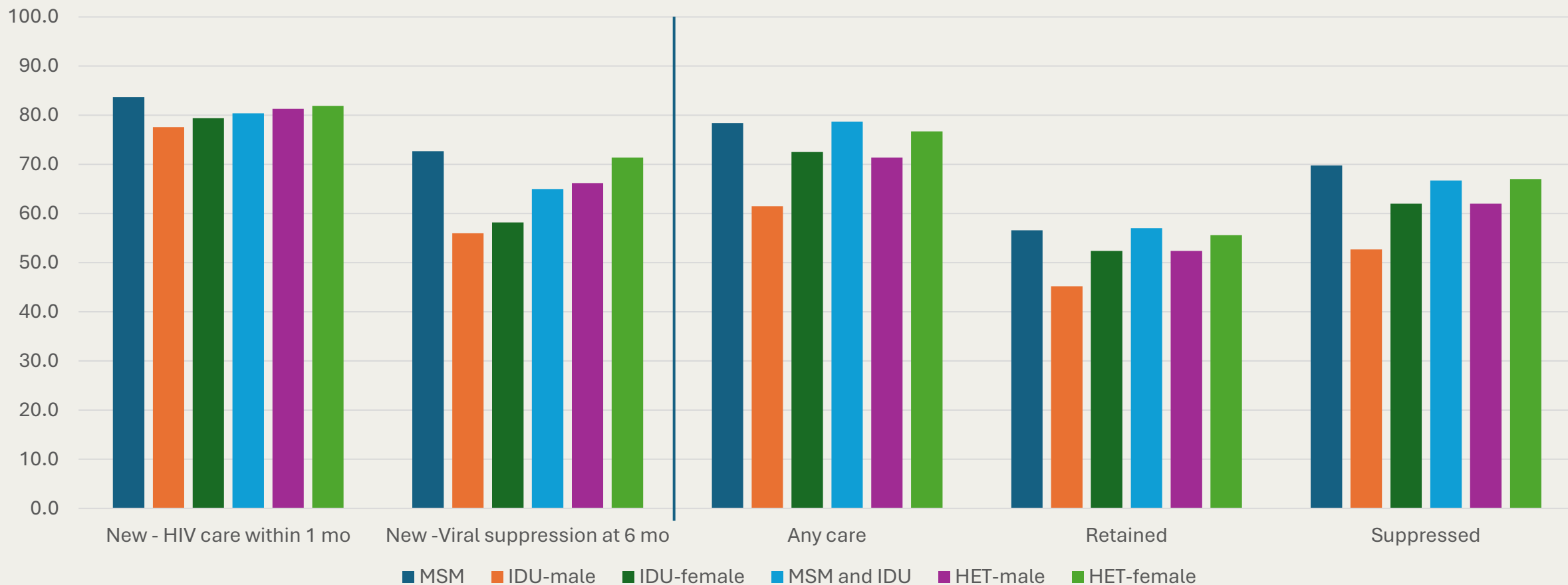
* Among people aged 13 and older.

† *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

‡ Hispanic/Latino people can be of any race.

Source: CDC. Diagnoses, deaths, and prevalence of HIV in the United States and 6 territories and freely associated states, 2022. *HIV Surveillance Report*, 2022;35.

People with HIV and injection drug use have gaps across the cascade of care, CDC 2023



Integrated HIV and OUD care improves outcomes

- Integrated care models – care for multiple chronic conditions in a single treatment setting, preferably by a single team.
- HIV care models that integrate prescribing of MOUD:
 - Increased retention in HIV care
 - Increased adherence to ART
 - Decreased opioid use
 - High patient satisfaction
 - Improved other health outcomes

Growing ID/HIV workforce shortages

> [J Assoc Nurses AIDS Care](#). 2024 Nov-Dec;35(6):486-494. doi: 10.1097/JNC.0000000000000495.

A Forecast of the HIV Clinician Workforce Need in the United States: Results of a Quantitative National Survey

Andrea Norberg¹, John Nelson, Haiqun Lin, Elizabeth Lazo, Dominic Stanislaus, Carolyn Chu, Philip Bolduc

Nearly 18% of more than 1,000 HIV clinicians reported stopping HIV clinical care or decreasing practice over next 5 years. Most common reasons: retirement, administrative burden, and burnout.

Provided to the PMC COVID-19 Collection by
American College of Physicians
Ann Intern Med. 2020 Jun 3;M20-2684. doi: 10.1001/ajph.2020.2684

Where Is the ID in COVID-19?

