Ending the Epidemic Task Force Recommendation Form



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 Sherry
Last Name Deren
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Q2: Title of your recommendation Longitudinal data on HIV care measures

Q3: Please provide a description of your proposed recommendation

For those who are HIV-infected and in care, separate measures of engagement in care and adherence to medications are needed. Also, given that these are not static conditions, the collection and analysis of longitudinal data, to determine characteristics of those who drop out of care or who reduce adherence levels should be undertaken, so that early interventions can be initiated for those at high risk of drop out or reduced adherence.

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)

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 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.

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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?

Respondent skipped this auestion

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?

Benefit would be the ability to undertake early interventions with individuals who are at risk of dropping out of care or of reducing adherence levels- before these negative events occur.

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

Respondent skipped this question

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

unknown- data are already available.

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

unknown

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

HIV-infected individuals in care.

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

measures of retention in care and adherence

Q15: This recommendation was submitted by one of Ending the Epidemic Task Force member the following