

Ending the Epidemic Task Force

INITIAL RECOMMENDATIONS AND THEMES

DAN O'CONNELL, DIRECTOR, AIDS INSTITUTE

Task Force Recommendations: Pre-Exposure Prophylaxis/ Non-Occupational Post-Exposure Prophylaxis

- Clinical and community based providers need to be able to educate people on PrEP and nPEP (5) (13)
- Use STI clinics as sites from which or to which persons could be referred for PrEP (10) (62)
- Create a PrEP/nPEP Assistance Program similar to what we have in ADAP to ensure low or no cost access to medications and related medical services (10) (18) (91)
- Support infrastructure at community based organizations and clinics to promote and/or provide PrEP (14)
- Expand PrEP and nPEP consumer education activities (13, 17, 20, 71)
- Create a registry of Medicaid clients on PrEP to track use and adherence (19)

Task Force Recommendations: Pre-Exposure Prophylaxis/ Non-Occupational Post-Exposure Prophylaxis

- Target PrEP education to NYS Office of Alcoholism and Substance Abuse Services staff and clients (20) (71)
- Implement a pilot for the provision of PrEP at NYC school-based clinics (21)
- Change NYS law to make it possible for minors to obtain PrEP without parental consent (33) (57)
- Make PrEP available to inmates (23) (77)
- Cover PrEP and nPEP in the Family Planning Benefit Program (66)

Task Force Recommendations: HIV Testing

- NYS OASAS should offer oral rapid HIV testing to all clients (1)
- Allow oral consent for HIV testing in corrections (7) (25)
- Have a pilot of opt-out HIV testing in the NYS DOCCS system (72)
- Increase testing for persons 40 and over (16)
- More strictly enforce the 2010 HIV Testing Law (25) (44)
- Include HIV testing as part of the standard panel for annual exams in Medicaid Managed Care (29)
- Create a Medicaid Managed Care quality metric for HIV testing (28)
- Allow pharmacists, dentists, and mental health professionals to do HIV testing within their scope of practice (35)
- Conduct HIV testing at community social events (37)
- Have NYS OASAS in-patient and out-patient HIV testing payable through Medicaid Managed Care (67)
- Have as a recommended best practice for electronic medical records an automated prompt for HIV testing (86)

Task Force Recommendations: Linkage and Retention

- Have linkage and retention programs specific to hard to reach PLWHA populations such as Latino immigrants and men who have sex with men (11)
- Address structural barriers to linkage and retention such as language and literacy (12)
- Have specific linkage and retention efforts (such as NY LINKS) for PLWHA 40 and over (22)
- Use telemedicine to address the needs of PLWHA in rural areas (45)
- Use peer navigators to improve linkage and retention of PLWHA (50)
- Use STD clinics as one stop shops to engage newly identified positives in care (64)

Task Force Recommendations: Linkage and Retention

- Use linkage and retention pay for performance models for Health Homes and clinical providers (65)
- Require NYS OASAS providers to make an effort to ensure linkage and retention in care for their PLWHA clients (73)
- Expand work in NYS corrections to improve rates of persons receiving care while incarcerated and linked to community care upon release (79) (81)
- Use the New York City Public Health Diversion Center to play a role in linkage and retention of low level offenders who are HIV positive (85)
- Recommend as a best practice automated electronic medical record prompts for CD4, viral load and linkage and retention issues (87)
- Establish a data link between the NYS HIV surveillance system and health care and social service providers (88) (56)

Task Force Recommendations: Linkage and Retention

- Establish a data link between the NYS HIV surveillance system and insurers for purposes of promoting linkage and retention (89)
- Allow ADAP (and all of HIV Uninsured Care Program) to provide partial coverage for persons who earn more than the current income cut-off (6)
- Expand use of the “Undetectables” model to support viral suppression among PLWH/A through incentives and support (51)
- Increase funding for education targeting PLWHA on treatment, drug resistance and adherence, understanding lab results, etc. (9)

