

# Ending the Epidemic: It Takes a Village

2<sup>nd</sup> Community Meeting  
July 21, 2016

New York City

Department of Health & Mental Hygiene

Email [ete@health.nyc.gov](mailto:ete@health.nyc.gov) Webpage [nyc.gov/health/ete](http://nyc.gov/health/ete)

# Welcome & Opening

**Jay K. Varma, MD**  
Deputy Commissioner, Division of Disease Control  
New York City Department of Health & Mental Hygiene

# EtE: Background

- New York State (NYS) Ending the Epidemic (EtE) Task Force convened by Governor Cuomo in 2014
- Finalized recommendations for ending HIV/AIDS in NYS in the 2015 Blueprint to End the AIDS Epidemic
- Staff from the New York City (NYC) Department of Health & Mental Hygiene (DOHMH) participated in the planning process
- DOHMH received funding to design and implement an EtE strategy for NYC, announced on World AIDS Day 2015
- Target: 600

# EtE: Strategy

1. Increase access to HIV prevention services
2. Promote innovative, optimal treatment for HIV
3. Enhance methods for tracing HIV transmission
4. Improve sexual health equity for all New Yorkers

**External:** support the HIV services of community-based clinics, organizations and coalitions across NYC

**Internal:** enhance and expand our STD clinics and HIV services

# EtE: Accomplishments So Far

- Cross-divisional DOHMH team has met regularly since December 2015
- 120/137 new full-time staff selected for hire
- Selected almost all external organizations that will partner with DOHMH and provide EtE services across NYC
- 4/8 STD clinic facilities updated/renovated to accommodate new EtE services and staff
- Clinic operating schedules expanded by 10 hours per week

# EtE: Accomplishments So Far

- New/expanded services offered at STD clinics:
  - “Express visits” (screening for STIs) provided to all patients at 5/8 clinics
  - Criteria for “express visit” eligibility expanded at remaining 3 clinics
  - Oropharyngeal and self-collected anal NAAT testing for gonorrhea and chlamydia
  - Herpes simplex virus testing
  - Rapid Trichomoniasis testing
  - HPV vaccinations

# EtE: Next Steps

- Work with contracted partners to increase access to HIV prevention services and optimal treatment across NYC
  - Post-exposure prophylaxis (PEP)
  - Pre-exposure prophylaxis (PrEP)
  - Immediate initiation of antiretroviral therapy (“jumpstART”)
- Begin providing these HIV services at the DOHMH STD clinics

# EtE: It Takes a Village

- These events are open to all who are interested
- General purpose:
  - Provide updates on the status of NYC's EtE strategy
  - Solicit feedback and answer questions from the community
- Today's specific objectives:
  - Describe DOHMH's pre-existing HIV initiatives that support EtE activities
  - Review outcomes from a series of Community & Expert Consultations

# **DOHMH HIV Initiatives and Community & Expert Consultations**

**Demetre Daskalakis, MD, MPH**  
**Assistant Commissioner, Bureau of HIV/AIDS Prevention & Control**  
**New York City Department of Health & Mental Hygiene**

# EtE: The Challenge

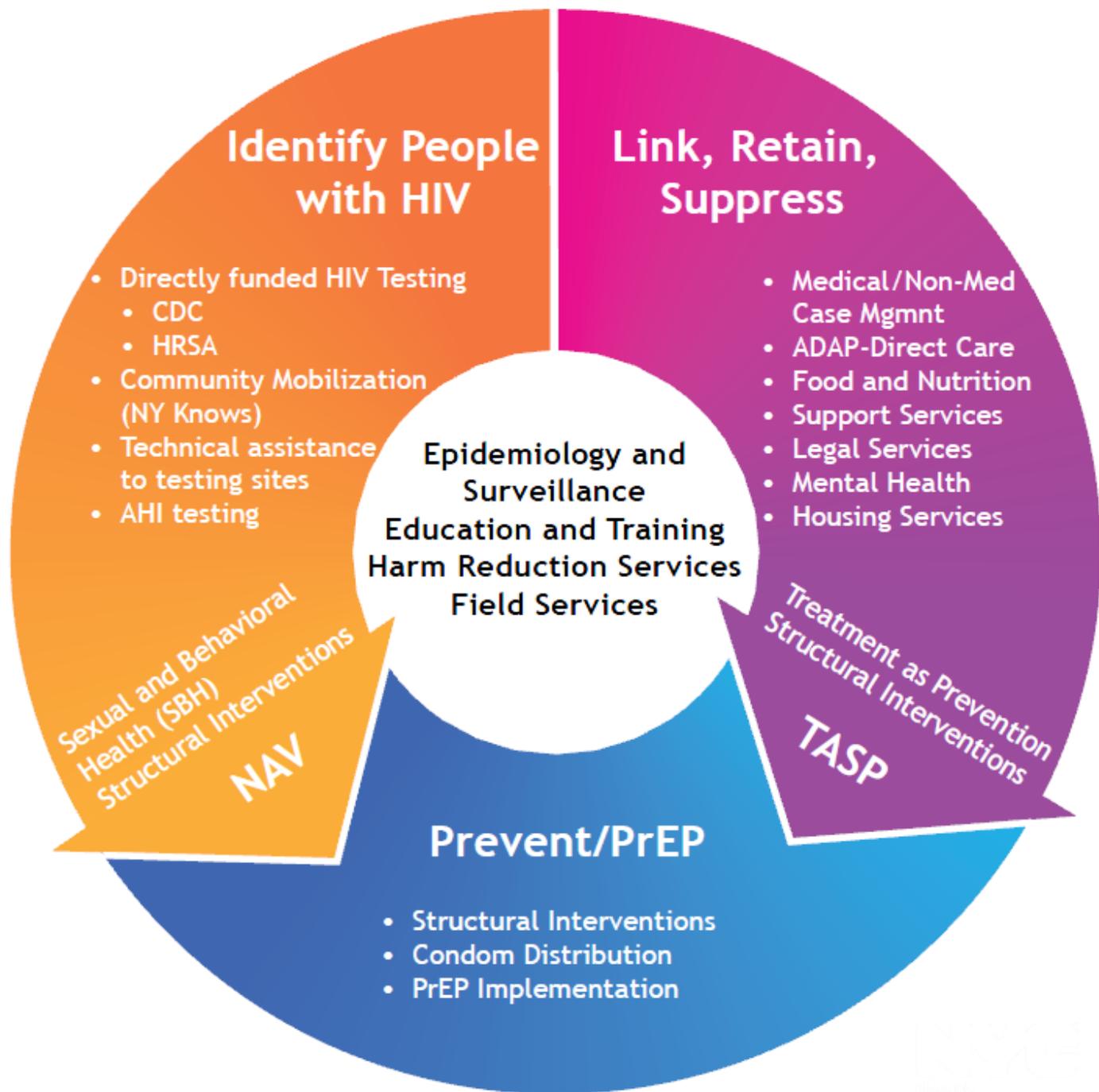
- Identifying people with HIV who remain undiagnosed and linking them to health care
- Linking and retaining people with HIV to health care, getting them on antiretroviral therapy to improve their health and prevent transmission
- Providing PrEP to people at-risk to keep them HIV-negative

# EtE: The Challenge

- Identifying *LGBTQ youth of color and other men and women not served by health care* with HIV who remain undiagnosed and linking them to health care
- Linking and retaining *LGBTQ youth of color and other men and women not served by health care* with HIV to health care, getting them on antiretroviral therapy to improve their health and prevent transmission
- Providing PrEP to *LGBTQ youth of color and other men and women not served by health care* at-risk to keep them HIV-negative

# Current Initiatives Supporting the EtE Strategy

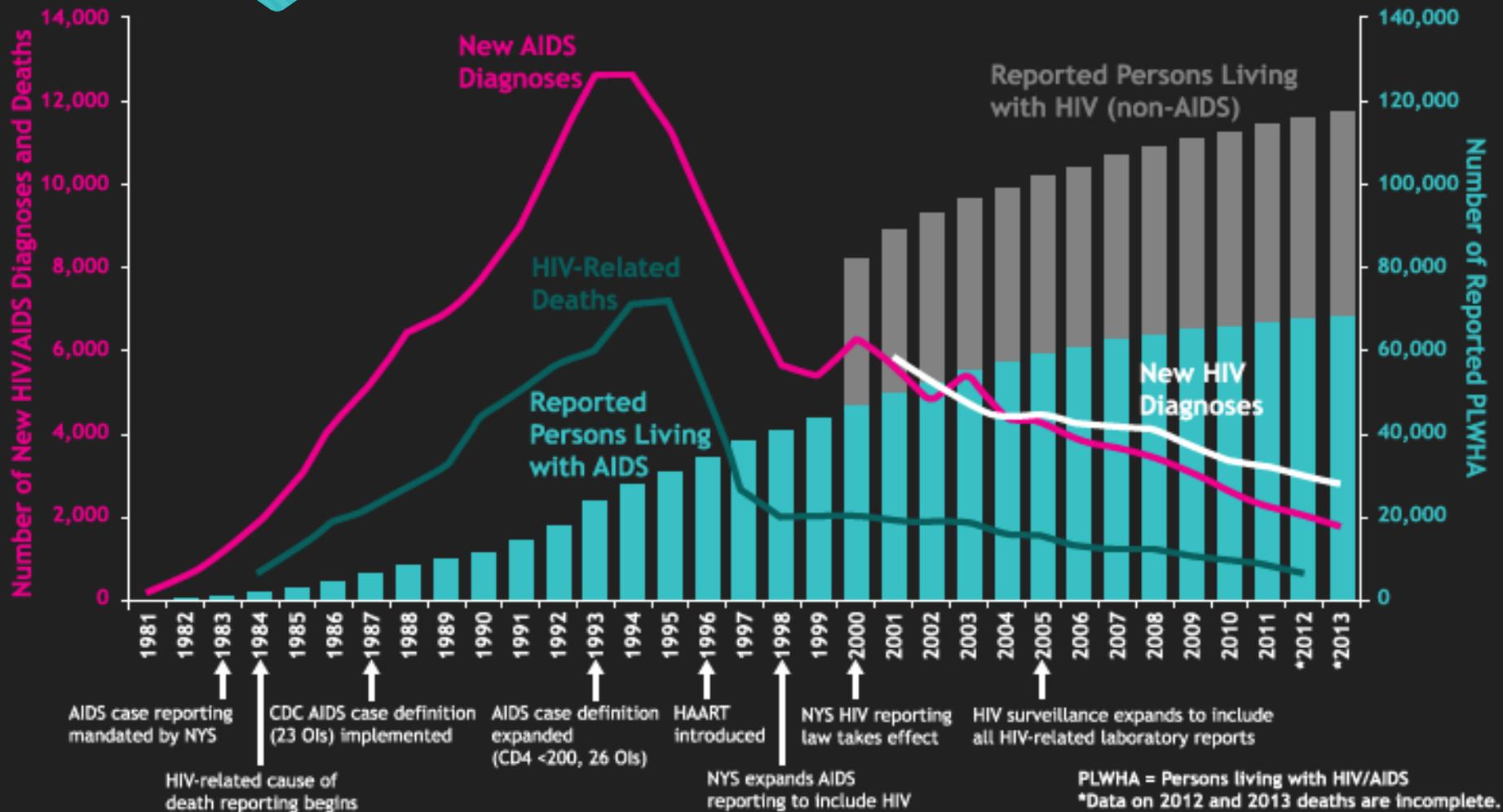
# Current BHIV Services Mapped on NYS EtE Pillars



# Identify People with HIV

- Epidemiology and Field Services Unit
- New York Knows

# History of the HIV Epidemic in NYC



# NEW YORK KNOWS

WHAT'S YOUR HIV STATUS?

