



How Can Financial Incentive Programs Support HIV Viral Load Suppress

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

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CONFLICT OF INTEREST DISCLOSURE

Jeffrey Underwood; Michelle Osterman, RN, MPH; Rebecca Green, LMSW



Jeffrey Underwood has nothing to disclose.

Michelle Osterman has nothing to disclose.

Rebecca Green has nothing to disclose.

BACKGROUND



The Institute For Family Health (IFH)

- IFH is a network of Federally Qualified Healthcare Centers in New York City and the Mid Hudson Valley

COMPASS (HIV care and prevention services)

- Approximately 1,400 patients annually for HIV care and prevention services
- Approximately 30 psychosocial team members: social workers, case managers, patient navigators, peer specialists, nurse care manager
- 10 HIV specialists, 5 Family Medicine residents in 2-year HIV elective, and several non-specialists providers being mentored in HIV care

FINANCIAL INCENTIVE PROGRAM OVERVIEW



“200 Below”

- Financial incentive program to assist patients in obtaining an undetected HIV viral load
- Primarily funded through NY Medicaid Re-Design aka DSRIP (Delivery System Reform Incentive Payment), with a grant award of \$60,000
- Ongoing program launched in Quarter 3 of 2018

PROGRAM REQUIREMENTS



Requirements to be Enrolled

- IFH patient receiving HIV primary care and COMPASS services
- A lab result showing an HIV viral load of 201 or higher in the last three months
- Meets at least one Barrier to Care
- Not participating in another HIV viral load suppression financial incentive program

• Note: Enrollment is rolling

Requirements to Receive a \$100 Quarterly Gift Card

- Viral load of 200 or below during the quarter
- Labs were reviewed with medical provider (this does not have to occur during the quarter but gift card is not disbursed until it happens)
- Current Criteria: Met with a COMPASS team member at least once during the quarter
[Original Criteria: Met with COMPASS team once per month]

PROGRAM REVISIONS



Timeline of Ongoing Implementation

Sept 2018
Program
Launched

March 2019
CQI Project
Initiated

August 2019
Program Revisions
(result of CQI Project)

Spring 2020
Temporary Covid-19
Program
Adjustments

Continuous Quality Improvement (CQI) Project

- Launched to address uneven enrollment across sites
- Staff focus groups and anonymous surveys
- Discussions held to address staff confusion and apprehensions

CQI Project Outcomes

- Criteria for financial incentive loosened
- Clear enrollment targets and patient lists identified
- Enrollments increased and improvements were sustained

PARTICIPANTS



- Total Enrollment: 181 patients enrolled as of March 31, 2020
- Demographics: Only area of significant demographic difference between participants and the overall COMPASS population is that there is a higher percentage of younger patients enrolled in 200 Below

Age	
18-29	14%
30-39	27%
40-49	21%
50-59	31%
60+	6%

Gender Identity	
Cis Male	68%
Cis Female	29%
Trans Female	2%
Genderqueer	1%

Race	
Black or African American	65%
White	5%
Asian	1%
Native American	1%
Pacific Islander	1%
Other Race	18%
Unknown/Declined	11%

Ethnicity	
Hispanic or Latinx	28%
Not Hispanic/Latinx	70%
Unknown	2%

BARRIERS TO CARE



Percentage of Enrollees with the Following Life Circumstances ("select all that apply")

	Percentage
Current, recent, or history of homelessness/housing instability	54%
Missed appointments (2 or more in last 6 months)	53%
Current or history of substance use disorder	44%
Current or history of serious mental illness	35%
Food insecurity	33%
Current or history of trauma/violence	33%
Recent or multiple hospitalizations	16%
Recent incarceration	10%
Engagement in sex in exchange for money, drugs, goods, clothing, shelter, protection	11%
Cognitive impairment	8%

PROGRAM FINDINGS



200 Below is a new program offering, not a research study.

Nevertheless, we found very interesting results.

METHODS



Quantitative Analysis

- Participants included in analysis: Enrolled in 200 Below between Sept 2018 and Sept 2019
- Primary outcome: HIV Viral Load (VL)
 - Undetectable (VL < 20)
 - Suppressed (VL 21-200)
 - Unsuppressed (VL >200)

Qualitative Analysis

- 5-question survey completed with 35 participants
- Focused on program knowledge, program satisfaction, and recommendations for improvement
- Surveys conducted in-person (either written response or interview) and over the phone (during Covid-19 pandemic)

ANALYSIS



Comparison Groups

- Pre-Enrollment Labs: Any VL 1 year prior to enrollment (including day of)
- Post-Enrollment Labs: Any VL after enrollment through March 2020

Crude & Adjusted Analysis

- Crude: Enrolled in 200 Below between Sept 2018 and Sept 2019 (n=114)
- Adjusted: Removing those who did not have at least 2 pre-enrollment and 2 post-enrollment lab results (n=79)

RESULTS



Crude: All Qualified Enrollees (n=114)

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

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

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

PARTICIPANT EXPERIENCE



Sample Responses

- **“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.”**
- **“ I like the program. It gives me a reason to take the medicine. I was missing a lot of medicine and for me its motivation.”**
- **“My doctor helped me understand the labs.... The card helped me to make sure I kept my appointments.”**
- **“They praised and encouraged me. Called and reminded me to go to the doctor to review my labs. And talked about my health.”**
- **“The program is about me staying healthy with a good viral load.”**
- **“Being undetected is the goal anyway. Its nice to get money for doing what I already was trying to do.”**
- **“My one recommendation is more money.”**
- **“Cards should be given more frequently but I give it 5 out of 5.”**
- **“This is too much. I work and really don’t need the money so its ok I don’t need to participate right now.”**
- **“If I have a lab under 200 I should get the card. Why do I have to see COMPASS if I saw my doctor? That doesn’t make sense to me.”**

DISCUSSION



Program appears to improve viral load suppression rates.

Possible explanations

- Enrollees were motivated by the financial incentives
- Enrollees better understand the importance of viral load suppression
- Enrollees were more engaged with support services that addressed their barriers to adherence
- Enrollees completed more labs

LIMITATIONS



- Not an experimental design
- Non-uniform program implementation and change in incentive requirements
- Unstandardized lab intervals
- Does not address sustaining suppression
- Variable history of unsuppressed VL (e.g. newly diagnosed, returning to care, VL blip)
- Data not included subsequent to March 2020 due to restrictions on enrollees ability to do labs d/t Covid-19

LESSONS LEARNED



How Can Financial Incentive Programs Support Viral Load Suppression?

- Program design and implementation is an iterative process
- Staff bias may impact enrollment
- Complicated program design may impair implementation
- Overly rigid incentive requirements may dissuade enrollment

Thank you!



Many people have helped us improve the 200 Below program and communicate our experience through this presentation!

Thank you!

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- Monique Callender
- Isolyn James
- 200 Below enrollees
- The entire COMPASS team

