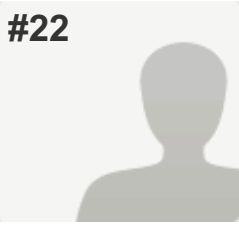


Ending the Epidemic Task Force Recommendation Form

#22



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Q2: Title of your recommendation

Increased Efforts to Connect and Sustain Older Adults with HIV in Care

Q3: Please provide a description of your proposed recommendation

The NYS HIV/AIDS Annual Surveillance Report for 2012 shows that 77.4% of all people living with HIV in NYS are age 40 and older. They represent over 3/4 of the NYS HIV infected population. Since up to 40% of HIV infected older adults have been shown to engage in unprotected sex they must be a focus of the core effort to achieve an undetectable viral load by sustained use of care and effective ART adherence. The CDC Care Retention Report shows that 70% of NYS residents with HIV are in care, with 60% retained in care, leaving 40% not retained in care. Based on the above data, one can estimate that approximately 49,000 NYS people infected with HIV age 40 and older are not retained in care. The NYS program on care retention/engagement (NY Links <http://www.newyorklinks.org/>) is implemented in only part of NYS and needs to be expanded with increased focus on reaching this older age group.

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

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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

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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?

Since HIV infected individuals engage in unsafe sex, achieving viral suppression will significantly reduce new HIV 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. In addition early and sustained care can reduce the associated incidence of multimorbidity in HIV infected persons as they age through increased screening for disease conditions and better treatment adherence. Health care costs can thereby be reduced for conditions not specifically related to HIV. Mortality in this age group is more likely to result from a NCD (Non-Communicable Disease) as opposed to an HIV/AIDS related illness. These include cardiac illnesses, cancers, liver and kidney failure, osteoporosis/fractures, hypertension and diabetes.

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

None

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

The cost of expanding NY Links Programs beyond activities funded by the SPNS grant are not known.

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

Unknown as #11.

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?

Community viral load by age
Incidence of co-morbid illnesses by age
ER Visits
Hospital Stays

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