

Ending HIV:

The New York State Policy Environment and Program Portfolio

October 14, 2014

New York State

Ending the Epidemic Task Force

New York State

- NYS has had greater success than other states with large epidemics: Florida, Texas, California.
- According to the CDC the U.S., as a whole, has seen no decrease in the number of HIV diagnoses over the last decade.
- **New York State has achieved:**
 - ✓ 40 percent reduction in HIV diagnoses over the last decade.
 - ✓ Significant decreases seen in HIV incidence across all races and risk groups, with the exception of men who have sex with men and male to female transgender persons.



What makes NYS different?



- ✓ Investment
- ✓ Sustained Program Efforts
- ✓ Favorable Policy Environment and Community Activism
- ✓ Aggressive Action

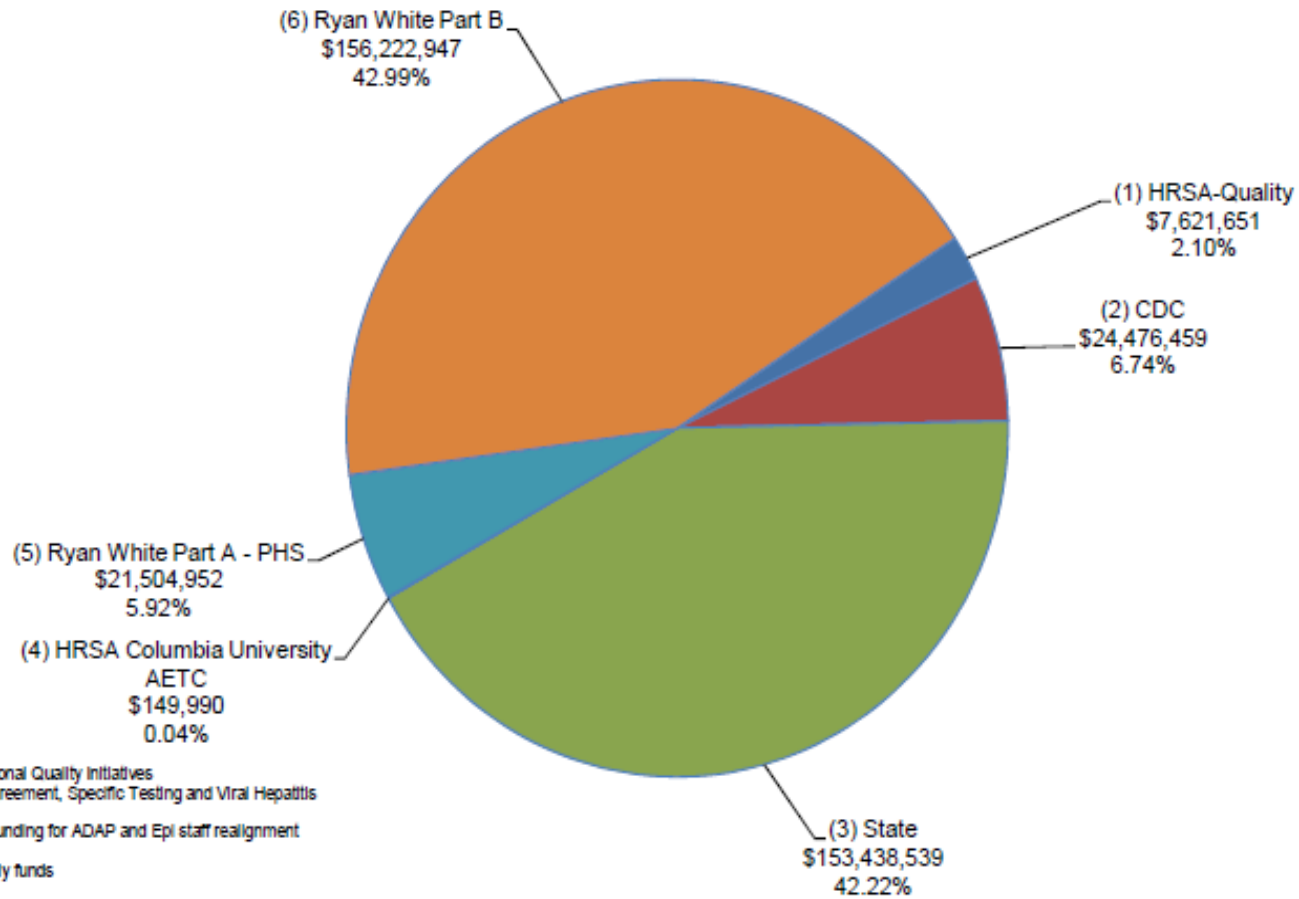
INNOVATION

The Investment

- NYS investments have established a firm foundation for ending the epidemic:
 - NYS Medicaid HIV expenditures \$2.3 billion on a par with the entire national Ryan White program
- With HIV Uninsured Care Programs (including ADAP), Medicaid, Veterans Administration, clinical trials, and NYS of Health we have universal access to ARVs for infected persons

