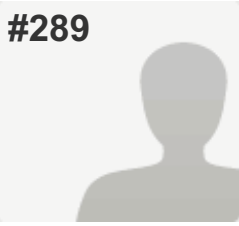


Ending the Epidemic Task Force Recommendation Form

#289



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	Janet
Last Name	Goldberg
Affiliation	The Brooklyn Hospital Center PATH Center
Email Address	ja9088@nyp.org

Q2: Title of your recommendation Linkage, Retention and Support

Q3: Please provide a description of your proposed recommendation

Provide continued support for outreach specialists and navigators through smaller community based agencies. These agencies provide a unique role in the ability to identify HIV-positive individuals, those not yet linked to care, or those who have fallen out of care. They are specialists in finding and supporting those who are the most difficult to reach. This service structure often relies on grant funding, as there is not currently a medicaid or revenue stream for providing these services. The grant support for these services needs to be maintained or increased to previous levels. It has been reduced as it is readily assumed that the Health Home, DSRIP and other upcoming models (mostly targeted to the Medicaid population) will be/have been able to provide this type of service.

DSRIP will hopefully provide additional venues for Navigators and Outreach Specialists through the PPS, however, this should be in addition to the community-based services that are currently available – not as a replacement. The smaller community-based agencies are not part of the PPS due to their size and being outside of the Medicaid system (serving those not yet engaged).

These agencies may also be an important part of facilitating access to PrEP for those who are high risk and test HIV-negative. PrEP information needs to be available for those who test -- for those who are positive to share with their negative partners, and for those who are negative and at high-risk for HIV.

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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

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

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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.

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?

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

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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?

We will maintain and increase our strong network for identifying, engaging and retaining those hardest to reach in care. This will help to increase those engaged in care and reduce community viral load, and HIV transmission.

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

No.

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

Respondent skipped this question

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

Respondent skipped this question

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

HIV positive people who will identify HIV earlier in disease progression.
Reduction in community viral load.
Additional support for clinical staff to support patients/clients in remaining engaged in care.

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

Respondent skipped this question

Q15: This recommendation was submitted by one of the following

Other (please specify) Health Care Director