

Acceptability of Financial Incentives for HIV Viral Suppression: A Qualitative Sub-study of HPTN 065

A. Pack¹, J. Stanton¹, E. Greene¹, J. Taylor¹, V. Shelus¹, E. Tolley¹, N. Rakhmanina², W. El-Sadr³ and T. Gamble¹ for the HPTN 065 study team

BACKGROUND

The HPTN 065 (TLC-Plus) study assessed the feasibility and effectiveness of providing quarterly \$70 financial incentives (FI) in the form of gift cards to HIV-infected patients on antiretroviral therapy (ART) who were able to achieve or maintain viral suppression (VS). VS was defined as HIV RNA < 400 copies/mL.

Nineteen participating sites in the Bronx, NY (BNY) and Washington, DC (DC) were randomized to the FI intervention and 20 sites were randomized to standard of care (SOC). A total of 39,359 FI gift cards were dispensed to patients with VS over 2 years at FI intervention sites. This qualitative sub-study was conducted for the purpose of exploring individual patient, provider and staff attitudes and experiences with the FI intervention. This sub-study complements the parent study, which will analyze the efficacy of the FI intervention using aggregate site-level data.

METHODS

The following qualitative data were collected by trained interviewers from diverse demographic backgrounds:

- Semi-structured in-depth interviews with 75 patients from 14 sites randomized to the FI intervention (all patients received at least 1 FI)
- Key informant interviews with 12 site investigators (SIs) [6 Bronx, 6 DC] from 15 sites randomized to the FI intervention and 5 SIs [1 Bronx, 4 DC] from 5 sites randomized to SOC
- Three focus group discussions (FGDs) [2 Bronx, 1 DC] with 12 site staff members representing 10 sites randomized to the FI intervention

Interviews and FGDs were conducted in English, audio-recorded and transcribed. Transcripts were coded for major themes and analyzed in NVivo 10.0. Sub-themes related to overall opinions and opinions about the concept of providing FIs for VS were extracted and examined to ascertain what participants thought about the intervention.

RESULTS

TABLE 1 outlines the demographic characteristics of the patients interviewed. Demographic data were not collected for SIs and staff.

Patient Characteristics	Total (N=75)	Total (%)	Patient Characteristics	Total (N=75)	Total (%)
Location			Sexual Orientation		
Bronx	31	41%	Heterosexual	38	51%
DC	44	59%	Homosexual	29	39%
Sex			Bisexual	7	9%
Female	26	35%	Not Sure	1	1%
Male	47	63%	Education		
Transgender	2	3%	Did not graduate High School (HS)	24	32%
Age			HS/General Educational Development (GED)	18	24%
<26	13	17%	> HS/GED	33	44%
26-45	20	27%	Personal Income in USD		
>45	42	56%	<20,000	56	75%
Race			20,000 to 60,000	14	19%
Black	44	59%	>60,000	4	5%
White	12	16%	Refused to Answer	1	1%
Other	19	25%			
Ethnicity					
Hispanic	17	23%			
Non-Hispanic	58	77%			

RESULTS (CONTINUED)

INTERVIEWS WITH PATIENTS (N=75)

Nearly all patients had an overall positive opinion of the FI intervention: they enjoyed receiving the FIs, liked that it offered an incentive for improved health and engagement in care, and thought the FIs could help improve ART adherence and/or VS.

“ I think it's a great incentive to help people get started and acclimated to taking their medications. — Patient, non-Hispanic black transgender, 45 years old, DC ”

“ What I really liked about it is like knowing that someone is there thinking of us and someone is there reaching out to us. — Patient, non-Hispanic black male, 50 years old, BNY ”

