

Ending the Epidemic Key Resources

Care Committee



- ❖ HIV Guidelines Website: This website contains all of the NYSDOH AI guidelines care and treatment: <http://www.hivguidelines.org/clinical-guidelines/>
- ❖ HIV, HCV & STD Clinical Education Initiative: The New York State (NYS) Department of Health AIDS Institute Clinical Education Initiative (CEI) is designed to enhance the capacity of New York's diverse health care workforce to deliver clinical services to improve health outcomes related to HIV, sexually transmitted diseases (STDs) and hepatitis C (HCV). The aims of the CEI are fourfold:
 - provide progressive HIV, HCV and STD education to clinicians
 - disseminate AIDS Institute clinical practice guidelines
 - expand the base of providers able to diagnose and care for HIV, HCV and STD patients
 - foster partnerships between community-based providers and HIV, HCV and STD specialists<http://www.ceitraining.org/>
- ❖ Overview of Family and Youth Services (FAYS): This document provides an overview of the Family and Youth Services (FAYS) provided through the NYSDOH AIDS Institute's Division of HIV and Hepatitis Health Care, Bureau of HIV Ambulatory Care Services (BHACS).
- ❖ Brief – Barriers to HIV Medication Access: This summary document provides an overview of some of the identified barriers to HIV medication access identified through an Access to HIV Medications Survey (AHMS) undertaken by the AIDS Institute in response to concerns about barriers to patient access to medications voiced by both consumers and providers.
- ❖ Improvements in HIV care engagement and viral load suppression following enrollment in a comprehensive HIV care coordination program: Substantial evidence gaps remain regarding HIV intervention strategies that improve engagement in care (EiC) and viral load suppression (VLS). This article assessed EiC and VLS before and after enrollment in a comprehensive intervention for persons at risk of poor HIV care outcomes.
- ❖ Jurisdiction Level Differences in HIV Diagnosis, Retention in Care, and Viral Suppression in the United States: Using data from the National HIV Surveillance

System, we determined the number of persons diagnosed with HIV and the percentages of persons linked to care, retained in care, and virally suppressed across 19 jurisdictions with complete reporting of CD4 and viral load test results. Reports from these jurisdictions represent 37% of persons diagnosed with HIV infection in the United States in 2011. Although 80% of persons diagnosed in 2011 were linked to HIV medical care within 3 months of diagnosis, half of all persons living with HIV in the 19 jurisdictions were not receiving ongoing care in 2010. In addition, 43% of persons living with HIV by yearend 2009 and alive at year-end 2010 did not have a suppressed viral load, with substantial variability across the 19 jurisdictions. These data highlight the need for improved outcomes along each step of the HIV continuum of care.

- ❖ Optimizing the Use of Surveillance Data for Monitoring the Care Status of Persons Recently Diagnosed With HIV in NYC: This article discusses an assessment of performance characteristics and validity of surveillance-based measures of linkage to and establishment of HIV primary care among HIV-infected persons in the first 12 months after diagnosis using medical record (MR) data on outpatient HIV primary care visits as the gold standard.
- ❖ About NY Links: This document provides an overview of the HRSA HIV/AIDS Bureau (HAB)-sponsored Special Projects of National Significance aims to support the development of innovative models of HIV care that respond to the emerging needs of Ryan White HIV/AIDS Program clients.