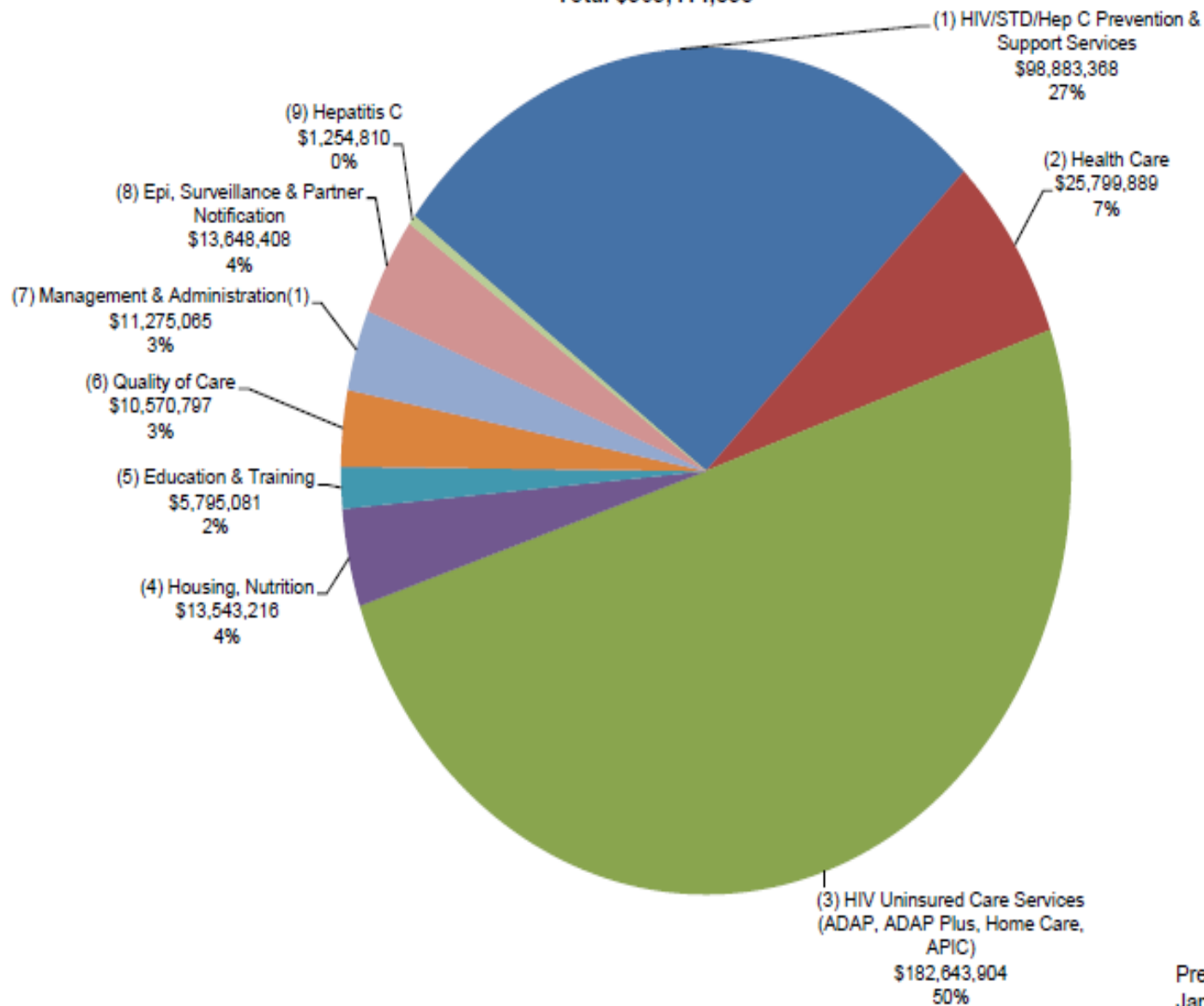


NYS Department of Health
AIDS Institute State & Federal Funding (Excluding Medicaid)
Distribution by Source of Funding
Funding Awarded in 2013
Total: \$363,414,538



(1) Includes Statewide and National Quality Initiatives
 (2) Includes the Cooperative Agreement, Specific Testing and Viral Hepatitis Grants, Epi & STD Grants
 (3) Includes \$42.3 M in HCRA funding for ADAP and Epi staff realignment with AIDS Institute
 (5) Includes \$115M in ADAP only funds

NYS Department of Health
AIDS Institute State & Federal Funding (Excluding Medicaid)
Distribution by Service Category
Funding Awarded in 2013
Total \$363,414,538



Prepared by: OACM
January 2014

Health Care Restructuring Efforts

- ❑ HIV Models of Care are expanding to serve other chronic conditions (Health Homes).
- ❑ Medicaid Redesign and DSRIP collaborative projects retain key features of successful programs of integrated HIV care.
- ❑ Matching Medicaid claims files with HIV/AIDS Registry for tracking individuals not on ARVs.



New York State HIV Uninsured Care Programs (HUCP)

- The State HIV Uninsured Care Programs (HUCP), aka ADAP, bridge the gap between Medicaid and insurance coverage, serving PLWH/A who are not eligible for Medicaid and who are uninsured or underinsured.
- The HUCP provide medications, health care, and insurance continuation assistance.
