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Collector: Web Link (Web Link)
Started: Wednesday, November 26, 2014 8:51:29 AM
Last Modified: Wednesday, November 26, 2014 8:57:01 AM
Time Spent: 00:05:32
IP Address: 50.75.234.202

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

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Q2: Title of your recommendation

Improved Screening of Comorbidities for PLHIV

Q3: Please provide a description of your proposed recommendation

By 2020, the CDC estimates that 70% of those living with HIV in the U.S. will be age 50 or older. PWHA who are engaged in care and on ARV treatment have life expectancies approaching those of non-infected adults. The aging of this population is a success story, and the numbers of older PWHA will increase as we meet ETE Task Force recommendations on testing and linkage to care. However, this success is tempered by the challenge of multi-morbidity management; PWHA 50 and older have on average 3 non-communicable diseases (NCDs) in addition to HIV, and mortality in this population is more likely to result from one of these NCDs compared with AIDS-related conditions. This has transformed HIV infection into a complex chronic disease associated with multi-morbidity, which requires the responsiveness and skills of myriad health care providers in multiple domains. Thus, is it imperative that HIV and non-HIV health care providers serving this population are aware of this issue and actively engage in regular screening and recommended treatments of NCDs affecting PWHA as they age. Providers must also address potential polypharmacy concerns for medications prescribed for HIV and NCDs in this population. Standards of care to address multimorbidity among older PWHA, such as those proposed by the HIV and Aging Consensus Project, should be reviewed and adopted by government agencies and other

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)

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

Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)	Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available. , 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?	Other (please specify) It would depend on how it was implemented; it could be either a new policy/program altogether, or only a chage to an existing policy/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 six years)?	Within the next three to six years

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

Effective multimorbidity management among those aging with HIV will reduce long-term health care costs through the early detection and treatment of NCDs. This will help to ensure better overall health in this population including health concerns related to HIV infection. Addressing multimorbidity and polypharmacy issues among older PWHA will decrease avoidable morbidity and mortality while improving functional ability and increasing quality-of-life.

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

None

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

Any costs in implementing these recommendations will be offset by longer term savings in health care costs due to the early detection and treatment of comorbid health conditions among PWHA. Costs for screening and treatment for NCDs are covered under existing health care reimbursement mechanisms.

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

Respondent skipped this question

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

NYS Medicaid Program
Federal Medicare Program
Older Adults with HIV

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

Monitoring of Medicaid claims data with regard to NCD expenditures and medication costs.
Monitoring cause of death and mortality rates for PWHA by age.

Q15: This recommendation was submitted by one of the following

Ending the Epidemic Task Force member