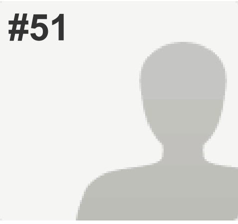

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Q2: Title of your recommendation

Expand Viral Load Suppression Initiatives

Q3: Please provide a description of your proposed recommendation

Summary of Proposed Project: Implement a viral load suppression (VLS) initiative that includes an integrated, incentive-based approach that works to link HIV-positive clients to comprehensive, wrap-around medical, behavioral and social supports to achieve viral load suppression.

The proposed Viral Load Suppression Initiative (VLS) is an integrated, incentive-based approach that works to link HIV-positive clients to comprehensive, wrap-around medical, behavioral and social supports to achieve viral load suppression. It is based on The Undetectables Program at Housing Works. Participating providers in the PPS will pair eligible clients with a case manager who assists with creating an individualized Antiretroviral (ARV) adherence plan and who also coordinates any additional medical or behavioral health services including peer support groups, outside medical referrals and cognitive behavioral therapy.

The intervention includes:
• Incentives: Clients will receive quarterly financial incentive for each lab report demonstrating undetectable viral loads.
• ARV Adherence Plan: Eligible clients will be connected with a case manager, who will work with them to create an individualized ARV adherence plan. As part of this process, the client will be screened for possible barriers to adherence, such as behavioral health conditions.
• Comprehensive Support Services: Clients will receive individual-level support including CBT, adherence devices or DOT (if needed) and referrals to other medical or behavioral health specialists.
• Peer Supports: The care coordination and support team will include peers. These peers will be clients who have already achieved viral load suppression (synergistic with 2.c.i and 2.d.i (Project 11)). Peers will lead weekly adherence support groups, assist with education and outreach including acting as escorts to appointments.
• Retention to Care Unit: Outreach teams comprised of peer workers will coordinate with case managers to identify and reach clients who are not adhering to their ARV treatment plan.
• Broad-based Education Campaigns: Marketing campaigns explaining the program and the positive impact of viral load suppression will be implemented at the individual and community level.

Resource Availability:
The project will leverage Housing Works' knowledge in developing the model; and Housing Works staff can be utilized to develop and expand the program. The program can be easily implemented in other parts of the well-established HIV/AIDS infrastructure, in particular the Designated AIDS Centers (DACs). It will also build on the tremendous energy created by the Governor's End of AIDS Task Force, which is looking towards PPSs' leadership to advance ending the AIDS epidemic in New York. DOHMH offers medical provider training to improve provider cultural competency and technical assistance in the implementation of the project.

Question	Response
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)**	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
Q5: **This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)**	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?**	New program
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?

The first of two major studies examining the chances of transmitting HIV with an undetectable viral load was HPTN 052. This study primarily looked at heterosexual couples of mixed HV status and compared the ability of ARVs to prevent transmission between individuals who initiated HIV therapy and those who did not. The study found that ARV treatment reduced the likelihood of transmission by 96 percent. Results from the first two years of the new PARTNER study were presented at the 2014 Conference on Retroviruses and Opportunistic Infections (CROI) in Boston (The final results of the study are slated for 2017.). The study included 1,110 heterosexual and gay serodiscordant couples, all of which were having intercourse without condoms on at least some occasions. To be included in the trial, all HIV-positive participants were on ARVs and had a viral load below 200 in their last test before entering the study, and none of the HIV-negative partners could be taking pre- or post-exposure prophylaxis ARVs (PrEP or PEP). A total of 767 couples were included in this two-year interim analysis, which included 894 couple-years of follow-up. There were no transmissions between the couples in which the HIV-positive partner had an undetectable viral load; and an estimated 50 to 100 transmissions would have taken place if no one in the study had been taking ARVs. The researchers calculated that the average real-world risk reduction as a result of an undetectable viral load would be 95 percent. At a CROI press conference, Jens Lundgren, MD, chief physician and director of the Copenhagen HIV Programme, estimated that it is likely that the chance of transmitting HIV with an undetectable viral load is closer to zero, or perhaps even zero. Further, the high level of sexually transmitted infections in the study's gay couples challenged the 2008 "Swiss Statement," which declared that those with a fully suppressed viral load did not transmit HIV but that the presence of STIs could increase the risk.

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

Respondent skipped this question

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

Respondent skipped this question

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

Respondent skipped this question

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

The VLS initiative will empower people living with HIV/AIDS through Individualized-ARV treatment plans that are jointly created and approved by the client and his/her case manager. The plan can be modified as needed based on the needs of the client. Virally-suppressed peer workers will also serve as the chief advocate and support system for clients.

VLS clients with morbidities will be specifically addressed since the VLS will use a tiered intervention model to address the needs of clients with co-behavioral or substance use morbidities and who have difficulty adhering to their treatment plan.

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

Metric 1: Viral load (VL) testing every 6 months for positive individuals:

Description- Percentage of confirmed HIV positive members who had a VL test conducted in the first six months and last six months of the measurement year (numerator) divided by all confirmed HIV positive members continuously enrolled during the measurement year (no more than a 45 day gap).

Proposed Specification:
% Unique HIV+Members Completing 2 Viral Load Tests ÷ Total Membership Diagnosed with HIV/AIDS = VL Monitoring

Metric 2: Viral load (VL) suppression.

Description- Percentage of confirmed HIV positive members who had at least 1 undetectable Viral load result in the measurement year (numerator) divided by all confirmed HIV positive members continuously enrolled during the measurement year (no more than a 45 day gap) who had at least 3 consecutive months of ARV prescriptions.

Proposed Specification:
% Unique HIV+Members Having at Least 1 Undetectable Viral Load Result ÷ Total Membership Diagnosed with HIV/AIDS and having 3 consecutive months of ARV prescriptions = VL Suppression

Metric 3: Medication Possession Ratio (MPR) annualized.

Description- Percentage of all confirmed HIV positive members who are dispensed ARV Treatment every 30 days with no more than a 45 day gap in the measurement year (numerator) divided by all confirmed HIV positive members continuously enrolled during the measurement year (no more than a 45 day gap).

Proposed Specification:
% Unique HIV+Members Dispensed ARV Treatment ÷ Total Membership Diagnosed with HIV/AIDS = Medication Possession

Q15: This recommendation was submitted by one of the following

Other (please specify)
Ad Hoc End of AIDS Community Group: ACRIA, Amida Care, Correctional Association of New York, Jim Eigo (ACT UP/Prevention of HIV Action Group), GMHC, Harlem United, HIV Law Project, Housing Works, Latino Commission on AIDS, Legal Action Center, Peter Staley (activist), Terri L. Wilder (Spencer Cox Center for Health), Treatment Action Group, VOCAL New York