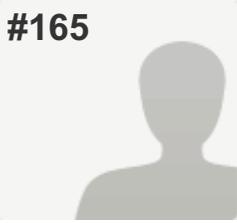


Ending the Epidemic Task Force Recommendation Form

#165



COMPLETE

Collector: Web Link (Web Link)

Started: Wednesday, November 19, 2014 8:16:31 AM

Last Modified: Wednesday, November 19, 2014 8:58:40 AM

Time Spent: 00:42:08

IP Address: 64.19.84.147

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

First Name	Regina
Last Name	Brown
Email Address	rbrown@stemc.org

Q2: Title of your recommendation Linking/retaining patients in care.

Q3: Please provide a description of your proposed recommendation

Great goals, there appears to be no plan in how to make them happen. Housing, transportation and nutrition were mentioned in November 19ths conference call. There was no mention of mental health and substance use/abuse barriers which complicate individuals ability to link/engage in care. We definately need more mental health/substance use facilities, along with more Medicaid Managed Care plans/insurances that cover such services.

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

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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.

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

Respondent skipped this question

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)?

Respondent skipped this question

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

Patients engaging in HIV care. Viral load suppression.

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?

Respondent skipped this question

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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?

Everyone.

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

Respondent skipped this question

Q15: This recommendation was submitted by one of the following

Respondent skipped this question