

Linkage-to-Care and ART Adherence Practices at Participating Sites in the HPTN 065 (TLC-Plus) Study

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INTRODUCTION

HPTN 065 (TLC-Plus): A Study to Evaluate the Feasibility of an Enhanced Test, Link to Care, Plus Treat is an ongoing study in Washington, DC and the Bronx NY to determine the feasibility of expanded HIV testing, linkage to HIV care and antiretroviral (ART) adherence for viral suppression as an HIV prevention strategy. In addition, the study is evaluating the feasibility and effectiveness of financial incentives for increasing linkage from testing HIV positive to HIV care and for sustaining viral suppression among patients in HIV care.

Annual surveys, beginning with 2009 data, aim to collect information on key characteristics of participating HIV testing and HIV care sites, processes for linking patients who test HIV positive to care, and support activities for ART adherence, in order to describe baseline practices and changes in the standard of care over time.

METHODS

Study sites include 37 testing sites and 39 care sites across both cities. Completed 2009 survey data were analyzed to identify baseline practices from:

- Bronx, NY: 17/18 testing sites; 20/20 care sites
- Washington, DC: 18/19 testing sites; 19/19 care sites

RESULTS

HIV TESTING SITE AND CARE SITE CHARACTERISTICS

Table 1: HIV Testing and Care Sites in the Bronx, NY and Washington, DC

Type of Site	Bronx Testing	Bronx Care	DC Testing	DC Care	Total*
Community health center/clinic	6 (35%)	10 (50%)	7 (39%)	8 (42%)	31 (42%)
Hospital (non-university affiliate)	4 (24%)	5 (25%)	3 (17%)	3 (16%)	15 (20%)
University-affiliated hospital/clinic	3 (18%)	2 (10%)	3 (17%)	2 (11%)	10 (14%)
Community-based organization	2 (11%)	1 (5%)	3 (17%)	0 (0%)	6 (8%)
Private medical practice	0 (0%)	0 (0%)	0 (0%)	5 (26%)	5 (7%)
VA facility	1 (6%)	1 (5%)	1 (5%)	1 (5%)	4 (5%)
STI clinic	1 (6%)	0 (0%)	1 (5%)	0 (0%)	2 (3%)
Substance abuse clinic	0 (0%)	1 (5%)	0 (0%)	0 (0%)	1 (1%)
Total	17	20	18	19	74

* Only sites that completed the survey are included in this table.

HIV Testing Sites: In 2009, participating testing sites in the Bronx and DC reported a total of 175,257 HIV screening tests conducted, 1672 HIV-positive antibody tests, and 1377 HIV-positive confirmatory tests. Figures 1a and 1b present the number of HIV screening tests and positive tests at sites within the Bronx and DC. Two facilities in DC did not have HIV testing programs in 2009.

Figure 1a: HIV Screening Tests at HPTN 065 testing sites in the Bronx and DC (2009)