- For many years, the HUCP have leveraged the value of comprehensive health care coverage. For some time, the profile of participants has been primarily insured persons.



Models of Care

- Since 2003, three **HIV Special Needs Plans (SNPs)** provide an alternative source of managed care to over 16,000 Medicaid-eligible persons in New York City with HIV/AIDS and their dependent children.

- **Designated AIDS Center (DAC)** hospital based medical home program was the first health care system response to the AIDS epidemic. DAC standards reflect the evolving system of HIV/AIDS care serving over 40,000 persons living with HIV/AIDS including:
 - new priorities of improving early diagnosis;
 - increasing focus on retention in care;
 - increasing focus on managing co-morbidities including mental health, substance abuse, STDs and hepatitis C; and
 - expanding the use of health information technology.

NYS HIV Quality of Care Program

- ❖ **eHIVQUAL** reviews measuring performance at 189 HIV care facilities
- ❖ **Retention and viral load suppression** measures prominent and analyzed according to multiple subpopulations:
 - Gender; Age; Risk; Exposure Category; Housing Status; Language
 - More refined analysis planned
- ❖ All new or re-engaged patients required for review this year.
- ❖ Expansion of eligibility to all patients with one visit.
 - (VLS not just those on ART)
- ❖ 2013 performance data will be available at end of CY14

