Ending the Epidemic in NYS: Hype or Hope? Findings from the Governor’s Task Force
Learning Objective:
• Adapt methods and learnings from New York State’s experience to your own jurisdiction in order to further the goal of ending the AIDS epidemic
Governor Cuomo Announces Plan to End the AIDS Epidemic in New York State

Albany, NY (June 29, 2014)
Mark Harrington and Charles King getting arrested at AIDS 2012 protest.
• Reduce from 3,000 to 750 new HIV infections per year by 2020.

• Decrease the number of New Yorkers living with HIV for the first time.

Reduce by 50% the rate at which persons diagnosed with HIV progress to AIDS within two years.
Newly Diagnosed HIV/AIDS Cases* and Deaths among Persons with AIDS or HIV, by Year
New York State

- AIDS Diagnoses
- HIV Diagnoses
- Deaths among Persons with AIDS
- Deaths among PLWDHI

*HIV reporting started in New York State in June 2000. New HIV diagnoses, regardless of concurrent or subsequent AIDS diagnosis. Data as of April 2014
# Number of Diagnosed HIV Cases Reported to the CDC by the Top Six Reporting States, 2011*

<table>
<thead>
<tr>
<th>State</th>
<th># of Cases Diagnosed in 2011</th>
<th># persons living with diagnosed HIV</th>
<th>Proportion of 2011 diagnoses to total living with HIV</th>
<th>Population in 2011**</th>
<th>Rate of 2011 Diagnoses Per 100,000 Population</th>
<th>HIV Reporting Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida</td>
<td>5,124</td>
<td>96,614</td>
<td>5.3</td>
<td>19,082,262</td>
<td>26.9</td>
<td>July 1997</td>
</tr>
<tr>
<td>California</td>
<td>4,785</td>
<td>112,555</td>
<td>4.3</td>
<td>37,683,933</td>
<td>12.7</td>
<td>April 2006</td>
</tr>
<tr>
<td>Texas</td>
<td>4,399</td>
<td>65,625</td>
<td>6.7</td>
<td>25,631,778</td>
<td>17.2</td>
<td>Jan 1999</td>
</tr>
<tr>
<td>New York</td>
<td>4,132</td>
<td>130,255</td>
<td>3.2</td>
<td>19,501,616</td>
<td>21.2</td>
<td>June 2000</td>
</tr>
<tr>
<td>Georgia</td>
<td>1,957</td>
<td>34,913</td>
<td>5.6</td>
<td>9,812,460</td>
<td>19.9</td>
<td>Dec 2003</td>
</tr>
<tr>
<td>Illinois</td>
<td>1,705</td>
<td>32,410</td>
<td>5.3</td>
<td>12,859,752</td>
<td>13.3</td>
<td>Jan 2006</td>
</tr>
<tr>
<td>Total US</td>
<td>41,455</td>
<td>876,485</td>
<td>4.7</td>
<td>310,968,796</td>
<td>13.3</td>
<td></td>
</tr>
</tbody>
</table>

*Data from CDC HIV Surveillance Report Vol. 23, 2011, representing 50 states., p.68 -72

**Source: U.S. Bureau of the Census
Newly Diagnosed HIV Cases
New York State, 2002-2012

*Data as of April 2014
Newly Diagnosed HIV Cases by Race/Ethnicity
New York State, 2002-2012

- Black
- Hispanic
- White
- Multi-Race
- Asian/PI
- Native Am

Count

NYSDOH/AI/BHAEE
Newly Diagnosed HIV Cases by Transmission Risk New York State, 2002-2012

*Data as of April 2014
Newly Diagnosed HIV Cases among MSM & MSM/IDU Ages 13-29, by Race/Ethnicity
NYS, 2002-2012

- Black
- Hispanic
- White
- Multi-Race
- Asian/PI
- Native Am
Time to AIDS Diagnosis for New HIV Cases that Were Not Concurrent HIV/AIDS Diagnoses, NYS by Year of HIV Diagnosis

Cumulative Percent w/AIDS Diagnosis

Years after HIV Diagnosis

0 1 2 3 4 5 6 7 8 9 10 11

0% 10% 20% 30% 40%
What makes NYS different?

- Investment
- Sustained Program Efforts
- Favorable Policy Environment and Community Activism
- Aggressive Action
✓ Partnership
✓ Collaboration
✓ Key investments in ending the epidemic

Dr. Demetre Daskalakis
• NYS investments have established a firm foundation for ending the epidemic:
  – NYS Medicaid HIV expenditures - $2.6 billion - on a par with the entire national Ryan White program.

