

Unanticipated Impact of Financial Incentives on HIV Patients and Providers: Findings from a Qualitative Sub-study (HPTN 065)

A. Pack¹, J. Stanton¹, E. Greene¹, J. Taylor¹, V. Shelus¹, E. Tolley¹, S.T. Brown², 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 (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 (SIs) [6 BNY, 6 DC] from 15 sites randomized to the FI intervention
- Three focus group discussions (FGDs) [2 BNY, 1 DC] with 12 site staff members representing 10 sites randomized to the FI intervention

Interviews were conducted in English, audio-recorded and transcribed. Transcripts were coded for major themes and analyzed in NVivo 10.0. Sub-themes were extracted and examined to determine the effect of the FI on aspects other than adherence.

RESULTS

TABLE 1 outlines the 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		
Ethnicity			Hispanic	17	23%
Hispanic	17	23%	Non-Hispanic	58	77%
Non-Hispanic	58	77%			

RESULTS (CONTINUED)



USES OF FINANCIAL INCENTIVE

Many patients reported that the \$70 FI met a real financial need, or provided a supplement to an otherwise limited income. Some SIs and staff also recognized that the FI was financially beneficial to many of their patients.

“ It helped me pay for my medicine. Then I got a few little personal things that females should have. Not to go in detail.. It [also] helped me buy a little groceries, buy some eggs and stuff like that. ”
— Patient, non-Hispanic black female, 50 years old, DC

“ About 80 percent of my patients live below the federal poverty line and [the gift cards] met a real need [for] them. I was told over and over again about how the money helped them meet real needs that they had and that they looked forward to this incentive. ”
— Site Investigator-01, BNY

“ What I liked about the study was that, when you have patients that don't have any money to buy food or toilet paper and they would come to you with a smile on their face because they have \$70 to spend on something they were not going be able to buy... It [wasn't] even things that they just wanted, it's [what they] needed. ”
— Staff, FGD-02, BNY

Yet, the financial aspect of the intervention also created challenging situations for staff who distributed the FI. These staff reported frustrations with patients who they thought felt entitled to the gift card (i.e. they felt they deserved, rather than earned, the gift card), and reported that some patients would even become aggressive.

“ I really hated the entitlement and so many people getting mad at me, cursing at me because this is their gift card. People acted like this is their paycheck – like they worked for hours to get a gift card here. Like, 'I deserve it! I took my medication.' And sometimes I had to step back and say this is for your health; you know that, right? ”
— Staff, FGD-01, BNY

“ There were those patients I was talking [about] before who felt entitled to get the gift card. [They were] very rude when they came to get it.. I don't think they cared about the viral suppression, they just wanted the money. ”
— Staff, FGD-03, DC

EMOTIONAL EFFECTS

During the intervention, many patients reported feeling cared for by staff and proud of themselves for earning the FI. SIs and staff felt good about doing something positive for their patients, especially when patients noticeably appreciated it. These feelings seemed to be primarily related to the act of giving and receiving the FI, as it was unknown whether the FI was effective in encouraging viral suppression.

“ Yea, it made me feel important with myself instead of being depressed with HIV. I bought a present for myself...Yes, [the FI helped me] feel cheerful. You're like, 'I got something, someone offered me something and I can do something for myself.' ”
— Patient, non-Hispanic black female, 55 years old, BNY

“ The staff felt extremely good about the study. My nurses, when they were giving [gift cards], there was a tremendous emotional positivity in the clinic. I think it's improved the dynamic of my staff in the clinic. I think we felt empowered to do something.. beyond of what we do already. ”
— Site Investigator-10, DC

“ [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. ”
— Staff, FGD-03, DC

ENGAGEMENT IN CARE

The FI intervention was designed to be integrated into standard HIV clinical care schedules, which often include quarterly blood draws to monitor CD4 and viral load (VL). Patients could qualify to receive an FI as frequently as every 3 months. While the FI was intended to incentivize achievement of viral suppression through medication adherence, the ability to receive the FI on a quarterly basis served to incentivize engagement in HIV care. During the FI intervention, patients, site investigators (SIs) and staff reported improved visit adherence, better patient-provider relationships, and increased opportunities for general preventive care.

“ That was part of getting the card: that they take your blood; they check your weight; they check how you're doing. And, to me, it was good that, you know, we got to know each other better. ”
— Patient, Hispanic white male, 58 years old, BNY

“ I think they got more health maintenance items done, like PAP smears and other things because they were being seen more regularly and their provider could actually intervene on those things more frequently. ”
— Site Investigator-01, BNY

“ It brought a lot of awareness to the patients. A lot of the patients that were not coming in for their visits were more frequent to come now, the 2 years that we did the study. They were able to get the idea of why they have to come at least more times out of the year to the clinic. Even if they're suppressed they should still come to the clinic. ”
— Staff, FGD-02, BNY

While most patients and SIs described the increased patient engagement in care as a benefit, a few SIs and many staff who maintained day-to-day operations for the FI intervention also noted that it posed logistical challenges. Especially at the beginning of the intervention, some clinics changes in clinic flow and had difficulty managing the influx of patients.

“ [I]n terms of operations, there was already bottlenecks [at the reception desk] and this [intervention] probably contributed to it. And getting the staff to be fluent with the use of the system was, frequently a challenge. ”
— Site Investigator-03, BNY

“ I think probably the biggest challenge, what I heard everyone talk about, was the number of patients we had to keep track of. Like making sure everyone had the gift card, if they were eligible for a gift card. ”
— Staff, FGD-01, DC

CONCLUSION

While the efficacy of a \$70 FI to increase viral suppression in HPTN 065 remains to be evaluated, the findings of this qualitative analysis indicate that the use of FI in clinical settings can affect both patients and providers in ways beyond what the FI was intended to incentivize.

- While some effects were, at least transiently, negative (challenging logistics of managing client flow and handing out the gift cards), most of the additional findings were positive, with the potential to improve HIV care and overall patient health.
- In general, patients were more engaged in care, and many reported a real financial benefit from the \$70 gift card.
- A positive emotional impact was also reported by the patients, SIs, and staff who indicated that it felt good to either give or receive the gift card, with some noting that the provider-patient bond was strengthened.

Any evaluation of the value and effectiveness of FI interventions should take into consideration these broader effects.

Additional findings from this sub-study are presented in the following three posters: A-671-0004-00749, A-671-0005-00765, A-671-0026-00085.



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AUTHOR AFFILIATIONS

1. FHI 360, Durham NC USA
2. James J. Peters VA Medical Center, Bronx NY USA
3. ICAP-Columbia University and Harlem Hospital, New York NY USA

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