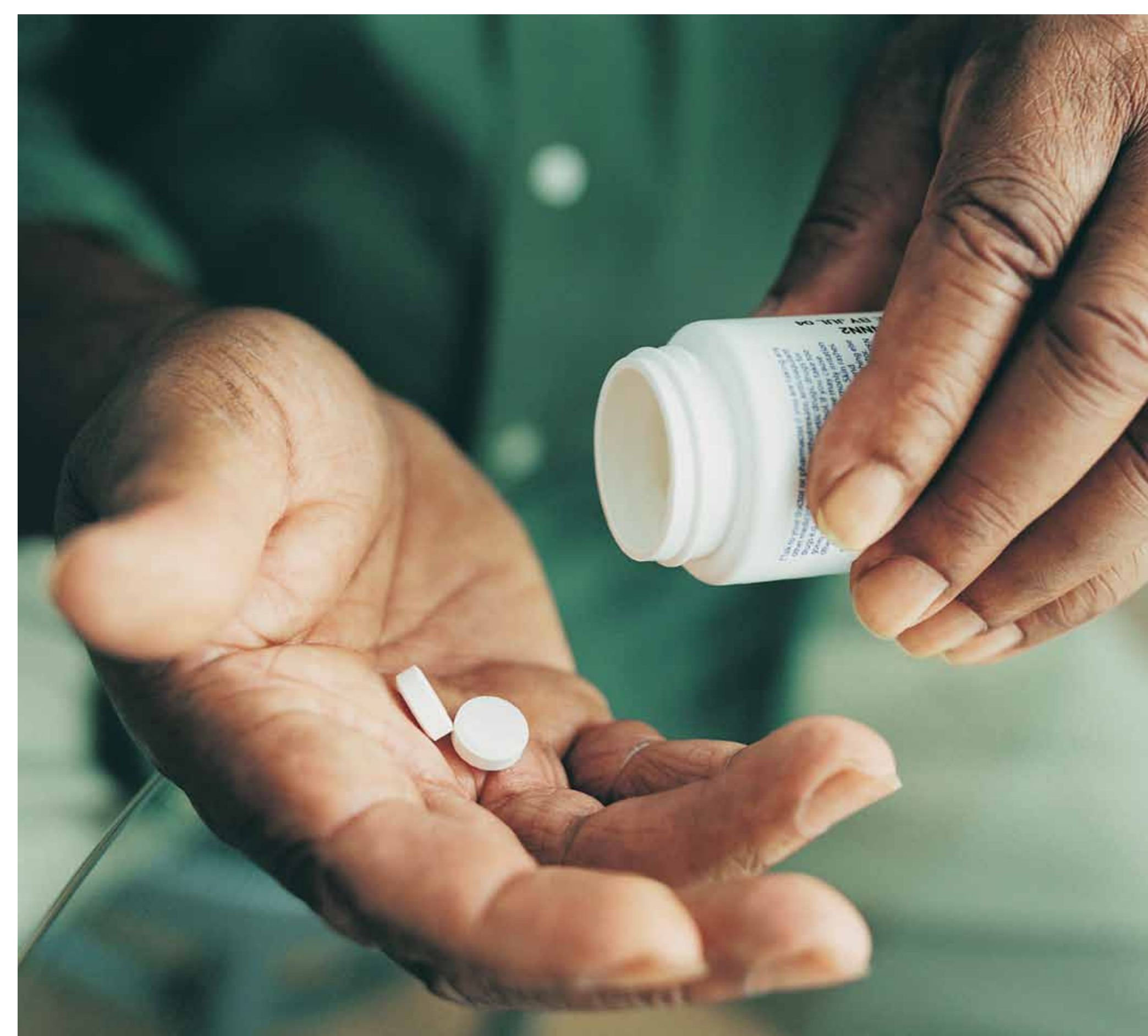
“ Knowing that most of times—like in this low income community you're not working and you really can't handle yourself or treat yourself or just basically attend to your basic needs. And that [the gift card] made you feel like 'I'm taking care of myself' - it's like you earn it kind of. You earned the gift card, but you're taking care of yourself, so it's like a reward kind of. — Patient, non-Hispanic black female, 30 years old, BNY ”

“ I think it's kept me a little bit more somewhat coming up and keeping with my appointments. — Patient, non-Hispanic black male, 23 years old, DC ”

A few patients had neutral opinions about the intervention. The only participant who had a negative overall opinion of the intervention felt that those who are non-adherent will remain non-adherent, with or without FIs.

When asked their opinions about the concept of offering FIs for VS, the majority of patients felt that FIs were beneficial. However, many of these patients also suggested that they and others should be self-motivated to achieve VS. While some patients felt that they had little or no trouble adhering to their medication, and therefore achieving VS, they thought FIs could benefit others.

“ Like, everybody's different. For me, you don't actually have to pay me, because, like I said, I see my doctor on a regular basis anyway. My health is very important to me. But for people [that aren't adherent] to taking medication and seeing their doctors on a regular [basis], I think that program worked for them, because it got them in a routine of going and seeing their doctors regularly. — Patient, non-Hispanic black female, 51 years old, BNY ”



INTERVIEWS WITH SITE INVESTIGATORS (N=17)

Site investigators (SIs) primarily consisted of HIV care providers who oversaw the study at each site. They were more likely than site staff to report that the FI intervention resulted in positive patient interactions, increased patient adherence to clinic visits, and engagement in care.