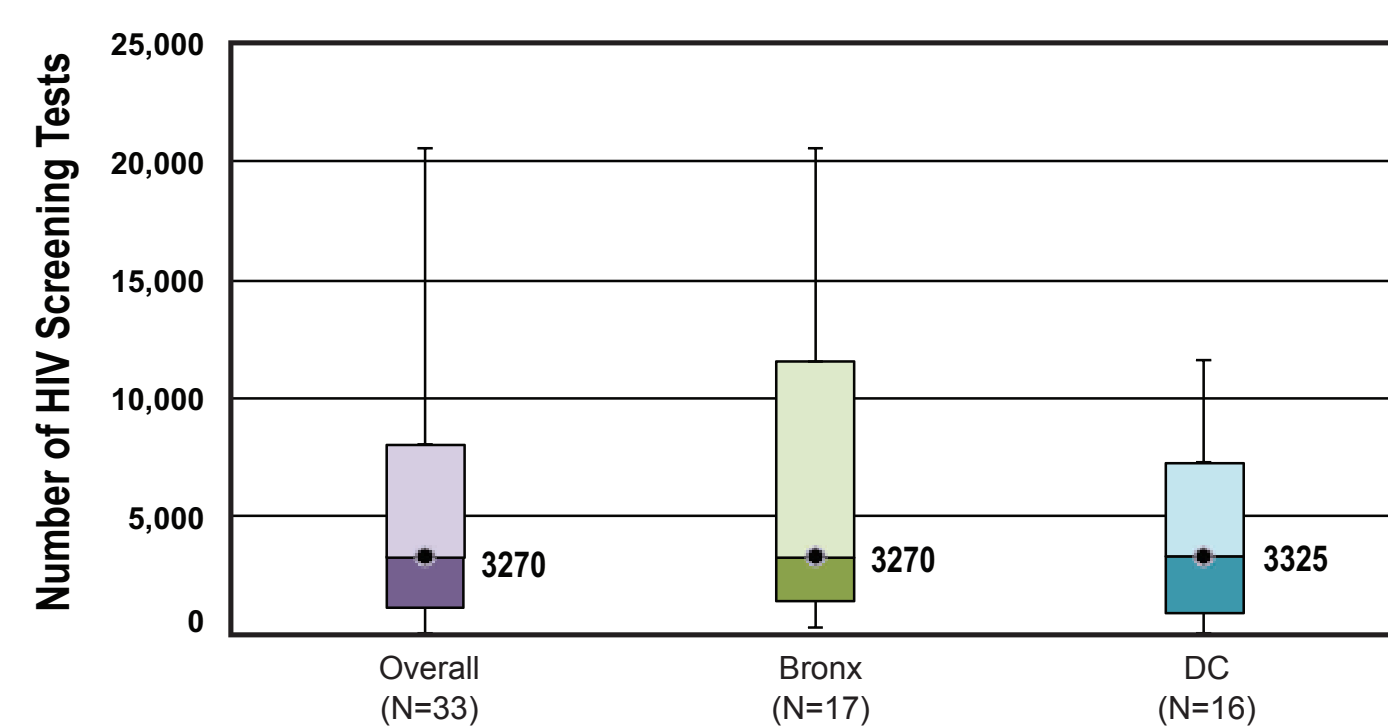
