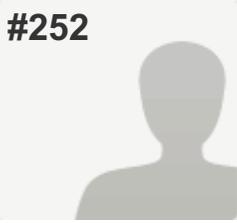


Ending the Epidemic Task Force Recommendation Form

#252



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

First Name	James
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Affiliation	New York State Office of Mental Health
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Q2: Title of your recommendation

Require screening, treatment and monitoring of depression for all PLWHA

Q3: Please provide a description of your proposed recommendation

Major Depression is highly prevalent among PLWHA and is associated with NOT initiating ARV treatment, NOT being retained in care, NOT adhering to ARV treatment, slower suppression of viral load, having a detectable viral load, and increased morbidity and mortality. PLWHA who are in effective treatment for depression are more likely to be adherent to HIV care, have better viral load suppression, and have better outcomes. Achieving non-detectable viral load is key to preventing HIV transmission. At present, the screening and treatment of depression is one of the required HIVQUAL indicators. However, not all programs participate in HIVQUAL, and there is no specific screening tool recommended or metric to demonstrate improvement. We recommend that all patients with HIV be screened with the PHQ-9. Those who screen positive for moderate or severe depression (PHQ-9 above 10) should be linked to depression treatment and monitored for improvement using the PHQ-9, preferably to remission (PHQ-9 below 5) whenever possible. Evidence exists to guide effective screening, treatment and monitoring of depression in medical care and should be followed.

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

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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?

Change to existing program

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?

Benefits of implementing this recommendation include improvement along the HIV treatment continuum in terms of linkage to care, retention in care, accepting ARV treatment, and being virally suppressed. In addition, patients with moderate to severe depression are severely disabled and treatment of depression is associated with improved self-care.

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

At HIVQUAL sites where efforts have been made to implement screening and referral to treatment for depression, screening remains well below 100%, there are no specific validated screening tools required, and outcomes are not systematically monitored or reported. Our concern is that treatment settings may believe they are doing an adequate job of screening and referring their patients but without a more systematic approach it is impossible to know whether patients are benefitting from these efforts, nor are these efforts likely to result in sustained improvements in HIV course. For this reason we are recommending the adoption of a standard screening instrument to be used in all settings.

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

The cost of implementing routine depression screening, treatment, and monitoring would be cost-neutral because many people with depression and HIV have significant somatic complaints that require considerable medical time and attention. This includes insomnia, pain, weight loss, and fatigue.

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

Return on investment would include a greater number of people retained in care with suppressed viral load. Effective depression treatment is also associated with improved occupational and social functioning enabling productive work lives and better health outcomes.

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

Between 30% and 50% of people in HIV care have moderate or severe depression. These patients would benefit through improved retention in care and adherence to HIV care including ARV treatment, ultimately staying healthier and living longer than if their depression isn't treated or isn't effectively treated. Effective depression treatment has the public health benefit of reducing negative outcomes of the 2nd most disabling medical condition in the world.

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

The PHQ-9 is a screening and diagnostic tool that has been validated for identifying depression in medical settings. It is available online at no cost and has been translated into many languages. No specific training is required to competently use this tool. There also are versions that can be self-administered.

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