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 treatment 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 to care sites in the two jurisdictions to assess

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.

RESULTS

- Eighty percent of providers and 72% of patients agreed or strongly agreed that “rewards” will help patients maintain ART adherence.

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

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Median Age (IQR)</th>
<th>Gender</th>
<th>Race</th>
<th>Type of ART-prescriber</th>
<th>MSNBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>47 years (37, 55)</td>
<td>80/141 (57%)</td>
<td>Male</td>
<td>95/141 (67%)</td>
<td>Physicians</td>
</tr>
<tr>
<td>Race</td>
<td>87/141 (62%)</td>
<td>White</td>
<td></td>
<td></td>
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<tr>
<td>Type of ART-prescriber</td>
<td>95/141 (67%)</td>
<td>Physicians</td>
<td></td>
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<tr>
<td>MSNBC</td>
<td>105 (IQR 50-240)</td>
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</tbody>
</table>

- Seventy eight percent of providers and 69% of patients agreed or strongly agreed that “rewards” will help patients maintain viral suppression.

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.

ACKNOWLEDGEMENTS

- We sincerely thank the participating sites and the following investigators for their support: Dr. Theo Hodge (Capital Medical Associates Clinic), Angela Wood (Family Medical and Counseling Service), Dr. Princy Kumar (Georgetown University), Dr. Gary Simon (George Washington University), Dr. Fred Gottin (Washington DC VA Medical Center), Dr. Rick Elliott (Whitman-Walker Health), Dr. Jason Leider (Jacobs Medical Center), Dr. Barry Zingman (Montefiore Adult AIDS Clinic), Dr. Vinaj Patel (Montefiore Medical Center), and Dr. Sheldon Brown (JJP NY VA Medical Center).
- The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute of Allergy and Infectious Diseases, the National Institutes of Health, or the Centers for Disease Control and Prevention.
- HPTN 065 (TLC-Plus) Study is supported by NIAID, NIDA, and NIMH (Cooperative Agreement U101-A009861; U101-A009867) and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, US Centers for Disease Control and Prevention.

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The HIV Prevention Trials Network is sponsored by the U.S. National Institute of Allergy and Infectious Diseases, the U.S. National Institute of Mental Health, and the U.S. National Institute on Drug Abuse, all components of the U.S. National Institutes of Health.