Bochelle P. Walensky¹, Daniel P. McQuillen², Sara Shabbazi¹, John D. Goodson¹

Nearly 80% of U.S. counties do not have ID specialist

Clinical Infectious Diseases
Clin Infect Dis. 2020 May 25;72(9):1615-1622. doi: 10.1093/cid/ciaa300

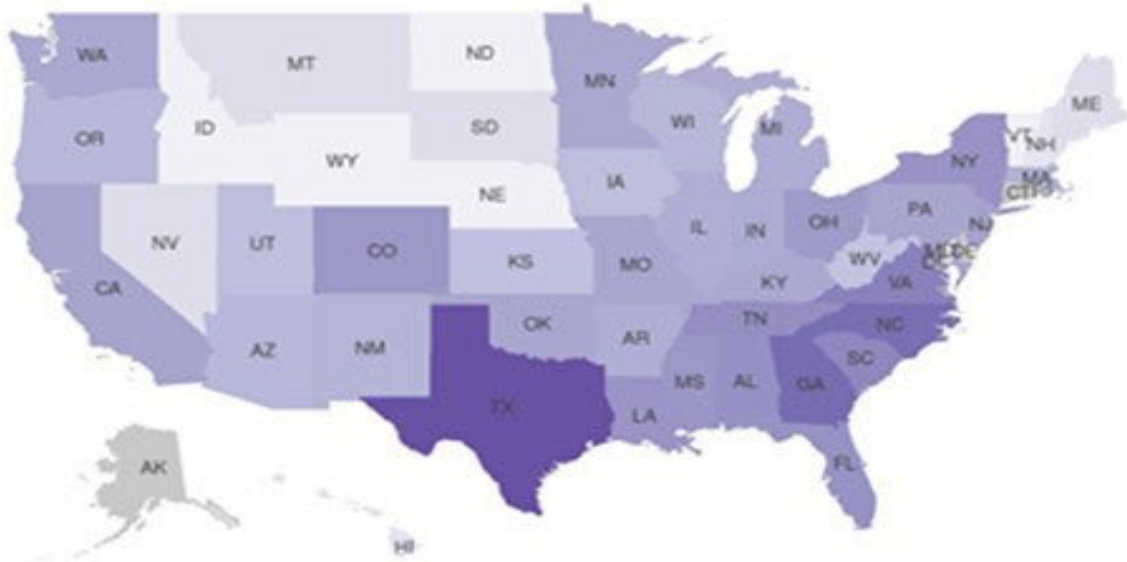
Human Immunodeficiency Virus-Experienced Clinician Workforce Capacity: Urban-Rural Disparities in the Southern United States

Rose S. Bone², Bassam Dahman³, Lindsay M. Sabik², Lauren E. Yerkes^{3,4}, Yangyang Deng², Ezye Z. Belgrave⁵, Daniel E. Nison⁶, Anna G. Rhodes⁴, Aaril D. Kimmel^{1,4,7*}

More than 80% of counties in the Southern U.S. do not have an HIV clinician

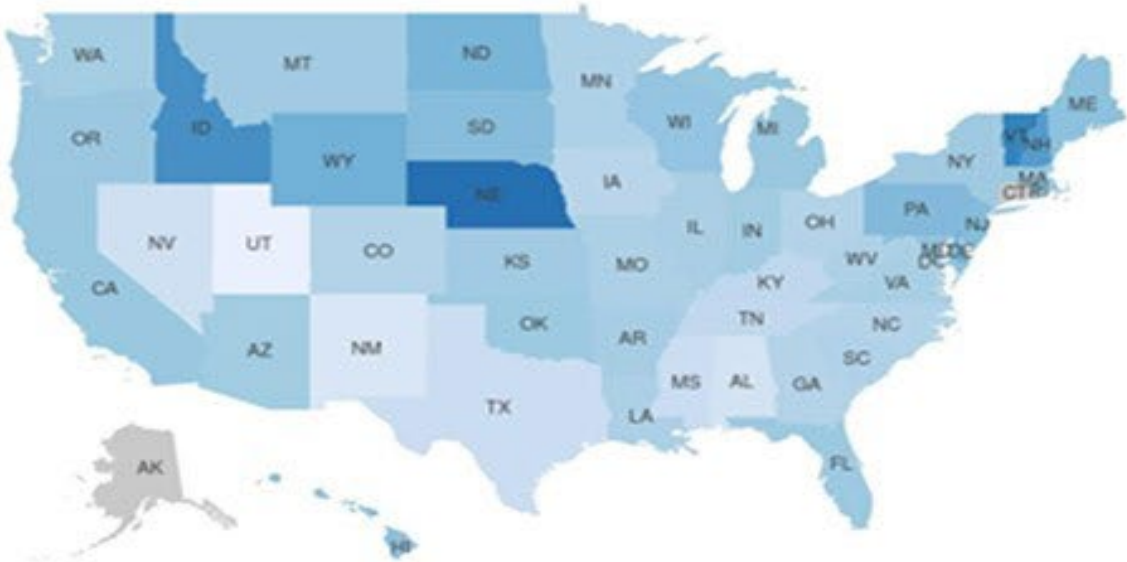
Figure. Geographic variation of (A) numbers of HIV specialists needed, and (B) ratio of HIV specialist to PWH in the US.

