Ending the Epidemic Task Force Committee
Recommendation for Blueprint Inclusion
CR9

Recommendation Title: Improving Rates of Viral Suppression among HIV-positive New Yorkers by Implementing Best Practices to Achieve Linkage, Retention, and Adherence Targets

1. **For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply?** *1, 2, and 3*

2. **Proposed Recommendation:** Utilize existing AIDS Institute (AI) standards of care guidelines as developed by AI's Quality of Care (QOC) and Medical Care Criteria Committees (MCCC) that will apply to all providers for implementation of adherence performance targets as part of the End the Epidemic (ETE) 2020 Initiative.

   1) Standards of care for HIV-positive patients should be aligned with Quality Assurance Reporting Requirements (QARR) including defining targets for viral load (VL) suppression.

   2) Standards of care for pre-exposure prophylaxis (PrEP), including implementation of a uniform algorithm to identify Acute HIV Infection (AHI).

   3) Standards of care for pharmacy access to ensure uninterrupted access to medication.

   4) Conduct a pilot project to develop a reliable measure of stigma among health care workers, people living with HIV and the general population.

   Committee membership will be reviewed to ensure that stakeholder representation is included. These Committees (existing and/or expanded) will review and update current guidelines and develop additional guidance to support the ETE 2020 Initiative. Dissemination of these standards of care guidelines will be through AI's Clinical Education Initiative (CEI), NY/NJ AIDS Education and Training Center (AETC), HIVguidelines.org, social and other media.

   NYSDOH will require implementation and adherence to these standards of care guidelines by: Managed care organizations (MCOs), Medicaid DSRIP Performing Provider Systems (PPS), health systems, providers, community based organizations, public health authorities, and others to achieve and maintain linkage, retention, and adherence performance targets.

   1) Standards of care for VL suppression among HIV-positive patients (QARR):
      - Undetectable VL for quality measurement in populations is defined as <200 c/mL, measured every six months. We recognize and agree that in clinical settings, the target for undetectable VL for individual patients should be below the limit of detection of the most sensitive assay currently available; e.g. <20 copies/mL.

- Undetectable VL targets: ≥85% of HIV-positive New Yorkers and ≥95% of New Yorkers in care.
- Utilizing HIV-1 RNA VL results provided by NYSDOH, providers, Managed Care Organizations (MCOs), Health Homes, and PPSs will report the proportion of HIV patients with undetectable VL (<200 c/mL) twice yearly. For detectable VL patients, providers, MCOs, Health Homes and PPSs will develop or adopt task force recommended adherence interventions to increase the number of HIV-positive patients with undetectable viral loads.
- Once baseline scores are established in Year 1, Year 2 targets will be set for all providers, MCOs, Health Homes, and PPSs, with the expectation that task force recommended interventions to re-engage lost to follow up patients be developed and/or adopted.

2) Standards of care for Pre-Exposure Prophylaxis (PrEP) and Acute HIV Infection (AHI):
   - Implement a standard of care algorithm to identify AHI within PrEP programs and in clinical settings that are based on compatible clinical history and appropriate laboratory screening.
   - Improve AHI reporting in PrEP programs and in clinical settings.

3) Standards of care for Pharmacy Access (to overcome barriers to HIV medication access):
   - Eliminate prior authorization and specialty pharmacy requirements for antiretroviral drugs for treatment.
   - Eliminate specialty pharmacy requirements for PrEP.
   - Define role of "expert pharmacist"
   - Have MCOs train and designate select pharmacists to be the "HIV pharmacy expert" to assist patients and/or providers in resolving pharmacy barriers to HIV medication access, medication management to facilitate adherence and polypharmacy.

4) Standards of care for primary care, with reference to special populations:
   - Whenever possible, we recommend the co-location of primary and specialty HIV care
   - Currently available standards of care from the AIDS Institute's Quality of Care initiative should be followed for special populations, including older adults living with HIV, menopausal and older women, and adolescents.