Task Force Recommendations: Housing, Employment, Transportation, Nutrition

- Address housing needs of LGBTQ youth (32)
- Support vocational training and employment opportunities for PLWHA (38)
- Support access to transportation for PLWHA in rural areas (46)
- Require all local social services districts to become single points of entry for all income qualifying PLWHA to receive supports such as housing, transportation and nutrition (58)
- Expand statewide the NYC 30% cap on the amount of income a qualifying PLWHA would need to contribute toward rent (59)
- Provide statewide housing, transportation and nutrition supports to all income qualifying PLWHA through the social service districts (60)
- Relevant HIV/AIDS programs should include vocational rehabilitation and employment components for PLWHA (68) (69) (76) (78)

Task Force Recommendations: Data

- Develop quality metrics for Medicaid Managed Care plans on HIV testing, medication use, viral suppression and expand use to other insurance products (28)
- Use surveillance data to identify and better intervene in cases of acute HIV infection (40)
- Allow surveillance data to be used to work with community based organizations on linkage and retention of PLWHAs (56)
- Develop end of AIDS metrics for housing, food, employment (61)
- Develop an end of AIDS metric on the percentage of persons who progress from HIV to AIDS within two years of diagnosis (75)
- Use a stigma index as a metric for end of AIDS activities (80)
- Develop cross-communication between HIV surveillance system and health care and social service providers (88)
- Develop cross-communication, with patients' consent, between HIV surveillance and insurance providers for purposes of promoting linkage and retention in care, viral suppression, etc. (89)

Others Areas with Multiple Recommendations

- Improve sexual health education in schools (2) (3) (4) (15) (34) (36) (48)
- Improve syringe access and drug user health (54) (63) (83) (88)
- Use DSRIP (Delivery System Reform Incentive Payments) to promote ending the HIV epidemic activities (26) (31) (70) (74)
- Address the needs of transgender persons (30) (32) (47) (52) (55)
- Encourage condom use (23) (49) (82) (77)

Process and Planning

KAREN HAGOS, ETE COORDINATOR

SANDRA HOUSTON, ETE FACILITATOR

Generation of Recommendations for Consideration

- A form in SurveyMonkey was developed to collect Recommendations. The Recommendation form has been shared through various avenues and is also available on the public Ending the Epidemic webpage.
- Recommendations submitted through this form by Friday, October 31, 2014 will be considered during the November 5th meeting by the four Committees of the Task Force.
- Any Recommendations received after that date will also be shared with the Task Force members for review and consideration.

<https://www.surveymonkey.com/r/ETERecommendationForm>

Posting of Recommendations

- SharePoint, a documentation sharing website, is available to Task Force Members and internal AI staff.
- Any Recommendations received through the SurveyMonkey form was posted to the SharePoint site for review and comment.
- This site allows Task Force members to review documents, make suggested edits, and add comments.

Criteria for Recommendations

- Identify persons with HIV who remain undiagnosed and link them to health care.
 - Link and retain persons diagnosed with HIV in health care to maximize virus suppression so they remain healthy and prevent further transmission.
 - Facilitate access to Pre-Exposure Prophylaxis (PrEP) for high risk persons to keep them HIV negative.
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- The Recommendation should cite evidence that indicates the desired result is achievable.
 - The Recommendation must reasonably be able to be acted upon by either the State or City Health Department.
 - Recommendations submitted that assist in achieving other relevant goals will be considered for inclusion in the final blueprint.

