Will Community Involvement in Test Link to Care, Plus Treat Research (HPTN 065) Contribute to Addressing Steps in the Treatment Cascade?

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Overview

- Introducing HPTN
- Treatment as Prevention (TasP)
- Brief Summary of the HPTN 065 TLC-Plus Study
- The HPTN 065 Community Advisory Group
Presenters

- Melissa Turner
- Charles Martin
- Georgette King

On behalf of the entire HPTN 065 Community Advisory Group

Introducing The HIV Prevention Trials Network (HPTN)

HPTN is a partnership between scientists and communities around the world to develop, evaluate and implement cutting-edge biomedical, behavioral and structural interventions to reduce the transmission of HIV. Those interventions include PrEP, treatment as prevention and combination research.
HPTN Units and Sites
Treatment as Prevention (TasP)

Background
• Improved care linkage and engagement
• ART Adherence
• Decrease in new infections
• Expanded testing
• Improved care linkage and engagement
• Earlier ART initiation

Biomedical and Behavioral Research Goals

- Decrease in new infections
- Improved health outcomes for PLWHA

Decrease in new infections

- HIV-infected
- HIV-diagnosed
- Linked to HIV care
- Retained in HIV care
- On ART
- Suppressed viral load (<200 copies/ml)

4/17/2013
HPTN 065: The TLC Plus Test, Link to Care Plus Treat Study

HPTN 065 was designed to evaluate the feasibility of an enhanced Test, Link to Care, Plus Treat approach for HIV prevention in the United States

- Study was not designed to evaluate changes in HIV acquisition rates.
- Study is using laboratory data reported through existing surveillance systems. People did not need to enroll in linkage-to-care or viral suppression portions of the study; individual level data was not collected from community members.
HPTN 065 Intervention Communities

- Washington, DC and Bronx, NY
  - Both communities already had well developed HIV testing and linkage-to-care programs
  - Hospitals agreed to participate in expanded HIV testing portion of study
  - All other activities carried out in existing community testing and treatment locations, not in research centers
  - Required intensive engagement by those providers and fostered close communication with community organizations

HPTN 065 Non-Intervention Communities

- Chicago, IL
- Houston, TX
- Miami, FL
- Philadelphia, PA

No intervention related to this study took place in these communities; data about the epidemic was gathered from current epidemiology systems to be used in developing the data analysis for the study.
HIV Testing and Linkage-to-Care (L2C)

18 HIV Testing Sites in the Bronx, and 19 in DC, were randomized into either a Financial Incentive (FI) Test Site group or a Standard of Care (SOC) Test Site group.

FI Test Sites gave Linkage to Care coupons to anyone who received a new HIV+ test result, or who was reconfirmed to be HIV+ but out of care for at least one year.

- Financial Incentives → Linkage to Care
- Standard Of Care → Linkage to Care

Traded 1st half of coupon for $25 gift card for getting lab work done (CD4 and VL) within three months of referral.

Traded 2nd half of coupon for $100 gift card for returning within three months of referral to review lab results and develop an HIV care plan.

HIV Viral Suppression (VS)

20 HIV Care Sites in the Bronx, and 19 in DC, were randomized into either a Viral Suppression (VS) Financial Incentive Care Site group or a Standard of Care (SOC) Care Site group.

- Financial Incentives → Viral Suppression
- Standard Of Care → Viral Suppression

To receive $70 VS gift cards, patients at Viral Suppression Care Sites needed to be eligible for the program and then qualify for each gift card.

- Patients were eligible if they were an established patient and they were on ART.
- Patients qualified for a gift card if they had a suppressed viral load (<400 copies/mL) and had not earned a gift card in the last 3 months.
HPTN 065 (TLC Plus) Study Design

### HIV Testing & Linkage to Care
- **Expanded HIV Testing**
  - Social Mobilization
  - Universal offer of testing in ED/hospital admission
- **HIV Testing Sites**
  - 37 Randomized HIV Test Sites to link HIV positives
  - Financial incentive plus SOC
  - Standard of care (SOC)

### HIV Treatment
- **Initiate ART per guidelines**
  - 39 Randomized HIV Care Sites
  - Financial incentive plus SOC
  - Standard of care (SOC)

### Prevention for Positives
- **Select HIV Care Sites**
  - Individual randomization of 660 patients in each community (1,230 total)
  - CARE plus Standard of Care
  - Standard of Care

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**Prevention for Positives**

- *Provider Surveys*
- *Patient Surveys (part of PfP)*

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### HPTN 065: Timeline

- **Expanded HIV Testing**
- **Social Mobilization**
- **Linkage-to-Care & Viral Suppression**
- **Prevention for Positives**

- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
The HPTN 065 Community Advisory Group

Community Participation in TLC-Plus Study Development and Implementation

A total of seventeen candidates from implementation and comparison communities were selected to serve on the TLC-Plus CAG.

The Process:

- Developed list of possible CAG members reflecting a wide range of HIV service experience in those communities
- Applications requested, received and reviewed
- Invitations to join the CAG extended
Initial CAG meeting held September, 2009
• Provided feedback and recommendations about protocol draft
• Discussed key protocol elements, such as plans for expanding testing and providing incentives (e.g. possible forms and amounts)
• Gave insight into other community discussions about the proposed research
• CAG members continue to provide feedback to the protocol team, and to provide information about the study to community groups.

Poster Presentation Delivered at AIDS 2012
What’s Happening Now

- Distribution of incentives for linkage to care and for viral suppression has ended in both communities
- Prevention for Positive and Provider Survey data is still being collected
- Findings from the study will be disseminated as they become available
- Presentations, articles, webinars and other forms of communication will be used to ensure that interested individuals will have access to that information for further policy and program planning

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Questions or Comments?
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