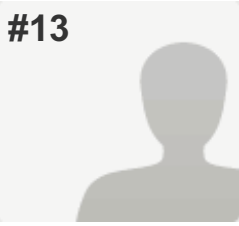


# Ending the Epidemic Task Force Recommendation Form

#13



**COMPLETE**

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**Q2: Title of your recommendation**

Provider PEP & PrEP Education/Training Initiative

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

nPEP and PrEP education campaign that will create widely available and accessible medical and social service provider education tools for nPEP and PrEP. Such a campaign will create outcome measurers for provider-focused PrEP and nPEP training and education; update NYS Clinical Guidance with index tools that can be used for a range of populations, including MSM, heterosexual women, IVUD and transgender persons. Create a tool box for medical providers and social service providers regarding PrEP; include FAQ on PrEP strategies and a training resource guide. Create opportunities for providers to communicate with community members to understand their needs around PrEP, such as patient panels.

**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.

**Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?**

New program,

Other (please specify)

Augmenting what is already being done.

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**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?**

Efficient and widespread use of PrEP and nPEP is essential as “treatment as prevention” efforts alone are unlikely to be sufficient in ending the epidemic. Even with clinical guidance in New York State and multiple studies showing efficacy, uptake of PrEP has been slow and the availability of nPEP is limited. Medical and social service provider training and education will help to increase knowledge and demand for PrEP and nPEP. Increased knowledge and demand will drive increased access.

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

Perceived provider resistance. PrEP is considered an “orphan intervention” that is, HIV clinics don’t know how to see HIV negative clients and primary care settings think PrEP is a “specialty” intervention. HIV specialists are experienced in using antiretroviral medications and could readily provide PrEP, but many do not care for uninfected patients. Clinical and social service providers face both logistical and theoretical barriers to prescribing PrEP and nPEP. Social service providers cannot prescribe PrEP or nPEP without a medical provider.

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

To be determined.

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

To be determined.

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

Providers (medical and social services), and their patients/clients at risk of HIV infection.

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

Ongoing, strengthened provider education about changes in HIV testing law

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**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