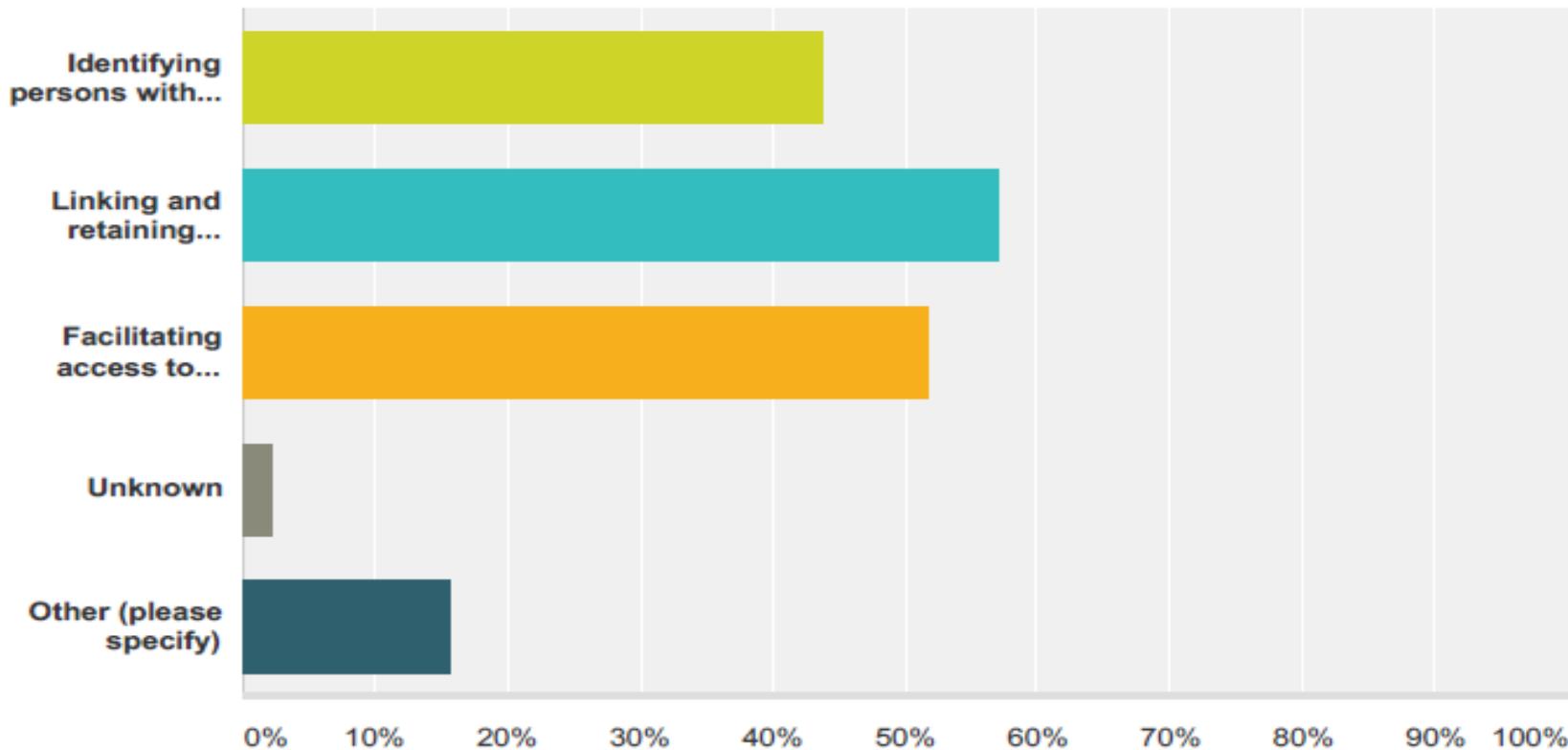
Initial ‘Ranking’ of Recommendations

- Any Recommendations received by Friday October 31, 2014 was entered into a SurveyMonkey form and posted on SharePoint for Task Force members to review and individually ‘rank’ (5) prior to the November 5th Task Force meeting.
- This ‘ranking’ is solely an initial indication of recommended priorities to assist in preparation for further discussion at the November 5th meeting.

