

**Ending the Epidemic Task Force
Committee Recommendation
CR12**

Recommendation Title: Use of Client Level Data to Identify Patients Lost to Care

- 1. For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? 1 and 2**
- 2. Proposed Recommendation:** Utilize New York State Department of Health (NYSDOH) data, Medicaid data, Regional Health Information Organizations (RHIO), pharmacy data, internal program/provider data as available and data from managed care plans to identify patients who have not filled a prescription for antiretroviral therapy or who have not had a viral load (VL) assessment in the preceding 6-12 months (See CR9).

The primary care provider for persons lost to care would be notified by the patient's benefits provider or the NYSDOH that the patient has been lost to care and will be offered a referral to a health system navigator, community health worker or peer navigator to facilitate re-engagement of the patient. Home visits may be utilized as needed. It will be expected that managed care plans will develop additional programs to facilitate identifying those lost to care and that incentives will be provided for maintaining patients in care. Additionally, data from death registries should be crosschecked to ensure that those deemed to be lost to care are not deceased.

List of key individuals, stakeholders, or populations who would benefit from this recommendation

- All HIV-infected persons will benefit from this recommendation

List of measures that would assist in monitoring impact

- Individuals identified as lost to care using pharmacy renewal data and VL monitoring schedule as surrogate markers
- Proportion of target population actively engaged in care (visit frequency),
- Proportion of target population retained in care (at least 2 visits per calendar year),
- Proportion of target population virologically suppressed after 6/12 months
- Define "lost to follow-up" as no VL assessment in > 6 months; no antiretroviral (ARV) prescription filled in > 3 months

- 3. Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** Regulatory change required.



4. 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.
5. TF numbers of the original recommendations that contributed to this current version: TF87.

