



LIVE UNDETECTABLE

Scaling Up Viral Suppression Support
for Vulnerable Populations

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Agenda

- **Welcome and Introductions**
- **The Undetectables Intervention**
- **Results of a 2-year Demonstration**
- **Scaling Up The Undetectables**
- **Thought into Action Activities**
- **Take it Home!**



Who's in the Room?

- Name
- City, State
- Organization
- If you possessed a *superpower* to end AIDS, what would it be and why?

THE UNDETECTABLES INTERVENTION

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WHO ARE THE UNDETECTABLES?

FIND OUT SPRING 2014



The *Undetectables* Viral Load Suppression Project

- **24-month pilot launched March 2014**
- **Funded by the Robin Hood Foundation**
- **Integrated supports developed with UPenn**
- **Added financial incentives to our ART toolkit**
- **To empower clients facing barriers to health**
 - Poverty
 - Housing and food insecurity
 - Behavioral health issues
- **A project of Housing Works, a NYC CBO**

**Core to Housing Works' commitment
to the NYS Plan to End our AIDS epidemic by 2020**

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Context: Ending the Epidemic

The Undetectables is a recommended strategy to promote viral suppression to end the AIDS epidemic

THE
NEW YORK
BLUEPRINT
TO END AIDS
WILL

1

Identify persons
with HIV who remain
undiagnosed.

2

Link persons diagnosed
with HIV to health
care to achieve viral
suppression and prevent
further transmission.

3

Facilitate access to
Pre-Exposure Prophylaxis
(PrEP) and non-occupational
post-exposure prophylaxis
(nPEP) for high-risk persons
to keep them HIV-negative.

How? By ending AIDS deaths and reducing new HIV infections to 750 or less by the end of 2020.

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End AIDS New York 2020 Community Coalition

