

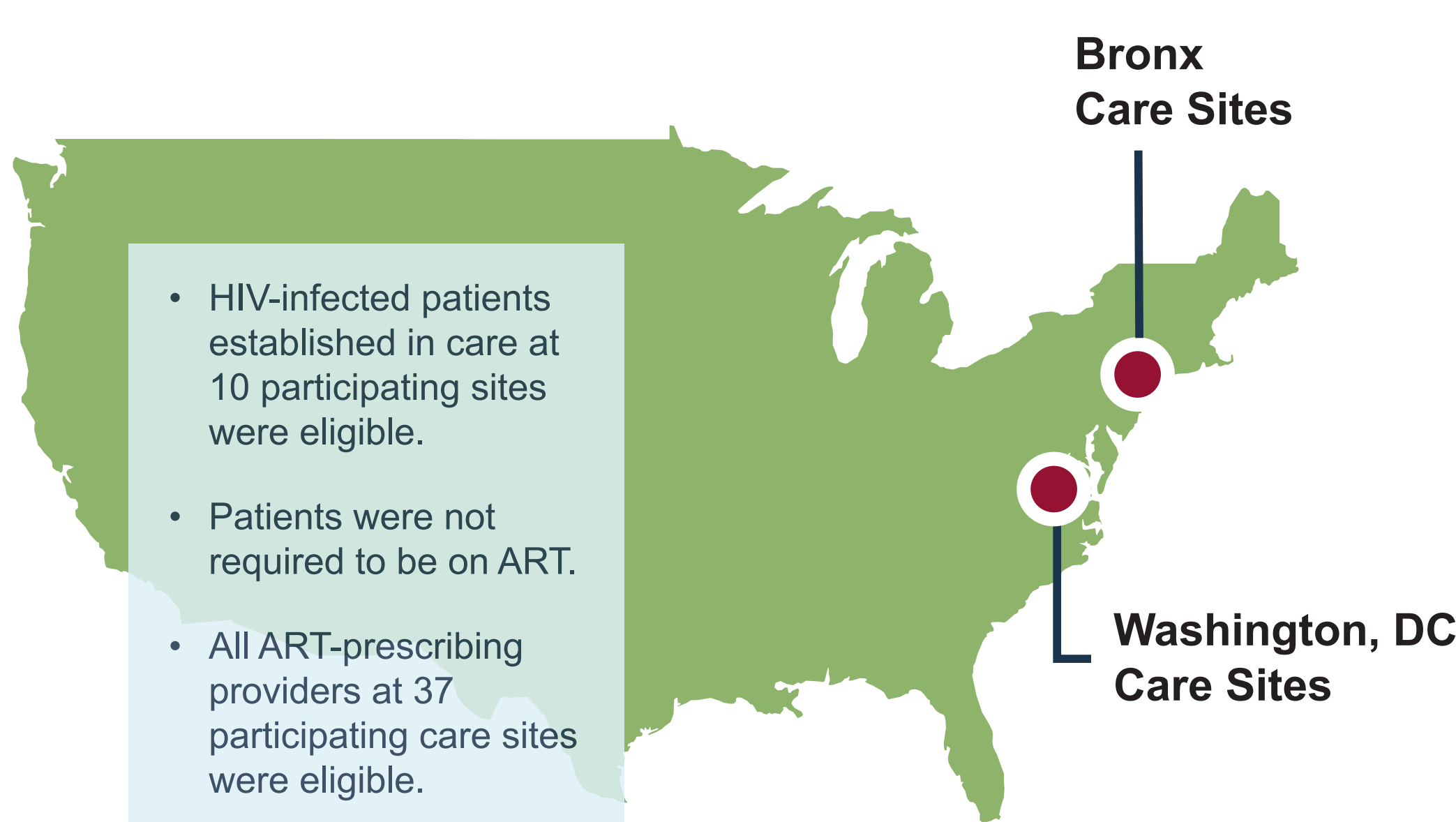
Clinician and Patient Attitudes toward Financial Incentives for HIV care (HPTN 065)

