HPTN 065 (TLC-Plus): A Study to Evaluate the Feasibility of a Community-Focused Approach for HIV Prevention in the United States

Financial Incentive Interventions Fact Sheet

HPTN 065, also known as the Test, Link-to-Care Plus Treat (TLC-Plus) study, was a three-year research study evaluating the feasibility of a community-focused strategy to expand HIV testing, diagnose HIV infection, link HIV-positive individuals to medical care, initiate treatment according to current guidelines, and ensure that patients adhere to their treatment regimens. This continuum, which begins with HIV testing and ends with viral suppression, is essential for a successful community-wide strategy centered on the use of antiretroviral therapy for HIV prevention. HPTN 065 (TLC-Plus) was designed with the aim to increase testing, linkage and viral suppression, key steps of the continuum.

In HPTN 065, the use of financial incentives (FIs) was evaluated in two ways: 1) to enhance linkage-to-care for individuals who test positive for HIV and 2) to encourage HIV patients to take their HIV medication (antiretroviral therapy) regularly in order to achieve and maintain undetectable levels of HIV in their blood (also called undetectable viral load or viral suppression). The use of FIs was evaluated in two communities, the Bronx, NY and in Washington, DC. Key results from the FI interventions were presented at CROI 2015.

**Financial Incentives for Linkage-to-Care:**

- A total of 37 HIV testing sites participated in this two-year intervention (18 in Bronx and 19 in DC) to determine if FIs improve linkage to HIV care for individuals who tested positive for HIV.
- No one was given an incentive to get HIV tested.
- Half of the testing sites were randomized (by chance) to offer coupons that were redeemable for gift cards at HIV care sites, to encourage individuals who tested positive for HIV to get into care. The other half of the testing sites did not offer coupons and operated normally, offering the usual standard-of-care.
- The HIV testing sites randomized to give coupons, gave a coupon to everyone who tested positive for HIV and who was not currently receiving HIV care. Each participant could redeem the coupon for gift cards when starting HIV care at clinics participating in the study.
- When an HIV-positive person came to an HIV care site and had blood drawn for HIV-related laboratory tests, he or she could redeem part of the coupon for a $25 gift card. When the person returned to the clinic to meet with an HIV provider, receive the test results and develop a plan for ongoing care, he or she could redeem the rest of the coupon for a $100 gift card.
- The effect of the FIs on linkage-to-care was measured by comparing the proportion of HIV-positive individuals who linked to HIV care within three months of getting the HIV-positive
test result between the study arms (testing sites providing coupons compared with standard-of-care testing sites).

Results for Linkage-to-Care:

- Over the course of the two-year intervention, 1,061 coupons were given to individuals who tested positive for HIV at the 19 sites offering coupons.
- 79% (838/1061) of the coupons were redeemed for both the $25 and $100 gift cards. All of these participants returned to the clinic to receive their lab test results and to meet with a provider to develop an individualized health care plan.
- Linkage-to-care increased for almost all testing sites during the study, regardless of whether the test site offered coupons. However, when testing sites that dispensed coupons were compared with sites that did not, there was no significant improvement in the proportion of persons who obtained medical care after they tested positive for HIV.

Financial Incentives for Viral Suppression:

- A total of 39 HIV care sites participated in this two-year intervention (20 in Bronx and 19 in DC) to determine if FIs improve viral suppression.
- Half of the care sites were randomized (by chance) to offer FIs to encourage patients to take their HIV medication regularly in order to achieve and maintain undetectable levels of HIV in their blood. The other half of the care sites did not offer FIs and operated normally, providing the standard-of-care.
- At sites offering FIs, a $70 gift card was given to patients taking HIV medication only when they had an undetectable viral load (defined as <400 copies/ml). Patients could receive a gift card every three months if they had an undetectable viral load.
- The effect of FIs on viral suppression was measured by comparing the proportion of HIV patients who had an undetectable viral load between the study arms (FI care sites compared with standard-of-care sites).

Results for Viral Suppression:

- Nearly 40,000 gift cards were dispensed to 9153 patients over the two year program at the 19 sites offering FIs.
- The proportion of patients with an undetectable viral load increased at the majority of participating care sites during the intervention, regardless of whether the site offered FIs.
- Overall, there was no significant increase in the proportion of patients who achieved or maintained an undetectable viral load at care sites that offered FIs. However, the study findings show that FIs increased the proportion of patients with an undetectable viral load in certain situations.
The proportion of patients with an undetectable viral load was 5% higher at hospital-based clinics offering FIs.

The proportion of patients with an undetectable viral load was 10% higher at care clinics offering FIs, where fewer than 65% of patients had an undetectable viral load at the start of the study.

- In the last three months of the study, after FIs had been in place for 18 months, the study found an overall 5% increase in the proportion of patients with an undetectable viral load at FI sites when compared to standard-of-care sites.

- During the last three months of the study, the proportion of patients with an undetectable viral load was 11% higher at smaller care clinics (those with fewer than 186 patients) that offered FIs.

- During the last three months of the study, the proportion of patients with an undetectable viral load was 13% higher at care sites offering FIs, where fewer than 65% of patients had an undetectable viral load at the start of the study.

- Continuity of care was 8% higher among patients at FI sites when compared to standard-of-care sites. Put another way, more patients returned for follow-up visits at sites that offered FIs. Continuity of care was defined as completing four out of five possible visits for laboratory tests in the past 15 months. These tests were usually done every three months.

- When comparing sites that offered FIs to those that did not, continuity of care was 7% higher at hospital sites, 8% higher at Bronx sites, 9% higher at sites where more than 65% of patients had an undetectable viral load at the start of the study, 11% higher at non-hospital sites (community clinics and private practices), and 19% higher at smaller care sites (those with fewer than 186 patients).

- In certain situations, financial incentives may offer promise for influencing behavior to encourage HIV-positive patients to take their HIV medications as prescribed in order to achieve an undetectable viral load and keep their HIV under control, thus benefiting their own health and decreasing the risk of transmitting the virus to others.

For More Information:

For more information about HPTN 065 visit:

http://www.hptn.org/research_studies/hptn065.asp

References:
