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PAGE 1

Q2: **Title of your recommendation**	Treatment Education as Retention Strategy

Q3: **Please provide a description of your proposed recommendation**

Address structural barriers that cause low retention and engagement in care such as language, literacy and health literacy levels through basic HIV education, treatment education using a patient centered approach for PLHIV.

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 , 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)	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. , 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?	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?

It will facilitate a self-management model in which patients assume an active and informed role in health care decision-making to change behaviors and social relations to optimize their health and proactively address predictable challenges of HIV. Encourage patient's self-efficacy and ability to recognize and address his/her own barriers to retention in care and adherence to treatment. It allows patients to be part of their own adherence monitoring and being able to communicate effectively with their service providers.
Providing service providers with CBA & TA on how to provide treatment education we could have service providers who are also involved in educating clients,integrating treatment education into services provided

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

Identifying key agencies that can reach across a sub-populations most affected by HIV, treatment education has been excluded of funding since 2005 by city and state funding. There is a difference between treatment adherence (mostly providing tools and asking if a patient is taking medication) and treatment education where a patient learns skills and is able to use them to become more proactive and involved in their healthcare regardless of substance use, health literacy, educational level, immigration status, sexual orientation and gender identity.

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

Cost estimate from previously funded treatment education programs directed to clients and service providers:1. Training of Trainers: developing a strongly evaluated treatment education integration program that allows the provision of trainings and ongoing TA to approximately 120 key staff/annually. The training would consist of current up-to-date information but also provide the skills on how staff will share the information with clients wit a lower health literacy and educational level. estimated 2. Direct education to client: Develop series for clients reaching over 500 clients annually. Total estimated cost of $500,000.

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

Because of the need for ongoing treatment and the potential for acquiring co-occurring illnesses, not only HIV patients benefit of self-management to reduce complications associated with the disease. HIV infection disproportionately affects individuals of lower socioeconomic status, educational level, and many with the disease are uninsured or underinsured. It would reduce the costs of treating all patients under Medicaid that might have increased spending as we try to identify new HIV cases and assure that they are accessing treatment and linked and retained in care.

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

Service providers who already work with clients living with HIV who will now be able to integrate the knowledge and skills learned in trainings and TOT sessions to better serve their clients.
Clients living with HIV (new clients, long term survivors, clients with failed regimens, clients with low health literacy level, clients with language barriers, etc.)

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

Outcomes are achieved through use of evidence-based techniques that emphasize patient activation or empowerment, collaborative goal setting, and problem-solving skills. The provider team can enhance its ability to support patients by using standardized assessments, which include questions about self-management knowledge, skills, confidence, supports, and barriers.

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