The Impact of Implementing a Financial Incentive Program for Viral Suppression on the Clinic Environment: Findings from a Qualitative Sub-study of HPTN 065

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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 (V5). 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 41 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 interviewees from diverse demographic backgrounds:

• Semi-structured in-depth interviews with 75 patients (aged 14-72) from 14 sites randomized to the FI intervention (all patients received at least 1 FI)

• Key informant interviews with 12 site investigators (5I: BNY 6 DC) from 15 sites randomized to the FI intervention

• Three focus group discussions (FGD: BNY 6 DC) with 12 site staff members representing 10 sites randomized to the FI intervention

All interviews were conducted in English, audio-recorded and transcribed. Transcripts were coded for major themes and analyzed in NVivo 10.0.

RESULTS

Implementation Logistics Implementation of the FI intervention required determining patient eligibility and qualification for FI based on study criteria and VL results, disbursing gift cards to patients, monitoring and tracking gift card inventory, ensuring safe storage of gift cards, and tracking the movement of gift cards in paper and electronic forms. Study procedures were designed as being as streamlined as possible, ongoing training and support were provided, and sites were given the latitude to develop their own process of gift card distribution and staffing, but some BNY and DC staff noted an increased administrative burden, particularly in large hospitals or clinics with a high patient volume.

SIs and staff generally expressed positive implementation of the FI intervention and indicated that positive patient interactions they experienced due to the FI helped overcome some implementation challenges or resistance to the program. Site Investigator-02, BNY said, “We experienced significantly higher patient volume because patients were showing up for more appointments, and we were learning to be more efficient in the same time periods, whereas otherwise they might have logged and planned for four months worth of appointments in one month.”

Entitlement Staff, more so than patients, did experience difficulty with patients who felt “entitled” to receiving FI or who would become upset when learning that they did not qualify for an FI. Site Investigator-02, BNY stated, “We had to say no, ‘It’s not for you.’”

Confidentiality Concerns Some sites integrated the FI intervention procedures into their usual patient registration processes involving front desk staff. A few sites noted confidentiality concerns within these contexts related to discussing eligibility for FiS in semi-private areas such as clinic waiting rooms.

PATIENT PERSPECTIVE While SIs and staff were keenly aware of the changes necessary to adapt to and integrate the FI intervention into their care process, the majority of patients, when asked, noticed no effect on their clinic experience due to the FI program beyond the added benefit of receiving the gift card.

IMPLICATIONS OF THE STUDY

Implementing the FI intervention posed some challenges for providers and staff:

• Integrating the quarterly FI schedule into the standard of care clinic schedule for HIV management.

• Increased patient volume, as well as demands on staff time and space.

• Adapting to logistical and administrative processes required for managing the FI program.

• Dealing with difficult or demanding patients.

• Ensuring the confidentiality of patients while explaining the FI program to them.

However, SIs and staff noted several strategies used to mitigate implementation challenges, notably:

• Developing systems and processes over time to improve logistics, clinic flow, and patient tracking.

• Recognising the positive benefits afforded to patients by the FI program and experiencing positive patient interactions.

• Educating patients and other providers and staff about the FI program and its requirements.

• Relying on trained and dedicated study staff to lead FI program implementation.

The positive experiences and strategies used to overcome challenges facilitated eventual smooth implementation of the FI intervention without generating any negative effects on their clinical care experiences. While the efficacy of the FI intervention remains to be determined through the assessment of the primary HPTN 065 study data, these qualitative results provide encouraging evidence as to the feasibility of implementing a large scale FI program in a clinical setting.

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