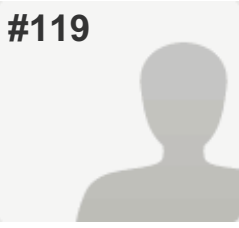


Ending the Epidemic Task Force Recommendation Form

#119



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

First Name	Linda
Last Name	Wagner
Affiliation	NYS Association of County Health Officials
Email Address	linda@nysacho.org

Q2: Title of your recommendation Physical and Behavioral Health Care Provider Education

Q3: Please provide a description of your proposed recommendation

To ensure that individuals at higher risk of HIV/AIDS are linked to both preventive and treatment care, we need a renewed, intensive emphasis on STD/HIV health education for all types of physical and behavioral health care providers whose patients may include those at-risk individuals. The first step is to identify those providers - and their staff members - who are most likely to encounter the populations at risk - e.g. Emergency Room nurses, docs, and even the staff who handle paperwork. Urgent care center staff. FQHC staff. County jail staff. County social service staff. The health education task is a role that local health departments currently play, and could expand if provided with the appropriate educational tools and increased resources. To overcome problems in the HIV/AIDS arena such as that found with the ER staff in Dallas who missed the initial ebola patient, or the hospitals that have had high rates of nosocomial infections, we need intensive health education that will ensure that these providers recognize the indicators of at-risk patients and connect them with the appropriate care. Based on the Nov. 5 discussion of the Care committee, it seems that there are far too many "missed opportunities" that are due to a lack of awareness in these provider communities of the risk indicators and the available care connections. This is just as true of behavioral health and substance abuse providers who encounter the at-risk populations but are not always as informed about public health risks from the physical health side. The task force should recommend the development of educational tool kits for providers in all available media that can be used by health educators to target the most relevant provider groups. Some of the educational materials could also be developed to be useful to local governmental units such as social services units and non-governmental charitable organizations that have a high rate of encounters with the at-risk populations.

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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
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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
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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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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.
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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

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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?

Change to existing program,

Other (please specify)

This is an enhancement of existing programs. It requires the development of fresh provider educational materials that focus on the indicators of at-risk individuals, the identification of provider groups most likely to encounter these at-risk populations, and an expansion of resources for health educators in local health departments and elsewhere.

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)?

Other (please specify)

I believe this would have a two year ramp up, with materials developed and provider groups identified in year one and the health education efforts launched in year two, with measurable benefits by year 3.

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

This fits well within the MRT's goals for DSRIP and with the broader goals of stronger care coordination through provider education. There are many existing structures in NYS for provider education, such as medical, nursing and public health schools, Grand Rounds, the health commerce system, the state and local health department infrastructure, provider associations, and more that could be involved in the delivery of the provider education.

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

Respondent skipped this question

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

I believe that there are other models of provider education for other topics that NYSDOH, the CDC, or other states might have available for cost/benefit/ROI calculations.

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?

Ultimately, the primary beneficiaries would be the populations at risk for HIV/AIDS. It would also strengthen the flow of resources to the public health and provider education communities toward that ultimate end.

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

I imagine that the key measure would be an increase in referrals of at-risk individuals for assessment, prevention and treatment.

Q15: This recommendation was submitted by one of the following

Ending the Epidemic Task Force member