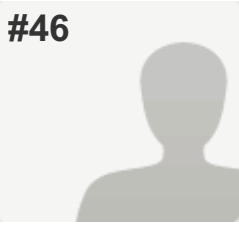


Ending the Epidemic Task Force Recommendation Form

#46



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PAGE 1

Q2: Title of your recommendation

Strategies for Overcoming Rural and Suburban Transportation Barriers

Q3: Please provide a description of your proposed recommendation

A lack of transportation poses a significant barrier to access to medical care for people living in rural and suburban communities, especially for low income people and communities of color. A stipend or reimbursement for gas would allow for access to medical providers for people who otherwise cannot afford the cost of travel. Distance and transportation prevent many people from having access to medical care facilities to maintain their health, forcing them to use emergency rooms as primary care facilities. In many upstate regions, people are traveling a distance of hours to access the closest Designated AIDS Center for specialized care. The Medicaid and Ryan White transportation systems are difficult to use, for both providers and patients.

Additionally, many people need to travel outside of their communities in many rural areas for fear of the stigma associated with identifying as HIV-positive. Many also travel long distances to access syringe exchange services. Absent assistance with traveling, these people are likely to share or reuse syringes and forego medical care altogether.

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

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)

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.

Housing and Supportive Services Committee: Develop recommendations that strengthen proven interventions enabling optimal engagement and linkage and retention in care for those most in need. This Committee will recommend interventions that effectively address complex and intersecting health and social conditions and reduce health disparities, particularly among New York's low-income and most vulnerable and marginalized residents. These interventions will diminish barriers to care and enhance access to care and treatment leaving no subpopulation behind.

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?

Unknown

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?

In many rural communities the healthcare system is not organized to promote prevention, monitor and coordinate services, provide primary care etc and people are forced to travel long distances for appropriate medical care, especially those people who need to access specialist services. For communities of color, low income communities and youth, the problem is more compounded. Providing a stipend or reimbursement for travel allows people the opportunity to access medical care without sacrificing other essential needs such as paying rent, utilities and other items for personal care. Often, if a person must choose to buy food or travel to a medical appointment, the choice will be to purchase food. This leads to worsened health conditions, lack of primary and preventive care.

Lack of access to specialty care results in diminished health which increases the cost burden on our healthcare system. This can be easily overcome by providing people with assistance to travel the long distances necessary to access care.

Ending the Epidemic Task Force Recommendation Form

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

Many upstate organizations provide this service already through grants and fundraising, best practices can be adopted from them. There would need to be development of regulations and much community and provider education that the benefit exists.

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

The cost should be calculated by need. Upstate providers who reimburse for travel costs now would be able to provide a better idea of overall costs for implementation.

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

The percentage of people who enroll, providing linkage and retention in care and decreased emergency room use.

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

Consumers
Providers

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

Detailed information should be collected as to the number of people benefited as well as their increase in attending regularly scheduled medical appointments.

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