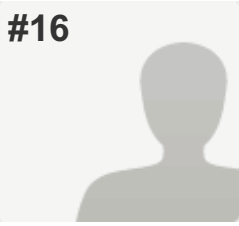


Ending the Epidemic Task Force Recommendation Form

#16



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Q2: Title of your recommendation

Increasing Testing Efforts Must be Inclusive of Older Adults

Q3: Please provide a description of your proposed recommendation

The New York State HIV/AIDS Annual Surveillance Report for 2012 shows that 35% (34.9%) of all new HIV diagnoses occur in older adults age 40+. And, 50% (49.6%) of all new AIDS diagnoses occurs in the 40+ age group. The older adult at risk for HIV must be included in efforts to increase testing, They account for over 1/3 of all new HIV diagnoses and half of new AIDS diagnoses. A person who is diagnosed with AIDS when first tested for HIV represents a failure of the system to detect and diagnose HIV. A person with undiagnosed AIDS has extremely high viral loads making them highly infectious. Since diagnoses of AIDS increases with age, testing programs are not effectively reaching the older adult at risk populations. To support this effort we will need HIV testing rates by age in order to gauge the effectiveness of this recommendation.

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Identifying persons with HIV who remain undiagnosed and linking them to health care

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

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Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

Change to existing program,

Other (please specify)

An AIDS diagnosis is a failure of the implementation of existing policy.

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Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required? Permitted under current law

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)? Within the next year

Q9: What are the perceived benefits of implementing this recommendation?

High risk sexual behaviors decline following an HIV diagnosis thus reducing the number of new infections. The annualized cost of care for an HIV infected person is nominally calculated to be \$355,000 (CDC, 2014). For every 100 HIV infections prevented the savings would be over 35 million dollars.

Q10: Are there any concerns with implementing this recommendation that should be considered?

Education efforts are essential. How they are achieved may vary by age group. For example the use of social media is powerful, but it is effective across all ages?

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

Costs for social messaging campaign targeting adults 40 and older state wide = \$500,000.00
Costs to develop, market and implement CMEs to increase HIV testing = \$100,000.00

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

See number 9 above.

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

NYS Medicaid Program
Federal Medicare Program
Older Adults with HIV.

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

Rates of concurrent HIV/AIDS diagnoses among adults 40 and older.
This rate should decline if the recommendation is implemented successfully.

Q15: This recommendation was submitted by one of the following Ending the Epidemic Task Force member,
Other (please specify)
Ad Hoc End of AIDS Community Group