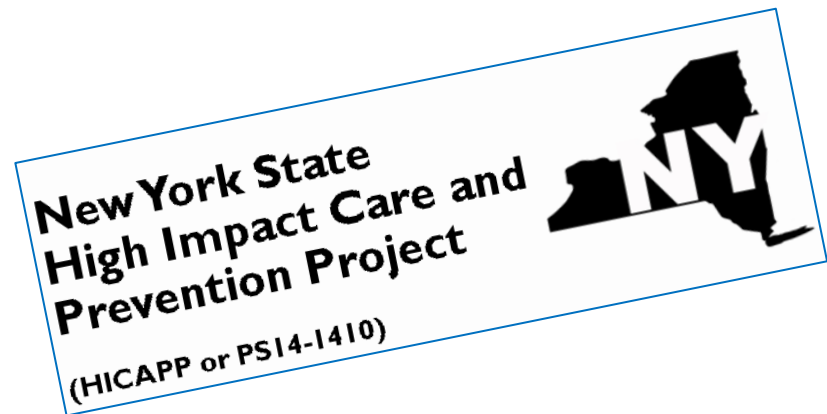
Statewide networks of response

- Partnership between state and local health departments.
- **Regional Prevention and Support Services Programs** (formerly Community Service Programs) established in 1984 to serve as the first community-based organizations dedicated to providing HIV/STD/hepatitis prevention and client services.
- **Targeted Prevention and Support Services Program** (formerly Multiple Service Agency) established in response to the disproportionate impact of HIV within communities of color.
- **The Community Mobilization Programs** (formerly Community Development (Mobilization) Initiative) raises HIV/STD and hepatitis awareness and supports communities of color in addressing related issues.



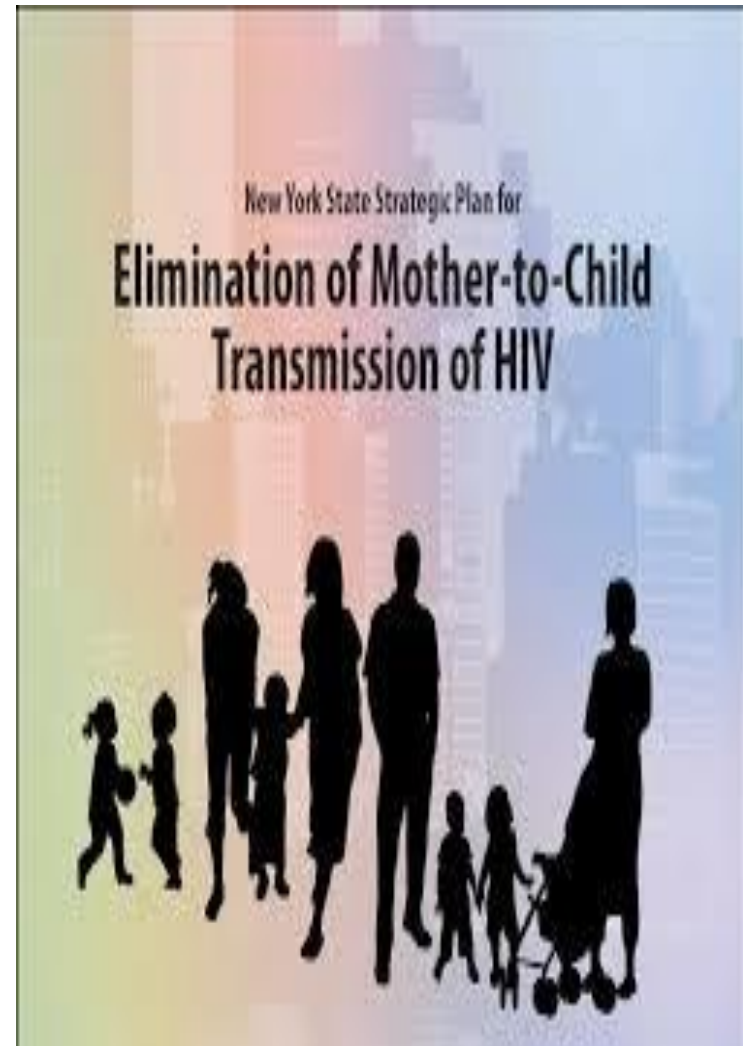
Prevention Services

- ✓ Testing and Linkage to Medical Services
- ✓ Partner Services
- ✓ Condom distribution
- ✓ Syringe Exchange Program
- ✓ Expanded Syringe Access Program
- ✓ LGBT Health and Human Services Initiative
- ✓ Criminal Justice Initiative
- ✓ Sexual Health Promotion for Young People through Youth Leadership and Community Engagement
- ✓ NYS Hotlines
- ✓ Faith Communities Project
- ✓ Opioid Overdose Programs
- ✓ Expanded Partner Services
- ✓ Positive Pathways
- ✓ Initiatives that support high impact prevention efforts



