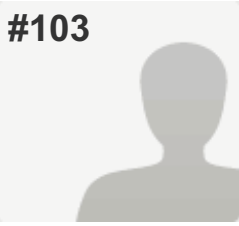


# Ending the Epidemic Task Force Recommendation Form

#103



**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** Explore Targeted Treatment Incentives to HIV+ 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)** 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)** 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.

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

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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)?** Unknown

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

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-positive persons.  
Insurers.

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

Measure HIV-positive linkage, retention in care and virologic suppression and impact of incentives on increasing retention and long-term virologic suppression rates.

**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