— stay safe    + get care    ? get tested

# New York Knows Goals

- Provide a voluntary HIV test to every NYC resident who has never been tested
- Make HIV testing a routine part of health care in NYC
- Identify undiagnosed HIV-positive people in NYC and link them to medical care
- Connect people who test negative for HIV to prevention services, including PrEP

# Linkage and Retention Services

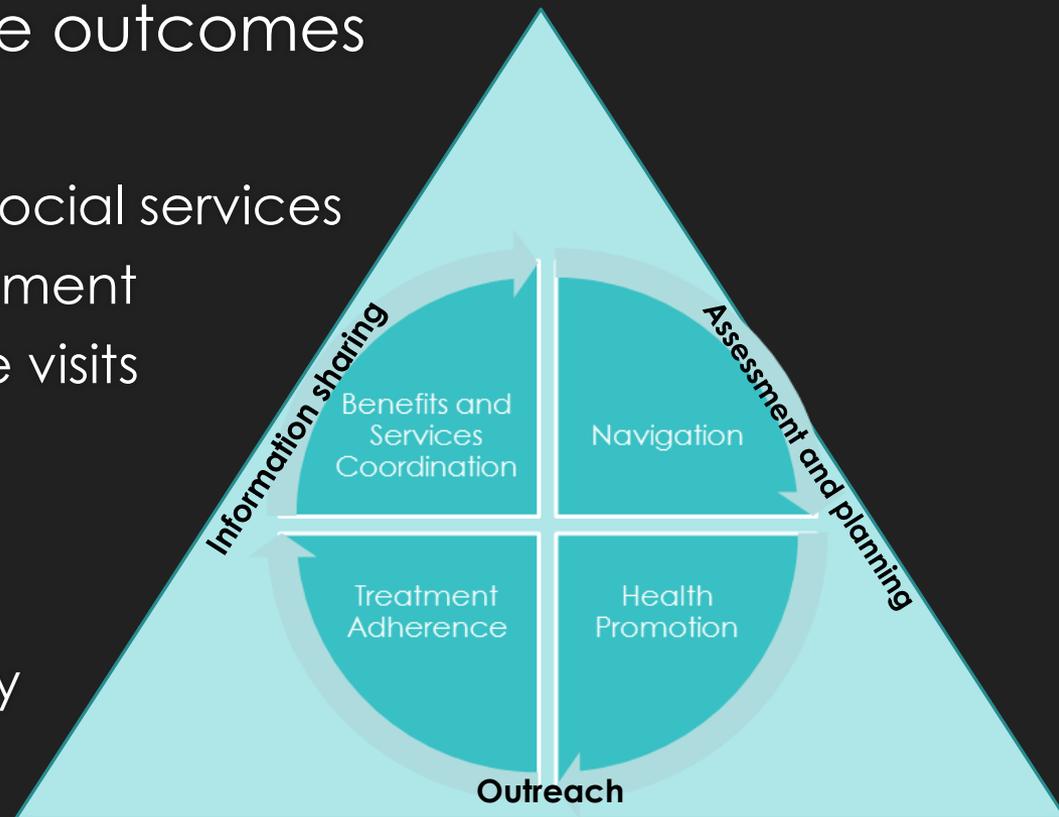
- NYC DOHMH Field Services Unit
- Ryan White Care Coordination
- Care Status Reports
- Care Continuum Dashboards

# NYC DOHMH Field Services Unit (FSU): Linkage and Re-engagement in Care

- Newly diagnosed, 2013
  - 96% (1507/1567) patients interviewed by FSU and linked to care within 3 months of diagnosis
- Patients lost to follow-up  $\geq 9$  months
  - 271 patients re-engaged in care in 2013
- Began re-engagement in care work for HIV patients with HCV co-infection

# Ryan White Care Coordination

- Provides services for persons at high risk for suboptimal health care outcomes
- The model provides:
  - Assistance with medical/social services
  - Outreach and re-engagement
  - Health promotion in home visits
  - Case management
  - Patient navigation
  - Adherence support
  - Directly Observed Therapy

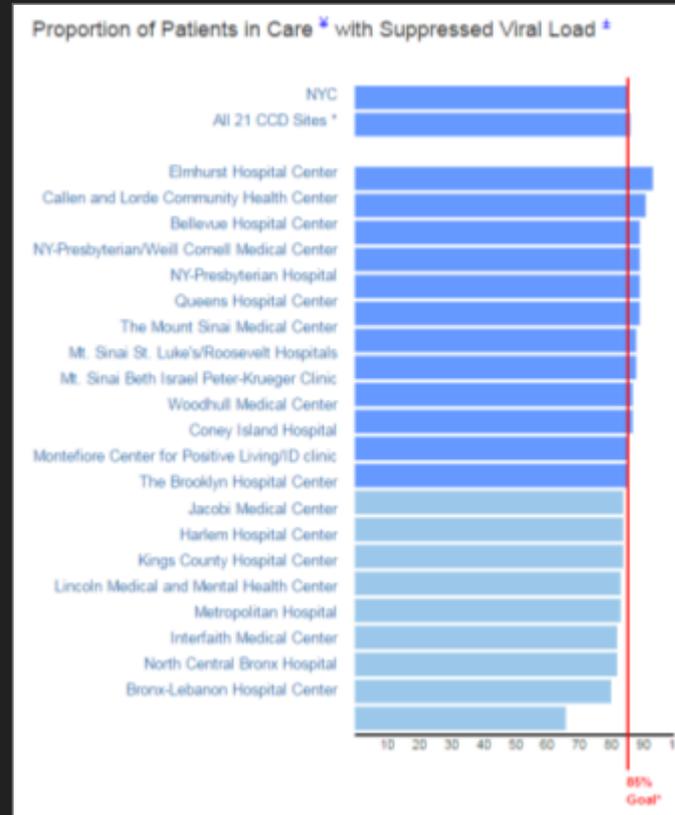


# HIV Care Status Reports (CSR): Surveillance for Care

- Sharing of limited patient-specific data from HIV Surveillance allowed by 2010 NYS HIV Testing Law
- CSR is a web-based application that allows approved providers to submit their out-of-care patients (>12 months) for query against the Registry to determine whether additional outreach is needed to engage patient in care
  - Outcomes provided: “follow-up needed” or “no follow-up needed”

# HIV Care Continuum Dashboards (CCD)

- Facility-specific data provided to key members of the organization regarding timely linkage to care and VLS
- December 2012: first release of CCD to 21 sites; biannually since
- December 2014: 46 sites (67% PLWHA in NYC)
- December 2015: public release to original 21 sites



2011 - 2014 Progress on Viral Load Suppression

# Prevention Services

- NYC Condom Availability Program
- Increasing access to and awareness of PrEP
- Combination prevention campaign

# NYC Condom Availability Program: Covering NYC in Latex

GREAT FIT **STRONG** Available fun EXCITING  
EASY ACCESS fun EXCITING Available  
**STRONG** GREAT FIT Available  
EXCITING Available  
NYC CONDOM  
ONE PREMIUM LUBRICATED  
LATEX CONDOM  
NYC KYNG  
ONE PREMIUM LUBRICATED  
LARGE LATEX CONDOM

**BE SEXY. BE SAFE.**  
FREE/NOW IN **KYNG** SIZE  
Call 311 or download the  
NYC Condom Finder app. #nycondom

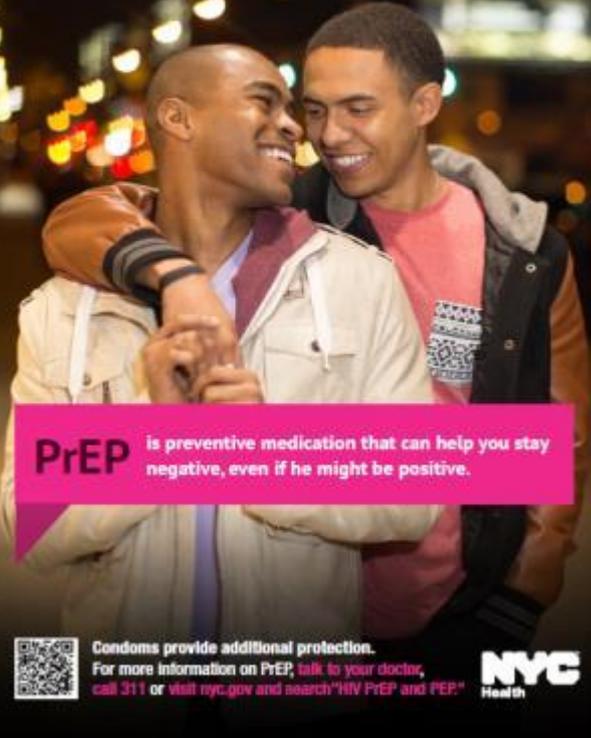
**NYC**  
Health



# Increasing PrEP & PEP Awareness



## Share the Night, Not HIV



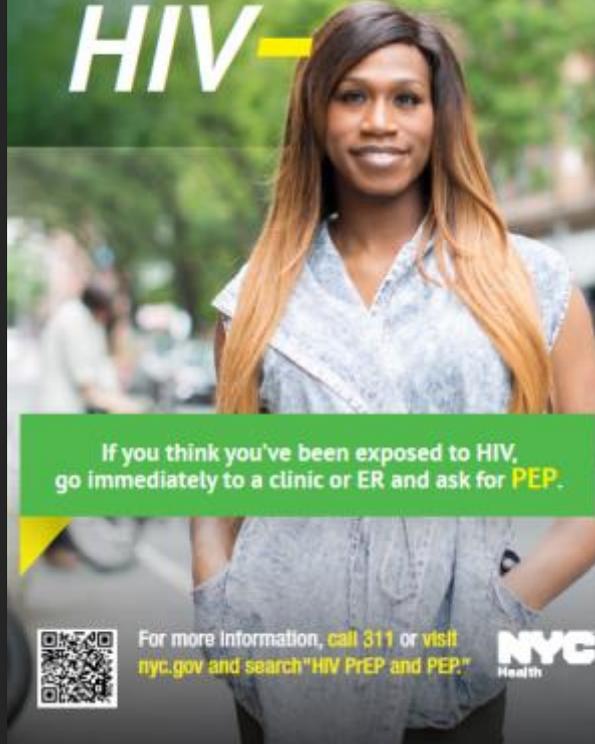
**PrEP** is preventive medication that can help you stay negative, even if he might be positive.