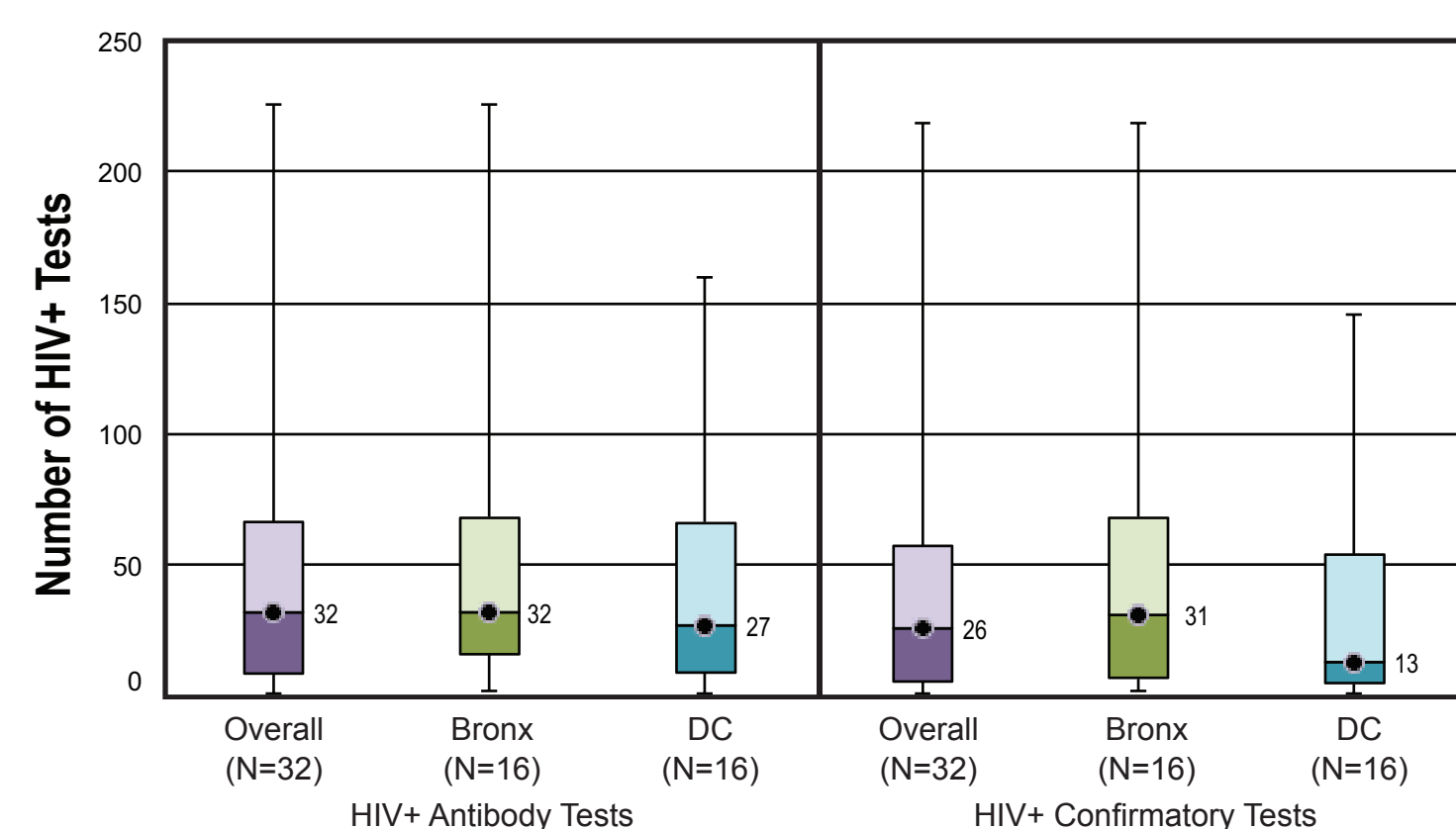


