#288

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

First Name	Mark
Last Name	Harrington
Affiliation	Treatment Action Group
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Q2: Title of your recommendation

Mandate that all providers contribute accurate and timely data to NYS HIV surveillance and HIVQUAL programs

Q3: Please provide a description of your proposed recommendation

Mandate that all providers -- including Medicare, Medicaid, Medicaid managed care, ADAP-funded providers, private insurers, independent physicians, DOCCS, OASAS, OMH, local jail systems, and Central Booking -- provide the NYS DOH with accurate and timely HIV surveillance, laboratory, continuum of care, vital statistics, and HIVQUAL data to ensure that the NYS DOH can accurately and in a timely fashion monitor the quality of all HIV prevention, care, and supportive services programs in NYS.

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

Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)	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?	New policy
Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?	Statutory change required
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?

Currently NYS DOH lacks access to accurate and timely HIV surveillance and HIV care quality information from many providers and jurisdictions, including private insurers, independent physicians, DOCCS, OASAS, OMH, local jail systems, and Central Booking, thus impeding its ability to monitor and continuously improve the quality of HIV surveillance and care quality. Reporting by all providers would ensure NYS has the ability to monitor and continuously improve HIV surveillance, care quality, and supportive services for all New Yorkers at risk of or living with HIV.

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

After 33 years of the worst HIV epidemic in the United States, NYS is now embarking on an unprecedented effort to end HIV/AIDS as an epidemic by 2020. This will require all providers and jurisdictions to provide NYS DOH with accurate, timely, and complete HIV surveillance and care quality data every year starting with 2016. NYS DOH must be fully resourced to carry out and analyze these data, and if there are legal or regulatory changes required, they must be legislated and changed in 2016.

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

Unknown

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

More accurate and complete data on HIV surveillance and care quality will ensure better outcomes for all New Yorkers, maximizing the health care and economic savings provided by the Plan, and will ensure healthier individuals and communities statewide.

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

PLHIV
People at risk for HIV
Providers
Insurers
Public health officials
Correctional clients + staff
Mental health clients + providers
Substance use clients + providers
ASOs
CBOs

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

High level endorsement by the Governor would be essential to assure that all NYS departments and jurisdictions comply with this measure to achieve the Plan's goals.

Legislative changes may be necessary.

Q15: This recommendation was submitted by one of the following

Ending the Epidemic Task Force member,

Other (please specify)
Ad Hoc End of AIDS Community Group: ACRIA, Amida Care, Correctional Association of New York, Jim Eigo (ACT UP/Prevention of HIV Action Group), GMHC, Harlem United, HIV Law Project, Housing Works, Latino Commission on AIDS, Legal Action Center, Peter Staley (activist), Terri L. Wilder (Spencer Cox Center for Health), Treatment Action Group, VOCAL New York