(A)



Number of HIV Providers Needed 1 4 16 64 256

(B)



Number of HIV Providers per 1000 PWH 2 8 32 128

HIV workforce challenges

A nearly 20% decline in HIV providers projected by 2030 and would:



Disrupt prevention, retention and treatment



Increase burnout among ID/HIV providers



Compromise care for an aging population of persons with HIV



Worsen health disparities

**Advancing policy & system-level changes to support
multidisciplinary syndemic care models**

Addressing the Social Determinants of Health in Undergraduate Medical Education Curricula: A Survey Report

Joy H Lewis , Onelia G Lage, B Kay Grant, Senthil K Rajasekaran, Mekbib Gemeda , Robert C Like ,

[...show all](#)

Pages 369-377 | Published online: 22 May 2020

- AMA survey evaluating level of commitment to SDoH curricula
- 32 schools invited to participate, 29 responded (94%)
- 64% “high” or “very high” priority
- 36% “low-priority”
- Barriers identified:
 - Limited curriculum time
 - Faculty expertise
 - SDH seen as beyond the physician’s scope of practice

Building and sustaining an HIV syndemic care workforce remains critical

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IDSA FEATURES



Promoting Human Immunodeficiency Virus Syndemic Care in Health Professions Education: Linking Workforce Demands to the Aspirations of a Rising Generation

Philip Bolduc,¹ Lydia Aoun Barakat,² Elizabeth M. Sherman,³ Philip G. Day,¹ Tyler Evans,⁴ Joseph Cervia,⁵ Marwan Haddad,⁶ Vincent Guilamo-Ramos,⁷ Allison Agwu,⁸ Andrea Weddle,⁹ and Rachel A. Bender Ignacio¹⁰



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CORRESPONDENCE

Put us in, Coach: the case for recognizing the ID/Addiction workforce

L. Madeline McCrary MD¹, Ellen F. Eaton MD MSPH², Ayako Wendy Fujita MD MSc³, Amesika N. Nyaku MD MS⁴, M. Elle Saine MD PhD MA⁵, Asher J. Schranz MD MPH⁶, Kinna Thakarar DO MPH⁷ ⁸, Judith Feinberg MD⁹ on behalf of the Infectious Diseases Coalition for ImpRoving Care for people Using Substances

Solutions to support multidisciplinary syndemic care models

1

Promote community-based healthcare models

2

Advance payment reform

3

Train the workforce

4

Expand and support the care team

Leveraging tools & resources to advance HIV syndemic care

Tools & resources

Curriculum

- [National HIV Curriculum](#)
- [National STD Curriculum](#)
- [Hepatitis B Web Study Program](#)
- [Hepatitis C Web Study Program](#)
- [National PrEP Curriculum](#)

Training & Education

- [SAMHSA trainings](#)
- [AIDS Education and Training Centers](#)
- [American Academy of HIV Medicine trainings](#)
- [HIVMA's list of HIV training programs](#)



Clinical Guidelines

- [HIV Clinical Guidelines](#)
- [STI Treatment Guidelines](#)
- [PrEP Clinical Guidelines](#)
- [Tuberculosis Clinical Guidelines](#)
- [Hepatitis C Guidelines \(AASLD/IDSA\)](#)

Clinical Support Tools

- [National Clinician Consultation Center](#)
- [HIV-ASSIST tool](#)

Visit hivma.org/syndemic-care to access a list of these resources or use the QR code

Key takeaways & call to action

1

Use epidemiological data to make the case

2

Integrate syndemic care education into healthcare professional training

3

Advocate for policy reforms that promote syndemic care

4

Build a multidisciplinary team

Contact us



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