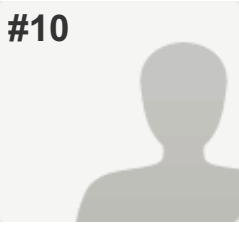


Ending the Epidemic Task Force Recommendation Form

#10



COMPLETE

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Q2: Title of your recommendation

PrEP Dispersion Among STI Cohorts

Q3: Please provide a description of your proposed recommendation

Identify people testing positive for any STI in NYSDOH sites for STI treatment/diagnosis or pregnancy counseling. Link these people to a counselor, or video, or pamphlet that describes PrEP and its Benefits, and screens whether or not it would be an option that would likely decrease transmission risks of HIV to this person. Next, make PrEP available, either through insurance, ADAP, or other method so that the person will not have a financial burden beyond their current medical expenses to take PrEP. Finally, link them to a Community Monitoring Agency, to assist with consistent usage of PrEP in a timely manner. This is especially desirable if there are Treatment Adherence needs and Treatment Adherence resources that have not been linked together.

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)

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

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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?

Unknown

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Unknown

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?

It is presumed that people that present with STI's have engaged in either unsafe sex, or with a partner that has not been forthcoming about their own sexual habits or sexual health. If such behaviors continue, the person with the STI is at greater risk for future transmission of HIV. Offering these people PrEP after a quick evaluation to ensure they are an appropriate candidate, should lead to a lowering of HIV transmission from future unsafe behaviors.

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

There would need to be an understanding that this is voluntary at this time, and is not a DOH mandate (such as exists with TB treatments). An assessment would need to be completed to see if Person is appropriate for PrEP.... is STI a result of consistent behavior or result of a once occurring violent crime.... are their mental health or adherence issues..... does the person have a history of pill selling or hoarding, etc.

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

The cost of this would be large if started on a blanket wide distribution, but it would be cheaper than offering PrEP to everyone in NYS that was sexually active. The cost could be lowered by targeting only those people presenting with multiple occurrences of STIs over time; or targeting people who obtain those STIs that demonstrate a high probability that latex barriers were not used (excluding genital warts and other such STI's)

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

I do not have access to State figures. Your ROI, as I figure, would be the number of people with a previous STI that test positive for HIV at a later date, times the cost of long term HIV care that is currently handled by Medicaid, Medicare, DHS Health programs and ADAP/ADAP+.
Also, as PrEP is not a permanent lifelong option, but only used during periods of risky behavior, the cost of the PrEP would not extend over the person's entire lifetime.

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

NYSDOH Testing site workers, PNAP/DIS workers, Clinicians, Insurance and pharmaceutical partners. The beneficiaries would be anyone engaging in demonstrative risky behavior.

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

Measure the current rate at which STI+ people later test for HIV.... compare that after PrEP implementation. Also, link to Community Treatment Adherence partners for follow-up to see how well PrEP is maintained across both long and short periods of time when compared with duration of risky behaviors.

Q15: This recommendation was submitted by one of the following

Other (please specify)
HIV Educator & Treatment Adherence Specialist