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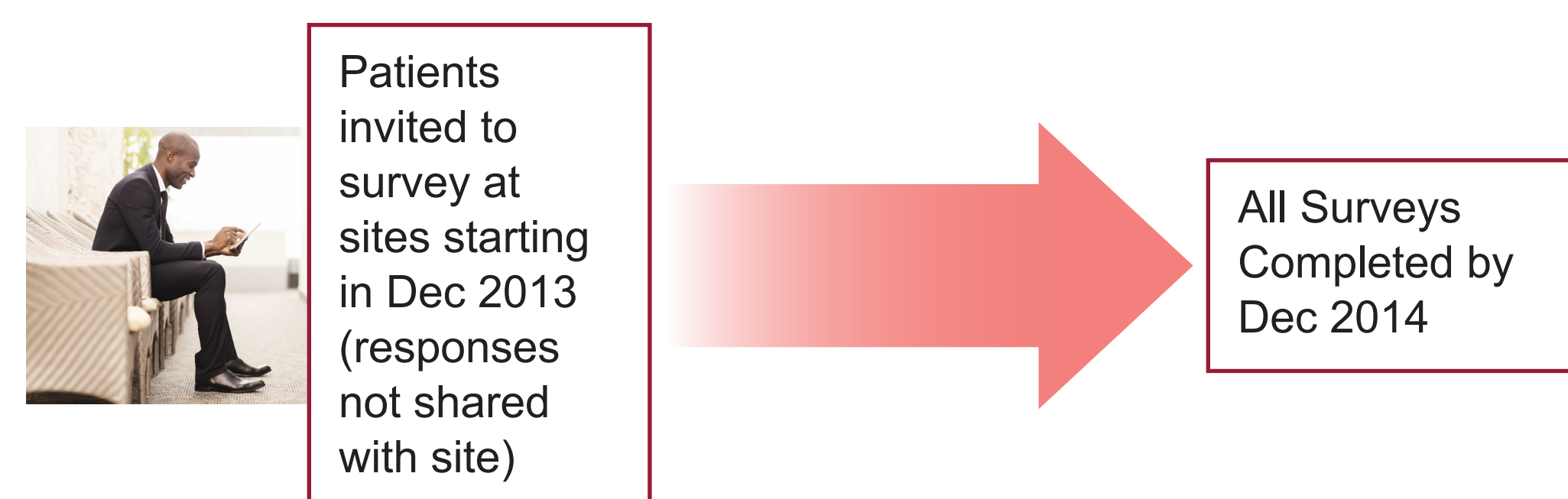
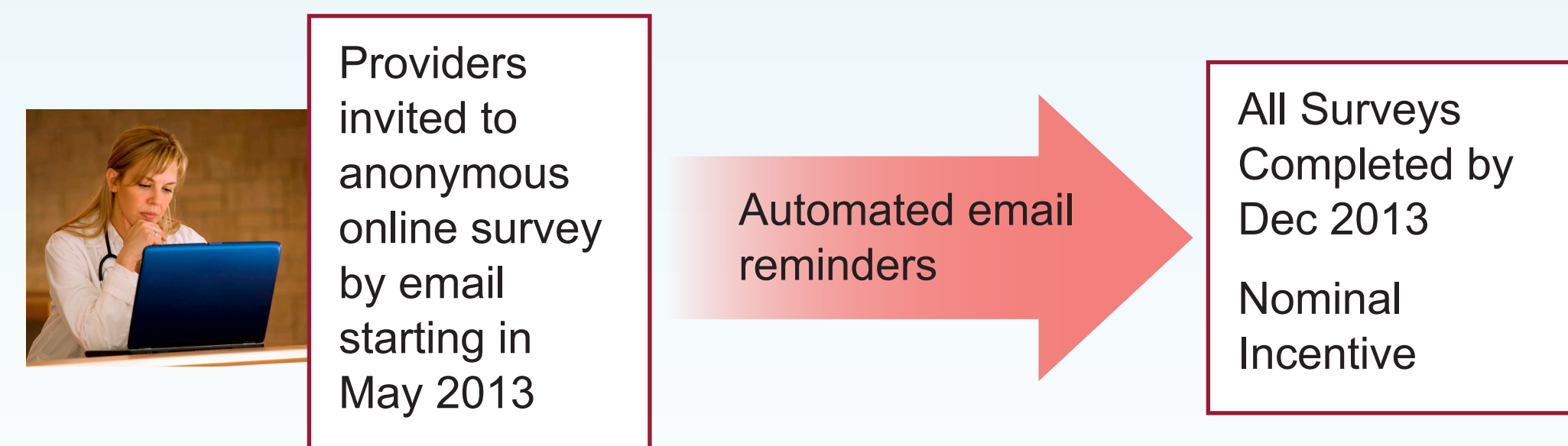
BACKGROUND