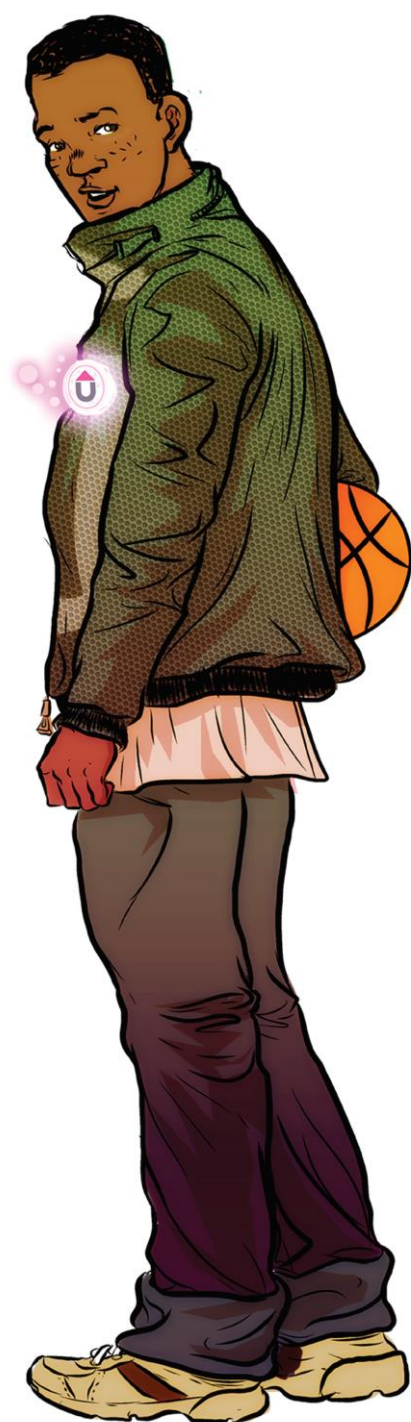
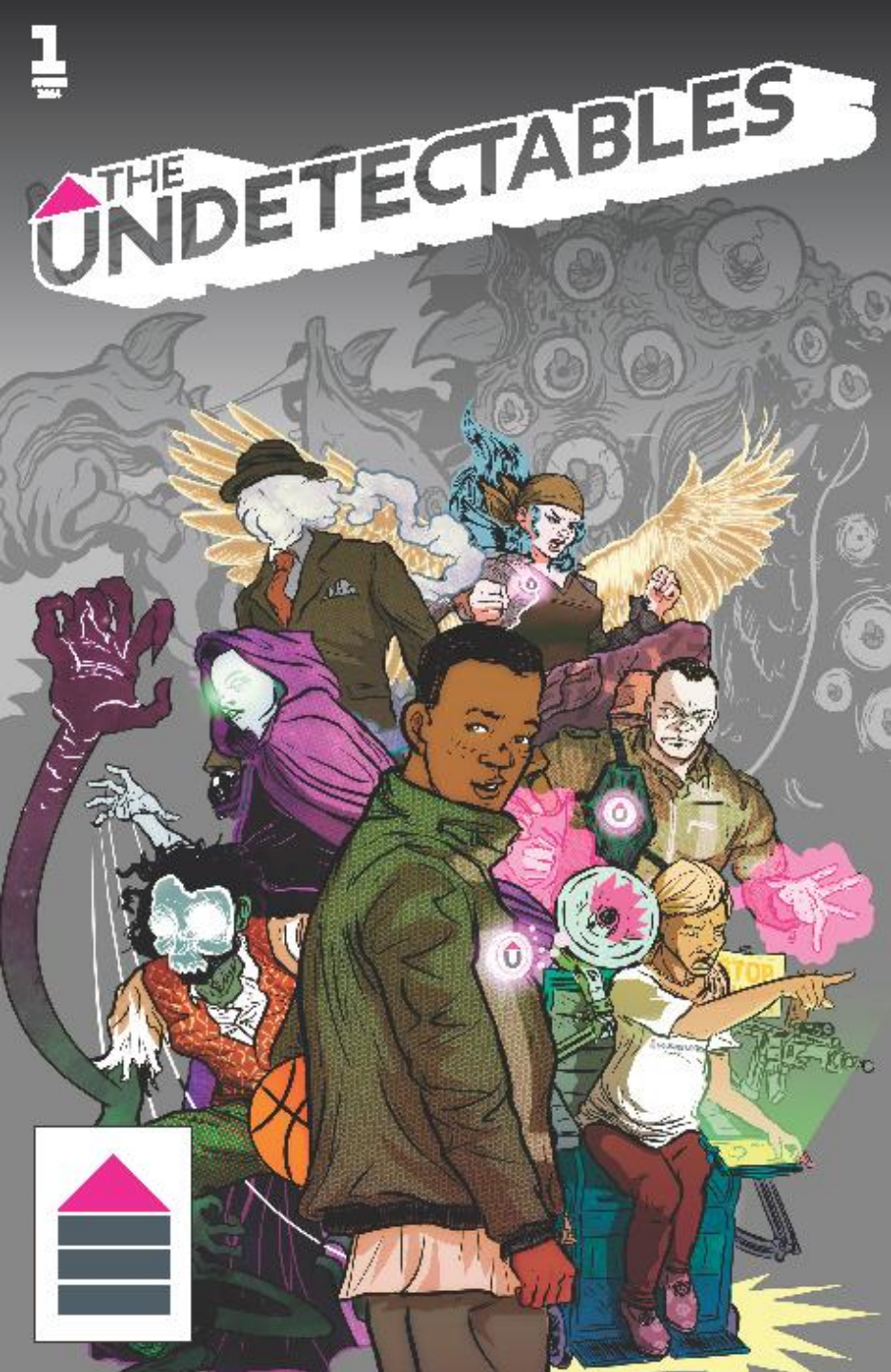


Multiple Goals

- Support clients to achieve and maintain undetectable viral load (≤ 50 copies/ml)
- Get to least 80% viral suppression
- Recognize the heroic actions of clients
- Agency culture change focused on ending AIDS
- Address health disparities to leave no one behind
- Spread the liberating and stigma-busting news that **U**ndetectable equals **U**ntransmittable

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THE UNDETECTABLES



Social Marketing

Why become an **Undetectable**?

- Becoming an **Undetectable** is becoming a **Hero**!
- Becoming an **Undetectable** improves your health, well-being, and life expectancy!
- Becoming an **Undetectable** means you will not transmit HIV to sexual partners!
- Becoming an **Undetectable** helps to end the HIV epidemic!

