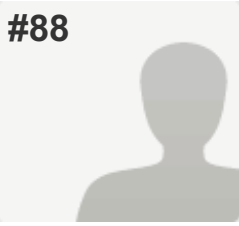


Ending the Epidemic Task Force Recommendation Form

#88



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PAGE 1

Q2: Title of your recommendation

Bi Directional and Cross-Collaborative Use of HIV Surveillance to Improve Health Outcomes

Q3: Please provide a description of your proposed recommendation

Establish streamlined and functional cross-collaboration and communication between surveillance 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, now also called Health Information Exchanges, or HIEs) with bi-directional communication. This would allow information to be shared by New York State Department of Health (NYSDOH) and Health Home providers and regional health information organizations with the patients' consent.

Surveillance data can be crucial to providing good care, and vice versa. The NYS DOH should establish mechanisms to assure streamlined and functional, bidirectional cross-collaboration and communication between surveillance and health care/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. 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 NYS 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.

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

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

Ending the Epidemic Task Force Recommendation Form

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?

Change to existing policy,
Other (please specify)
Change to existing HIV Surveillance System

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 this recommendation?

Enhanced coordination for better health outcomes. Allows improved use of surveillance data to alert providers when a patient has fallen out of care. Improved assessment and evaluation interventions to establish best practices. Allows NYS DOH, AIDS Institute, ROIs and providers to assess and improve adherence to PrEP.

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

Overcoming technology obstacles. Developing protocols for efficient consent that respects patient rights.

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

There would be a one-time cost of installing the technology. Cost of support from a newly established analytics office in the AIDS Institute. Existing Federal and State funding exists for surveillance coordination activity.

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

Respondent skipped this question

Ending the Epidemic Task Force Recommendation Form

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

NYS DOH, AIDS Institute, Office for Health Insurance Programs (OHIP), Health Homes, RIOs and Consumers and AIDS Institute

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

Create indicators for implementation of linkage technology. Measure of availability, use and effectiveness of consenting process. Measure how timely the prompt system triggers a response when someone has fallen out of care.

Q15: This recommendation was submitted by one of the following

Advocate,

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