

HPTN 065 (TLC-Plus): A Study to Evaluate the Feasibility of a Community-Focused Approach for HIV Prevention in the United States

Financial Incentive Interventions Fact Sheet

HPTN 065, also known as the Test, Link-to-Care Plus Treat (TLC-Plus) study, was a four-year research study evaluating the feasibility of a community-focused strategy to expand HIV testing, diagnose HIV infection, link people living with HIV (PLWH) to medical care, initiate treatment according to current guidelines, and ensure that PLWH adhere to their treatment regimens.¹⁻³ This continuum, which begins with HIV testing and ends with viral suppression, is essential for a successful community-wide strategy centered on the use of antiretroviral therapy (ART) for HIV prevention. HPTN 065 was designed with the aim to increase testing, linkage and viral suppression, key steps of the continuum.

In HPTN 065, the use of financial incentives (FIs) were evaluated in two ways: 1) to enhance linkage-to-care for individuals who test positive for HIV and 2) to encourage PLWH to take their HIV medication (ART) regularly in order to achieve and maintain undetectable levels of HIV in their blood (also called undetectable viral load or viral suppression). The use of FIs was evaluated in two communities, the Bronx, NY and in Washington, DC. Preliminary findings from the linkage-to-care and viral suppression components of the study were presented at the 2015 Conference on Retroviruses and Opportunistic Infections (CROI). Final results from these components have now been published by JAMA Internal Medicine.⁴ Final results reported in JAMA Internal Medicine differ from the preliminary results presented at CROI due to the discovery that some sites had incomplete data in the HIV surveillance system through which study outcomes were determined.

Financial Incentives for Linkage to Care:

- A total of 37 HIV testing sites participated in this two-year intervention (18 in Bronx and 19 in DC) to determine if FIs improve linkage to HIV care for individuals who tested positive for HIV.
- No one was given an incentive to get HIV tested.
- Half of the testing sites were randomized (by chance) to offer coupons that were redeemable for gift cards at HIV care sites, to encourage individuals who tested positive for HIV to get into care. The other half of the testing sites did not offer coupons and operated normally, offering the usual standard of care.
- The HIV testing sites randomized to give coupons, gave a coupon to everyone who tested positive for HIV and who was not currently receiving HIV care. Each participant could redeem the coupon for gift cards when starting HIV care at clinics participating in the study.
- When a PLWH came to an HIV care site and had blood drawn for HIV-related laboratory tests, he or she could redeem the coupon for a \$25 gift card. When the person returned to the clinic to meet with an HIV provider, receive the test results and develop a plan for ongoing care, he or she could redeem the coupon for a \$100 gift card.

- The effect of the FIs on linkage-to-care was measured by comparing the proportion of PLWH who linked to HIV care within three months of getting the HIV-positive test result between the study arms (FI test sites compared with standard of care testing sites).

Results for Linkage to Care:

- Over the course of the two-year intervention, a little more than 1000 coupons were given to individuals who tested positive for HIV at the 19 sites offering coupons.
- 79% of the coupons were redeemed for both the \$25 and \$100 gift cards. All of these participants returned to the clinic to receive their lab test results and to meet with a provider to develop an individualized health care plan.
- Linkage to care increased for almost all testing sites during the study, regardless of whether the site offered coupons.
- When testing sites that dispensed coupons for financial incentives were compared with sites that did not, there was no significant improvement in the proportion of persons who obtained medical care after they tested positive for HIV.

Financial Incentives for Viral Suppression:

- A total of 39 HIV care sites participated in this two-year intervention (20 in Bronx and 19 in DC) to determine if FIs improve viral suppression.
- Half of the care sites were randomized (by chance) to offer FIs to encourage patients to take their HIV medication regularly in order to achieve and maintain undetectable levels of HIV in their blood. The other half of the care sites did not offer FIs and operated normally, providing the standard of care.
- At sites offering FIs, a \$70 gift card was given to PLWH taking HIV medication only when they had a suppressed viral load (defined as <400 copies/ml). Participants could receive a gift card every three months, if they had an undetectable viral load.
- The effect of FIs on viral suppression was measured by comparing the proportion of PLWH who had a suppressed viral load between the study arms (FI care sites compared with standard of care sites).

Results for Viral Suppression:

- Close to 10,000 PLWH were eligible for gift cards at the 19 care sites offering FIs, with nearly 40,000 gift cards dispensed.
- The proportion of patients with a suppressed viral load increased at the majority of participating care sites during the study, regardless of whether the site offered FIs.
- Overall, there was a significant increase of 4% in the proportion of PLWH who achieved or maintained a suppressed viral load at care sites that offered FIs. In addition, the study findings show that FIs increased the proportion of PLWH with a suppressed viral load in certain situations.

- The proportion of PLWH with a suppressed viral load was 7% higher at Washington, DC care clinics offering FIs compared to those that did not.
- The proportion of PLWH with a suppressed viral load was 5% higher at hospital-based clinics offering FIs compared to those hospital clinics that did not.
- At sites where fewer PLWH had a suppressed viral load at the beginning of the study, the proportion of PLWH with a suppressed viral load was 6% higher at care clinics offering FIs, compared to those that did not.
- Among the subgroup of PLWH who did not have a consistently suppressed viral load at the start of the study, the proportion with a suppressed viral load increased by 5%.
- At the peak of the FI intervention period (i.e. 4th quarter of 2012), after FIs had been in place for 18 months, the study found an overall 5% increase in the proportion of PLWH with a suppressed viral load at FI sites when compared to standard of care sites.
 - At the peak of the intervention, the proportion of PLWH with a suppressed viral load was 14% higher at smaller care clinics (those with fewer than 196 patients) that offered FIs compared to the smaller care clinics that did not.
 - At the peak of the intervention, the proportion of PLWH with a suppressed viral load was 4% higher at care sites in the Bronx, NY offering FIs compared to the Bronx care sites that did not.
- Continuity of care, defined as completing four out of five possible clinic visits where laboratory tests were done in the past 15 months, was 9% higher among PLWH at FI sites when compared to standard of care sites. Put another way, more people returned for follow-up visits at sites that offered FIs.
 - When comparing sites that offered FIs to those that did not, continuity of care was 9% higher at hospital sites, 8% higher at Bronx sites, 9% higher at sites where more PLWH had a suppressed viral load at the start of the study, 8% higher at larger care sites.

In conclusions, FI may offer promise for influencing behavior to encourage PLWH to take their HIV medications as prescribed in order to achieve a suppressed viral load. Such an outcome would benefit their own health and decrease the risk of transmitting the virus to others. Additionally, FIs used to encourage viral suppression in this study were found to be acceptable to both the patients receiving the gift cards and the providers distributing them.⁵

For More Information:

For more information about HPTN 065 visit:

<https://www.hptn.org/research/studies/hptn065>

References:

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