Engaging Individuals along the HIV Care Continuum: The Role of Incentives

April 2, 2015
Webinar Agenda

- Introduction and Background
  - NASTAD

- Social Network Strategy for Testing & Corrections Navigation
  - Melissa Morrison, Tennessee Department of Health

- Retention in Care & Viral Suppression
  - DeAnn Gruber and Lara Jackson, Louisiana Department of Health & Hospitals

- Interactive Q&A Session
Webinar Learning Objectives

- Demonstrate innovative approaches to care continuum interventions
- Highlight the role incentives can play in improving outcomes along the care continuum
- Discuss the processes of engaging stakeholders to support incentives-based HIV prevention and care programs
Partnering with the Southern AIDS Coalition (SAC) and the Southern AIDS Strategy Initiative (SASI), NASTAD co-hosted the 2014 CAPUS Summit to discuss innovative HIV programs occurring in the U.S. South.

In the News: [HPTN 065](#) “TLC-Plus” study in the Bronx and DC

- Financial incentives improved viral suppression at certain types of sites (hospital-based, smaller sites with fewer patients, and sites with lower viral suppression rates at baseline) but not overall.
Webinar Participant Survey Results

Does your health department use financial incentives to address outcomes along the care continuum?

- Yes: 43%
- No: 31%
- Unsure: 26%
Which outcomes do health departments address with incentives programs?

- HIV Testing: 39
- Linkage to Care: 35
- Retention in Care: 21
- Re-engagement in Care: 12
- Viral Suppression: 7
- Other: 12

(Number of respondents)
Engaging Individuals along the HIV Care Continuum: The Role of Incentives

Melissa Morrison, MA
HIV Prevention Director
Tennessee Department of Health
Learning Objectives

Demonstrate innovative approaches to continuum of care interventions

Highlight the role incentives can play in improving outcomes along the care continuum

Discuss the processes of engaging stakeholders to support incentives-based HIV prevention and care programs

“I have urged the expanded use of incentives in order to encourage behavior by health care providers, by risk takers and by governments that is in the public interest”

Mead Over, Senior Fellow, Center for Global Development – Confronting AIDS
The Psychology of Incentives

Large body of work cataloging the effect of incentives on behavior

Most psychology literature uses college students

Some studies show incentives can have counter intuitive results

Intrinsic vs extrinsic reward

Studies from management field show incentives to actually be very motivating for performance!
## Demographics of HIV in TN (2013)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Population (2010 Census)</th>
<th>Diagnosed &amp; Living</th>
<th>Newly Diagnosed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6,346,113</strong></td>
<td><strong>16,063</strong></td>
<td><strong>n=835</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>49%</td>
<td>74%</td>
<td>80%</td>
</tr>
<tr>
<td>Female</td>
<td>51%</td>
<td>26%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Race / Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black (NH)</td>
<td>17%</td>
<td>57%</td>
<td>63%</td>
</tr>
<tr>
<td>White (NH)</td>
<td>76%</td>
<td>37%</td>
<td>31%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Transmission Category</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSM</td>
<td>--</td>
<td>47%</td>
<td>58%</td>
</tr>
<tr>
<td>HRH</td>
<td>--</td>
<td>23%</td>
<td>20%</td>
</tr>
<tr>
<td>IDU</td>
<td>--</td>
<td>7%</td>
<td>1%</td>
</tr>
<tr>
<td>MSM/IDU</td>
<td>--</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>NIR</td>
<td>--</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-24</td>
<td>14%</td>
<td>5%</td>
<td>24%</td>
</tr>
<tr>
<td>25-34</td>
<td>13%</td>
<td>17%</td>
<td>31%</td>
</tr>
<tr>
<td>35-44</td>
<td>14%</td>
<td>25%</td>
<td>18%</td>
</tr>
<tr>
<td>&gt;44</td>
<td>40%</td>
<td>52%</td>
<td>27%</td>
</tr>
<tr>
<td>AIDS &lt;=1yr of Dx</td>
<td>--</td>
<td>--</td>
<td>28%</td>
</tr>
</tbody>
</table>
Tennessee HIV Continuum of Care

<table>
<thead>
<tr>
<th></th>
<th>Diagnosed</th>
<th>Linked</th>
<th>Retained</th>
<th>Achieved Viral Suppression</th>
</tr>
</thead>
<tbody>
<tr>
<td>TN (2010)</td>
<td>100%</td>
<td>64%</td>
<td>29%</td>
<td>35%</td>
</tr>
<tr>
<td>TN (2012)</td>
<td>100%</td>
<td>72%</td>
<td>64%</td>
<td>55%</td>
</tr>
<tr>
<td>TN Goal (2015)</td>
<td>100%</td>
<td>80%</td>
<td>64%</td>
<td>51%</td>
</tr>
</tbody>
</table>
Social Network Strategy