- HPTN 065 examined the feasibility of an enhanced test, link-to-care, plus treat approach for HIV prevention in the Bronx, NY and Washington, DC.
- Two components of the study evaluated Financial Incentives (FIs) as they have been used to successfully encourage healthy behavior choices in patients with other chronic conditions.
- During HPTN 065, FIs were assessed both for their effectiveness in enhancing linkage-to-care of HIV-infected persons and for viral suppression in patients on antiretroviral therapy (ART).
- Thirty seven HPTN 065 test sites were randomized 1:1 to either offer FIs in addition to standard of care (SOC) linking practices or to provide SOC practices only.
- Patients who tested HIV-positive at sites randomized to FIs and who were not in care at the time could earn \$125; \$25 for completing lab work and \$100 for meeting with a provider to set up a healthcare plan.
- Thirty nine HPTN 065 care sites were randomized 1:1 to either offer FIs in addition to SOC adherence counseling or to provide SOC adherence counseling for patients.
- Patients at participating care sites who were taking ART at sites randomized to FIs could earn \$70 every 3 months for maintaining a suppressed viral load.
- We surveyed ART-prescribing providers and HIV-infected patients at care sites in the two jurisdictions to assess attitudes about the use of FIs to enhance these HIV care outcomes.



METHODS

- Thirty seven participating care sites provided email addresses for all their ART-prescribing providers. Those providers received an introductory email with survey instructions and up to four automated email reminders during the next three weeks. Site Investigators were also asked to encourage staff to complete the survey.
- The anonymous web-based survey was administered 5/2013-12/2013, with a nominal incentive upon survey completion.
- Providers at the same sites were previously invited to complete a baseline survey 9/2010-5/2011. Baseline and follow-up survey results could not be linked by respondent, due to anonymous survey design.
- During an ACASI computer-based survey, patients enrolled in HIV care at 10 clinics (4 in the Bronx, 6 in DC; 6 randomized to FI, 4 to standard of care) participating in HPTN 065 were surveyed twice, at baseline and 12 months later. The follow-up survey was conducted between December 2013 and December 2014. Questions were similar to those asked of providers.
- To be eligible, patients were required to be established in care at a participating HIV care site and must have attended one or more care visits in the seven months prior to screening.
- Patient survey response data collected on tablets were locally stored on a server and then uploaded on a regular basis by the site to the data center. Site staff were unable to view patient responses.
- Both surveys were conducted before FI effectiveness data were analyzed.
- Data from follow-up surveys are presented in this poster.



RESULTS

Patient and Provider Respondent Characteristics

- We analyzed data from 141 providers (response rate of 53%) and from 725 patients, 479 (66%) from FI sites.

TABLE 1. Characteristics of ART-prescriber Respondents (N=141).

Median Age (IQR)	47 years (37, 55)
Gender	80/141 (57%) female
Race	87/141 (62%) white
Type of ART-prescriber	95/141 (67%) physicians
Median # of HIV-infected patients under direct care	105 (IQR 50-240)