“ [The program] improved morale, made the patients happy and that in itself was a good experience. Whether or not it actually improved their adherence to their medication, like I said, I'm not sure it did. But maybe for the ones who came more often than they used to, then we got some of them to do some of their other things, their PAP smears and their EKGs and things like that. — Site Investigator-03, BNY ”

The majority of SIs liked the ability to reward patients, although some felt the FI intervention should have been targeted only to low adherers.

“ I think part of the problem was that in offering incentives to everybody, it wasn't really incentives, it was rewards for many patients who are already suppressed. — Site Investigator-02, BNY ”

Several SIs indicated that they had been opposed to the idea of offering FIs for VS at the start of the study, but were in favor by the end. This was primarily due to positive patient interactions since SIs were uncertain about the effect on VS.

“ My primary reason [for wanting to implement the program in the future] is to provide the system of positive reinforcement .. even if it doesn't fully work. I don't know the end results of the study .. I think it improved the dynamic of my staff in the clinic. I think we felt empowered to do something beyond what we do already. — Site Investigator-10, DC ”

Only two SIs, one at a site that was assigned to FI and another who was at a site assigned to SOC, reported being 'philosophically' opposed to the idea of providing FIs for VS, believing that you should not need to pay people to do what is good for them.

FOCUS GROUP DISCUSSIONS WITH STAFF (N=12)

Staff represented individuals who were tasked with maintaining day-to-day operations for the FI intervention, and most often were responsible for distributing the FI. Staff had very nuanced opinions of the program. Similar to SIs, many staff reported positive patient interactions or a positive overall experience with the program but more so than SIs, they reported implementation challenges such as difficulties managing the increased patient volume. Staff also reported frustration that patients felt 'entitled' to the FIs; some patients were described as being aggressive with regards to receiving the FI.

“ When patients were proud of themselves and really happy with [the] card, I mean I would say it was a good thing. I enjoyed doing that, giving cards to patients that were really working hard trying to stay healthy. But definitely frustrated with the program when you get those patients who felt entitled. — Staff, FGD-02, BNY ”

“ [I] definitely had a positive experience. [The program] let's you get connected with the patients a little more. They definitely appreciated it. You got to know certain patients on a different level. At the same time, there were those patients .. who felt entitled to get the gift card; very rude about [it] when they came to get it. Who, you know, I don't think they cared about the viral suppression, they just wanted the money. — Staff, FGD-03, DC ”

CONCLUSION

The FI intervention in HPTN 065 was generally well-received by patients, SIs and staff, despite the fact that some disagreed with the concept of providing FI for VS.

- Patients appreciated receiving the FI and felt that it was an incentive for engagement in care, improved health, ART adherence and/or VS.
- SIs liked the increased patient adherence to clinic visits and increased patient engagement in care.
- Overall, patients, SIs and staff liked the program because it offered an opportunity for positive patient-provider interactions.
- Staff were more likely than others to report frustration, particularly around implementation of the intervention and negative patient interactions, especially the staff who perceived patients to feel entitled to the FIs.

At the time of sub-study analysis, it was not known whether FIs increased VS in the parent study. Regardless, the results from this sub-study suggest that patients, SIs, and staff found the FI intervention for VS highly acceptable. It also highlights the need to engage staff in creating strategies to overcome implementation challenges when using FI interventions aimed to support adherence and VS. These qualitative findings will be important for interpreting efficacy data from the parent study as well as informing any future FI interventions.



Additional findings from this sub-study are presented in the following three posters: (A-671-0004-00749, A-671-0004-00774, and A-671-0026-00085).

ACKNOWLEDGEMENTS

We would like to thank all patients and staff who participated in the interviews for the HPTN 065 sub-study as well as patients, site investigators and staff who participated in the parent study. We would also like to thank the interviewers and protocol team for their dedication to this project.

FUNDING INFORMATION

HPTN 065 is sponsored by:

- NIAID, NIDA, and NIMH (Cooperative Agreement #UM1 AIO68619; #UM1 AIO68617)
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention

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.

AUTHOR AFFILIATIONS

1. FHI 360, Durham NC USA
2. Children's National Health System, Washington, DC
3. ICAP-Columbia University and Harlem Hospital, New York NY USA

For more information, or to view HPTN 065 (TLC-Plus) presentations, Visit www.HPTN.org

Follow HPTN on
 Facebook/HIVpnt
 Twitter/HIVpnt