  – With HIV Uninsured Care Programs (including ADAP), Medicaid, Veterans Administration, clinical trials, and NYS of Health – NYS has universal access to ARVs for infected persons.
Legal/Policy Environment that Improves HIV Prevention and Care

- New York State has refused to adopt HIV criminalization statutes.
- Article 27-F provides confidentiality and other patient protections.
- Electronic lab reporting to the state of HIV diagnostic and treatment tests.
- Data sharing for surveillance purposes.
- Syringe exchange and expanded syringe access.
- Mandatory offer of HIV testing with oral consent.
- 30% rent cap protections in NYC.
- SHIN-NY and RHIOs
HIV Models of Care are expanding to serve other chronic conditions (Health Homes).

Medicaid Redesign and DSRIP collaborative projects retain key features of successful programs of integrated HIV care.

HARPS for Behavioral Health
Access to Health Care for Persons Living with HIV/AIDS

- HIV services in health care settings, including community health centers, hospital outpatient departments, local health departments, and substance abuse treatment settings geographically distributed across the State

- HIV services targeting specific populations, including substance users, persons of color, women and children, and adolescents/young adults
NYS HIV Quality of Care Program

- eHIVQUAL reviews measuring performance at 189 HIV care facilities.
- Measures analyzed according to multiple subpopulations:
- 2013 performance data:
  - Retained (24m): 79%
  - On ART: 91%
  - VLS: 73%
Prevention Services

- Testing and Linkage to Medical Services
- Partner Services
- Condom distribution
- Syringe Exchange Program
- Expanded Syringe Access Program
- LGBT Health and Human Services Initiative
- Criminal Justice Initiative
- Sexual Health Promotion for Young People through Youth Leadership and Community Engagement

- NYS Hotlines
- Faith Communities Project
- Opioid Overdose Programs
- Expanded Partner Services
- Positive Pathways
- Initiatives that support high impact prevention efforts
Identifying persons with HIV who remain undiagnosed and link them to health care to maximize viral suppression

- Medicaid has successfully negotiated supplemental rebates with four pharmaceutical companies representing 90% of the HIV market to enable the State to stay within the Global Medicaid Cap.
- Multiple federal grants awarded targeting specific populations including prisoners and releases to promote linkage to care
- Restructuring of primary health care grants to focus on linkage, retention and suppression

- Use of targeted social marketing and messaging efforts to identify persons with HIV.
- Expand targeted health care services to Young MSM.
- Utilize the new HIV testing algorithm to diagnose asymptomatic early HIV infections.
Access to Supportive Services for Persons Living with HIV/AIDS

- Grant funded case management
- Housing and supportive services
- Treatment adherence support
- Behavioral health education
- Nutrition health education and food and meal services

- Legal and supportive services for individuals and families
- Supportive services initiative, including health education/risk reduction, linguistic, medical transportation, and psychosocial support services
Effective Data Use

• The AIDS Institute is committed to promoting, monitoring, and supporting the quality of HIV clinical services for people with HIV in New York State.

• Data are used to assess quality of care and provide education and guidelines to improve overall practice.

• Surveillance data are used to improve overall response and management of HIV/AIDS: identifying people out of care/unsuppressed.

• An End the Epidemic dashboard will be established this year at CUNY-Hunter.
• Community initiatives in Upper Manhattan, Western NY, Queens/SI and Hudson regions built upon a QI platform with providers and patients.
• Routine measurement of linkage and retention data with application of improvement methods.
• Generation of *regional* cascades.
• Comparison of facility rates with regional and statewide rates.
• Dissemination of evidence-based intervention strategies to improve linkage and retention.
30% rent cap

Elimination of written consent for HIV testing

Expanded data sharing

Promote condom access

Expanded syringe access

Elimination of written consent for HIV testing in correctional facilities
What are we doing to address issues of stigma and discrimination?

- Expanded the HIV Stops with Me Campaign from just NYC and Buffalo into Albany, Syracuse/Binghamton, Hudson Valley, and Long Island.

- Conducting an outreach campaign to address HIV related stigma with the Division of Human Rights.
Focusing efforts on young gay and bisexual men, especially men of color, the transgender community, and other high risk populations.

- Fund new targeted programs.
- Improve transgender health awareness.
- Conduct a transgender needs assessment.
- Host a one-day forum on the intersection between HIV, STD and HCV infection and transmission.
- Organize a series of four Faith Forums.

GOVERNOR CUOMO ANNOUNCES ACTION TO HELP ENSURE TRANSGENDER NEW YORKERS RECEIVE EQUAL ACCESS TO HEALTH INSURANCE COVERAGE

Department of Financial Services Notifies Insurance Industry that Medically Necessary Treatment for Gender Dysphoria Cannot be Denied

New York State Department of Health
Albany, N.Y. 12208
Certificate of Birth Registration
is that a certificate of birth has been filed.

Department of Health
PREP YOURSELF AGAINST HIV
A Daily Pill Can Prevent HIV Infection.

If You Are HIV Negative And Have HIV Positive Partners

If You Are HIV Negative And Are A Sex Worker

If You Are HIV Negative And Have Multiple Partners

Talk to a doctor. Ask about pre-exposure prophylaxis (PrEP).
health.ny.gov/prep

WHAT IS PEP?