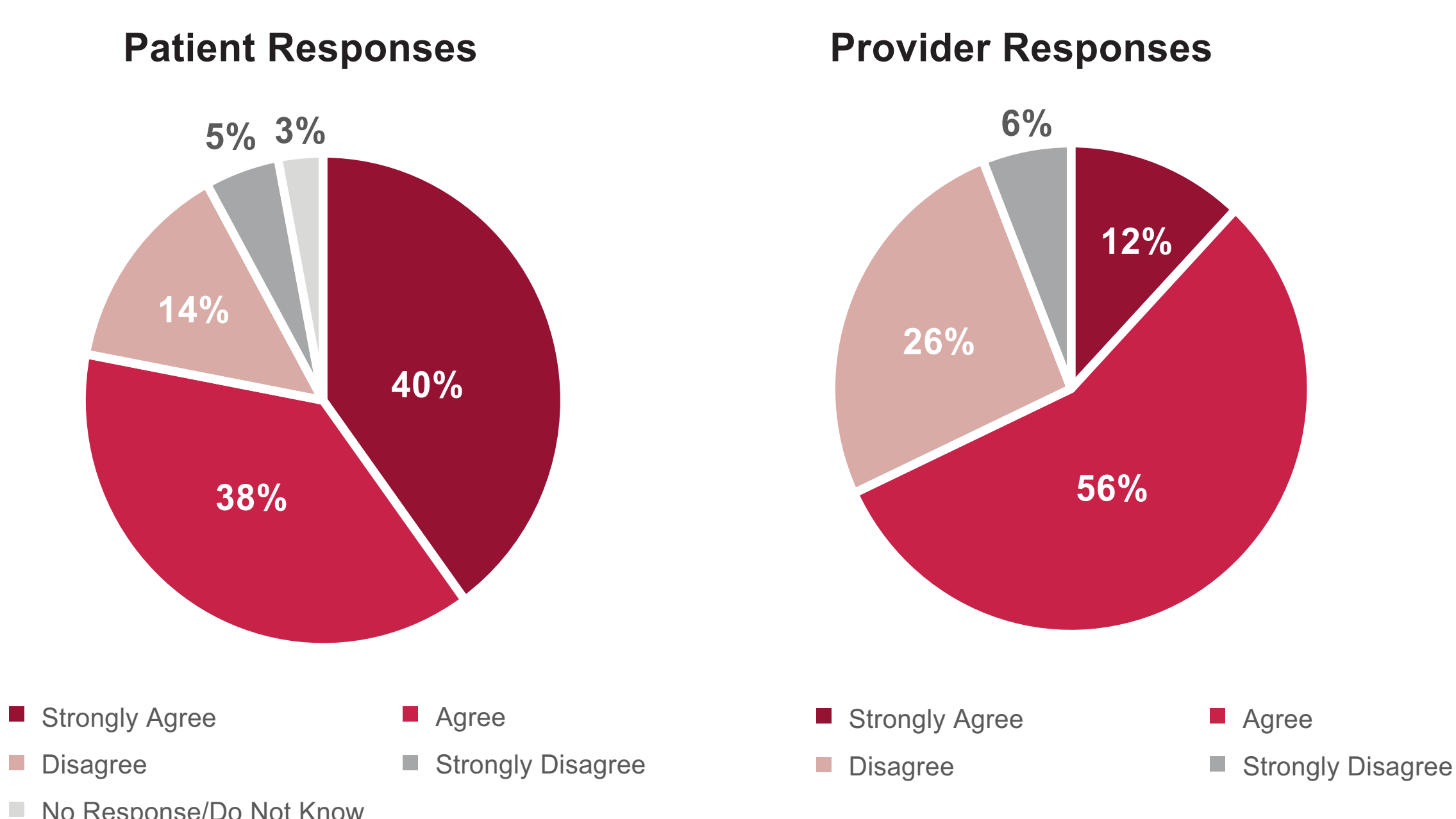
TABLE 2. Characteristics of Patient Respondents (N=725).

Median Age (range)	52 years (18, 77)
Gender	500/725 (69%) male
Race	449/725 (62%) black
MSM	307/725 (42%)
On ART	691/725 (95%)

Attitudes Toward Financial Incentives for Linkage to Care

- Eighty percent of providers and 72% of patients agreed or strongly agreed that monetary "rewards" will encourage linkage more quickly.

