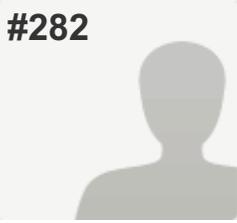


# Ending the Epidemic Task Force Recommendation Form

#282



**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	Mark
Last Name	Harrington
Affiliation	Treatment Action Group
Email Address	mark.harrington@treatmentactiongroup.org

**Q2: Title of your recommendation** End preventable or premature mortality among people with HIV

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

End preventable or premature mortality among people with HIV by:

- conducting an annual match between the death 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 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, treatment of all comorbid conditions (HBV, HCV, etc.);
- setting interim targets which accelerate the ongoing decline in deaths among people with HIV so that by 2020 there are zero preventable or premature deaths among them.

**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)**

Identifying persons with HIV who remain undiagnosed and linking them to health care

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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**Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)**

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?**

Change to existing program

**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?**

AIDS will not be over until there are no new HIV transmissions/infections and no deaths from AIDS or preventable/premature deaths among people with HIV. This recommendation specifically targets the existing NYS "bending the curve" proposal in which mortality continues to decline steadily by proposing a mechanism to accelerate that decline to the lowest possible level by 2020 by better understanding, then intervening to prevent, all premature or preventable deaths among PLHIV.

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**Q10: Are there any concerns with implementing this recommendation that should be considered?**

N/A

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Better matching of HIV and death registries, investigating unclear causes of death will require additional staff time and resources. Developing and implementing strategies to end premature or preventable deaths among PLHIV will entail wise investment of existing and new health care and supportive service resources.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Considerable savings will be obtained by ending premature or preventable deaths among PLHIV both for the individual, who will remain a productive member of society, for their families and communities, and for the State as a whole.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

PLHIV  
Providers  
Public health authorities

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

Metrics to be developed by Data Committee

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

Ending the Epidemic Task Force member,

Other (please specify)

Ad Hoc End of AIDS Community Group: ACRIA, Amida Care, Correctional Association of New York Jim Eigo (ACT UP/Prevention of HIV Action Group), GMHC, Harlem United, HIV Law Project, Housing Works, Latino Commission on AIDS, Legal Action Center, Peter Staley (activist), Terri L. Wilder (Spencer Cox Center for Health), Treatment Action Group, VOCAL New York