

**Ending the Epidemic Task Force
Committee Recommendation
CR24**

Recommendation Title: Expand HIV Prevention and Care Quality Metrics

- a. **HIV-related funders should explore and expand current authority to review and potentially realign resource allocations and contract work plans for prevention, care and support services related to HIV to allow for mid-course corrections that take into account new information.**

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:** Expand HIV prevention and care quality metrics. Develop and implement new HIV quality metrics within NYS Medicaid Managed Care with future spread envisioned to other New York State providers. These expanded HIV quality measures should be demonstrated and tested in Medicaid managed care and then disseminated to all state-regulated health insurers, including private insurance, corrections and other non-covered jurisdictions. Health plans and providers should be rewarded and recognized for exceeding quality performance requirements. New York State Medicaid support for managed care health plans can lead to evidence-based improvement in population wellness, resulting in a decrease in overall health care costs. To accelerate efforts to end AIDS, the Quality Assurance Reporting Requirements (QARR) and HIVQUAL performance indicators need to be expanded in order to track and trend health plan efforts. Consult the recent Institute of Medicine report "Monitoring HIV Care in the United States: Indicators and Data Systems" (National Academies Press, Washington, D.C., 2012). Examples would include:
 - 1) At least annual – depending on risk exposure – HIV testing for HIV-negative individuals
 - 2) Routine viral load (VL) testing as recommended by NYS guidelines for HIV-positive individuals
 - 3) VL suppression below 200 copies/mL or undetectable VL as defined by the Department of Health and Human Services (DHHS) Panel on Adult and Adolescent Antiretroviral Treatment Guidelines (<http://www.aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/15/virologic-failure-and-suboptimal-immunologic-response>); NYS should aim to achieve > 85% viral suppression (VS) among all New Yorkers living with HIV, and > 95% VS among all HIV-positive New Yorkers in care
 - 4) Annualized Medication Possession Rate (MPR)
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- 5) Measures of retention/drop-out, including efforts at re-engagement in care
- 6) Measures of screening (at entry and at least annual) for mental health diagnoses and substance abuse, and subsequent referrals and engagement in appropriate care
- a. State, local and private-sector HIV-related funders should explore and expand current authority to review and potentially realign resource allocations and contract work plans for prevention, care and support services related to HIV to allow for mid-course corrections that take into account new information, including but not limited to new federal or state legislation, guidelines, regulations, scientific discoveries, program evaluations, or to more closely align their work with the New York State “Bending the Curve” Initiative and its Plan to End AIDS as an Epidemic by 2020. Most contracts are written for three to five year terms, and this expanded authority will allow for adjustments to be made in response to ongoing assessment of data and other pertinent information.

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

- People at risk for HIV
 - Individuals with HIV
 - Providers
3. **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** Permitted under current law for those covered by Medicaid/Medicaid managed care. May require legislative change to cover individuals with private coverage.
 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 year.
 5. **TF numbers of the original recommendations that contributed to this current version:** TF28, TF75, TF95, TF97.