5) Addressing stigma:
   - AIDS Institute (AI) should implement a pilot project to develop a reliable measure of stigma among health care workers, people living with HIV and the general population. Stigma measurement of people in care is needed to help identify how patients are experiencing care. Therefore, it is recommended that as part of its QOC initiative, using standard measures, AI collect baseline data on stigma (e.g. as a QOC measure or as a part of its patient satisfaction survey process in its funded programs). This will serve as a pilot activity for a broader initiative that measures stigma among patients, healthcare workers and the general population.

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

- Patients entering care
- Patients currently in care
- Programs delivering health care as part of the Ending the Epidemic 2020 Initiative, including migrant health centers
- HIV-negative sexual contacts/people at risk who are candidates for pre-exposure prophlyaxis (PrEP)
- HIV-negative partners in couples who are trying to conceive
- Children born to HIV-positive mothers
- Providers and health plans (data obtained from stigma measures)

List of measures that would assist in monitoring impact

- Patient- and community-level VL measures
- Time from entry to care to antiretroviral start
- CD4 count at start of treatment; CD4 count 12 months later
- Progression from HIV to AIDS within 12 months of first positive HIV test
- Metrics on diagnosed Acute HIV Infection from clinical settings
- Pharmacy prescription renewal records with feedback to medical programs to assess adherence to treatment
- AI QOC review data for AI-funded programs
- AI findings from pilot study on stigma measures (see CR42)

Footnotes or References

AIDS Institute Quality of Care Initiative:

http://www.hivguidelines.org/quality-of-care/The AIDS Institute's joint Quality of Care and Consumer Advisory Committees (September 11, 2014) recommend aligning the HIV Quality of Care program with the Ending the Epidemic (ETE) Initiative. Recommendations included:

Adapt and expand the NYSDOH HIV Quality of Care Program performance measures to address the ETE Initiative and effect on the HIV Care Cascade.

Implement quality improvement projects to address gaps in the HIV cascade of care.

Coordinate data collection and reporting between different data systems.

QARR Reference: 2014 Quality Assurance Reporting Requirements. Technical Specifications Manual (2014 QARR/ HEDIS® 2014)
http://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2014/docs/qarr_specifications_manual.pdf.

HIV Treatment Cascade, US: HIV Diagnosis, Care, and Treatment Among Persons Living with HIV — United States, 2011. MMRW 2014; 63: 1113
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6347a5.htm?s_cid=mm6347a5_w

Existing NYS VL suppression initiatives provide a framework for this recommendation (e.g. AI Quality of Care viral load suppression quality measure, AI-funded Treatment Adherence Programs, The Undetectables Project/ Housing Works - http://www.housingworks.org/heal/medical-and-dental-care/the-undetectables, and "Getting to Zero" St John's Riverside Hospital, Yonkers - http://www.hivguidelines.org/wp-content/uploads/2013/09/2-St-Johns-Riverside-Hospital-Getting-To-Zero.pdf.

Issue: Controlling the HIV Epidemic with Antiretrovirals. Clin Infec Dis 2014. July 1. http://cid.oxfordjournals.org/content/59/suppl_1.toc

Acute HIV infection:

PrEP adherence: Amico KR et al. Adherence to Preexposure Prophylaxis: Current, Emerging, and Anticipated Bases of Evidence Clin Infect Dis. (2014) 59 (suppl 1): S55-S60. doi: 10.1093/cid/ciu266

http://cid.oxfordjournals.org/content/59/suppl_1/S55.full

Issue: Controlling the HIV Epidemic with Antiretrovirals. Clin Infec Dis 2014. July 1. http://cid.oxfordjournals.org/content/59/suppl_1.toc

Prevention for positives and treatment as prevention:

HPTN 052: Cohen MS et al. N Engl J Med 2011; 365:493-505

http://www.nejm.org/doi/full/10.1056/NEJMoa1105243

These interventions are aligned with study HPTN 065 that incentivizes study enrollees to complete a health goal, in this case, linkage and retention in care that results in viral load suppression. Trial results from HPTN 065 (TLC-Plus), due in Feb. 2015. HPTN 065 http://www.hptn.org/research_studies/hptn065.asp

Okulicz JF et al. JAMA Intern Med 2014 Nov 24.

