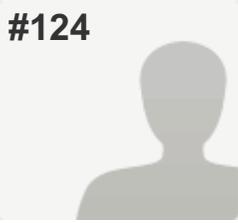


# Ending the Epidemic Task Force Recommendation Form

#124



**COMPLETE**

**Collector:** Web Link (Web Link)

**Started:** Monday, November 10, 2014 5:52:29 PM

**Last Modified:** Monday, November 10, 2014 9:35:50 PM

**Time Spent:** 03:43:20

**IP Address:** 24.90.229.130

PAGE 1

**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

First Name	Damon L.
Last Name	Jacobs
Affiliation	Private Practice Psychotherapist / PrEP Educator / "PrEP Facts" Facebook Group Leader
Email Address	Damon@DamonLJacobs.com

---

**Q2: Title of your recommendation** Recommendations For PrEP Implementation

---

## Ending the Epidemic Task Force Recommendation Form

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

My recommendation is for Governor Cuomo to consider implementing programs to support and promote adherence to PrEP. Access, in and of itself, is not always maximally effective. In order for PrEP to be maximally effective in reducing new infections by 2020, it is important that adherence to the medication be considered as well.

People who use PrEP are often subjected to negative reactions from others. From fearful disapproval, to outright disdain, I am daily informed of instances where a PrEP user received stigma from a family member, sexual partner, online contact, or peer. Many such occurrences are documented on my Facebook page (<https://www.facebook.com/groups/PrEPFacts>), as well as sent to me privately.

Training front-line workers in doctor's office and prescribing clinics to help their patients cope with potential stigma can go a long way to enhancing adherence. Helping clients anticipate social and logistical barriers to daily adherence will also enable clients to take meds consistently.

Similarly utilizing Evidenced-Based practices (EBP's), that have been traditionally used in medical and psychiatric contexts, can have an enormous impact here. "Motivational Interviewing" (M.I.) is one such intervention I have used in my practice with at-risk populations, in terms of successfully enhancing adherence to psychiatric medications. It has been used frequently as well in models of mental health, criminal rehabilitation, drug and alcohol recovery, and many more (<http://www.centerforebp.case.edu/practices/mi>).

One of the reasons why M.I. is popular is the collaborative and conversational nature of its approach, and how well suited it is for working with differences. It allows clinician and consumer to discuss values, goals, interests, then cater a unique plan-of-action based on what is most appropriate for the consumer. It is fundamentally based in respect, appreciation, and understanding for where the patient is at, (versus where the doctor thinks he or she "should" be at). It introduces choice, agency, and empowerment into the conversation.

Another important EBP is Cognitive-Behavioral Therapy interventions. Whether in individual therapy sessions, or supportive group therapy sessions, Cognitive-Behavioral therapy has been proven to improve medication adherence, and reduce symptoms of depression (<http://www.ncbi.nlm.nih.gov/pubmed/19210012>). Training staff how to provide these services could be of great consequence.

If we only focus solely on access to medications, without addressing the social/emotional/logistical barriers to adherence, then I'm afraid the Governor's plan will fail to meet its goals. But addressing the full spectrum of issues that will help people access and adhere to PrEP will enable great success in ending HIV by 2020.

-(Thank you for reading!)

---

**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)**

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

---

## Ending the Epidemic Task Force Recommendation Form

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

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

**Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?**

New 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 year

**Q9: What are the perceived benefits of implementing this recommendation?**

That people who choose to use PrEP in New York will adhere more consistently than those in research trials and pilot studies, and therefore will be an instrumental part of Governor Cuomo's plan to significantly reduce new infections by 2020.

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

Some people using PrEP may be highly motivated to do so on their own, and not require additional services and support. But for those who have internal and external barriers to adherence, these EBP's will be essential in order for PrEP to be effective.

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

Unknown. Some clinics already have personnel and staff providing support services. Some will need require trainings and restructurings in order to help serve the needs of HIV negative consumers.

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

Every at-risk New Yorker who doesn't seroconvert can save the state great amounts of funds and resources. Some investment in adherence-focused EBP's now will go a long way toward saving treatment needs in the future.

## Ending the Epidemic Task Force Recommendation Form

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

The consumers who utilize PrEP for prevention, as well as their families, communities, and loved ones.

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

That trainers with experience and training in M.I. and other EBP's be included in training the hands-on staff, and that trainers themselves display a level of sex-affirmative, culturally competent knowledge.

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