

**Ending the Epidemic Task Force  
Committee Recommendation  
CR26**

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**Recommendation Title: Eliminate HIV/AIDS as an Epidemic by Reducing New HIV infections and AIDS deaths to Sub-Epidemic Levels in New York State as a whole and in all Key Populations by the End of the Year 2020 by Identifying and Acting on Missed Opportunities to Prevent HIV Transmission, Progression to AIDS and Death**

- a. Through retrospective review, identify and act on missed opportunities for nPEP and PrEP and describe who is falling through the cracks as a result by reviewing nPEP and PrEP history among persons with newly-diagnosed HIV infection; and take prospective steps to eliminating these gaps moving forward.
  - b. Through retrospective review, identify and act on missed opportunities which allow for preventable or premature mortality among people with HIV by better understanding and preventing progression to opportunistic infections, cancers and co-morbid conditions.
  - c. Empower patients and providers with joint access to electronic medical records (EMRs), pharmacy and laboratory data.
1. For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? *1,2 and 3*
  2. **Proposed Recommendation:** Eliminate HIV/AIDS as an epidemic by reducing new HIV infections and AIDS deaths to sub-epidemic levels in New York State as a whole and in all key populations by the end of the year 2020 by identifying and acting on missed opportunities to prevent HIV transmission, progression to AIDS and death. Set incidence, transmission, progression and death elimination targets for New York State as a whole and for each key sub-population. Many of the recommendations pertain to individuals already in care and it is recognized that many of the sub-populations at risk may be out of care or lost to care. This may include such populations as the homeless, migrants and substance users. This requires research efforts and metrics to capture success in reaching these populations for HIV prevention and testing and engagement in care.
    - a. Through retrospective review, identify and act on missed opportunities for nPEP and PrEP and describe who is falling through the cracks as a result by reviewing nPEP and PrEP history among persons with newly-diagnosed HIV infection; and take prospective steps to eliminating these gaps moving forward. End preventable new HIV infections by:
      - Conducting post-infection analyses of whether newly-infected persons had access to combination prevention, primary care, nPEP and PrEP;
      - Ensuring that systematic errors discovered in this way are remedied everywhere they occur.
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- b. Through retrospective review, identify and act on missed opportunities which allow for preventable or premature mortality among people with HIV by better understanding and preventing progression to opportunistic infections, cancers and comorbid conditions. End preventable or premature mortality among people with HIV by:
- Conducting an annual match between the mortality registry (Vital Statistics) and HIV surveillance;
  - Clarifying whether HIV infection or comorbid conditions (viral hepatitis, drug use, mental illness, etc.) contributed to premature or preventable mortality;
  - Clarifying the ascertainment and attribution history – including diagnosis and care/out of care history – of each death;
  - Implementing strategies to ensure all preventable and premature deaths are avoided by intensified linkage to and retention in care and treatment of comorbid conditions (HBV, HCV, etc.);
  - Setting interim targets which accelerate the ongoing decline in mortalities among people with HIV so that by 2020 there are zero preventable or premature deaths among them; and
  - Training and educating providers, patients, and public health officials to use these findings to improve care and supportive services and to eliminate preventable or premature deaths among people with HIV.
- c. Empower patients and providers with joint access to electronic medical records (EMRs), pharmacy and laboratory data in line with CR10, “Innovative, digital/electronic care coordination models that improve rates of adherence. [Including] patient portals through electronic health records and other innovations; ... identify funding for electronic health record enhancements including patient portals that allow patients to schedule and track appointments, review laboratory results, and receive appointment reminders.”

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

- People at risk for HIV
- Individuals with HIV
- Public health officials
- Providers
- Insurers

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



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)?** Immediate and throughout Plan. Will require new resources.
5. **Please list the TF numbers of the original recommendations that contributed to this current version:** TF86, TF100, and TF282.