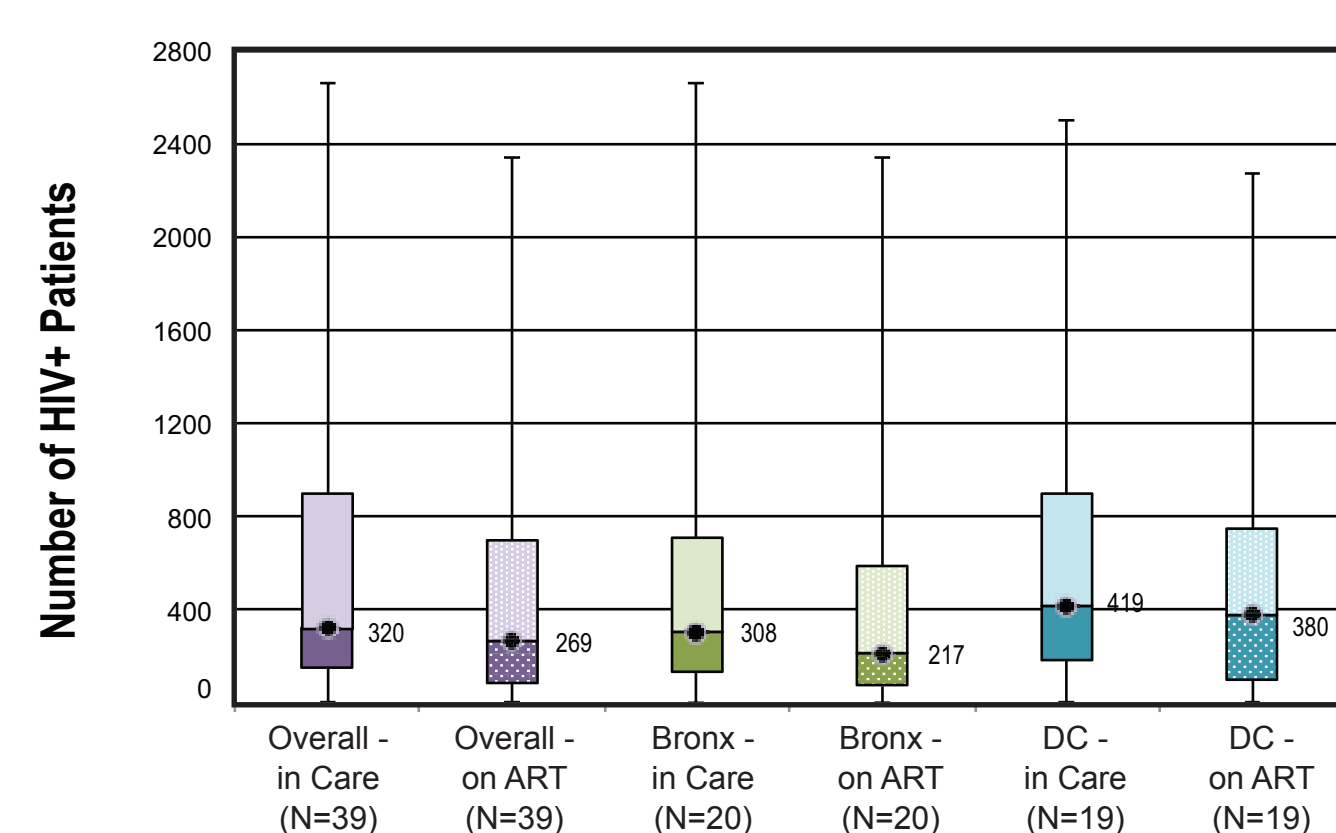
Figure 1b: HIV+ Tests at HPTN 065 testing sites in the Bronx and DC (2009)