Ending the Epidemic Task Force Recommendation Form

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)

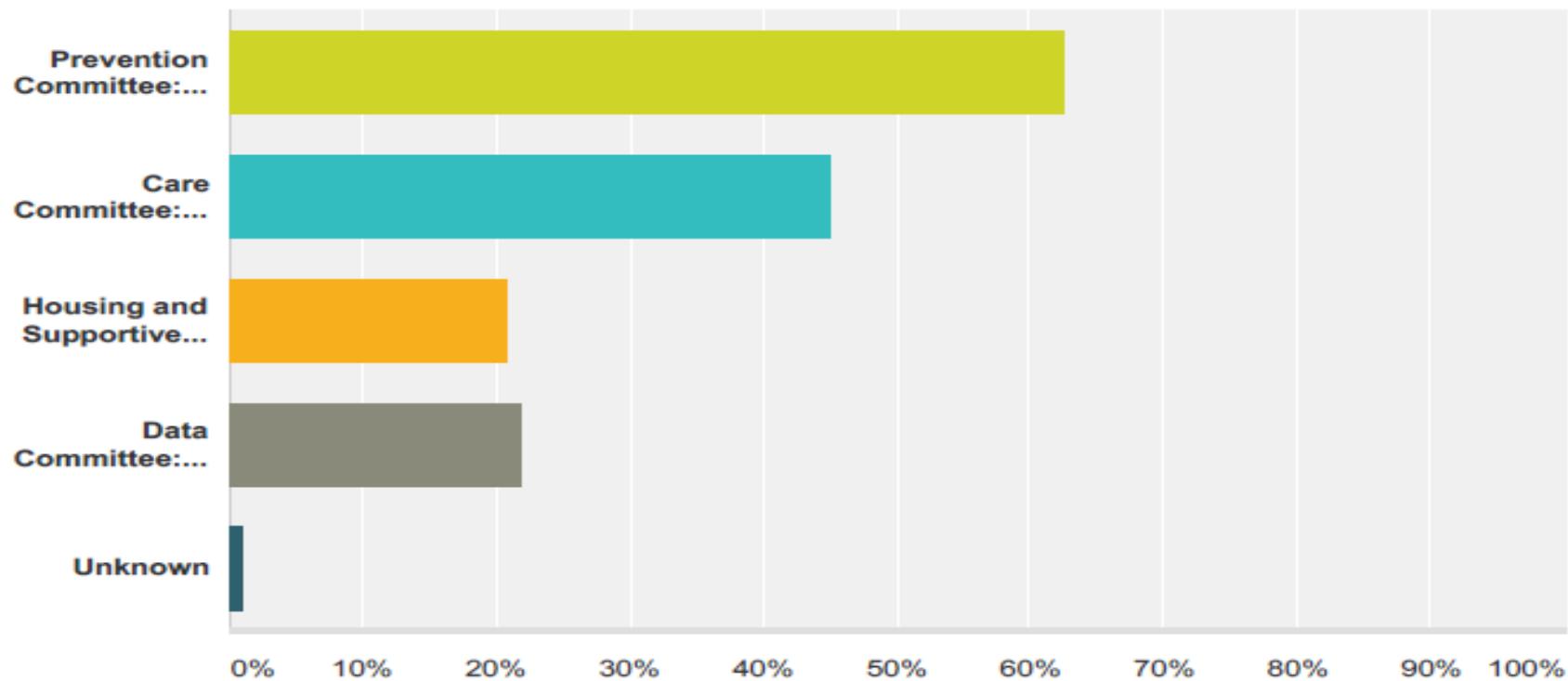
Answered: 89 Skipped: 2



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)

