Facilitating Bidirectional Research in North Carolina

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North Carolina Communicable Diseases
NCDHHS
Who We Are....

NC DHHS

Division of Public Health

Epidemiology Section

State Lab. of Public Health

Office of Public Health Preparedness & Response

Communicable Disease Branch

Office of the Chief Medical Examiner

Occupational/Environmental Epidemiology Branch
Communicable Disease Branch Components

- Outbreak Response
- Surveillance, Investigation, Reporting
- Technical Assistance and Training
- Prevention and Care
- Community Linkages
Communicable Disease Branch
Statistics

- 173 employees including 10 federal assignees (CDC)
- Annual budget comprised of state appropriations, federal grants and other receipts
- 19 separate federal grants / cooperative agreements
- 71 contracts with community-based organizations (CBOs) and institutions of higher learning
- Funding to all 86 local health departments / districts across 20 distinct activities
- Over 70 communicable diseases are under surveillance, using data from laboratories, physicians and, in near-real time, from hospital emergency departments
- On-call epidemiologists ensure 24/7 coverage
- 51 Disease Intervention Specialists (DIS) located in six regional offices who provide follow up for people with HIV or syphilis and draw blood for HIV/Syphilis testing.
Communicable Disease Branch

- Evelyn Foust, Branch Head
  - Medical Director for HIV/STD
  - reports to Branch Head

- Units
  - HIV/STD Prevention and Care
  - Medical Consultation
  - Epidemiology and Surveillance (HIV, STD, General Communicable Diseases)
  - Field Services
  - Administration
Communicable Disease Branch Funding by Source

Funding Sources ($Millions)

- Federal: $65.4
- State: $35.9
- Receipts: $4.1

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Marriage between DOH and University

- State created a medical director position in partnership with UNC
- Contract for services but primary appointment with University
- Experience at LDH prior to state position
- Joint appointments at DOH, SOM, SPH
- Access to state data and authority to speak for DOH
- Expanded support
Specifics

- Two bosses with good communication and be clear shared outcomes
- University attracts expertise and provides freedom and flexibility
- Joint appointment
  - must have clarity on which is the supervisory
    - enough salary support for service integration and avoid need for primary grant support
    - but not too little to create ownership problem
- Tenured tract but university must support alternative career path
- Maximize utilization of expertise
Interactions

- Protocols for STD and HIV
- ADAP formulary committee
- National Organizations: NCSD, NASTAD, ASHTO, ASTDA
- Training Networks: CDC STDPTC
  - NCATEC
  - STD chat/webinars
    - Consultation- clinicians and state epidemiologist
Joint Programs/Grants

- STAT
- STOP Grant
- PCSI
- IPN
- Geocoding work group
- HIV Cascade work group
- CHAVI
- Prison Working Group
- WISE
- 2 Phylogenetic studies
- LNKS/SPNS
- Expanded HIV testing
Structure

- Recent development of UNC team
  - State epidemiologist housed at UNC
  - Medical Epidemiologist hired from UNC
  - 0.5 ID faculty support
  - DIS working under medical director at UNC
  - Epidemiology class in SPH

- Research/publication
  - MOUs in place
  - Formal process for data request and publication review
  - Over 20 PhD committees
  - Data Sources
    - BCBS
    - Medicaid/Medicare
    - ADAP/ Careware
    - NCEDS/NCDetect
SPREAD THE WORD. NOT HIV.

ACUTE HIV

Spread the Word. Not HIV.

NC HIV Cascade: Overall Population
Diagnosed 2007-2010 and living through 2008-2011

Cases
0 10000 20000 30000 40000 50000

Comments

Spread the Word. Not HIV.

Spread the Word. Not HIV.
Conclusions

- Partnership is possible but State DOH must have a “get”

- Champions are needed

- Money for support must move in two directions: grant support from university and hard money from DOH

- Encourage student involvement but with formal process for data/grant request