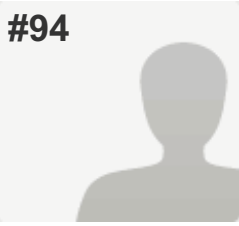


Ending the Epidemic Task Force Recommendation Form

#94



COMPLETE

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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Mark
Last Name	Harrington
Affiliation	Treatment Action Group
Email Address	mark.harrington@treatmentactiongroup.org

Q2: Title of your recommendation Prevention + Treatment Incentives (TP11 / C15)

Q3: Please provide a description of your proposed recommendation

- a. Explore targeted prevention incentives to high-risk individuals (TP11)
- b. Explore targeted treatment incentives to HIV+ individuals (C15)

Based on the results of HPTN study 065 (“Test Link + Care Plus”), which are expected next year, explore the use of targeted prevention incentives to high-risk individuals (TP11) to return for follow-up visits and remain HIV-negative; and the use of targeted treatment retention and adherence visits to HIV-positive individuals to remain retained in care and achieve and maintain virologic suppression.

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

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

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,

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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.

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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.

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Housing and Supportive Services Committee: Develop recommendations that strengthen proven interventions enabling optimal engagement and linkage and retention in care for those most in need. This Committee will recommend interventions that effectively address complex and intersecting health and social conditions and reduce health disparities, particularly among New York's low-income and most vulnerable and marginalized residents. These interventions will diminish barriers to care and enhance access to care and treatment leaving no subpopulation behind.

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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.

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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 three to six years

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

Increased risk-reduction behavior and reduced HIV infections among uninfected individuals.
Increased retention in care and long-term virologic suppression among HIV-positive individuals.

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

Some HIV-negative and HIV-positive individuals have expressed resistance to the use of financial incentives to achieve health-related outcomes.

The domestic evidence base for the use of such incentives is limited, but this may change after HPTN 065 results are in, expected sometime in 2015.

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

HPTN 065 is using relatively small financial incentives to strengthen retention in care and viral suppression for HIV-positive individuals. The results are expected in 2015. If the results are positive, the use of these incentives should be implemented and funded through DSRIP projects.

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

Not yet known.

Depends on results of HPTN 065 and on scale-up of resulting recommendations.

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

Providers
HIV-negative persons.
HIV-positive persons.
Insurers.

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

Measure HIV-negative status over time through Chemoprophylaxis Registry (GP12) and impact of incentives on increasing rates of staying HIV-negative and reduced new infections.
Measure HIV-positive linkage, retention in care and virologic suppression and impact of incentives on increasing retention and long-term virologic suppression rates.

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Q15: This recommendation was submitted by one of the following Ending the Epidemic Task Force member