HOW CAN FINANCIAL INCENTIVE PROGRAMS SUPPORT HIV VIRAL LOAD SUPPRESSION?

Lessons Learned from a Pilot Program at Federally Qualified Healthcare Centers in New York City

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THE INSTITUTE FOR FAMILY HEALTH

Organizational Background

- The Institute for Family Health (IFH)
  - Network of Federally Qualified Healthcare Centers in New York City and Mid Hudson Valley
  - 115,000 patients annually at 32 locations
  - Integrated care offering medical, mental health, supportive services and dental care
- COMPASS HIV Care & Prevention Services
  - 1,400 patients annually at 5 IFH locations
  - HIV primary care, PrEP and PEP, mental health, care and case management, peer services
  - 30 psychosocial team members
  - Funded through Ryan White (Parts A, B, C)

Financial Incentive Program: "200 Below"

- Ongoing program launched in 2018
- $60,000 grant from NY Medicaid Re-Design aka DSRIP (Delivery System Reform Incentive Payment)
- Participants:
  - 181 patients enrolled as of March 31, 2020
  - Predominantly Black and Latinx; 68% identify as cismen
  - Younger average age than general COMPASS population due to lower rate of VL suppression among younger patients

Enrollment Requirements	Requirements to Receive a $100 Quarterly Gift Card
• IFH patient receiving HIV primary care and COMPASS services • HIV viral load of 201 or higher in the last 3 months • Meets at least one Barrier to Care • Not participating in another HIV viral load financial incentive program • Note: Enrollment is rolling	• Viral load of 200 or below during the quarter • Met with a COMPASS staff person at least once during the quarter • Labs were reviewed with medical provider • Note: Some requirements have changed since program was launched as a result of a CQI project

Participant Experience

- 5-question survey completed with select sample of participants
- Questioned about: Program knowledge, Satisfaction, Recommendations for improvement
- Select patient responses:
  - "My doctor helped me understand the labs and schedule my future appointments. The card helped me to make sure I kept my appointments"
  - "I had a viral load of 177,000. I was scared. Jumel enrolled me and walked me through it and I got my viral load undetected. I didn't think that was going to be possible"
  - "My one recommendation is more money"
  - "Being undetected is the goal anyway. Its nice to get money for doing what I already was trying to do"
  - "I'm getting a card because I am undetected with my viral load"
  - "Cards should be given more frequently but I give it 5 out of 5"

Analysis

- Participants included in analysis:
  - Enrolled Sept 2018 -- Sept 2019
- Comparison of pre-enrollment versus post-enrollment HIV viral load (VL) lab results
  - Pre-Enrollment: any VL 1 year prior to enrollment (including day of)
  - Post-Enrollment: any VL after enrollment through March 2020
- Primary outcomes:
  - Undetectable (VL > 20)
  - Suppressed (VL 21-200)
  - Unsuppressed (VL >200)

Results

All Qualified Participants (n=114)

	Pre-Enrollment (362)	Post-Enrollment (465)
Undetectable (VL<20)	15%	40%
Suppressed (VL 21-200)	19%	34%
Unsuppressed (VL >200)	66%	26%

Removing those who did not have at least 2 pre-enrollment and 2 post-enrollment lab results (n=79)

	Pre-Enrollment (297)	Post-Enrollment (387)
Undetectable (VL<20)	17%	37%
Suppressed (VL 21-200)	21%	35%
Unsuppressed (VL >200)	62%	28%

Discussion & Conclusions

- Program appears to improve viral load suppression rates
- Possible explanations
  - Enrollees were motivated by the financial incentives
  - Enrollees were more engaged with support services that addressed their barriers to adherence
  - Enrollees better understand the importance of viral load suppression
  - Enrollees completed more labs
- Limitations
  - Non-uniform program implementation and change in incentive requirements
  - Unstandardized lab intervals
  - Variable history of unsuppressed VL (e.g. newly diagnosed, returning to care, VL blip)
  - 2020 data not included due to restrictions on enrollees ability to do labs d/t Covid-19
  - Does not address sustained suppression
- Lessons learned
  - Staff bias may impact enrollment
  - Complicated program design may impair implementation
  - Overly rigid incentive requirements may dissuade enrollment
  - Program design and implementation is an iterative process