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**BIOGRAPHICAL SKETCH**


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NAME: Chinazo O. Cunningham, MD, MS

eRA COMMONS USER NAME (credential, e.g., agency login): CHINAZO1

POSITION TITLE: Associate Chief, Division of General Internal Medicine &amp; Professor of Medicine

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**EDUCATION/TRAINING**


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INSTITUTION AND LOCATION	DEGREE	Completion Date	FIELD OF STUDY
Northwestern University, Evanston, IL	BA	06/1990	Psychology
University of California, San Francisco (UCSF)	MD	06/1994	Medicine
UCSF Internal Medicine Residency Program	Internship	06/1995	Internal Medicine
New York University Internal Medicine Residency Program	Residency Chief Residency	06/1998	Internal Medicine
Albert Einstein College of Medicine, Bronx, NY	MS	06/2008	Clinical research

**A. Personal Statement**

For over 15 years I have conducted clinical research and developed innovative treatment strategies to improve access to care and treatment outcomes among opioid-dependent individuals with or at-risk for HIV. Much of my work has involved integrating innovative treatment interventions in primary care settings. My research projects have included conducting formative data collection to rigorously develop novel interventions aimed at improving HIV and drug treatment outcomes. In addition, I have led observational and randomized trials that have examined how health care delivery strategies affect treatment outcomes. I have been a Co-Investigator on projects that have focused on neurocognitive effects of opioid use, including buprenorphine and methadone treatment, and smoking cessation among drug users with or at-risk for HIV. In addition to having mentored numerous physicians, I founded and currently direct the General Internal Medicine Fellowship Program, which trains physicians to conduct clinical research focused on urban health issues, such as substance use and HIV. I currently serve as a mentor on five NIH-funded K23 career development awards that focus on opioid prescribing, access to buprenorphine among recent prisoners, uptake of Hepatitis C treatment, adherence among HIV+ women of color, HIV testing in emergency departments. In addition, I have a K24 mid-career development award to mentor junior faculty in research focusing on drug use and/or HIV. Finally, I serve as the Chair of NY State Department of Health AIDS Institute's Substance Abuse Committee, a member of the NIH Office of AIDS Research's Racial and Ethnic Populations Committee, and a member of the NIH's Behavioral and Social Consequences of HIV/AIDS Study Section.

**B. Positions and Honors****Positions and Employment**

1998 - 2002 Clinical Instructor of Medicine, Albert Einstein College of Medicine  
 1998 - Faculty, Internal Medicine Primary Care & Social Medicine Residency Programs, Montefiore  
 2000- 2009 Founder and Director, Montefiore/CitiWide Health Services Programs  
 Montefiore Medical Center in collaboration with CitiWide Harm Reduction, Inc  
 2001 - 2003 HIV Site Director, Comprehensive Health Care Center, Montefiore Medical Group  
 2002 - 2005 Director, Homeless Medicine Course, Albert Einstein College of Medicine  
 2002 - 2008 Assistant Professor of Medicine, Family and Social Medicine, Albert Einstein College of Medicine

- 2008 - 2014 Associate Professor of Medicine, Family and Social Medicine, Albert Einstein College of Medicine
- 2014- Professor of Medicine, Family and Social Medicine, Albert Einstein College of Medicine
- 2013 - Associate Chief, Director of Research Resources, Division of General Internal Medicine, Albert Einstein College of Medicine
- 2013 - Director, General Medicine Fellowship Program, Albert Einstein College of Medicine

**Other Experiences**

- 2004- Core Faculty, International AIDS Society – USA
- 2005-2011 Ad Hoc Committee Member, Behavioral and Social Consequences of HIV/AIDS Study Section, NIH
- 2006 Ad Hoc Grant Review Committee Member, CDC, RFA for HIV, prisoners, and methamphetamines
- 2008 Grant Reviewer, American Foundations for AIDS Research (amfAR)
- 2008 Expert Panelist, SAMHSA, Evaluation of Treatment Capacity Expansion/HIV
- 2008- Buprenorphine Mentor, New York City Department of Health and Mental Hygiene
- 2009-2011 Vice Chair, Substance Abuse Committee, New York State Department of Health, AIDS Institute
- 2010- Member, Racial and Ethnic Populations Ad Hoc Committee of the NIH Office of AIDS Research
- 2012- Chair, Substance Abuse Committee, New York State Department of Health, AIDS Institute
- 2012- Standing member, Behavioral and Social Consequences of HIV/AIDS Study Section, NIH
- 2014- Member, Guideline Committee, Treatment of opioid addiction, American Society of Addiction Medicine
- 2014-2015 Fellow of the Hedwig Van Ameringen Executive Leadership in Academic Medicine (ELAM) Program
- 2016 Member, Opioid Guideline Workgroup, Centers for Disease Control and Prevention’s Guideline for Prescribing Opioids for Chronic Pain, 2016
- 2016 Member, New York City Mayor’s Ad-Hoc Heroin and Prescription Opioid Public Awareness Task Force