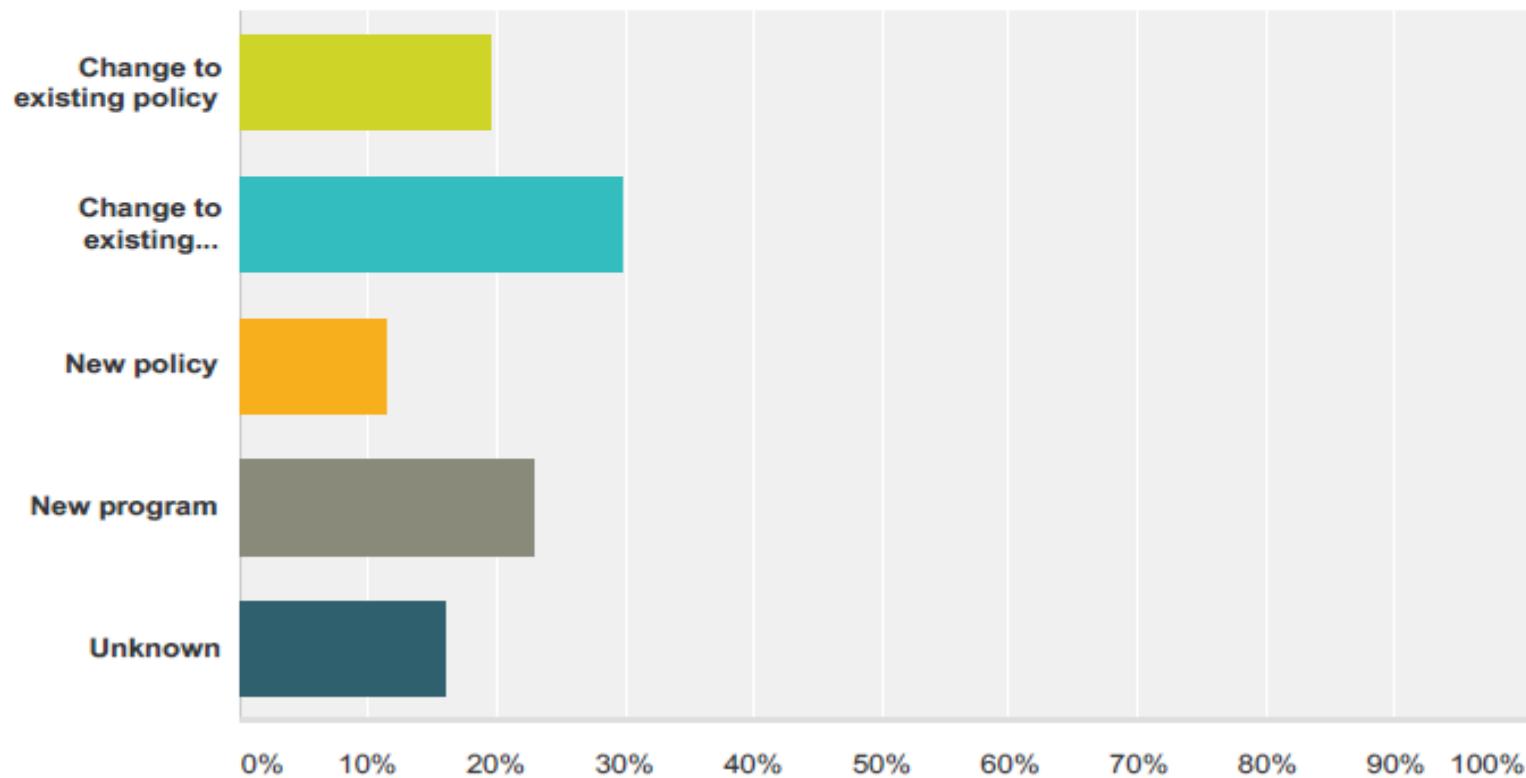
Answered: 91 Skipped: 0



Ending the Epidemic Task Force Recommendation Form