Condoms provide additional protection. For more information on PrEP, talk to your doctor, call 311 or visit [nyc.gov](http://nyc.gov) and search "HIV PrEP and PEP."



## PEP Kept Me HIV-



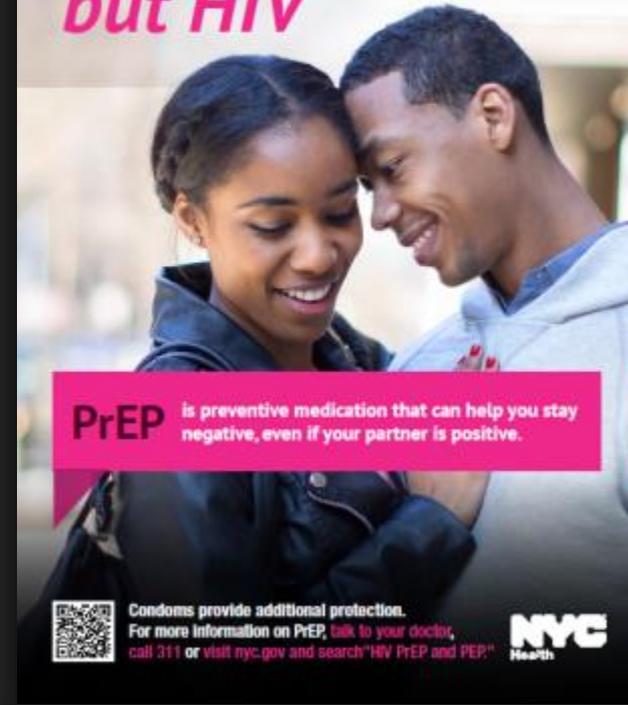
If you think you've been exposed to HIV, go immediately to a clinic or ER and ask for **PEP**.



For more information, call 311 or visit [nyc.gov](http://nyc.gov) and search "HIV PrEP and PEP."



## We Share Everything but HIV



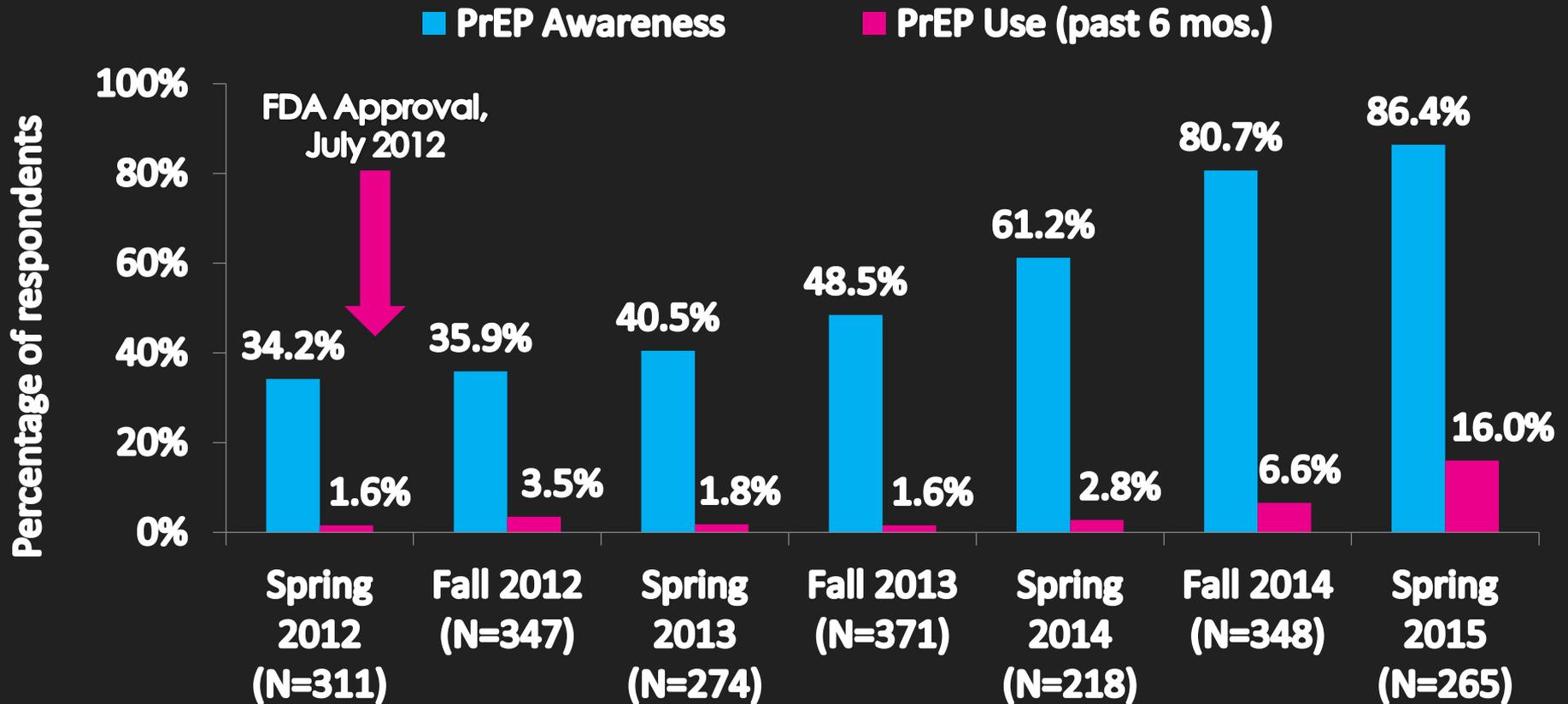
**PrEP** is preventive medication that can help you stay negative, even if your partner is positive.



Condoms provide additional protection. For more information on PrEP, talk to your doctor, call 311 or visit [nyc.gov](http://nyc.gov) and search "HIV PrEP and PEP."



# PrEP Awareness and Use in the Past 6 Months among MSM\*, Sexual Health Survey, Online Sample, NYC, 2012-2015



\*Aged 18-40, sexually active, with self-reported HIV status as negative or unknown

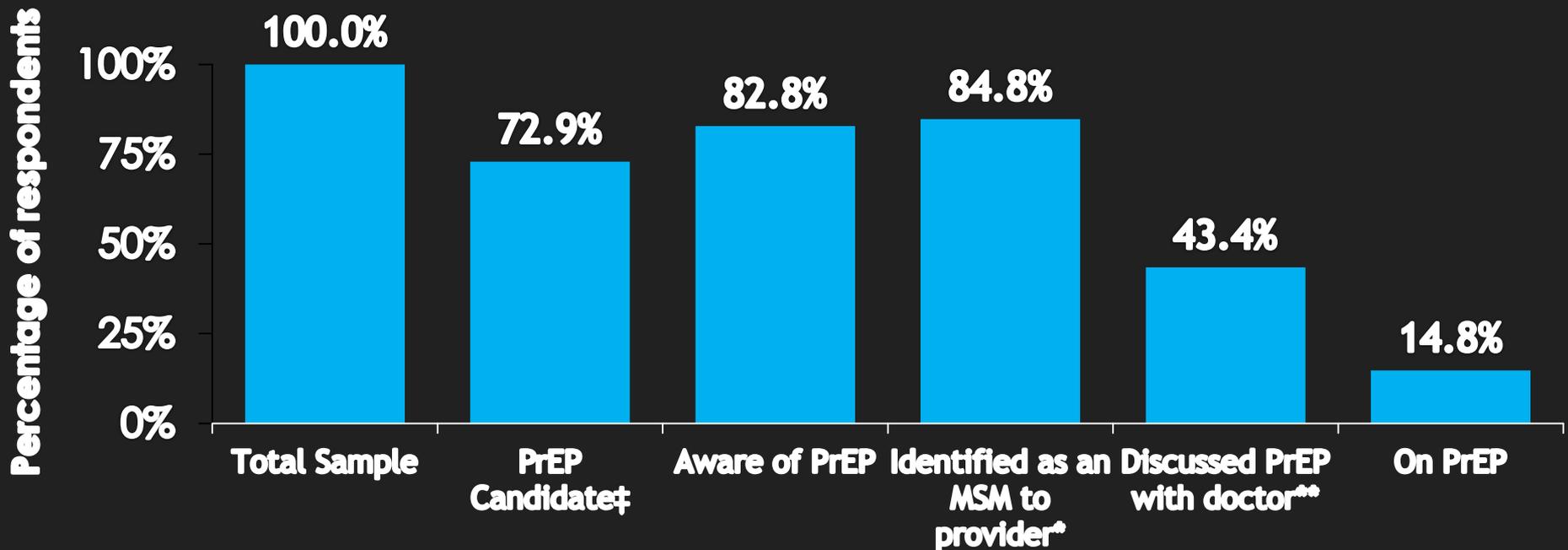
Mensah N, et al. NHPC, 2015 Abstract #2087. Scanlin K, et al. CROI, 2016 Abstract #888.

#END AIDS NY 2020



# Prevention Continuum, Spring 2015

Awareness and Engagement in Clinical HIV Prevention among MSM\*, Sexual Health Survey, Aggregated Online and In-person Sample, NYC, Spring 2015 (n=620)



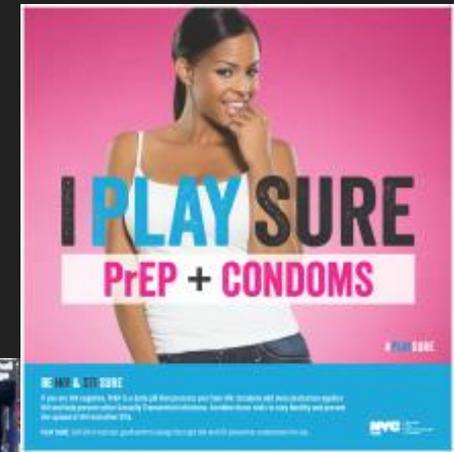
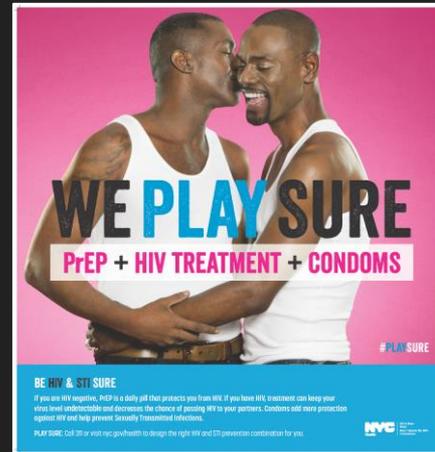
\*Aged 18-40 years, sexually active, with self-reported HIV status as negative or unknown

Mensah et al. 2016. Unpublished data.

