

Domain 4: Population-Wide Strategy Implementation

Project ID: 4.c.ii

Project Title: Increase early access to, and retention in, HIV care

Objective:

This project will increase early access to, and retention in, HIV care.

Description:

This project is targeted at increasing the percentage of HIV-infected persons with a known diagnosis who are in care by 9% to 72% by December 31, 2017. It is also targeted at increasing the percentage of HIV-infected persons with known diagnoses who are virally suppressed to 45% by December 31, 2017. The project will implement a viral load suppression (VLS) initiative that employs a tiered set of evidence-based HIV treatment adherence supports including aggressive intake case management triage, integrated case conferencing and linkage to wrap-around behavioral and social supports as needed to achieve and sustain suppression of HIV viral load to an undetectable level.

The proposed VLS initiative is an individualized, stepped approach to ARV adherence support that moves from the least intensive tools (adherence planning, case management support, harm reduction recovery readiness for viral suppression) to the most intensive (home or community-based directly observed therapy [DOT]). This approach is based on the assumption that many patients will only require modest support to achieve the desired outcome while a smaller proportion of patients will require a higher level of support to achieve or maintain viral suppression, and that a stepped system will ensure the most efficient and cost-effective use of available resources. Participating providers in the PPS will pair eligible clients with a case manager or care coordinator who will work with the primary care provider and the client to create and implement an individualized adherence plan and coordinate behavioral health services and other adherence supports, or “tools” as needed. The ratio of patients to case manager will vary depending on the intensity of the support required as initially assessed by the Intake Coordinator.

Target Patient Population:

HIV-infected individuals, particularly those with new diagnoses; those who have been diagnosed but have fallen out of treatment; and those at high risk of becoming infected.

Providers Expected to Participate:

Primary care physicians, non-PCP practitioners, clinics, health homes / care management organizations, behavioral health providers, substance abuse treatment providers, skilled nursing facilities / nursing homes, pharmacies, community based organizations, and others.

Project Milestones

Implement evidence based best practices for disease management, specific to HIV and viral load suppression, in community and ambulatory care settings

Participate in a NYC cross-PPS Collaborative

Engage with Health Homes and Care Management agencies to develop adherence protocol and staffing plans for Population Health Management to improve retention in care and medication adherence to support viral load suppression.

Develop and implement peer-based educational support and self-management programs