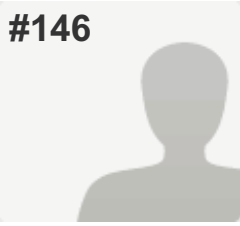


# Ending the Epidemic Task Force Recommendation Form

#146



**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

Teresita

Last Name

Rodriguez

Affiliation

Apicha Community Health Center

Email Address

TRodriguez@apicha.org

**Q2: Title of your recommendation**

*Respondent skipped this question*

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

**PrEP**

Increase dissemination of information on PrEP in print and social media to adequately reach Gay men and Men who have Sex with Men. These media outlets may include publications catering to gay/MSM (Gay City News, Next Magazine, Metro Source as well as daily mainstream publications read by gay/MSM who do not access gay publications; Metro, AM New York, El Diario, La Voz Hispana, El Especialito (Spanish) Sing Tao & World Journal (Chinese). Social media sites include Facebook and Twitter. Other web-based applications include “Grindr, Jack’d [Joey please add]. Additionally, Kiosks located near subways, venues frequented by gay/MSM individuals could serve as vehicles to create a public awareness of PrEP . Messages may include educational information; what is PrEP and how it works as well as promoting the use of PrEP.

1. Insurance coverage offered by employers or purchased by healthy people may have high deductibles, which deter eligible patients from starting on PrEP. Some people with this type of insurance often find the cost of PrEP a financial burden. A pool of funds is needed for people whose income is high enough to be disqualified from the existing drug assistance programs and for the uninsured.

**Data Reporting and HIV Health Outcome Measures**

1. Work with appropriate agencies in the healthcare delivery system to establish a standardized requirement for HIV measures in various data reporting systems. Specifically, we recommend that Viral Load Suppression and the number of HIV patients retained in care be included in the UDS.

The federal Health Resources and Services Administration requires Federally Qualified Health Centers (FQHC) to report service data in Uniform Data System (UDS). Until 2014, there were no HIV indicators included in the UDS. The only measure currently included in the system relates to the number of patients with a new HIV diagnosis. This measure does not report on the quality of care for the HIV populations.

Medicaid Managed Care Organizations (MCOs) incentivize medical providers to improve the quality of their patients' care. Each MCO has a set of quality measures; to our knowledge, however, none of them have any meaningful HIV measure such as Viral Load suppression. Moreover, Quality Assurance Reporting Requirements (QARR) and Healthcare Effectiveness Data and Information Set (HEDIS) require of MCOs to report on quality measures. These measures include only one HIV measure: HIV Comprehensive Care. To meet this measure, MCOs need to report that their members had at least 2 visits in a calendar year had at least 2 Viral Load measures in a calendar year and had at least 1 syphilis test – all of which do not capture Viral Load suppression.

**HIV Patients and Anal Cancer Prevention**

1. Care for HIV patients must also include anal cancer prevention, as data show HIV patients are at an increased risk for anal cancer. According to a survey of community health center HIV providers, while many health centers screen for anal cancer, they do not have reliable places to refer patients who have abnormal anal pap smears. Only a handful of providers offer anal colposcopy (High-resolution anoscopy because the cost is high and current reimbursement for non-hospital based providers are inadequately low. New York State needs to: 1) offer incentives to providers to offer High Resolution Anoscopy (HRA), 2) establish a Center of Excellence to train providers in HRA, and 3) provide resources for workforce development

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

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Other (please specify)

Gaps in Data Reporting; HIV Patients & Anal Cancer Prevention

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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?**

Other (please specify)  
Insurance coverage for PrEP may require policy change.

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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 three to six years

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

1. Dissemination of information on PrEP to hard to reach populations
2. Increased to PrEP
3. Community Health Centers in NY State will enhance their role in ending the AIDS epidemic
4. Reduce co-morbidities among PLWHA

**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?**

People at high risk for HIV infection, PLWHA

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

See description

**Q15: This recommendation was submitted by one of the following**

Ending the Epidemic Task Force member