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# Combination Prevention HIV Neutral Social Marketing Campaign

- Launched a new combination prevention social marketing campaign on World AIDS Day 2015
- EtE funds to support expansion of placement and social marketing





# NYC PLAYS SURE

# NYC PLAYS SURE

WHATEVER YOUR PLEASURE, WHEREVER YOU ARE, ALWAYS BE READY TO PROTECT YOURSELF FROM HIV AND STIS

WHATEVER YOUR PLEASURE, WHEREVER YOU ARE, ALWAYS BE READY TO PROTECT YOURSELF FROM HIV AND STIS

#PLAYSURE

#PLAYSURE

## NYC BRINGS YOU THE NYC PLAY SURE KIT

## NYC BRINGS YOU THE NYC PLAY SURE KIT

An easy way to carry the right protection combination that works for you.

An easy way to carry the right protection combination that works for you.

PLAY SURE: Call 311 or visit [nyc.gov/health](http://nyc.gov/health) to design the right HIV and STI prevention combination for you.

PLAY SURE: Call 311 or visit [nyc.gov/health](http://nyc.gov/health) to design the right HIV and STI prevention combination for you.



# Community & Expert Consultations

# Community & Expert Consultations

- Held in partnership with local community-based and activist organizations
  - PrEP Measurement in New York (February 19)
  - Transgender Health in NYC: Defining Disparities, Measuring Progress (March 25)
  - Methamphetamine Use in NYC: Tracking Trends, Identifying Needs (March 25)

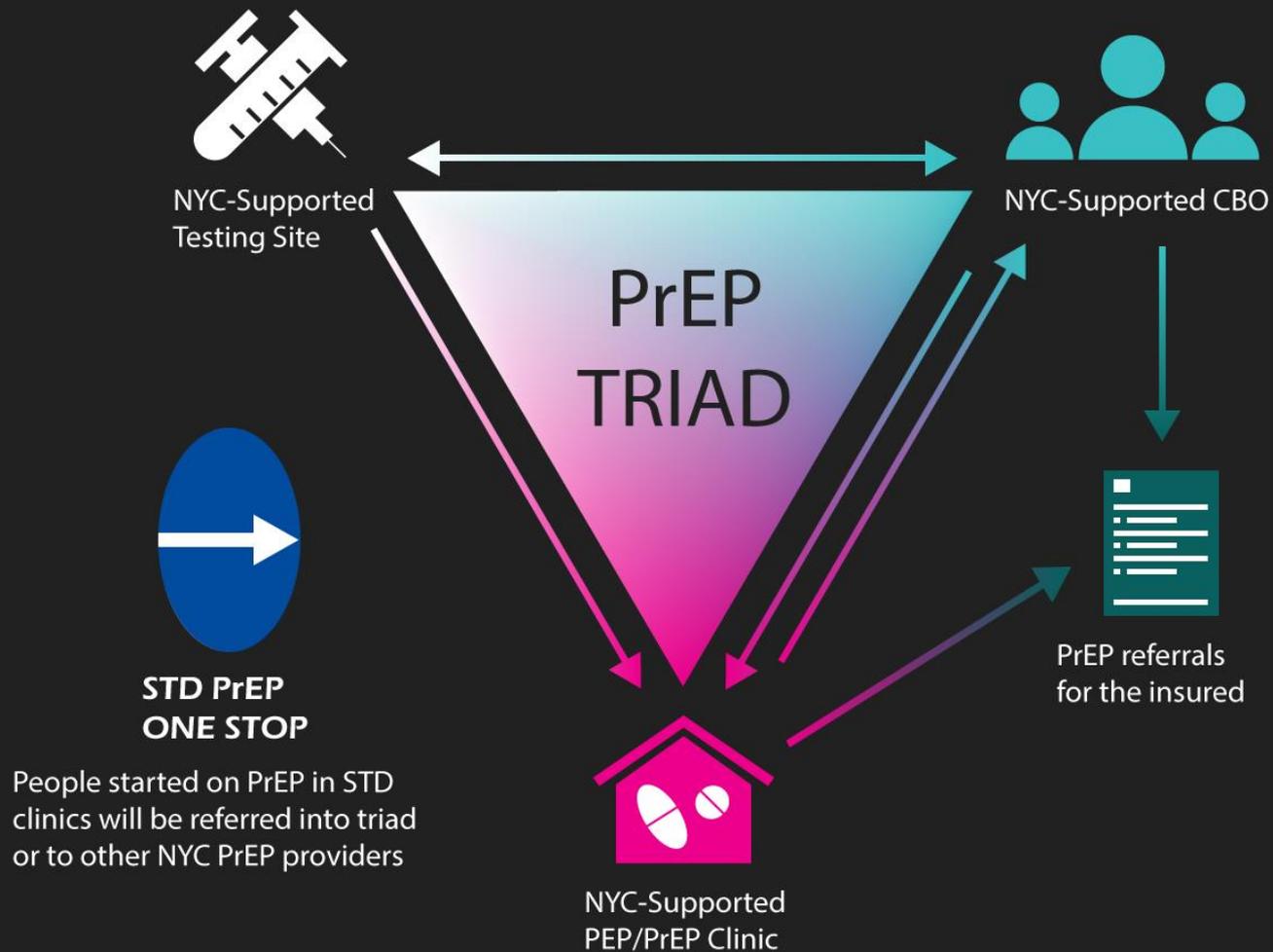
# PrEP: Overview of Current Data Sources

	Surveillance	Program
Consumer	<ul style="list-style-type: none"><li>• Sexual Health Surveillance (SHS)</li><li>• National HIV Behavioral Surveillance (NHBS)</li><li>• Medical Monitoring Project (MMP)</li></ul>	<ul style="list-style-type: none"><li>• NYC DOHMH Field Services Unit</li><li>• Sexual and Behavioral Health Program (SBH)</li></ul>
Provider	<ul style="list-style-type: none"><li>• NYC DOHMH HIV/AIDS Surveillance</li><li>• Primary Care Information Project (PCIP)</li></ul>	<ul style="list-style-type: none"><li>• Public Health Detailing Program</li></ul>

# Opportunities for Action

- ICD-10 codes and syncing NYS and NYC codes for consistency
- Follow-up on the possibility of obtaining proprietary data sources
- #PlaySure PrEP Triads

# #PlaySure PrEP Triads in NYC



# Contract Awards

## Leveraging Community-Based HIV Testing For Linkage to Prevention: HIV Testing Programs

- AIDS Center of Queens County, Inc. (ACQC)
- After Hours Project, Inc.
- Forging Ahead for Community Empowerment and Support NY, Inc. (FACES)
- Gay Men's Health Crisis, Inc.
- Harlem United Community AIDS Center, Inc.
- Latino Commission on AIDS, Inc.
- Planned Parenthood of New York City, Inc.

## Outreach and Education of Combination Prevention: Community-Based Organizations

- The Ali Forney Center
- BOOM! Health
- Community Health Action of Staten Island
- Haitian-American Community Coalition, Inc.
- The Hetrick-Martin Institute, Inc.
- Queens Lesbian, Gay, Bisexual, Transgender Community Center (Q-Center)
- Safe Horizon, Inc.
- Voces Latinas Corp.

## Evidence-Based Interventions To Support Biomedical Prevention: Clinical Settings

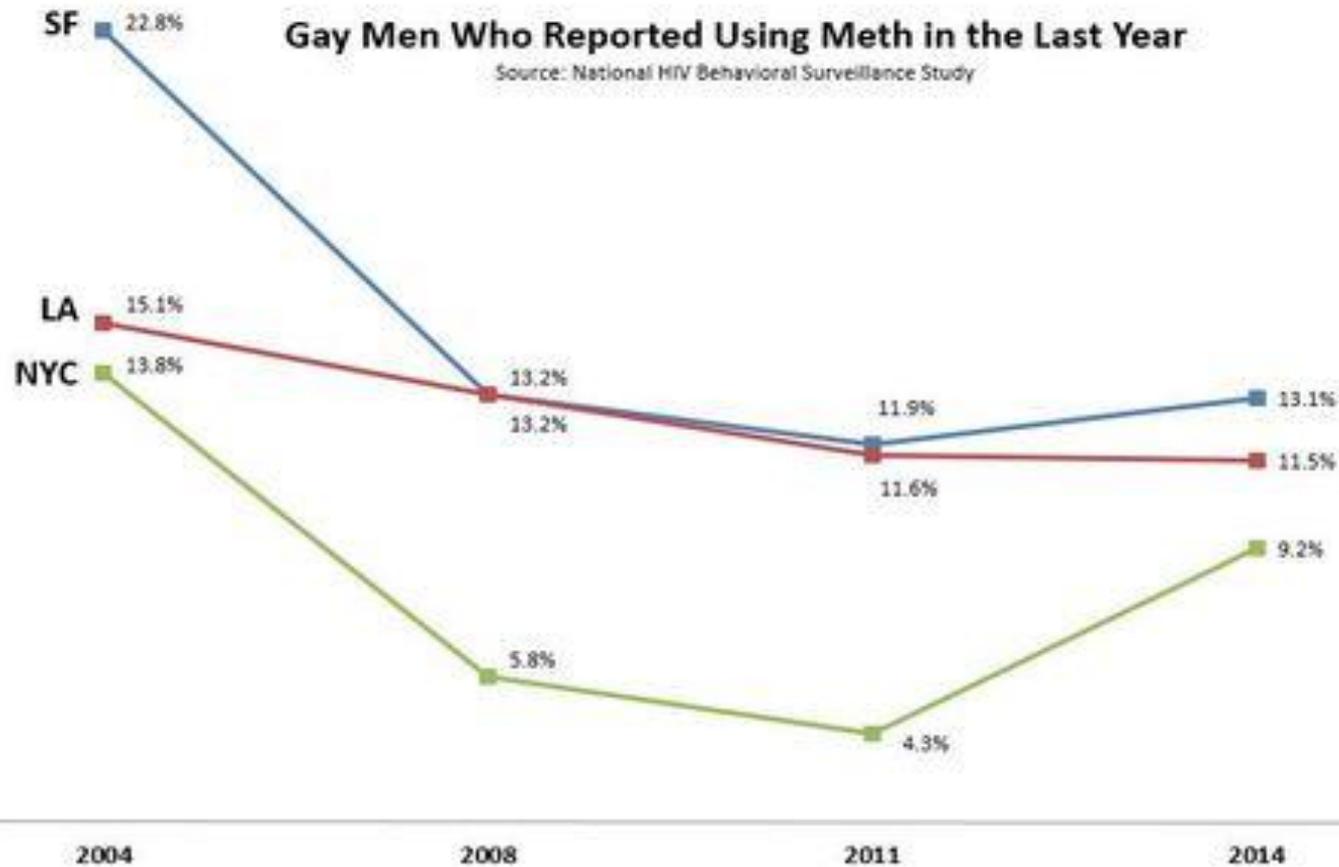
- APICHA Community Health Center
- NYC Health & Hospital – Harlem Hospital Center
- Housing Works Health Services III, Inc. - Housing Works Community Healthcare
- Montefiore Medical Center
- The Research Foundation for SUNY on behalf of SUNY Downstate Medical Center
- William F. Ryan Community Health Center, Inc.