NOTE: The colored bars depict the 25th-75th percentiles, changing color at the median, which is also depicted with a black dot. The bracket extends from the minimum to maximum.

HIV Care Sites: In 2009, participating Bronx HIV care sites reported a total of 11,056 HIV-positive patients in care and DC care sites reported a total of 12,086, of which 9,020 (82%) and 10,125 (84%) were reported to be on ART in the Bronx and DC, respectively. Figure 2 depicts the number of HIV-positive patients in care and on ART within sites in each locality. One facility in DC did not provide HIV care in 2009.

Figure 2: HIV+ Patients in Care and on ART at Participating HIV care sites in the Bronx and DC (2009)

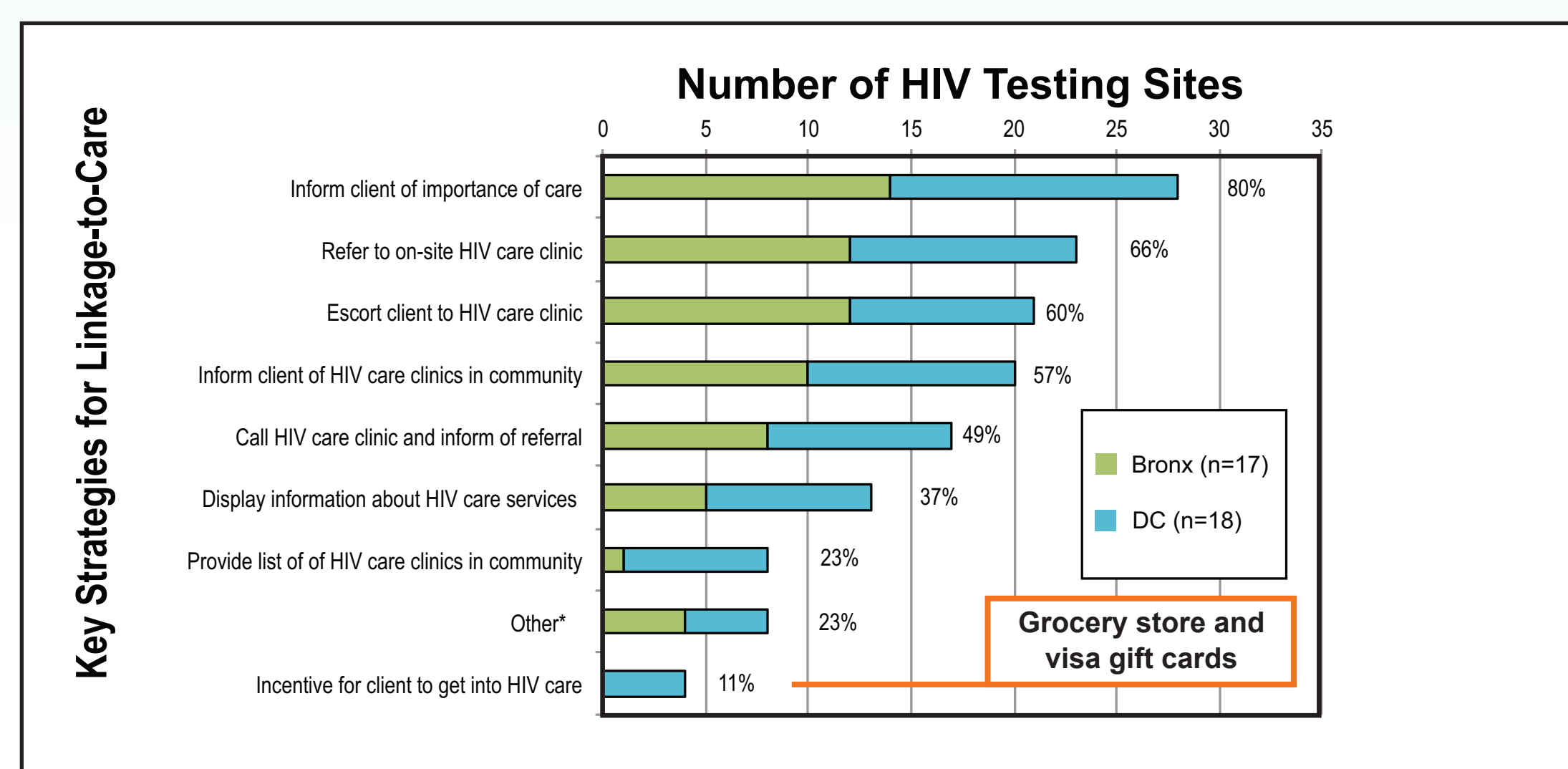


NOTE: The colored bars depict the 25th-75th percentiles, changing color at the median, which is also depicted with a black dot. The bracket extends from the minimum to maximum.

TESTING SITE LINKAGE-TO-CARE PRACTICES

All participating HIV testing sites with formal HIV testing programs in 2009 employed some form of linkage-to-care activities for clients testing HIV-positive. Figure 3 depicts the key linkage-to-care strategies used. In 2009, only 4 participating testing sites, all in DC, utilized some sort of financial incentive (specifically, grocery store or visa gift cards) to help link clients into care.

Figure 3: Key Strategies for Linkage-to-Care in the Bronx and DC (2009)