Access to Health Care for Persons Living with HIV/AIDS

- HIV services in health care settings, including community health centers, hospital outpatient departments, local health departments, and substance abuse treatment settings
- HIV services targeting specific populations, including substance users, persons of color, women and children, and adolescents/young adults

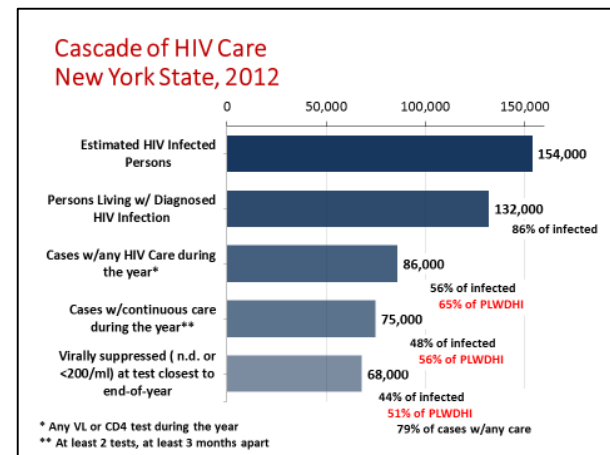


Access to Supportive Services for Persons Living with HIV/AIDS

- ✓ Grant funded case management
- ✓ Housing and supportive services
- ✓ Treatment adherence support
- ✓ Behavioral health education
- ✓ Nutrition health education and food and meal services
- ✓ Legal and supportive services for individuals and families
- ✓ Supportive services initiative, including health education/risk reduction, linguistic, medical transportation, and psychosocial support services

Effective Use of Surveillance and other Data

- The AIDS Institute is committed to promoting, monitoring, and supporting the quality of HIV clinical services for people with HIV in New York State.
- Data is used to assess quality of care and provide education and guidelines to improve overall practice. The AIDS Institute is home to the National Quality Center for HIV Care.
- Surveillance data is used to improve overall response and management of HIV/AIDS.
- The AIDS Intervention Management System (AIMS) was created in 1986 to collect, organize, and evaluate data associated with the care of HIV-infected patients.



NATIONAL QUALITY CENTER *Improving HIV Care.*

HIV Clinical Resource

Office of the Medical Director, New York State Department of Health AIDS Institute
in collaboration with the Johns Hopkins University Division of Infectious Diseases



NY Links

- Community initiatives in Upper Manhattan, Western NY, Queens/Staten Island and Hudson regions
- Routine measurement of linkage and retention data with application of improvement methods
- Generation of *regional* cascades
- Comparison of facility rates with regional and statewide rates
- Dissemination of evidence-based intervention strategies

Legal/Policy Environment that Improves HIV prevention and care

- New York State has refused to adopt HIV criminalization statutes.
- Article 27-F provides confidentiality and other patient protections.
- Electronic lab reporting to the state of HIV diagnostic and treatment tests.
- Data sharing for surveillance purposes.
- Syringe exchange and expanded syringe access.
- Mandatory offer of HIV testing with oral consent.
- HASA
- 30% rent cap protections in NYC.
- SHIN-NY and RHIOs

- ✓ Significant support from NYS and NYC appropriators
- ✓ Dynamic advocacy community
- ✓ Advisory and Planning Councils such as:
 - AIDS Advisory Council, Inter Agency Task Force on HIV/AIDS, NYC HIV Planning Council, NYS Prevention Planning Group and Statewide AIDS Services Delivery Consortium, County level HIV commissions
- ✓ Governor's announcement of the end of AIDS in New York State

Planning in Partnership

- Community leadership
- Consumers
- New York City DOHMH and other local health departments
- HIV/AIDS Service Providers
- Public and Private Sector



- Statewide membership organizations
- 2013 EOA Statewide Community Meetings
- Regularly scheduled community update calls

What are we doing to address issues of stigma and discrimination?

- ❑ Expand the HIV Stops with Me Campaign from just NYC and Buffalo into Albany, Syracuse/Binghamton, Hudson Valley, and Long Island.
- ❑ Conduct an outreach campaign in 2014-15 to address HIV related stigma with the Division of Human Rights.