# Contract Awards

## PrEP for Adolescents

- La Casa de Salud
- Montefiore Medical Center
- New York Presbyterian Hospital

# Meth Use by NYC Gay Men

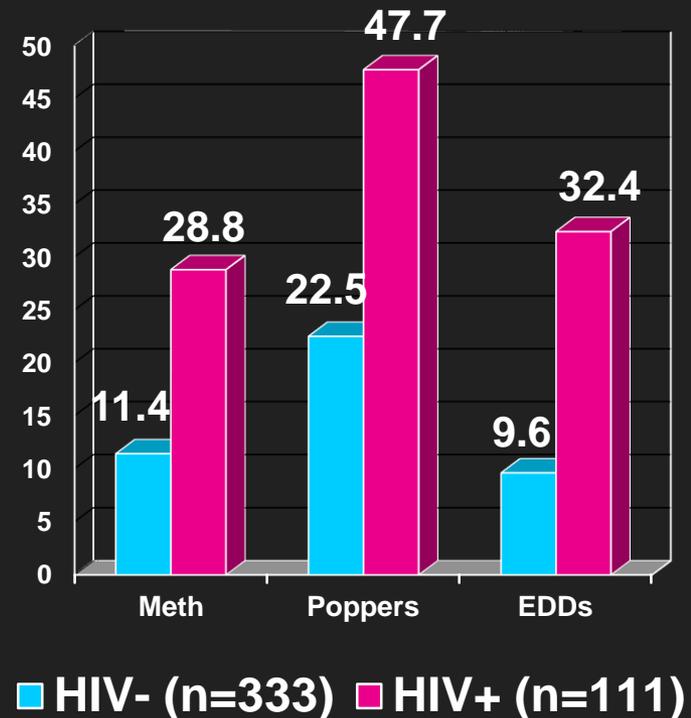


Staley P(2016). It's Back! Meth Use By NYC Gay Men Rising Again. POZ.  
Retrieved from <https://www.poz.com/blog/meth-use-by-nyc-gay-men-rising-again>

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# Meth Use and HIV Transmission in MSM

- Meth use correlates with 2-4 fold increases in risk for HIV transmission in:
  - Cohort studies (Plankey et al., 2007)
  - New infections (Drumright et al., 2007; 2009)
  - STI settings (Buchacz et al., 2005; Buchbinder et al., 2005)



# BHIV Proposed Activities

- Develop print and online resources (partially funded by RW)
- Funded programs
  - Include assessment for crystal meth use and injecting
  - Module to promote PrEP for meth users
  - Care Coordination etc. promotion for HIV+ users
  - Referrals to support groups and treatment
  - New RW funded Harm Reduction program with a focus on HIV+ meth users to be awarded soon

# EtE RFP: Harm Reduction Services for Crystal Methamphetamine Users

- Innovative program to address crystal meth use in NYC
- Funding expands harm reduction support to NYC meth users
- The program will be a collaborative consisting of a CBO and a clinic-based agency
  - **CBO:** provide outreach, drop in space, counseling, group-level support, education and linkage to services, & benefits navigation
  - **Clinic:** pharmacotherapy, counseling, vaccinations, STI treatment, & PEP starter packs
- Informed by consultation

# Crystal Meth Harm Reduction Services

## Program Objectives

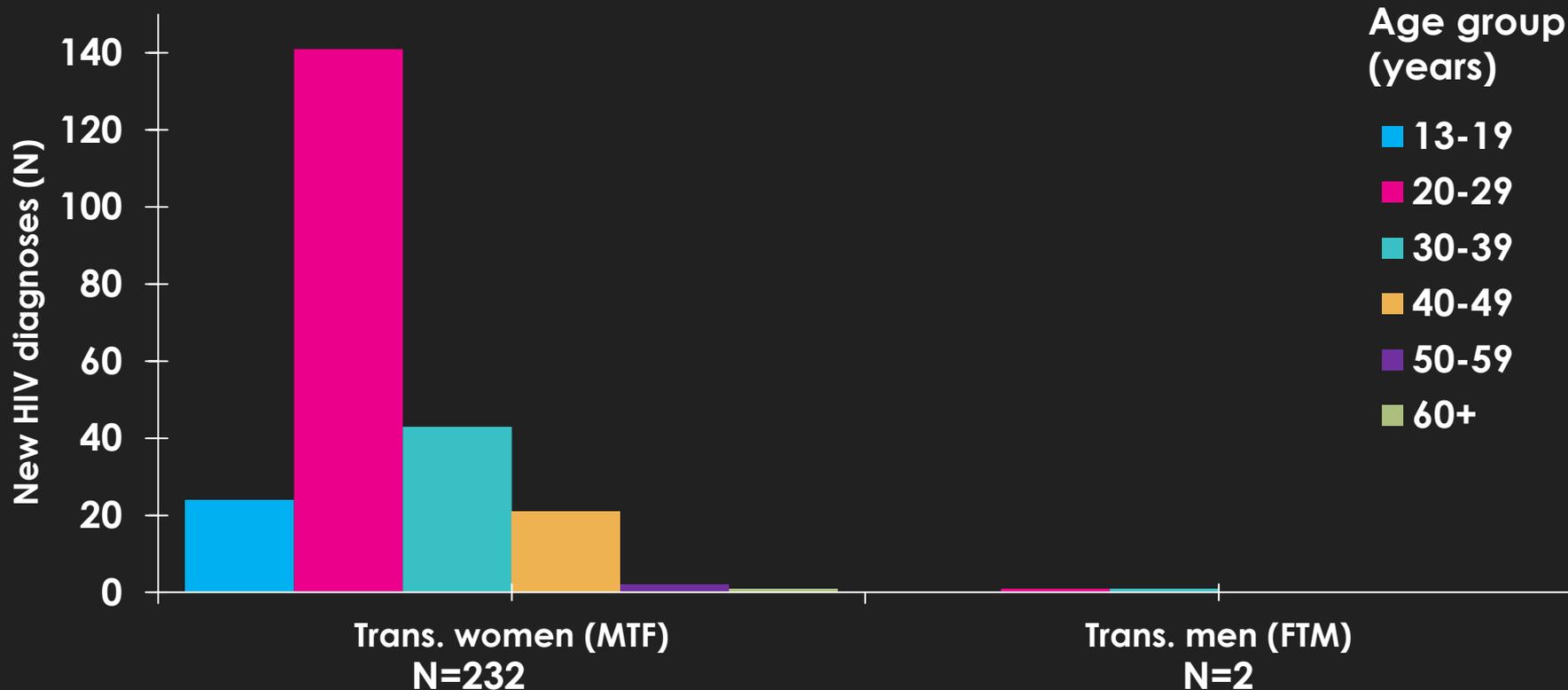
1. Expand or develop program to help people who use methamphetamine manage or reduce their use and reduce harms associated with use including:
  - a. HIV transmission
  - b. STI transmission
  - c. Hepatitis C transmission
2. Expand access to harm reduction support to New Yorkers who use methamphetamine
  - a. Including people at risk for HIV infection

# Contract Awards

## Crystal Methamphetamine Harm Reduction Services

- Housing Works Health Services III

# New HIV diagnoses among transgender people by gender identity and age at diagnosis in NYC, 2010-2014

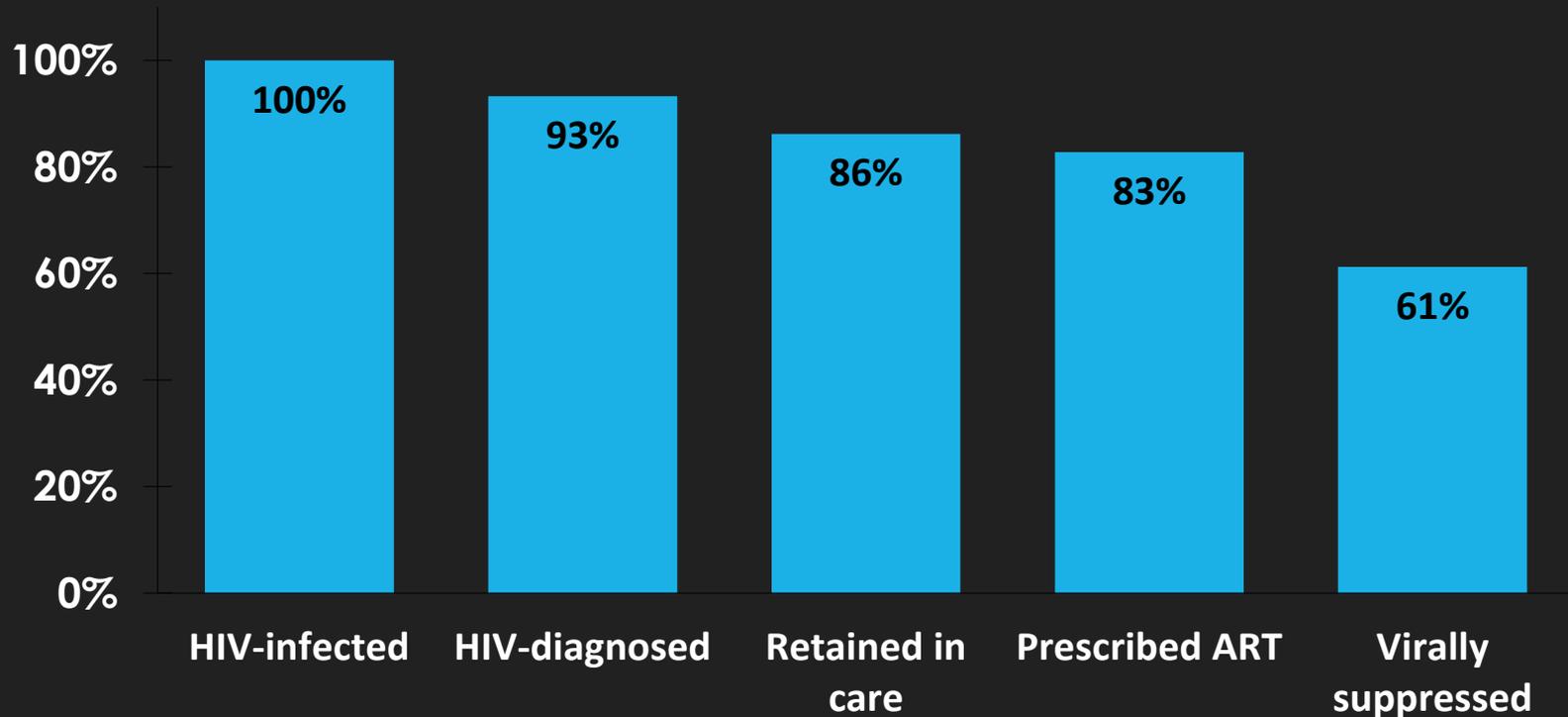


**Newly diagnosed transgender women (MTF) were predominantly in their 20s.  
Newly diagnosed transgender men (FTM) were in their 20s and 30s.**

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2015.

[#ENDAIDSNY2020](#)

# Proportion of transgender HIV-infected people engaged in selected stages of the HIV care continuum, NYC 2014



**Of the approximately 900 transgender people infected with HIV in NYC in 2014, 61% had a suppressed viral load.**

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2015.