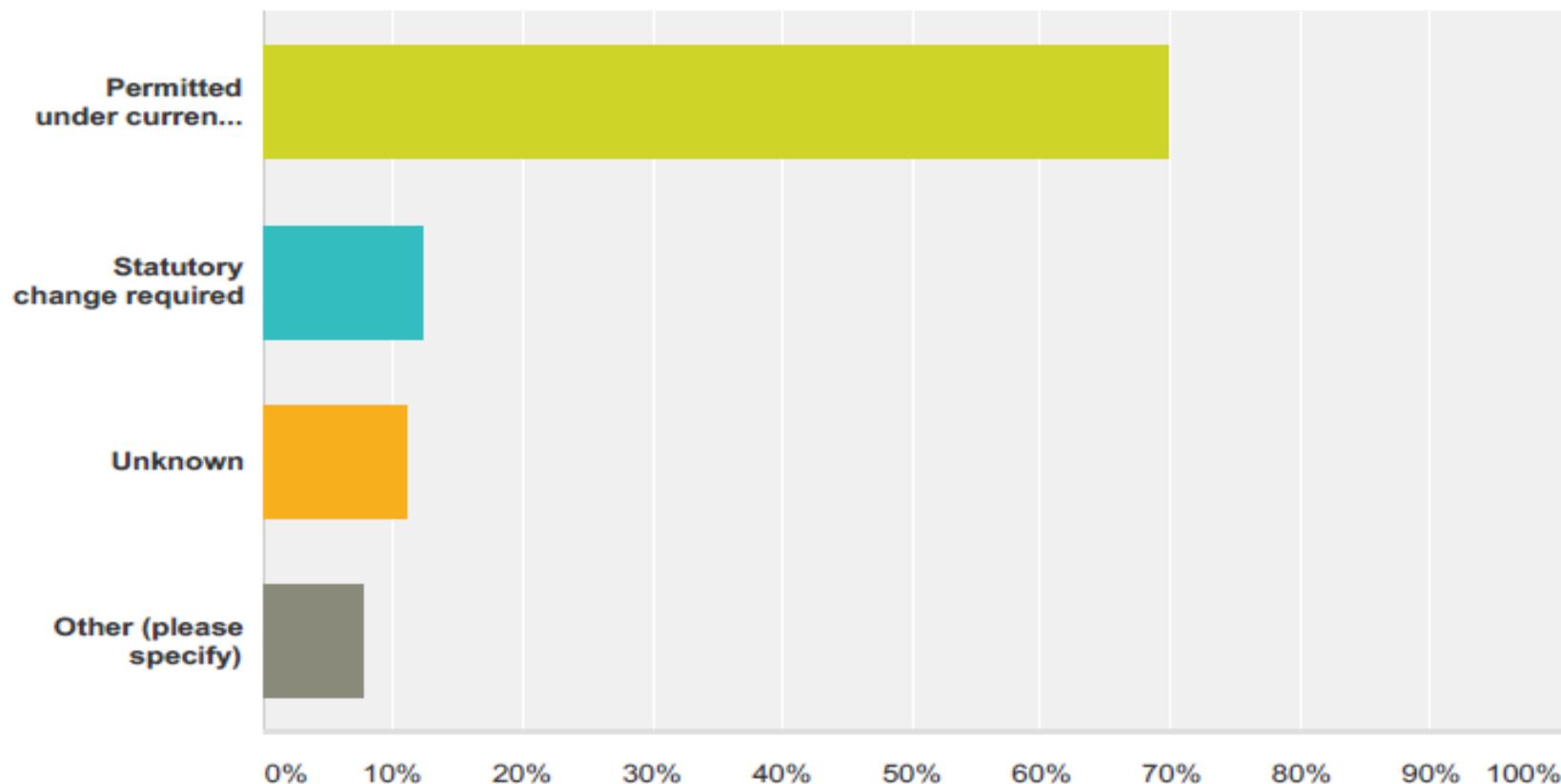
Q6 Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