- Part of the CAPUS 3 year demonstration project through CDC
- Focus group held in both cities before deciding on incentive type and amount
- To date, over 1,200 young black gay men tested, with 78 testing positive
- 6.5% positivity rate
Social Network Strategy

TDH uses incentives as a part of the CAPUS SNS program, testing young black MSM

A recruiter receives $20 if one of their referrals comes in for an HIV test

The person who tests also receives a $20 incentive when they test

To date, our incentive cost has been ~$30,000 per year, which is only 14% of our overall program cost for SNS.
Social Network Strategy

Three CBOs: Nashville CARES, Friends for Life and Lebonheur

Each CBO receives $60,000 per year, which includes $12k for incentives

The goal is for each agency to conduct at least 900 tests per year, with at least 5% positivity
Part of the CAPUS 3 year demonstration project through CDC

To date, 120 clients have received navigation services

94% linked to care within 3 months of release
Corrections Navigation

TDH also uses incentives as a part of the CAPUS Corrections Navigation program, providing linkage/navigation into HIV care for inmates upon release.

An inmate is eligible to receive a $25 gift card upon enrolling in the program, and each month while in care up to 6 months.

Goal = 70% linkage to care
Actual linkage rate is 94%

To date, our incentive cost has been ~$4,500 which is only 3% of our overall program cost for CN.
Conclusions

Incentives have proven to be a valuable tool in both testing hard to reach populations and in linkage and navigation into HIV care.

The overall proportion of program cost has been low (3 – 14%).

We feel our time is valuable and should be compensated, just as clients’ time should be considered valuable.
Thank you!

Dr. Carolyn Wester, Dr. Shanell McGoy, CDC, TDH HIV Prevention staff

Darion Bannister, Lisa Binkley (CN)
Ebony Avery, CFS (CN)

Brandon Williams

Friends For Life

Jimmy Lenson

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Engaging Individuals along the HIV Care Continuum: The Role of Incentives

Retention in Care & Viral Suppression

DeAnn Gruber, PhD
Director, Louisiana Office of Public Health STD/HIV Program

Lara Jackson, BA
Health Models Program Monitor, LA OPH STD/HIV Program
Background

- **Care and Prevention in the United States (CAPUS) Demonstration Project**

- **Strategy #4: Health Models**
  - **Issue:** Only 56% of PLWHA in the two most populated regions of the state (New Orleans and Baton Rouge) were retained in HIV medical care in 2012 and only 45% were virally suppressed.
  
  - **Objective:** Increase engagement in care and treatment success by assisting patients with effectively prioritizing their HIV treatment amid competing life demands.
  
  - **Program Design:** A pay-for-performance for patients treatment and prevention tool that links financial incentives directly to retention-related processes (appointment attendance) and adherence-related outcomes (viral suppression).
Partners

- Three community-based urban HIV specialty clinics
  - Total patient population = 2100 at baseline, 2600 during Year 1
    - Populations representative of the intervention’s target population (racial/ethnic and sexual/gender minorities)
  - Two clinics in New Orleans, one in Baton Rouge
  - Co-located Ryan White case management and other wrap-around supportive services available
  - Private location for HM encounters
  - Secure facility for physical inventory of gift cards
  - Internal financial oversight of day-to-day incentive distribution activities
Partners

- Health Models Steering Committee
  - ~18 regular members: SHP staff, site staff & site consumers
  - Created to address potential ethical concerns
  - Mission: to provide guidance on the policies and procedures of the Health Models strategy from the perspective of PLWHA
  - Met quarterly during planning process, monthly during first 6 months of implementation, bimonthly thereafter
  - Accomplishments include setting eligibility guidelines, designing incentive schedule, selecting payment mechanism, shaping implementation protocol, and ensuring that successes/challenges are regularly shared between clinics
## Planning

<table>
<thead>
<tr>
<th>Incentivized Event</th>
<th>Amount</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending linkage appointment</td>
<td>$50</td>
<td>1</td>
</tr>
<tr>
<td>Attending re-engagement appointment</td>
<td>$50</td>
<td>1</td>
</tr>
<tr>
<td>Attending re-entry appointment</td>
<td>$50</td>
<td>1</td>
</tr>
<tr>
<td>Attending Lab/Blood Work appointments (viral load draw only)</td>
<td>$10</td>
<td>Unlimited, as ordered by provider</td>
</tr>
<tr>
<td>Attending subsequent care appointments (provider visits)</td>
<td>$20</td>
<td>Unlimited, as scheduled by provider</td>
</tr>
<tr>
<td>Attending appointment to a referred service (mental health, substance abuse, peer support, etc.)</td>
<td>$10</td>
<td>1/year</td>
</tr>
<tr>
<td>Achieving/maintaining viral suppression</td>
<td>$75</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>
Planning