**#END AIDS NY 2020**

# HIV diagnoses and care among transgender people and comparison with MSM in NYC, 2006-2011

- Analysis to compare outcomes of the 260 transgender women and 10,675 MSM who were newly diagnosed with HIV in NYC from 2006-2011
- Transgender women and MSM were found to be equally likely to be:
  - diagnosed with AIDS concurrently with HIV
  - have timely linkage to care
- Transgender women were found to be less likely to achieve viral suppression within 12 months of diagnosis compared with MSM

Wiewel EW, Torian LV, Merchant P, Braunstein SL, Shepard CW. HIV Diagnoses and Care Among Transgender Persons and Comparison With Men Who Have Sex With Men: New York City, 2006-2011. *Am J Public Health*. 2016 Mar;106(3):497-502. doi: 10.2105/AJPH.2015.302974.

# Why support transgender-focused organizations?

1. Trans communities face a high burden of HIV
2. HIV and other health inequities are amplified by:
  - Stigma, discrimination and violence
  - Poverty and homelessness
  - Limited access to affirming and competent healthcare
3. We can help end the epidemic by supporting trans-focused organizations that are working to address social or health inequities

# EtE RFP: Transgender organizational support

- Collaborative programs
- Transgender Organizational Support
- Transgender Organizational Capacity Building Assistance
- CAB required

# Goals and Objectives

- **Long-term goal:** Greatly reduce new infections and improve HIV care outcomes among transgender persons by 2020
- **Immediate objectives:** Support grassroots transgender-focused organizations to
  1. Strengthen their development and sustainability
  2. Increase their capacity to address social exclusion and health inequities to broadly promote the well-being of transgender persons

# Contract Awards

## Transgender Organizational Capacity Building Assistance

- Latino Commission on AIDS, Inc.

## Transgender Organizational Support

- Destination Tomorrow, Inc.
- New York Transgender Advocacy Group
- Princess Janae Place
- Translatina Network

# Upcoming Community & Expert Consultations

- Phylogenetics – Fall 2016
- Hand held applications – Early 2017

# Updates from NYS AIDS Institute

**Johanne E. Morne, MS**  
Director, AIDS Institute  
New York State Department of Health

**GET TESTED.  
TREAT EARLY.  
STAY SAFE.**

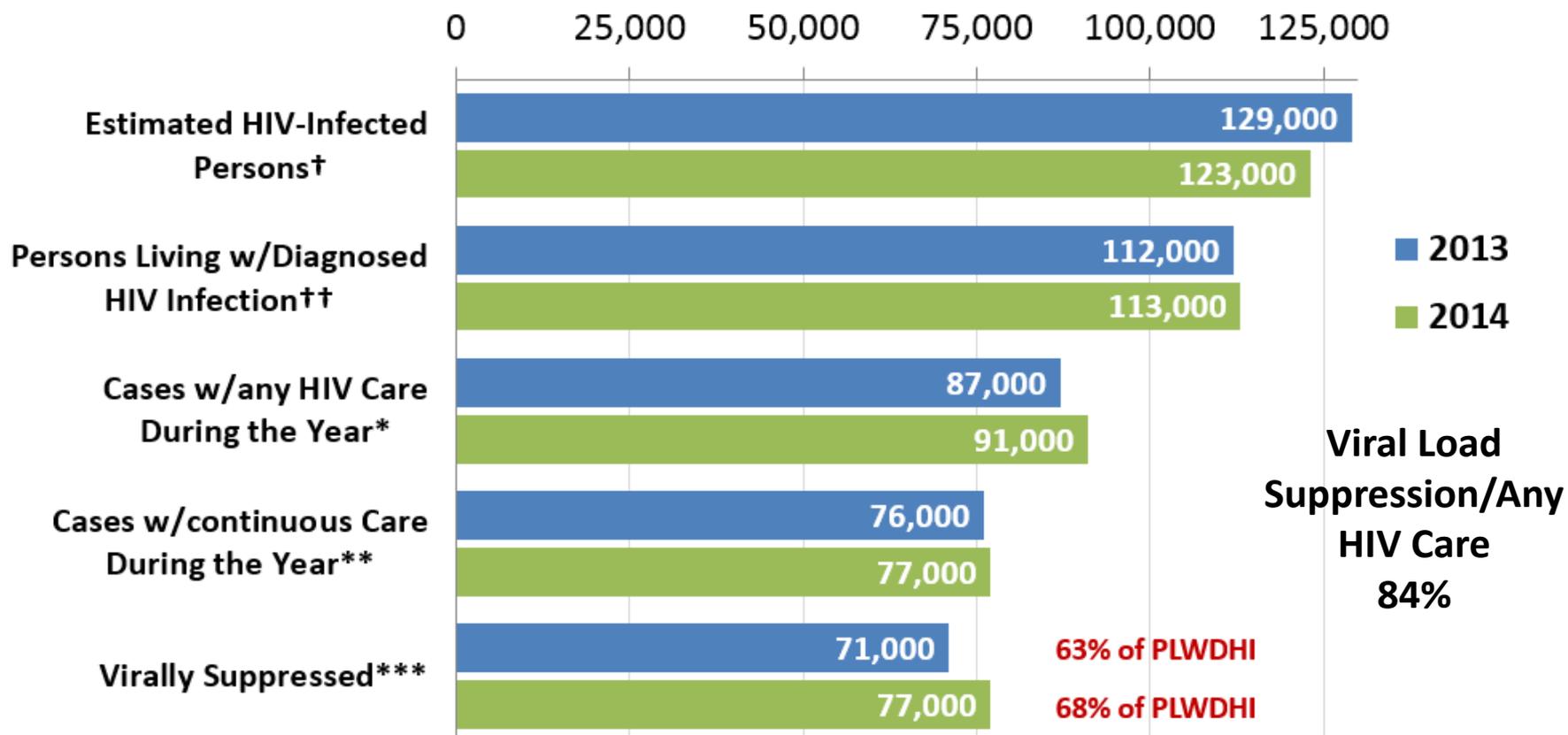
**End AIDS.**

[health.ny.gov/ete](https://health.ny.gov/ete)



# New York State Cascades of HIV Care

## 2013 versus 2014



† Estimation methods differ between years

†† Based on most recent address, regardless of where diagnosed

\* Any VL or CD4 test during the year; \*\* ≥2 tests, ≥3 months apart

\*\*\* Viral load undetectable or ≤200/ml at test closest to end-of-year

## Single Year Changes in NYS Cascade of HIV Care Indicators: 2013-2014 Persons Residing in NYS<sup>^</sup> at End of 2014

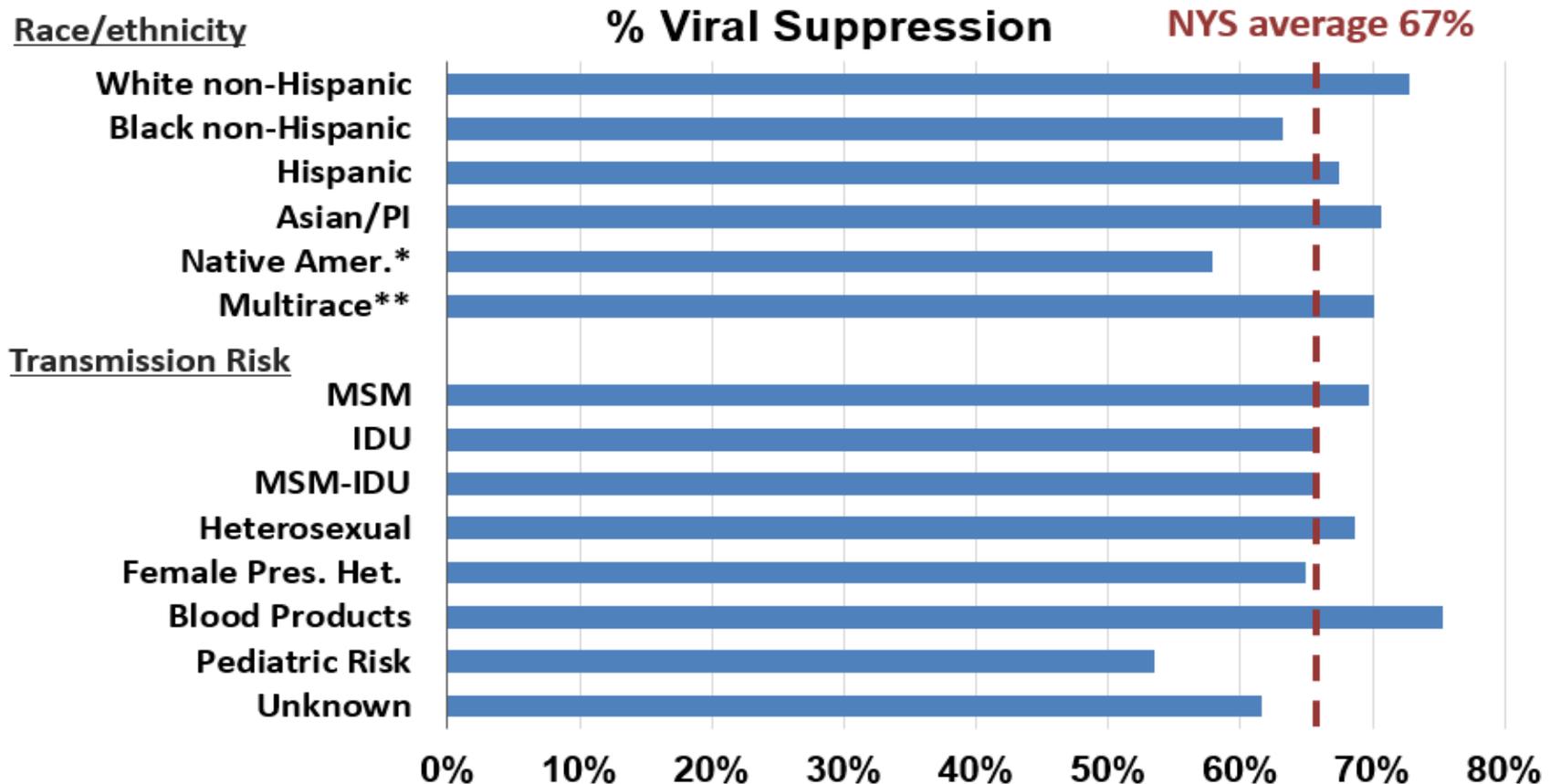
	2013	2014	Change	
			#	%
Estimated HIV Infected Persons	129,000	123,000	- 6,000	- 4.7%
Persons Living with Diagnosed HIV Infection	112,000	113,000	+ 1,000	+ 0.89%
Cases w/any HIV Care During the Year*	87,000	91,000	+ 4,000	+ 4.6 %
Cases w/Continuous Care During the Year**	76,000	77,000	+ 1,000	+ 1.3 %
Virally Suppressed (n.d. or $\leq 200$ ml) at test closest to end-of-year	71,000	77,000	+ 6,000	+ 8.4%

<sup>^</sup> Based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care for years and persons with diagnosed HIV (non-AIDS) with no evidence of care for 8 years.

