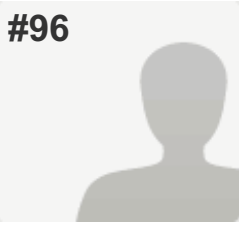


# Ending the Epidemic Task Force Recommendation Form

#96



**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 (TAG)
Email Address	mark.harrington@treatmentactiongroup.org

**Q2: Title of your recommendation** Establish baseline, interim, and final targets for all recommendations and metrics within Plan

**Q3: Please provide a description of your proposed recommendation**

Establish baseline and interim + final targets for all recommendations + metrics within the Plan. All subcommittees should contribute. Data subcommittee should coordinate.

**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

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

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Other (please specify)

Measures and Targets for Plan to end the AIDS Epidemic in NYS by 2020

## Ending the Epidemic Task Force Recommendation Form

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

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?**

Unknown

**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?**

Target-setting will allow measurement of the Plan's baseline, launch, implementation, and success. Metrics may be adjusted along the way as new data become available (e.g., new interventions, successful programs which need to be scaled up, or unsuccessful approaches which need to be stopped).

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

Baseline data are lacking on some key populations (e.g., transgender individuals). We don't have clear denominators for some at-risk groups (MSM, transgender women, high-risk women, IDUs). We don't have clear data on the number of at-risk and HIV+ persons who move in and out of New York each year. Data are not yet harmonized among all providers.

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

Target-setting will be relatively inexpensive. Achieving targets will be relatively costly, but will also save approximately \$400,000 per averted infection, plus reduced health-care costs for HIV+ New Yorkers. Increased analytic capacity at the NYS DOH AIDS Institute will be moderately costly.

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

*Respondent skipped this question*

## Ending the Epidemic Task Force Recommendation Form

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

HIV-negative persons.  
HIV-positive persons.  
Providers.  
Insurers.  
State and locality governments.  
Affected communities.

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

Task Force + Data Subcommittee will set baseline, interim, and final targets, which will then be implemented and adjusted as appropriate by NYS DOH and local jurisdictions.

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### **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: 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