Answered: 87 Skipped: 4



Q7 Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

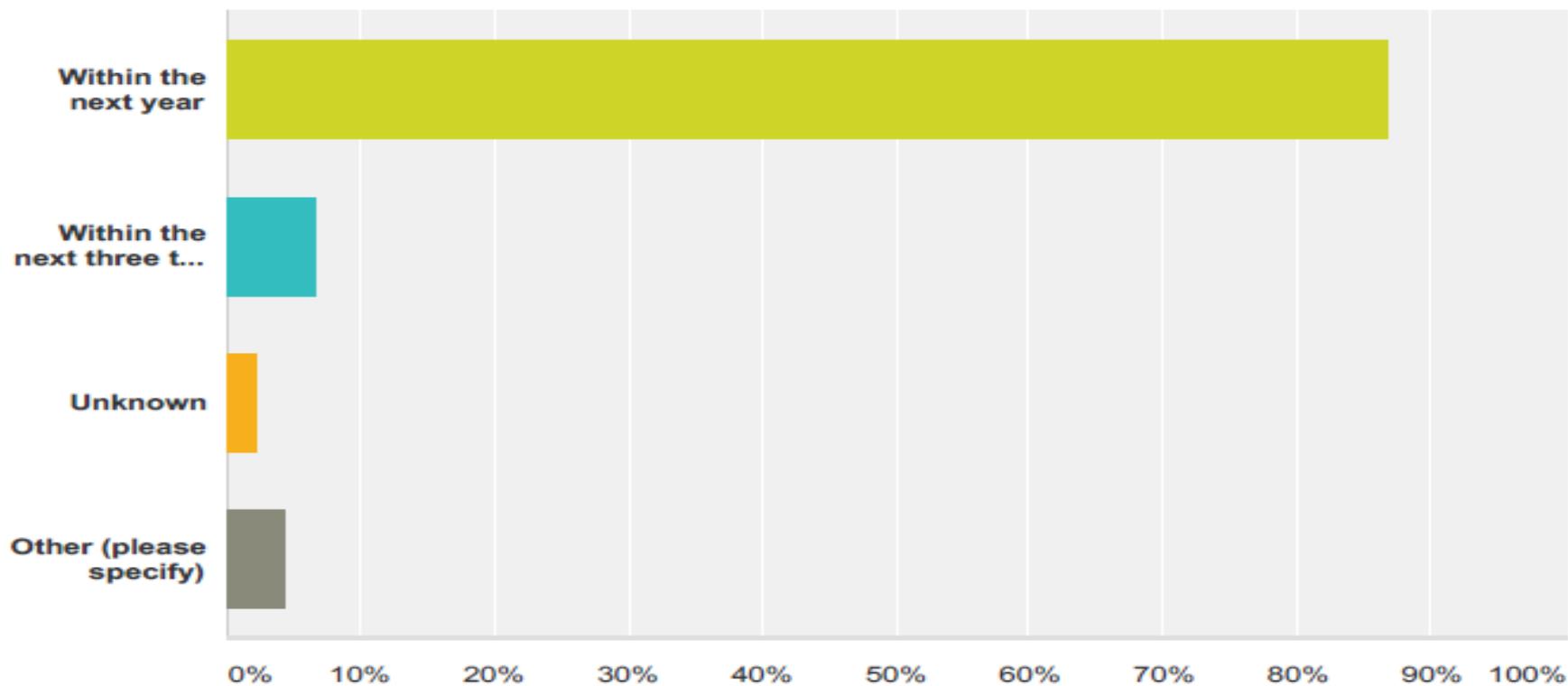
Answered: 90 Skipped: 1



Ending the Epidemic Task Force Recommendation Form

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)?

Answered: 91 Skipped: 0



November 18th Task Force Meeting

- Recommendations will be presented to the full Task Force membership at the November 18th meeting by the Committee Co Chairs. All members of the Task Force will be able to pose questions or offer comments for further consideration.
- The Recommendation ‘cut-off date’ is set for Wednesday, November 26, 2014.
 - ✓ *The cutoff date for recommendations is set for the Wednesday after the last scheduled regional listening forum (November 24, 2014)

Blueprint Development

Blueprint Development:

The full Task Force membership must achieve consensus for a recommendation to be added to the Blueprint.

The Blueprint will include key recommendations for (not limited to):

Prevention

- PrEP, nPEP
- HIV Testing

Care

- Linkage and Retention

Data

- Surveillance and other data measures
- National HIV/AIDS Strategy metrics

Housing and Supportive Services

- Employment
- Transportation
- Nutrition

Additional Areas

- DSRIP
- Addressing Stigma and Discrimination
- Sexual Health Education

And....