Eligibility guidelines

- Viral load or care status
  - Perverse incentive
- Income limitations
  - Adequate magnitude of reinforcement
- Transfers
  - New to the clinic from within the region - *6 month waiting period applies*
- Open to all other HIV+ patients of a prescribing provider at each site
Planning

- Payment mechanism
  - Store cards vs. gift cards vs. reloadable card
    - Effectiveness
      - Motivation tool
      - Purchasing power
    - Accessibility
      - Transportation
      - Financial literacy
  - Administration
    - Planning
    - Inventory
    - Tracking
Implementation

- Staffing & Structure
- Training
- Scheduling
- Counseling and education
- Data collection via CAREWare
- Monitored utilizing surveillance data
### Enrollment

<table>
<thead>
<tr>
<th>Enrollment Category</th>
<th># Enrolled in Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already in Care</td>
<td>1089</td>
</tr>
<tr>
<td>Newly diagnosed (w/in 6 months, not linked)</td>
<td>165</td>
</tr>
<tr>
<td>Returning to Care (at least 6 months since last care visit)</td>
<td>114</td>
</tr>
<tr>
<td>Transfer from outside of region</td>
<td>52</td>
</tr>
<tr>
<td>Transfer w/in region (waiting list)</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1434</strong></td>
</tr>
</tbody>
</table>
Demographics

- Of 1434 clients enrolled
  - Race/Ethnicity
    - 65% African American
    - 27% White
    - 6% Hispanic
    - 2% Multi-race or other
  - Gender
    - 71.5% Male
    - 26.5% Female
    - 2% Transgender
  - Risk Factor
    - 48% MSM
    - 16% HRH
    - 14% Unknown
    - 10% Other
    - 6% IDU
    - 6% MSM/IDU
## Incentives

<table>
<thead>
<tr>
<th>Type of Incentive</th>
<th># distributed in Year 1</th>
<th>$ Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending linkage appointment</td>
<td>123</td>
<td>$6150</td>
</tr>
<tr>
<td>Attending re-engagement appointment</td>
<td>153</td>
<td>$7650</td>
</tr>
<tr>
<td>Attending re-entry appointment</td>
<td>23</td>
<td>$1150</td>
</tr>
<tr>
<td>Attending Lab/Blood Work appointments</td>
<td>2241</td>
<td>$22,410</td>
</tr>
<tr>
<td>Attending subsequent care appointments (doctor visits)</td>
<td>2581</td>
<td>$51,620</td>
</tr>
<tr>
<td>Attending appointment to a referred service (mental health, substance abuse, etc.)</td>
<td>48</td>
<td>$480</td>
</tr>
<tr>
<td>Achieving/maintaining viral suppression</td>
<td>1779</td>
<td>$133,425</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$222,885</strong></td>
</tr>
</tbody>
</table>

Total $ distributed/# of clients served = $155.43
Viral Suppression (VL ≤ 200) at last lab

- Clinic Population: 75.7% (Baseline) to 78.5% (Year One)
- All HM Clients: 67.2% (Baseline) to 76.6% (Year One)

Legend:
- Baseline (9/2012 - 8/2013)
- Year One (10/2013 - 9/2014)
Retention (2+ labs > 90 days apart)

<table>
<thead>
<tr>
<th></th>
<th>Clinics</th>
<th>All HM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline (9/2012 - 8/2013)</td>
<td>79.1%</td>
<td>81.7%</td>
</tr>
<tr>
<td>Year 1 (10/2013 - 9/2014)</td>
<td>81.1%*</td>
<td>86.0%*</td>
</tr>
</tbody>
</table>

*Analysis only includes persons dx at least 90 days before the end date of each time period.
Observations...

- Smooth implementation process
- Overwhelmingly positive consumer feedback, mixed but improving reactions from site staff, ‘ethical’ pushback from outside parties
- Provides opportunity for focused education on benefits of retention and viral suppression with an engaged audience
- Incentives help clients to overcome modest financial barriers-to-care
- Significant improvement in no-show rates among HM clients at one of the participating clinics
  - Provider no-show rates: 16.6% → 13%
  - Lab no-show rates: 26.4 → 23.3%
- 95%+ match between surveillance data and incentivized service dates
- May work best as a long-term intervention, open to all clinic patients
  - Struggle of maintaining retention/viral suppression over lifetime
Questions?

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504-568-7474

DeAnn Gruber, PhD, Director of LA OPH STD/HIV Program
DeAnn.Gruber@la.gov
504-568-7474
Questions

- **Verbal Questions**
  - Press *7 to unmute
  - Press *6 to re-mute
  - Please identify yourself

- **Written Questions**
  - Submit using chat

- If you have questions regarding this webinar, please contact Erin Bascom ([ebascom@NASTAD.org](mailto:ebascom@NASTAD.org))