\*Any VL or CD4 test during the year

\*\*At least 2 tests, at least 3 months apart

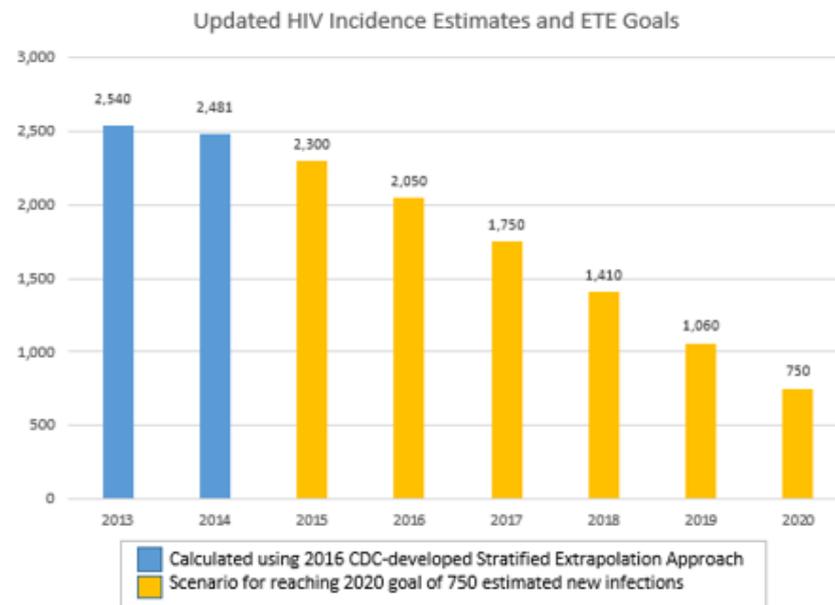
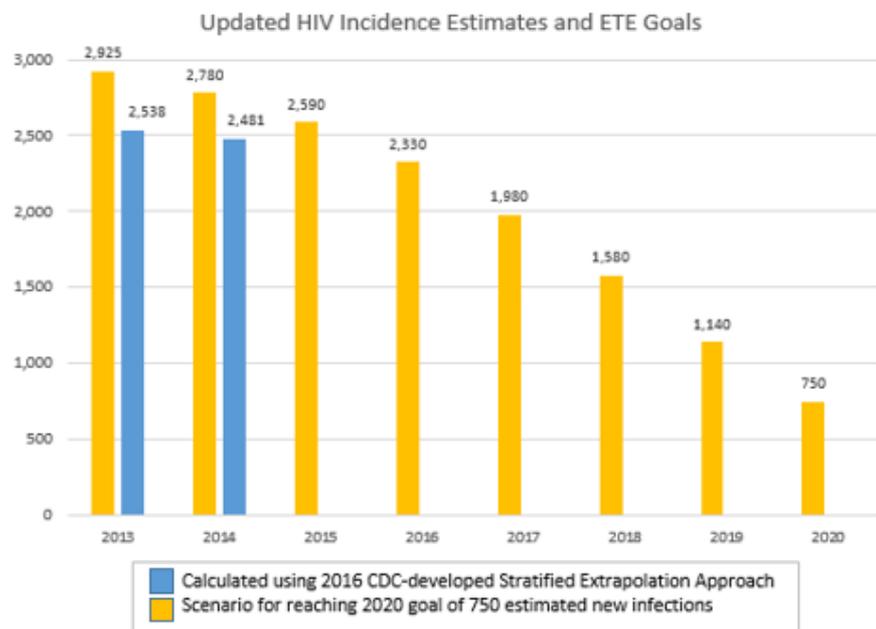
## Viral Suppression among Persons Living with Diagnosed HIV Infection by Risk and Race/Ethnicity: New York State, 2014



\*Based on small number of persons (n<100).

\*\*Multi-race care measures are likely less reliable due to the method used to calculate multi-race status.

## Potential Trajectory of Ending the Epidemic Incidence



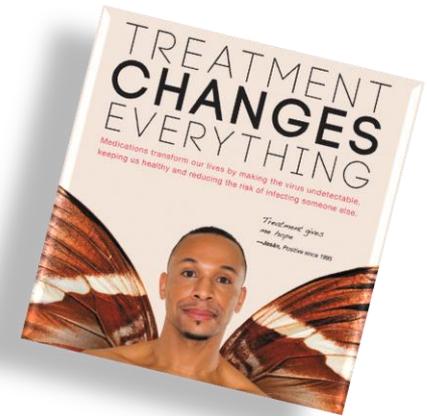
# 1. Identify all persons with HIV who remain undiagnosed and link them to health care.

- **Expanded access to HIV testing**, partner testing initiatives; non traditional testing sites; targeted testing initiatives
- **Updated HIV Testing Toolkit**
- **Improve the identification of undiagnosed** HIV infection, and establish new access points for HIV care and treatment (HICAPP)
- **Hospital reviews** for HIV testing conducted by IPRO



## 2. Link and retain those with HIV in health care, to treat them with anti-HIV therapy to maximize virus suppression so they remain healthy and prevent further transmission.

- **HIV Uninsured Care Programs**
  - **Population specific health care initiatives**
  - Access to **supportive services** to address social and structural barriers
- **Special Needs Plans**
  - **Expanded Partner Services Program (ExPS)** to identify and re-engage individuals in medical care
  - **Positive Pathways**, working with HIV-positive incarcerated persons to encourage the initiation of medical care
- **Utilized match results** between surveillance and Medicaid databases to communicate with providers about people not in care and not virally suppressed.



# Surveillance Report

## New York State HIV/AIDS County Surveillance Report (Excludes State Prison Inmates)



For Cases Diagnosed Through December 2012

Bureau of HIV/AIDS Epidemiology  
AIDS Institute  
New York State Department of Health  
August 2014

**TABLE OF CONTENTS**  
Excludes State Prison Inmates

Report	Page
New York State HIV/AIDS County Surveillance Report	3-4
New York State HIV/AIDS County Surveillance Report	5-9
New York State HIV/AIDS County Surveillance Report	10-13
New York State HIV/AIDS County Surveillance Report	14-18
<b>NYS, EXCLUDING NYC, by County</b>	
Total Newly Diagnosed HIV Cases by County	19-21
Newly Diagnosed HIV Cases by County of Residence at Diagnosis and Year of Diagnosis	22-23
Newly Diagnosed HIV Cases by County of Residence at Diagnosis and Year of Diagnosis	24-25
HIV Cases by County of Residence at Diagnosis and Year of Diagnosis	26-27
AIDS Cases by County of Residence at Diagnosis and Year of Diagnosis	28-29
HIV and AIDS Cases by County of Residence at Diagnosis	30
HIV and AIDS Cases by County of Residence at Diagnosis	31

Summary Table A  
Newly Diagnosed HIV Cases<sup>1</sup> (January 2010 - December 2012), by County  
Excludes State Prison Inmates

County	All HIV Diagnoses <sup>2</sup>		AIDS Diagnoses <sup>2</sup>		Percent of All HIV Diagnoses <sup>2</sup>	
	Number	Rate (per 100,000)	Number	Rate (per 100,000)	Number	Rate (per 100,000)
Albany	10	10.0	1	1.0	10	10.0
Albany (City)	1	1.0	0	0.0	1	1.0
Albany (County)	9	9.0	1	1.0	9	9.0
Columbia	1	1.0	0	0.0	1	1.0
Columbia (City)	1	1.0	0	0.0	1	1.0
Columbia (County)	0	0.0	0	0.0	0	0.0
Delaware	1	1.0	0	0.0	1	1.0
Delaware (City)	1	1.0	0	0.0	1	1.0
Delaware (County)	0	0.0	0	0.0	0	0.0
Dutchess	1	1.0	0	0.0	1	1.0
Dutchess (City)	1	1.0	0	0.0	1	1.0
Dutchess (County)	0	0.0	0	0.0	0	0.0
Franklin	1	1.0	0	0.0	1	1.0
Franklin (City)	1	1.0	0	0.0	1	1.0
Franklin (County)	0	0.0	0	0.0	0	0.0
Hamilton	1	1.0	0	0.0	1	1.0
Hamilton (City)	1	1.0	0	0.0	1	1.0
Hamilton (County)	0	0.0	0	0.0	0	0.0
Montgomery	1	1.0	0	0.0	1	1.0
Montgomery (City)	1	1.0	0	0.0	1	1.0
Montgomery (County)	0	0.0	0	0.0	0	0.0
Saratoga	1	1.0	0	0.0	1	1.0
Saratoga (City)	1	1.0	0	0.0	1	1.0
Saratoga (County)	0	0.0	0	0.0	0	0.0
Schenectady	1	1.0	0	0.0	1	1.0
Schenectady (City)	1	1.0	0	0.0	1	1.0
Schenectady (County)	0	0.0	0	0.0	0	0.0
Schoharie	1	1.0	0	0.0	1	1.0
Schoharie (City)	1	1.0	0	0.0	1	1.0
Schoharie (County)	0	0.0	0	0.0	0	0.0
Ulster	1	1.0	0	0.0	1	1.0
Ulster (City)	1	1.0	0	0.0	1	1.0
Ulster (County)	0	0.0	0	0.0	0	0.0
Westchester	1	1.0	0	0.0	1	1.0
Westchester (City)	1	1.0	0	0.0	1	1.0
Westchester (County)	0	0.0	0	0.0	0	0.0
Yonkers	1	1.0	0	0.0	1	1.0
Yonkers (City)	1	1.0	0	0.0	1	1.0
Yonkers (County)	0	0.0	0	0.0	0	0.0

# Data to Care

## SUMMARY OF MEDICAID MATCH DATA FOR ENDING THE AIDS EPIDEMIC (ETE) PILOT

	Members	Percent	Content Summary
Total NYS HIV/AIDS Medicaid Members Submitted for Match to BHAIE	73,125	100%	HIV/AIDS Algorithm
Remaining Medicaid Members Matched to CDC Confirmed Case (by Bureau of HIV/AIDS Epidemiology (BHAIE))	59,807	82%	Match Rate with BHAIE
Deceased as of 12/31/2014 - Removed (Based on date of death with no paid claims beyond death)	5,623	9%	Deceased Removed
Remaining Medicaid Members Matched to CDC Confirmed Case with	<b>54,184</b>	<b>91%</b>	Presumed Living
Total Virally Suppressed between January 2011 and July 2015 (Defined as most recent VL < 200 copies/ml)	41,719	77%	Virally Suppressed
<b>TOTAL NOT VIRALLY SUPPRESSED*</b> (Defined as: Most Recent VL >= 200 copies/ml OR No VL)	<b>12,465</b>	<b>23%</b>	<b>Not Virally Suppressed</b>
<b>NOT Virally Suppressed in Medicaid Managed Care (MMC)</b> (Based on any capitation payments January 2014 - July 2015)	<b>8,703</b>	<b>70%</b>	<b>In Managed Care</b>
<b>NOT Virally Suppressed but NO Plan Affiliation</b> (Possible MMC or Medicaid eligibility issues; about 10%)	3,762	30%	No Plan Affiliation
<b>NOT Virally Suppressed with Plan Affiliation</b>	<b>6,441</b>	<b>74%</b>	<b>Sent to Pilot Plans</b>

Estimated metrics for tracking progress towards Ending the Epidemic in NYS



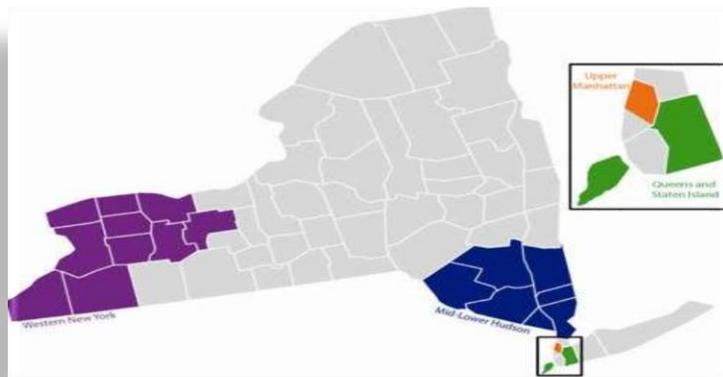
Welcome to the Ending the Epidemic Dashboard for New York State!

