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New amfAR report highlights role of health plans, health care purchasers in curbing domestic HIV epidemic

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Today, amfAR, The Foundation for AIDS Research released a new report, *"Curbing the HIV Epidemic by Supporting Effective Engagement in HIV Care: Recommendations for Health Plans and Health Care Purchasers,"* which highlights the critical role of health plans and health care purchasers, including Medicaid and Medicare programs, marketplaces, and employers, in moving the nation toward ending the domestic HIV epidemic.

According to the report, there are a relatively small number of actionable and meaningful steps that these entities can take that will improve health outcomes, reduce preventable HIV-related health spending, and contribute to the development of more tightly integrated systems of care.

"While we have the science and the tools to stop HIV transmissions and support all people with HIV to lead long and healthy lives, the HIV community cannot achieve this vision alone," said Greg Millett, amfAR Vice President and Director, Public Policy. "We hope that this report shows health plans and major health care purchasers that they can take a small number of strategic steps to provide better care to their members that will help us achieve critical national goals."

amfAR worked in partnership with a group of leading researchers in HIV/AIDS policy to identify changes in policy and practice in clinics, communities, and health care programs to reduce unnecessary health spending, increase the effectiveness of services, and increase the integration of services.

"Our research team members each brought very different expertise and we interviewed a broad range of leading clinicians and researchers. Our goal was to distill a lot of ideas into high priority actionable steps for health plans and purchasers," said Jeffrey Crowley, Distinguished Scholar at the O'Neil Institute for National and Global Health Law at Georgetown Law and lead author of the report.

The researchers urged health plans and health care purchasers to consider taking action within three primary domains: 1) better monitoring of engagement in HIV care; 2) intervening to support continuous and sustained engagement in care and HIV viral suppression; and 3) supporting policy changes at all levels of government to strengthen engagement in HIV care.

Dr. Rivet Amico, co-author and a prominent HIV behavioral scientist at the University of Michigan, added:

Getting and staying in care, and taking medications without fail every single day would challenge nearly anyone. By building systems to monitor engagement in care, and intervene in a timely manner before or when interruptions occur, we can improve health outcomes.

Currently, 1.2 million Americans are living with HIV and an estimated 44,000 new infections occur annually. In recent years, the share of Americans with HIV who are aware of their status has risen to record levels. However, according to the Centers for Disease Control and Prevention (CDC), almost half of all people diagnosed with HIV in the U.S. are not receiving regular HIV care, and account for roughly seven in ten HIV transmissions. Moreover, while more people with HIV in the U.S. are on effective antiretroviral treatment, only 30 percent remain in care and are virally suppressed.

"As someone who treats people with HIV, I have seen the impact of high quality care that literally transforms lives. I know that my fellow clinicians welcome more active partnerships with health plans and purchasers that work to reduce the burden on all parts of the system to effectively monitor and support the highest quality care," said Dr. Michael Mugavero, an HIV physician and researcher at the University of Alabama, Birmingham.

This report is intended to be one more tool to help the U.S. health system adopt proven measures to strengthen monitoring, engage people in care, and re-engage people after an interruption in care so that all Americans living with HIV are supported in maintaining viral suppression.

Source:

<http://www.amfar.org/>
