#109

COMPLETE

Collector: Web Link (Web Link)
Started: Wednesday, November 05, 2014 8:24:24 AM
Last Modified: Wednesday, November 05, 2014 8:42:08 AM
Time Spent: 00:17:44
IP Address: 150.142.223.249

PAGE 1

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

First Name	Denis
Last Name	Nash
Affiliation	CUNY School of Public Health and Hunter College
Email Address	dnash@hunter.cuny.edu

Q2: Title of your recommendation	Create a web-based, public facing dashboard to disseminate metrics in a timely fashion

Q3: Please provide a description of your proposed recommendation

In order to adequately target scarce resources and track progress of programmatic activities under the End of the Epidemic Initiative, timely programmatic and epidemiologic data must be triangulated at the State, city, county, and sub-county (i.e., ZIP code) levels across a number of traditionally siloed data sources (surveillance, medicaid, vital statistics, testing, etc). These data must be disseminated to those who need them in a usable format, including using graphs and maps. Therefore, I propose the development of a web-based data system to integrate and disseminate End of the AIDS Epidemic priority metrics. This dashboard would allow everyone to see the same indicators, and allow them to focus or drill down on the programmatic or geographic areas of most interest to them. All stakeholders would in theory be able to identify gaps, target activities according to need, and evaluate impact using this system. An example would be the HIV care cascade that could be subset according to sex, race/ethnicity, risk category, calendar time, and geography.

Metrics: Identifying a set of core metrics most meaningful to the activities of the initiative; should be a manageable number of indicators.
1. Key realms:
    a. Prevention
        a.1. Prevention cascade/continuum
    b. Diagnosis and linkage
    c. Care and treatment:
        c.1. pre-ART care phase, ART initiation, longer-term following ART initiation
2. Key data sources: BRFSS/CHS/YRBS, testing kits, routine population-based HIV surveillance, vital statistics, Medicaid, ADAP, SPARCS, STD surveillance, pharmaceutical industry databases, AIRS, matching across these data sources, MMP, other
3. Benchmarks and targets needed
    a. Historical data for New York, national data
4. Dissemination of metrics to stakeholders
    a. Targeting of initiative
    b. Evaluation of initiative
    c. Format and timing – disseminate key metrics and trends rapidly and widely

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 , Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative , Other (please specify) Disseminating data and information on the progress of the initiative.
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.

,

Housing and Supportive Services Committee: Develop recommendations that strengthen proven interventions enabling optimal engagement and linkage and retention in care for those most in need. This Committee will recommend interventions that effectively address complex and intersecting health and social conditions and reduce health disparities, particularly among New York's low-income and most vulnerable and marginalized residents. These interventions will diminish barriers to care and enhance access to care and treatment leaving no subpopulation behind.

,

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) No. But, this would require a concerted effort by public health agencies to generate streams of aggregate data that feed into the web-based dashboard 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?

Would allow all stakeholders to be on the same page, and get information into the hands of everyone who is in a position to help achieve the goals of the initiative.

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

Will require a small amount of cooperation and resources from data management staff in the NYS and NYC DOHs.

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

about 25% of a data manager/analyst for 12-18 months at the State DOH and another 25% at the City DOHMH.

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

We would be able to accurately target resources to ending the epidemic. We would know where we have succeeded and where we have not. All stakeholders would be able to follow the same information and make course corrections along the way.

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

All/

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

The key priority metrics recommended by the task force.

Q15: This recommendation was submitted by one of the following	Ending the Epidemic Task Force member