[ETEDASHBOARD.NY.ORG](http://ETEDASHBOARD.NY.ORG)

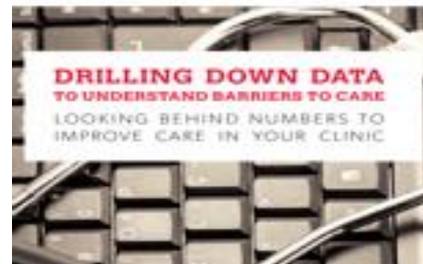


## Quality Improvement to Improve Viral Load Suppression (VLS)

- Viral Load Suppression (last VL<200 during review year) remains major focus of improvement activities with drilling down to focus on the non-suppressed
- Most recent VLS mean clinic rate (2014) of those in NY-supported care programs is 78% (n=151), up from 73% in 2013 (n=187)
- **Organizational (facility-level) cascades** required as part of annual assessments, with plan to include in next eHIVQUAL review
- QI learning networks active among CHCs, adolescent providers and NYC Health and Hospital Network, all focusing on VLS & cascades
- Low performer initiative drives technical support from QI coaches

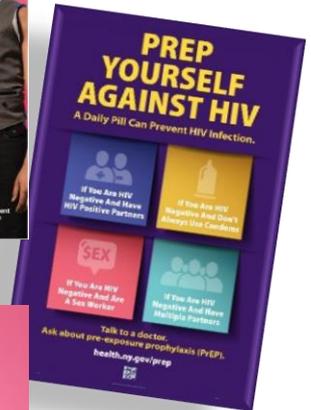


New York State  
HIV Quality of Care Program



### 3. Provide Pre-Exposure Prophylaxis for persons who engage in high risk behaviors to keep them HIV negative.

- January 1, 2015 start up of **PrEP – AP**
- Targeted PrEP Implementation Program
- Increase **public awareness of PrEP and nPEP** through continued consumer-informed marketing using traditional platforms and social media
- **Increase the number of PrEP prescribers** statewide
- Offer nPEP and PrEP at **STD clinics**
- Ensure **syringe exchange programs** serving sizable percentages of PrEP eligible individuals can link persons to PrEP
- Convened the **Implementation Forum and Adolescent PrEP Provider Forum** in November 2015
- **Developed PrEP quality metrics**



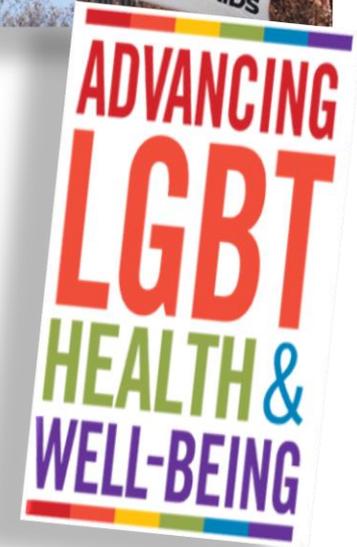
## PrEP Implementation

- PrEP programs implemented in hospitals, community health centers, and other clinical settings from Buffalo, Rochester, Albany, and New York City, including one adolescent- only PrEP provider
- Models of *TPIP* include PrEP Specialists in healthcare settings; Local Health Department STD Clinics; Syringe Exchange Programs; Telemedicine
- As of August 2015 - 2,577 patients enrolled in these programs
- Key determinants of success include a full-time PrEP specialist to facilitate insurance navigation and counseling; multidisciplinary team approach involving a PrEP expert; PrEP outreach at community events; PrEP mobile app to improve adherence; PrEP starter packs
- Identified barriers include prior authorization for medication; limited staff knowledge about insurance coverage; insufficient staff & resources; reaching specific populations in certain areas (e.g., MSM of color; women with trans experience)



#### 4. Recommendations in support of decreasing new infections and disease progression.

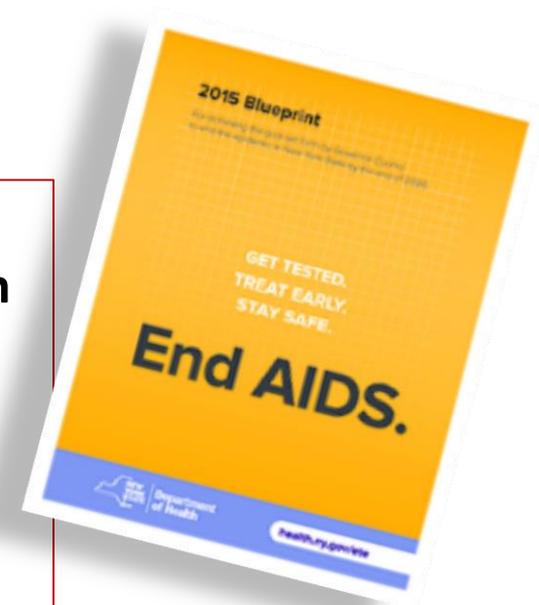
- Development of a **Peer Certification** program for persons with HIV/AIDS
- **Improve transgender health awareness** through targeted contract enhancements to known providers in NYC medically serving the transgender community
- **Expand targeted health care services to Young MSM** through funding enhancements to the Youth Access Programs (YAPs) allowing for increased outreach, improved linkage to continuous HIV care and treatment, and averted new infections
- Fund **Transgender Health Care Services** to meet the prevention, health care, mental health, medical case management and other supportive services needs of transgender individuals.
- Syringe Exchange Program (SEP) Expansion with 18 newly funded programs using **peer-delivered syringe exchange (PDSE)**



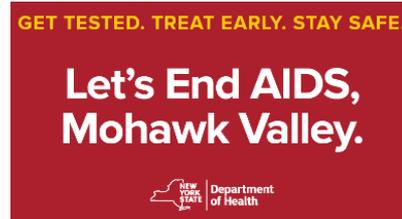
# Hepatitis C

**BP26: Provide HCV testing to persons with HIV and remove restrictions to HCV treatment access based on financial considerations for individuals co-infected with HIV and HCV.**

- Reduce and treat HCV transmission
- Eliminate HCV-related morbidity and mortality among co-infected persons
- Address and remove restrictions to HCV treatment access
- Monitor the quality of HCV care
  - eHEPQUAL being launched in July, created in partnership with NYCDOHMH



# Community Input, Collaboration, Marketing



## AAC ETE Subcommittee Advisory Groups Focusing on:

- STDs
- Data Needs
- Women
- Older Adults
- Young Adults
- Transgender and Gender Non-Conforming Men and Women
- Black MSM
- Spanish-Speaking, Migrant Workers and New Immigrants

## Changing Landscape

### Governor's Program Bill

The purpose of this bill is to support New York's Ending the Epidemic Initiative to decrease the prevalence of HIV infections.

- Streamline routine HIV testing
- Eliminate the existing upper age limit for the purpose of offering an HIV test
- Allow a physician to issue a non-patient specific order to allow registered nurses to screen individuals at risk for syphilis, gonorrhea and chlamydia
- Allow a physician to order a patient-specific or non-specific order to a pharmacist to dispense a seven day starter kit of PEP

**Governor Cuomo Announces All HIV-Positive Individuals in New York City to Become Eligible For Housing, Transportation and Nutritional Support**

JUNE 23, 2016 | Albany, NY

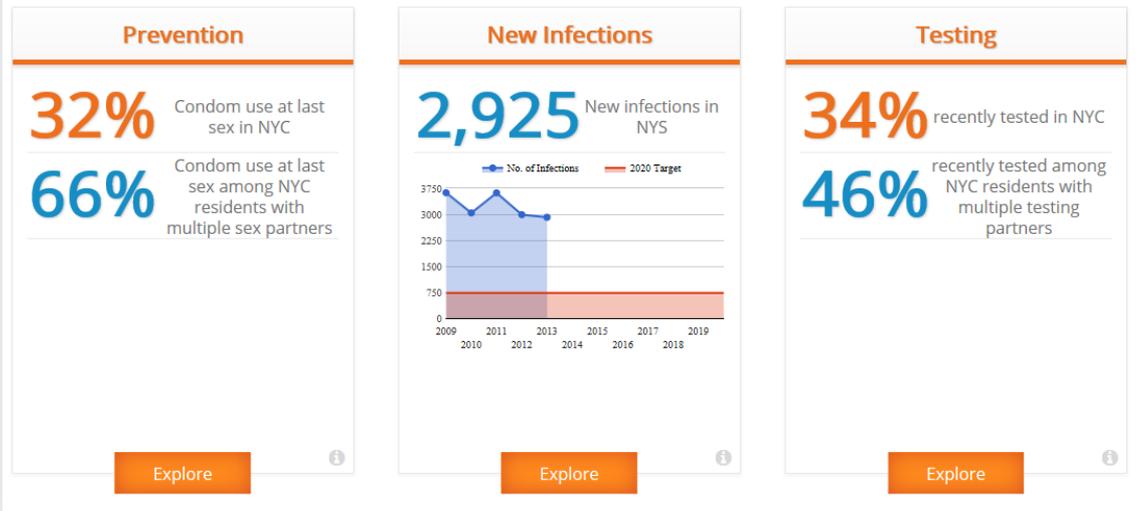
# Ending the Epidemic Dashboard

Home About Visualizations Communities Measures Events Data Upload Resources

## Welcome to the Ending the Epidemic Dashboard for New York State!

As recommended by the ETE Task Force, the purpose of this Dashboard is to extend and enhance the use of data to track and report progress on ending the epidemic in New York and broadly disseminate information to stakeholders on the initiative's progress.

## Estimated metrics for tracking progress towards Ending the Epidemic in NYS



**ETEDASHBOARDNY.ORG**

**Thank you! Questions?**

**Ending the Epidemic:  
It Takes a Village**

[ete@health.nyc.gov](mailto:ete@health.nyc.gov)

For more information, please go to our webpage:

[nyc.gov/health/ete](https://nyc.gov/health/ete)