Ending the Epidemic Task Force Recommendation Form



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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 (TAG)

Email Address mark.harrington@treatmentactiongroup.org

Q2: Title of your recommendation Strengthen Analytic Capacity at the NYS

DOH/AIDS Institute to Monitor Data Streams to

Measure Progress Achieving the Plan

Q3: Please provide a description of your proposed recommendation

Strengthen Analytic Capacity at the NYS DOH/AIDS Institute to Monitor Data Streams to Measure Progress Achieving the Plan (D10).

Multiple data streams are and will become available as the Plan launches and grows; some sources such as the Medicaid Drug Utilization Review database contain data on all tests, drugs, vaccines, office visits, etc., which are reimbursed by Medicaid for providers in NYS. This DUR database could be used to monitor HIV prevention and care quality, administration of nPEP and PrEP, and other elements crucial to the Plan among all NYS Medicaid patients who are HIV+ or at high-risk, but currently neither the Medicaid office nor the DOH/AI has the analytic bandwidth to handle these kinds of big data. We propose a Data Analytics Office to be housed in the DOH/AI and to both hire in-house staff with high-level analytic capacity as well as the ability to form consortia and partner with academics, providers, and other organizations to design, assess, and evaluate large data sets crucial to measuring the Plan's success.

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)	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 program
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	Within the next year

Q9: What are the perceived benefits of implementing this recommendation?

Stronger analytic capacity is needed to harmonize databases and create a close-to-real-time ability to monitor Plan deployment and implementation. NYS DOH AI will need both in-house and contracting/grant-making abilities to achieve this.

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

Some agencies and/or jurisdictions may resist harmonizing data sets and systems.

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

For a relatively small investment, the Al could create a "dashboard" to monitor all aspects of Plan implementation, measuring progress against interim and final targets. There will be some costs related to harmonization of databases and systems.

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

six years)?

Respondent skipped this question

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

NYS DOH.

NYS other state agencies.

NYS local jurisdictions + governments.

NYS correctional facilities.

NYS drug use facilities.

NYS mental-health facilities.

Hospitals + clinics.

Housing and supportive service providers.

Academic researchers and institutions.

Public-health agencies and institutions.

Providers.

Insurers.

AIDS-service and community-based organizations.

Affected communities.

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

Development of NYS DOH AI analytic capacity.

Use and implementation of NYS DOH AI analytic capacity.

Increased coordination and resource streamlining.

Better access to closer-to-real-time data.

Better ability to monitor progress achieving Plan targets + objectives.

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