Focusing efforts on young gay and bisexual men, especially men of color, the transgender community, and other high risk populations

- ❑ Fund new targeted programs.
- ❑ Improve transgender health awareness.
- ❑ Conduct a transgender needs assessment.
- ❑ Host a one-day forum on the intersection between HIV, STD and HCV infection and transmission.
- ❑ Organize a series of four Faith Forums.

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

Bio medical interventions

- PrEP Pilot Project
- PrEP awareness campaign
- Partner with local health departments to expand PrEP access in STD clinics
- Voluntary directory of providers that prescribe PrEP/PEP in NYS
- Expand post-test negative messaging to include PrEP and PEP

[Home](#) > [Learning Modules](#) > [HIV Prevention with Pre-Exposure Prophylaxis](#)

HIV Prevention with Pre-Exposure Prophylaxis

Resource ID: CM342

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Web Posting: 5/29/2014



[Watch this Learning Module](#)

[View the Latest HIV Guidelines](#)



This presentation refers to several supporting documents, which are available by clicking on the links below:

1. [Potential Candidates for PrEP](#)
2. [HIV-MSM Risk Index](#)
3. [Pre-Prescription Assessment Checklist](#)
4. [Guidance for the Use of Pre-Exposure Prophylaxis \(PrEP\) to Prevent HIV Transmission](#)

▼ Presenter Bio



Demetre Daskalakis is an Associate Professor and Medical Director of the HIV Program at Mt. Sinai School of Medicine in New York City. He received his medical degree from New York University School of Medicine and his master's degree of public health from the Harvard School of Public Health. Dr. Daskalakis is a leader, innovator, and spokesperson on HIV clinical issues related to PEP and PrEP and was recently appointed as the new Assistant Commissioner for the Bureau of HIV/AIDS Prevention and Control at the New York City Department of Health and Mental Hygiene. In his new role, he will be responsible for accelerating declines in HIV infections and eliminating disparities in HIV mortality through adoption of new tools, intensified community outreach, and strengthening of existing programs.

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

- ❖ Successfully awarded a grant to develop programmatic models for collaborating with health centers located in high HIV prevalence jurisdictions (HICAPP).
- ❖ Evaluate Emergency Department compliance with the mandatory offer of HIV testing.
- ❖ Use of targeted social marketing and messaging efforts to identify persons with HIV.
- ❖ Expand targeted health care services to Young MSM.
- ❖ Utilize the new HIV testing algorithm to diagnose asymptomatic early HIV infections.

Maximize virus suppression to remain healthy and prevent further transmission

- ❑ Medicaid has successfully **negotiated supplemental rebates** with three pharmaceutical companies representing 70% of the HIV market to enable the State to stay within the Global Cap.
- ❑ Implement Expanded Partner Services Program (ExPS)
- ❑ Continue implementation of the Positive Pathways Project within correctional facilities
- ❑ Utilize match results between surveillance and Medicaid databases
- ❑ Development of the New York Electronic HIV Monitoring System (NYEHMS)
- ❑ Newly awarded Health Information Technology (HIT) Capacity Building grant



What are we doing to expand syringe access to prevent injected-related transmissions?

- ❑ Target services to substance users, particularly young substance users.
- ❑ Provide funding enhancements to five programs targeting young injection drug users to offer HIV and HCV testing, access to prevention, health care and mental health services, as well as opioid overdose prevention.
- ❑ Expand the Syringe Exchange Program (SEP) to Utica and additional Long Island communities; expansion to Plattsburgh pending.
- ❑ Work with Division of Criminal Justice Services to minimize unnecessary syringe related arrests.

2014 Policy Action

- Consistent with CDC guidelines NYS HIV testing law amended to remove the requirement for written consent [except in correctional facilities].
- The 2014 amendment allows the local and state health departments to share HIV surveillance information with current health care providers for purposes of patient linkage and retention in care.
- ❑ Implementation of a 30% rent cap to allow eligible persons sufficient funds to cover other essential living expenses; persons who have stable housing are found more likely to maintain viral suppression; estimated costs for both the city and state is \$25 million to assist 10,000 HIV infected persons in NYC.

Article
VII

Thank you.

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