PEP (post-exposure prophylaxis) is medicine that you can take if you are HIV-negative and you believe you have just been exposed to HIV. If you take PEP as directed, it can stop the HIV virus from infecting your body.

Do not delay. You need to take PEP as soon as possible after the exposure.

Save this information to your mobile device in case of emergency.

www.hivguidelines.org/what-is-pep
What are we doing to expand syringe access to prevent injected-related transmissions?

- Target services to substance users, particularly young substance users.
- Provide funding enhancements to five programs targeting young injection drug users to offer HIV and HCV testing, access to prevention, health care and mental health services, as well as opioid overdose prevention.
- Expansion of the Syringe Exchange Program (SEP) to additional communities.
- Work with Division of Criminal Justice Services to minimize unnecessary syringe related arrests.
Development of a LGBT Toolkit for professionals in NYS school districts.
On January 13, 2015 the NYS Ending the Epidemic Task Force completed its charge and finalized 44 committee recommendations that address HIV related prevention, care and supportive services.

Committee Recommendations were informed by 294 community recommendations and 17 statewide stakeholder meetings.

The final Blueprint contains 30 Blue Print Recommendations and 7 Getting to Zero Recommendations.
Identify persons with HIV who remain undiagnosed and link them to health care.

- Make routine HIV testing truly routine
- Expand targeted testing
- Address acute infection
- Improve referral and engagement
Link and retain persons diagnosed with HIV in care to maximize virus suppression so they remain healthy and prevent further transmission.

- Continuously act to monitor and improve rates of viral suppression.
- Incentivize performance.
- Use client level data to identify and assist patients lost to care or not virally suppressed.
- Enhance and streamline services to support the non-medical needs of all persons with HIV.
- Provide enhanced services for patients within correctional and other institutions and specific programming for patients returning home from corrections or other institutional settings.
- Maximize models created under new health reform acts to achieve goals related to linkage, retention and viral suppression.
Provide access to PrEP for high-risk persons to keep them HIV-negative.

- Undertake a statewide education campaign on PrEP and nPEP
- Include a variety of statewide programs for distribution and increased access to PrEP and nPEP
- Create a coordinated statewide mechanism for persons to access PrEP and nPEP and prevention-focused care
- Develop mechanisms to determine PrEP and nPEP usage and adherence statewide
Recommendations in support of decreasing new infections and disease progression.

- Increase momentum in promoting the health of people who use drugs
- Ensure access to stable housing; especially for homeless youth.
- Institute an integrated comprehensive approach to transgender healthcare and human rights
- Expand Medicaid coverage for sexual and drug-related health services
- Establish mechanisms for an HIV peer workforce
- Promote comprehensive sexual health education
Recommendations in support of decreasing new infections and disease progression.

- Remove disincentives related to possession of condoms
- Provide HCV testing to persons with HIV and remove restrictions to HCV treatment access
- Launch campaign focusing on TasP and against stigma
- Expand and enhance the use of data to track and report progress
- Increase access to opportunities for employment and employment/vocational services
Recommendations in support of Getting to Zero

- Single point of entry within all Local Social Services Districts across NYS for essential benefits and services (housing, food, transportation)
- Condom decriminalization
- Reforms to improve drug user health
- Passage of Gender Expression non-Discrimination Act
- Passage of Healthy Teens Act: sex education curricula with funding
- Expanded Medicaid coverage: waivers for high risk persons
- Guaranteeing minors the right to consent to HIV/STI treatment, diagnosis, prevention and prophylaxis.
Recommendations about Data (Systems)

• Focus on definitions and targets
• Emphasize measurement and data collection strategies.
• Maximize use of surveillance data.
• Create a web-based public facing, regularly revised and updated dashboard to disseminate metrics in a timely fashion to all stakeholders.
• Create a prospective NYS nPEP and PrEP M&E and QI program.
• Recommend integration of HIV, HCV, STI and HIV treatment fields into EMRs.
• Use HIV phylogenetic data to improve surveillance
• Integrate research findings into planning and use data to identify research gaps.
Ending the Epidemic in NYS: Hype or Hope?
Findings from the Governor’s Task Force

KEY FACTORS:
Leadership
Partnerships
Innovation
Leveraging federal systems
Resources
Comprehensiveness
Community

GET TESTED.
TREAT EARLY.
STAY SAFE.
End AIDS.

health.ny.gov/ete
Thank you.

www.nysdoh.gov/ete

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Medical Director, AIDS Institute, NYSDOH
Johanne Morne; Director, Office of Planning and Community Affairs
Karen Hagos; Deborah Dewey; Tomica Collado
Dan O’Connell; Director, AIDS Institute, NYSDOH
ACTHIV 2015: A State-of-the-Science Conference for Frontline Health Professionals

Activity Code FA983