

**Ending the Epidemic Task Force
Committee Recommendation
CR8**

Recommendation Title: Facilitate and Accelerate Systems to Enable Bidirectional Cross-Collaborative Use of HIV Surveillance, Insurance, Drug Utilization, and Service Delivery Data to Improve Health Outcomes

- a. **Mandate that all providers contribute accurate and timely data to NYS HIV surveillance and HIVQUAL programs.**
 - b. **NYS DOH should be fully funded to analyze and act on New York State Department of Corrections and Community Supervision (DOCCS) HIV care data.**
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1. **For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? 1 and 2**

 2. **Proposed Recommendation:** Facilitate systems to enable bidirectional cross-collaborative use of HIV surveillance, insurance, drug utilization and service delivery data to improve health outcomes. Establish streamlined and functional cross-collaboration and communication between surveillance, the emerging New York State Health Information Network (SHIN-NY), regional health information organizations (RHIOs) and health care/supportive service providers to enable better outcomes. Surveillance data would be linked to Health Home portal and regional health information exchanges (RHIOs or HIEs) with bi-directional communication. This would allow information to be shared by the New York State Department of Health (NYSDOH) and Health Home providers and RHIOs and to emerging DSRIP Performing Provider Systems (PPS) on the basis of New York State's attribution methodology. Surveillance data can be crucial to providing good care, and better care improves health information completeness and thus benefits surveillance. The NYSDOH should establish mechanisms to assure streamlined and functional, bidirectional cross-collaboration and communication between surveillance, health care and supportive service providers to enable providers to improve retaining people in care successfully, identifying people out of care and reaching out to return them to care. This should include the ability to exchange bulk data on a cohort or population level with Health Homes and DSRIP PPSs to enable the development of necessary population care management systems. Provider data can also improve surveillance by, for example, helping to identify individuals who have moved within or out of the state and are no longer in care in a given jurisdiction. There are many other examples of the usefulness of this strategy including the proposed New York State Chemoprophylaxis Registry (CPR) for New Yorkers on Medicaid who are receiving non-occupational post-exposure prophylaxis (nPEP) or pre-exposure prophylaxis (PrEP).

NYSDOH has already partnered with Healthix, the largest health information exchange in the state, with the goal of accessing additional HIV-related data from consumers and improving



health care measures important to ending the epidemic, including measures of HIV testing, linkage to care, retention in care, antiretroviral therapy and viral suppression.

Make HIV surveillance data available to New York State regulated insurance providers and Health Homes to promote improved retention in care, treatment, viral suppression and other positive health outcomes. This recommendation would permit insurance companies to track whether providers are offering HIV care that meets quality requirements and whether consumers are receiving optimal HIV care.

Make HIV surveillance, registration, and claims data available to DSRIP PPSs on the basis of their attributed populations and consistent with their important population health goals surrounding HIV, specifically to reach out, engage and retain the approximately 37,000 New Yorkers living with HIV but lost to life-saving care.

Community Based Organizations with expertise in outreach have an important role to play in finding clients who have fallen out of care and helping them re-engage in medical treatment and other services. It is recommended that patient level data be provided directly to qualified CBOs with an expertise in community-based and street outreach to facilitate the process of locating people who are not engaging in medical care. Currently, CBOs do not have access to this data.

- a. Recommend as best practice that all providers contribute accurate and timely data to NYS HIV surveillance and HIVQUAL programs. Mandate that all providers – including Medicare, Medicaid and Medicaid managed care, ADAP-funded providers, private insurers, independent physicians, NYS Department of Corrections and Community Supervision (DOCCS), NYS Office of Alcoholism and Substance Abuse Services (OASAS), NYS Office of Mental Health (OMH), local jail systems and Central Booking – provide the NYSDOH with accurate and timely HIV surveillance, laboratory, continuum of care, vital statistics and HIVQUAL data to ensure that the NYSDOH can accurately and in a timely fashion monitor the quality of all HIV prevention, care and supportive services programs in New York State.
- b. NYSDOH should be fully funded to analyze and act on NYS DOCCS HIV care data. Current legislation allows this data interchange but has been unable to be fully implemented due to lack of dedicated funding.

List of key individuals, stakeholders, or populations who would benefit from this recommendation

- People at risk for HIV
- Individuals with HIV
- Providers

3. **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** Permitted under current law for those covered by
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Medicaid/Medicaid managed care. May require legislative change to cover individuals with private coverage. Will require additional funding for data collection and analysis.

4. **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.
5. **Please list the TF numbers of the original recommendations that contributed to this current version:** TF86, TF56, TF288.

