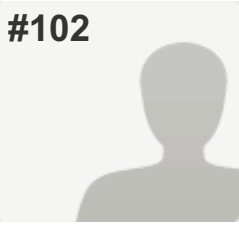


Ending the Epidemic Task Force Recommendation Form

#102



COMPLETE

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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 Prevention + Treatment Incentives: Explore targeted prevention incentives to high-risk individuals

Q3: Please provide a description of your proposed recommendation

Based on the results of HPTN study 065 ("Test Link + Care Plus"), which are expected next year, explore the use of targeted prevention incentives to high-risk individuals to return for follow-up visits and remain HIV-negative; and the use of targeted treatment retention and adherence visits to HIV-positive individuals to remain retained in care and achieve and maintain virologic 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) Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply) Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

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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 six years)? Within the next year

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

Increased risk-reduction behavior and reduced HIV infections among uninfected individuals.
Increased retention in care and long-term virologic suppression among HIV-positive individuals.

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

Some HIV-negative and HIV-positive individuals have expressed resistance to the use of financial incentives to achieve health-related outcomes. The domestic evidence base for the use of such incentives is limited, but this may change after HPTN 065 results are in, expected sometime in 2015.

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

HPTN 065 is using relatively small financial incentives to strengthen retention in care and viral suppression for HIV-positive individuals. The results are expected in 2015. If the results are positive, the use of these incentives should be implemented and funded through DSRIP projects.

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?

Providers
HIV-negative persons.
HIV-positive persons.
Insurers.

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

Measure HIV-negative status over time through Chemoprophylaxis Registry (GP12) and impact of incentives on increasing rates of staying HIV-negative and reduced new infections.
Measure HIV-positive linkage, retention in care and virologic suppression and impact of incentives on increasing retention and long-term virologic suppression rates.

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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