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October 16, 2014

Oregon Metrics and Scoring Committee
Oregon Health Authority
500 Summer Street NE
Salem, OR 97301

Metrics and Scoring Committee Members:

I want to thank the members of the Committee for your leadership in creating effective policy to fulfill Oregon's Triple Aim. I am submitting public comment for your consideration in adopting benchmarks for 2015 Coordinated Care Organization (CCO) incentive measures. My comments focus on an opportunity within the CCOs to reduce healthcare costs and improve outcomes with respects to HIV infection in Oregon.

Since 2007, Oregon's rates of new HIV infections have remained consistent averaging 250 per year. The costs associated with medical care for HIV-infected Oregonians is considerable. When applied to Oregon's annual new infection rate of 250, the estimated combined lifetime medical treatment costs for all new HIV cases is \$86 Million compounded every year.

The Metrics and Scoring Committee is poised to play an integral role in bending this HIV treatment cost curve through adopting, as a CCO incentive measure, policy that promotes universal testing for the virus in accordance with current Centers for Disease Control (CDC) and US Preventative Task Force (USPTF) recommendations. Currently, the CDC advises HIV testing for all people ages 13-64. The USPTF currently denotes HIV testing with a Grade A recommendation for individuals between 15-64 years of age. Both recommendations are based on the proven cost-effectiveness of HIV testing as an intervention. The cost per quality adjusted life year, estimated to be an average of \$20,000 for universal HIV testing, is similar to that of costs associated with federal guidelines for mammogram, colorectal cancer, and diabetes screenings.

Through adopting policy which promotes CCOs' scaling up universal HIV testing more HIV-infected Oregonians will become aware of their status. Increased knowledge of HIV-positive status would save significant costs considering close to 20% of HIV-infected Oregonians are currently unaware and close to 75% of new infections are attributed to HIV-positive people being unaware of the infection. Based on findings from the international National Institutes of Health HPTN052 study, were HIV-infected individuals to become aware of their status through increased testing and linked to care adhering to anti-retroviral medications, there could be as much as a 96% reduction in the likelihood of secondary transmission.

Averting new HIV infections through increasing universal testing, linkage to care for those infected, and medication adherence support yields substantial costs savings. Lowering Oregon's rate of new HIV infections is also key to achieving goals with the National HIV/AIDS Strategy (NHAS), a strategy which has called for 25% reduction in new HIV infections by 2015. Were Oregon to achieve a 25% reduction, the cost savings would be \$22.15 Million in averted lifetime HIV medical treatment costs compared to our current expenditures of \$86 Million compounded each year for treating newly diagnosed Oregonians.

Thank you for taking the time to consider this comment in adopting policy which promotes universal HIV testing as a performance measure within Oregon's CCOs.

Best Always,

Benjamin Gerritz
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