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Link Insurance Providers to HIV Surveillance System to Improve Health Outcomes
commendation
egulated insurance providers with patients' consent viral suppression and other positive health companies to track whether providers are offering nsumers are receiving optimal HIV care.
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
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.
New policy, Other (please specify) Change to HIV Surveillance System

Ending the Epidemic	Task Force Recommendatio	n Form
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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	g this recommendation?
This recommendation would allow insurance companies requirements and whether providers are providing approbleming retained in care.	
Q10: Are there any concerns with implementing this	recommendation that should be considered?
Concern that insurance companies use this information	n a way other than optimizing care for members.
Q11: What is the estimated cost of implementing thi calculated?	s recommendation and how was this estimate
Cost of technology to implement surveillance systems w	ould be borne by insurance providers.
Q12: What is the estimated return on investment (ROI) for this recommendation and how was the RO calculated?	Respondent skipped this question
Q13: Who are the key individuals/stakeholders who	would benefit from this recommendation?
NYS DOH, NYS regulated insurance programs, consum	ers.
Q14: Are there suggested measures to accompany to monitoring its impact?	his recommendation that would assist in
Create indicators for whether information transfers are h up systems for using data to optimize member outcomes confidentiality and integrity of opt-out system.	
Q15: This recommendation was submitted by one of the following	F Advocate