**Honors**

- 2000 Larry Linn Award, Society of General Internal Medicine
- 2001-2004 Mary O’Flaherty Horn Scholar, Society of General Internal Medicine
- 2007 Top reviewer, Annals of Internal Medicine (2007, 2012, 2015)
- 2008- Featured in AHRQ’s Health Care Innovations Exchange
- 2009 Inducted into the Northwestern University Athletic Hall of Fame
- 2009 Mentorship Award, Albert Einstein College of Medicine
- 2015 W. Anderson Spickard, Jr. Excellence in Mentorship Award, awarded by the Association of Medical Education and Research in Substance Abuse (AMERSA)
- 2015 Clinical Science Mentor of the Year, Albert Einstein College of Medicine

**C. Contribution to Science**

**1. Buprenorphine Treatment for Opioid Use Disorders:** As the founder and director the Montefiore Buprenorphine Treatment Program, and the PI of several grants that have focused on buprenorphine treatment, I have contributed substantially to the field of office-based buprenorphine treatment. My work has focused on examining providers’ and patients’ barriers to buprenorphine treatment, improving access to buprenorphine treatment focusing on out-of-treatment injection drug users, and improving treatment outcomes by developing and testing innovative treatment strategies such as home-based inductions. Findings have demonstrated that despite poor and limited physician training to provide addiction treatment, providing buprenorphine treatment in primary care settings is feasible and associated with good outcomes. Additionally, many stipulations in initial national guidelines were not supported by evidence, and my work helped to demonstrate the positive outcomes associated with home-based office inductions, and treatment of opioid-dependent cocaine users and opioid-dependent patients with pain. These findings informed guidelines from the New York City Department of Health and Hygiene and the American Society of Addiction Medicine.

- a. **Cunningham CO**, Kunins HV, Roose RJ, Elam RT, Sohler NL. Barriers to Obtaining Waivers to Prescribe Buprenorphine for Opioid Addiction Treatment Among HIV Physicians. *J Gen Intern Med.* 2007 Sep;22(9):1325-9. Epub 2007 Jul 10. PMC2219773
- b. **Cunningham CO**, Giovanniello A, Sacajiu G, Whitley S, Mund P, Beil R, Sohler NL. Buprenorphine treatment in an urban community health center: What to expect. *Fam Med.* 2008 Jul-Aug;40(7):500-6. PMC2840630
- c. **Cunningham CO**, Giovanniello A, Li X, Kunins HV, Roose RJ, Sohler NL. A comparison of buprenorphine induction strategies: patient-centered home-based inductions versus standard-of-care office-based inductions. *J Subst Abuse Treat.* 2011 Jun;40(4):349-56. Epub 2011 Feb 18. PMC3081891.
- d. Kattan J, Fox AD, **Cunningham CO**, Paone D, Harrison M, Kunins HV. Buprenorphine—an office-based treatment for opioid use disorder. *City Health information.* 2015;34(1):1-8. Available at <http://www.nyc.gov/html/doh/downloads/pdf/chi/chi-34-1.pdf>

**2. Innovative HIV Treatment to Improve Access to and Retention in Care:** As the founder and Director of the Montefiore/CitiWide Health Services Program which provided innovative health care to HIV-infected unstably-housed drug users, and PI on several grants that focused on outreach and retention in HIV care, my work has contributed significantly to examining innovative ways to improve access to and retention in HIV care, particularly focusing on marginalized populations. For example, the amount of outreach contacts, the person conducting the outreach, and the type of outreach all affect access and retention in care. This work has helped to guide outreach and retention policies and efforts supported by federal and local governments. In addition, my work has served as a model of an innovative and collaboration program between community-based organizations and academic medical centers.

- a. **Cunningham CO**, Sanchez JP, Heller D, Sohler NL. Assessment of a medical outreach program to improve access to HIV care among marginalized individuals. *Am J Public Health.* 2007 Oct;97(10):1758-61. PMC1994196
- b. **Cunningham CO**, Buck J, Shaw F, Seigal L, Agins B. Factors associated with returning to HIV care after a gap in New York State. *J Acquir Immune Defic Syndr.* 2014 Aug 1;66(4):419-27. NIHMSID 585632
- c. Blank AE, Fletcher J, Blackstock O, Verdecias N, **Cunningham CO**. Factors associated with retention and viral suppression among a cohort of HIV+ women of color. *AIDS Patient Care STDS.* 2015 Jan;29 Suppl 1:S27-35.
- d. Fox AD, Andersen MR, Bartlett G, Valverde J, **Cunningham CO**. Health outcomes and retention in care following release from prison for patients of an urban transitions clinic. *J Health Care Poor Underserved.* 2014 Aug;25(3):1139-52. NIHMSID 606290

**3. Enhancing HIV Testing and Prevention:** As a mentor to several junior faculty members (including mentor on 5 NIH-funded career development awards), I have conducted several studies that have focused on systematic efforts to enhance HIV testing and HIV prevention. These studies have included examining large systems and databases, including electronic medical records from academic medical centers and national data from methadone maintenance treatment programs. Key findings and concepts that have emerged from these studies include the lack of finding new HIV cases when implementing routine HIV testing, the importance of reframing HIV testing to target those with unknown status, and the lack of incorporation of HIV testing among drug treatment programs.