Schacker TW et al. JAMA Intern Med 2014 Nov 24. http://www.jwatch.org/na36410/2014/12/01/confirming-benefits-early-treatment-hiv

Bodach S et al. Integrating Acute HIV Infection within Routine Public Health Surveillance Practices in New York City, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3366383

NYS DOH - https://www.health.ny.gov/diseases/aids/providers/testing/algorithm.htm

Screening Targeted Populations to Interrupt On-going Chains of HIV Transmission with Enhanced Partner Notification (STOP Study):

CDC - http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6224a2.htm

https://idsa.confex.com/idsa/2013/webprogram/Paper39862.html

AIDS Institute Clinical Guidelines. http://www.hivguidelines.org/clinical-guidelines

Pharmacy Access:

Expert pharmacist: The Access to HIV Medications Survey (AHMS) 2014; https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/key_resources/care_committee/medication_access/barriers_to_medication.pdf

Chapter 56 of the Laws of 2013, Section 12, Part A, is limited to Medicaid Managed Care/Family Health Plus/HIV SNP Plans' Specialty Pharmacy Programs. Members with mail-order specialty medications can now obtain these medications at the local retail pharmacy of their choice, if the retail pharmacy agrees to offer medications at a price comparable to the price set by the mail-order specialty pharmacy.

Medicaid Managed Care and Family Health Plus Pharmacy Benefit Information Center/ formulary search http://pbic.nysdoh.suny.edu

Stigma references:

Grossman CI and Stangl AL. Global action to reduce HIV stigma and discrimination. J Int AIDS Soc 2013, 16: (suppl): 18881. http://www.jiasociety.org/index.php/jias/article/view/18934/3308

Ogden J and Nyblade L. Common at its Core: HIV-Related Stigma Across Contexts http://www.icrw.org/publications/common-its-core-hiv-related-stigma-across-contexts

People Living with HIV Stigma Index: www.stigmaindex.org

Reed Vreeland, Director of Policy, Housing Works, NYC. Report (Appendix A) included at the end of these recommendations.

Standards of Care for Special Populations with HIV: New York State Health Department AIDS Institute Quality of Care Initiative:

Archive of standards of care: www.hivguidelines.org

Facebook: https://www.facebook.com/hivguidelines

Twitter: https://twitter.com/hivguidelines

LinkedIn: https://www.linkedin.com/groups?homeNewMember=&gid=2566274&trk=eml-grp-sub

Standards for Primary Care of HIV Patients:

Primary Care Approach to the HIV-Infected Patient. Updated November 2014. Includes medication evaluation form.

http://www.hivguidelines.org/clinical-guidelines/adults/primary-care-approach-to-the-hiv-infected-patient

Commentary on HIV in Older Adults:

HIV in Older Adults: A Quick Reference Guide for HIV Primary Care Clinicians. November 2013.

http://www.hivguidelines.org/clinical-guidelines/hiv-and-aging/hiv-in-older-adults-a-quick-reference-guide-for-hiv-primary-care-clinicians

Older Women:

Medical Care for Menopausal and Older Women with HIV Infection. 2008. Update in process, January 2015.

http://www.hivguidelines.org/clinical-guidelines/adults/primary-care-approach-to-the-hiv-infected patient/#APPENDIX%20A:%20MEDICATION%20EVALUATION%20FORM

Adolescents: 6 guidelines

http://www.hivguidelines.org/clinical-guidelines/adolescents/

Additional Resource:

American Academy of HIV Medicine HIV and Aging Consensus Project
http://www.aahivm.org/hivandagingforum

3. **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** Permitted under current law.

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:

- Implement VL suppression initiative to establish baselines
- Implement AI pilot study of stigma baseline measures

Within the next three to six years:

- Achieve target viral loads
- Implement formal Stigma assessment process

5. **TF numbers of the original recommendations that contributed to this current version:** TF28, TF75, TF80, TF95, TF97, TF178, TF181, TF183, TF256.