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 26,350 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.

METHO DS

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) [5 BNY, 6 DC] from 15 sites randomized to the FI intervention and 5 SIs [1 BNY, 4 DC] from 5 sites randomized to SOC
• Three focus group discussions (FGDs) [2 BNY, 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 10G. Sub-themes related to overall opinions and opinions about the concept of providing FIs for VS were extracted and examined to ascertain what patients thought about the intervention.

RESULTS (CONTINUED)

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

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.

 licking it will allow you to plan ahead and you can then go to your doctor and... — Female, non-Hispanic white, 59 years old, DC

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

“You’re in control of your health... — Patient, non-Hispanic black, 40 years old, BNY

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 about 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.

“I think it’s a great incentive to help people get started and motivated to take their medications. — Patient, non-Hispanic black, 50 years old, DC

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

“A lot of the patients... — Patient, non-Hispanic black, 54 years old, BNY

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 FIs 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.
- 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 intervention 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 posts: (A-671-0004-00749, A-671-0004-00774, A-671-0026-00085).

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