- a. Bachhuber MA, **Cunningham CO**. Changes over time in offering on-site testing for HIV, sexually transmitted infections, and hepatitis C virus in opioid treatment programs. *JAMA.* 2013 Dec 25;310(24):2671-2. PMC4038104
- b. Bachhuber MA, Southern WN, **Cunningham CO**. Profiting and providing less care: comprehensive services at for-profit, nonprofit, and public opioid treatment programs in the United States. *Med Care.* 2014 May;52(5):428-34. NIHMSID 566058
- c. Felsen UR, Bellin EY, **Cunningham CO**, Zingman BS. Development of an electronic medical record-based algorithm to identify patients with unknown HIV status. *AIDS Care.* 2014 Oct;26(10):1318-25. PMC4095997
- d. Felsen UR, Bellin EY, **Cunningham CO**, Zingman BS. Unknown HIV status in the Emergency Department: Implications for an expanded testing strategy. *J Int Assoc Provid AIDS Care.* In press.

**4. Prescription Opioids and Benzodiazepines: Epidemiology, Management and Risks:** In collaboration with my mentees, I have conducted several studies examining prescription opioid management and risks. These studies have



NIDA, R01DA032552                      PI: J. Arnsten (role: Co-Investigator)                      8/12–6/17  
Project Title: Neurocognitive effects of opiate agonist treatment in HIV-infected drug users  
Goal: Using a randomized controlled trial design, this project will test the neurocognitive effects of buprenorphine vs. methadone on HIV-positive and –negative opioid-dependent individuals.

NIDA, K23DA034541                      PI: A. Fox (role: Primary Mentor)                      7/12–6/17  
Project Title: Buprenorphine Facilitated Access and Supportive Treatment in Former Inmates  
Goal: To develop, test the feasibility of, and pilot test an intervention that uses peer navigators to improve access to buprenorphine treatment and provide support during treatment, targeting former inmates.

NIDA, R01DA032110                      PI: Cunningham                      7/11-4/16  
Title: Abstinence reinforcing contingency management to suppress HIV viral load (Project FIRST)  
Goal: Using a randomized controlled trial design, this project will test an abstinence-reinforcing contingency management intervention vs. performance feedback on HIV outcomes (HIV viral load, CD4 count, HAART adherence) and drug treatment outcomes (abstinence to opioids and cocaine).

NIDA R25DA023021                      PI: J. Arnsten (role: Co-Investigator/Mentor) 5/07-4/16  
Title: Clinical Addiction Research and Education Program  
Goal: To provide education and research mentorship that focuses on HIV, substance use, and substance abuse and HIV treatment to physicians in training and junior faculty.

### **Grant Support Completed in the prior 3 years**

NIDA, K23DA027719                      PI: J. Starrels (role: Primary Mentor)                      9/10-8/15  
Title: Intervention to Promote Opioid Treatment Agreements in Primary Care  
Goal: To develop, test the feasibility of, and pilot test the outcomes of an intervention that promotes the use of opioid treatment agreements between primary care providers and patients receiving chronic opioid analgesics.

H97HA15152                      PI: A. Blank (role: Co-Investigator)                      9/09-8/14  
HRSA, HIV/AIDS Bureau, Special Projects of National Significance.  
Title: The Center for Evaluation and Technical Assistance for HIV Women of Color  
Goal: To provide technical and clinical expertise to 10 U.S. sites that are developing and evaluating innovative programs to improve HIV health care access and utilization, and HIV-related treatment among HIV-infected women of color.

NIDA, R34DA031066                      PI: Cunningham                      3/11-2/14  
Title: Development of community-based buprenorphine treatment  
Goal: This project will develop, test the feasibility of, and pilot test the effectiveness of a community-based buprenorphine treatment intervention which will include training syringe exchange staff in NYC to provide buprenorphine education, access to buprenorphine treatment, and support during buprenorphine treatment to IDUs in their communities.

NIMH, 1F31MH093264                      PI: L. Smith (role: Mentor)                      1/11-12/12  
Title: HIV Care Utilization: A theory-based approach to retention in care  
Goal: Through qualitative and quantitative data collection and analysis, this project will explore the use of a modified version of the Information-Motivation-Behavior Model to understand potential predictors of retention in HIV treatment.