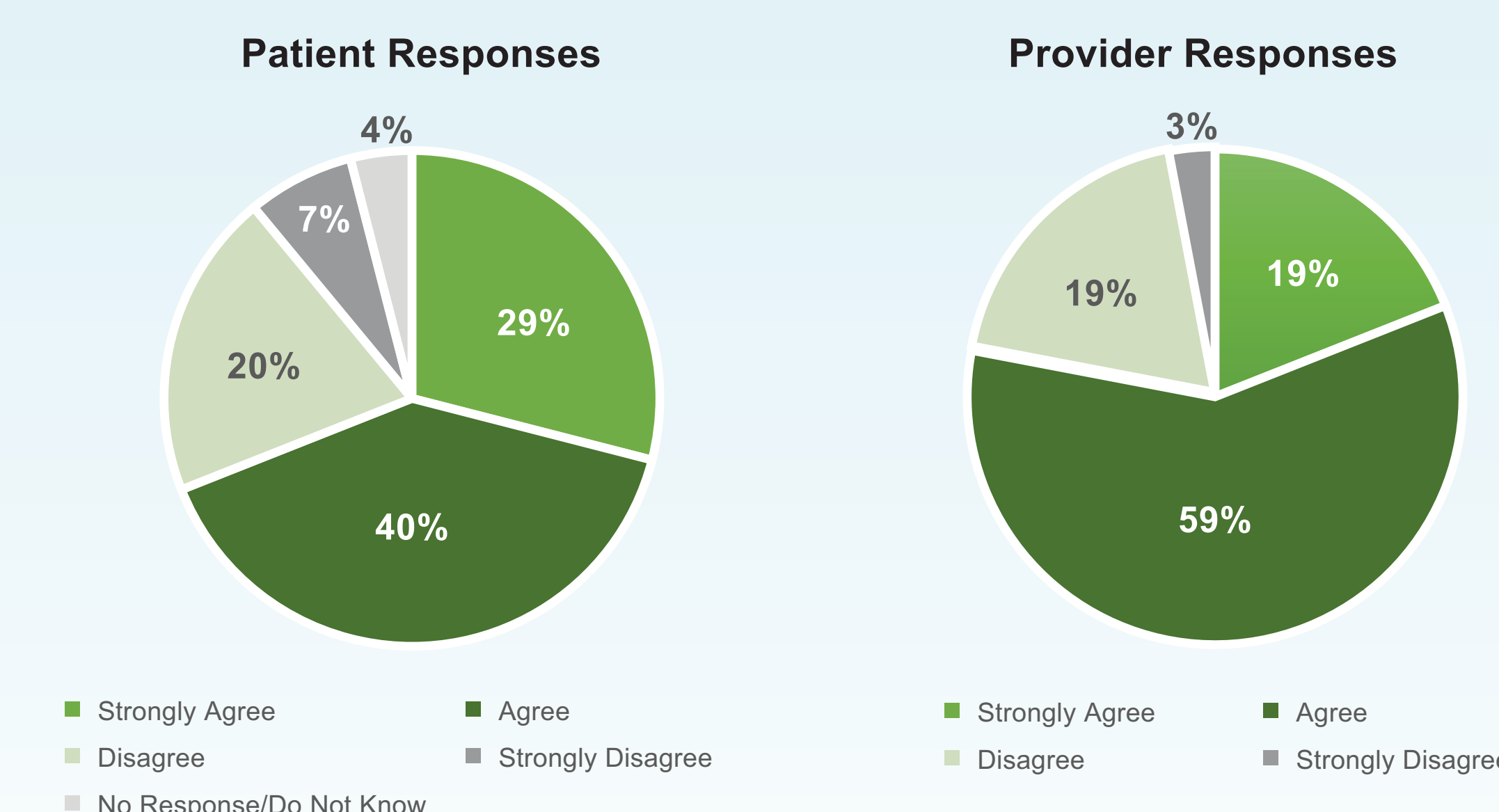
FIGURE 1. It is a "good idea" to provide "rewards" to get patients to link to care.



Attitudes Toward Financial Incentives for Viral Suppression

- Seventy eight percent of providers and 69% of patients agreed or strongly agreed that "rewards" will help patients maintain ART adherence.

FIGURE 2. "Rewards" will help patients maintain ART adherence.



Suggested Incentive Amounts

- Both providers and patients suggested a median of **\$50** (provider IQR \$25-\$75; patient IQR \$25-\$100) as a worthwhile FI for linkage.
- Providers suggested a median of **\$40** (IQR \$20-\$50) and patients **\$50** (IQR \$25-\$100) as a worthwhile FI for a suppressed viral load.



CONCLUSIONS

- Both patients and providers were supportive of the use of FIs to enhance linkage to care and viral suppression.
- The majority of both providers and patients indicated that the use of FIs would likely improve linkage-to-care and ART adherence.
- Providers and patients suggested similar dollar amounts for incentives.
- Of note, the suggested FIs were less than FI amounts used in the HPTN 065 study.

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