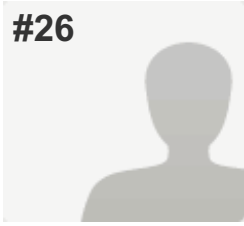


Ending the Epidemic Task Force Recommendation Form

#26



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Q2: Title of your recommendation

DSRIP End of AIDS State-wide Learning Collaborative

Q3: Please provide a description of your proposed recommendation

Tremendous resources and energy are committed to advancing the End of AIDS agenda through the state's Ending the Epidemic Taskforce and Delivery System Reform Incentive Payment (DSRIP) Program. However, there lacks a state-wide mechanism to share best-practices and foster the development and implementation of innovative HIV/AIDS projects. The proposed state-wide DSRIP HIV/AIDS Learning Collaborative (LC) will act as this system to strengthen collaboration and implementation of DSRIP HIV/AIDS projects. The LC will work with PPS leads, state agencies and stakeholders to identify how organizations can benefit from the LC's structured support in designing, implementing and evaluating PPSs' projects during the 5-year DSRIP timeline.

The LC will be the platform for information sharing, technical assistance and general coordination among all PPSs implementing AIDS-related projects.

The LC approach, originally developed by the Institute for Healthcare Improvement, is a short-term learning system that brings together projects teams to seek improvement on specific area of operations. Learning Collaborative have been effectively used with organizations transforming into Patient Centered Medical Homes (PCMH), addressing issues of access and capacity, implementing the chronic care model for specific clinical conditions (HIV/AIDS, COPD, Diabetes, Cardiovascular disease, etc.), and integrating behavioral health and primary care services. PPS organizations and their provider networkers will learn from each other and the LC's technical staff to develop best-practices, implement DSRIP projects, collectively troubleshoot barriers to implementation and advocate for additional resources, data and regulatory relief needed to reach their objectives.

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

Prevention Committee: Develop

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the following Ending the Epidemic Task Force Committee (Select all that apply)

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.

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 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

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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?

New 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?

The End of AIDS Learning Collaborative will:

- Develop an integrated planning process for cross-PPS coordination
- Create a system to share best-practices and health metrics collected by the PPS and DOH related to HIV prevention and treatment
- Pool resources and funding for project-specific technical assistance
- Improve health outcomes for HIV-positive individuals
- Expand innovative HIV prevention and treatment programs including PrEP/nPEP treatment, Viral Load Suppression and peer-based outreach and navigation services for integrated HIV-treatment plans.
- Develop systems for sustaining the new models after DSRIP ends and integrating those models into state-wide programs

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

n/a

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

n/a

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

n/a

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

n/a

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

n/a

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Q15: This recommendation was submitted by one of the following

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