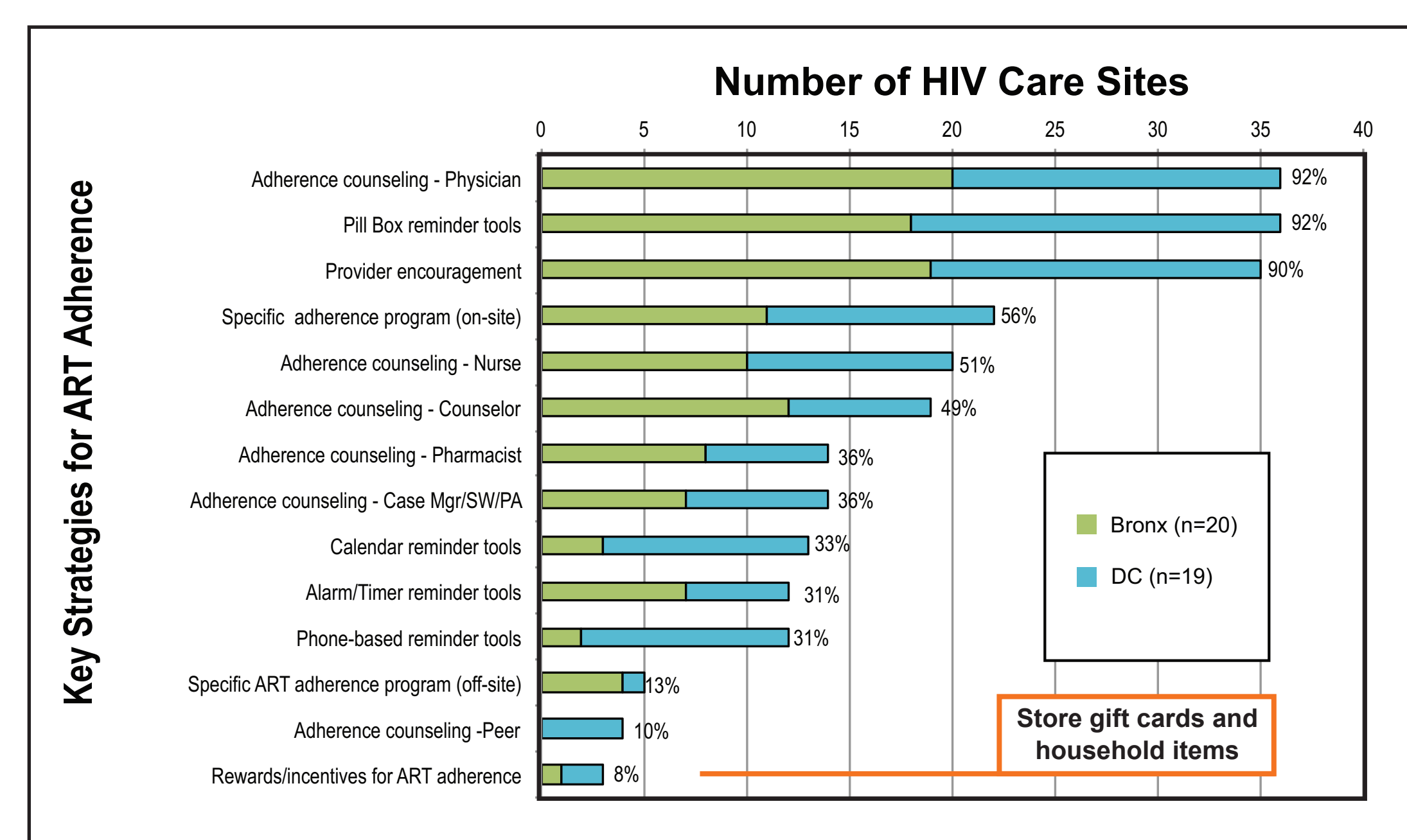


*Other includes: making appointment for patient, connecting with a linkage team, enrollment in rapid intake programs, external referrals, and no formal linkage programs (sites with no testing programs).

CARE SITE ART ADHERENCE PRACTICES

All participating HIV care sites provided some form of ART adherence support to patients on ART in 2009 (with the exception of the one site with no care program in 2009). Figure 4 shows the key ART adherence strategies employed. In 2009, rewards or incentives for ART adherence (unrelated to HPTN 065), such as store gift cards and household items, were provided by 1 care site in the Bronx and 2 in DC.

Figure 4: Key Strategies for ART Adherence in the Bronx and DC (2009)



CONCLUSIONS

In 2009, Bronx and DC HIV testing and care sites participating in HPTN 065 (TLC-Plus) used diverse strategies to support linkage-to-care and ART adherence. For linkage-to-care, most sites discussed the importance of linkage with patients, directed patients to certain care clinics, or escorted patients to care. For ART adherence, most sites relied on physician counseling, pill box reminder tools, and provider encouragement. Few sites used financial incentives or rewards (e.g. gift cards or household items) for either linkage-to-care or ART adherence before initiation of the study. Annual follow-up surveys will be conducted to monitor changes in practices throughout the conduct of the HPTN 065 (TLC-Plus) study.

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