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Agency Culture Shift: ***Together, We Can End AIDS***

- **Agency-wide buy-in:**
 - Support from the President/CEO and through each level of senior staff
 - Collaborative program evaluation and improvement
 - Undetectables Community Advisory Board
- **Trainings for all community members:**
 - Frontline staff (in-person)
 - Supportive staff (in-person and online)
 - Clients (in-person and online)
- **Building and sustaining momentum:**
 - Launch events
 - Rallies
 - Celebrations!

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 **HOUSING WORKS**
HEALTHCARE

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 **HOUSING WORKS**
HEALTHCARE



**TRUST IN US
WE CARE!**

A Stepped Approach to ARV Adherence

What's in the toolkit?

- **Client centered ARV adherence planning**
 - Integrated case conferences with the client, health care provider and case manager/care coordinator
 - Motivational interviewing
 - Assistance to meet subsistence needs
 - Behavioral health assessment/referral
- **\$100 gift card incentive**
 - For lab result showing undetectable viral load
 - Up to four per year
- **Cognitive behavioral therapy (CBT) groups**
- **Adherence devices/medication reminders**
- **Directly observed therapy (DOT) – formal and informal**



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Using the Toolkit

- For clients receiving Housing Works primary care and case management
- Stepped approach from least to most intensive
- Offer tools that meet the client's needs
- Adherence plans agreed by the client and her team
- Focus on client strengths as well as barriers
- Switch adherence tools as needed

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Financial Incentives

- Added to integrated care for people with HIV who face demonstrated barriers to ARV uptake and adherence
- Up to \$400 annually (\$100 gift card per quarter) for clients who achieve or maintain a viral load ≤ 50 copies/ml
- Clients have blood drawn at clinically appropriate intervals (determined by providers)
- Lab reports reviewed with the client by the primary care provider or registered nurse
- Quarterly lab work required for each incentive – ensures regular medical engagement for clients who face barriers to retention in effective ARV therapy

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What does recent evidence say about financial incentives?

HPTN 065 Study

- **Two-year randomized clinical trial**
 - 37 primary care sites randomized to financial incentive (FI) and standard of care (SOC)
 - \$70 quarterly incentive for viral load <400 copies/ml
- **Proportion of virally suppressed patients significantly higher at FI sites compared to SOC sites (El-Sadr 2017)**
- **Emotional benefits gained by receiving or providing positive reinforcement (Greene 2017)**
- **Quarterly \$70 incentive was highly cost-effective compared to standard HIV care (Adamson 2017)**

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24-MONTH DEMONSTRATION PROJECT EVALUATION

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**24-month evaluation conducted
in collaboration with the University of Pennsylvania**

Co-Principal Investigators:

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Megan Stanton

Funded by the **Robin Hood Foundation**

<http://www.robinhood.org>

24-Month Demonstration











Evaluation Sample

- 840 unduplicated individuals voluntarily enrolled
- 636 individuals enrolled at February 29, 2016
- 502 individuals (60% of ever enrolled) met inclusion criteria for evaluation
 - Intent-to-treat
 - At least 2 VL lab results pre- and 2 post-enrollment

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24-Month Demonstration

Who participated?

Participant Characteristics	Percentages (n=502)
African American	69.3 
Latino/a	21.5 
White	6.3 
Women	27.2 
Transgender	1.6 
Alcohol and drug use	68.5 
Illicit substance use	63.1 
Functionally homeless	88.2 
Literally homeless	60.2 
Mental illness	51.7 

Evaluation Design

- **Community-based participatory approach** in collaboration with academic partners at the University of Pennsylvania
- Study examining: ***Feasibility • Efficacy • Cost-effectiveness***
- Using each participant as his/her own control, assess **viral load and cumulative viral exposure pre- and post-enrollment**
- **Qualitative interviews and focus groups** with participants to examine attitudes regarding program efficacy
- Standard methods of **cost analysis to assess cost-effectiveness** as a function of incremental program costs and medical costs saved through averted downstream infections

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24-Month Demonstration Summary of Key Findings

- Point in time rate of VLS ($n \leq 50$) increased:
 - 54% at launch ($n=441$) to 80% at 24 months ($n=636$)
- Durable VLS significantly increased ($n=502$):
 - 20% increase post intervention in proportion of clients virally suppressed at all time points
- Qualitative interviews show intervention worked by:
 - Enhancing meaning and worth
 - Increasing motivation and connection to services
- Cost analyses show that:
 - Program costs well within established cost-effectiveness thresholds for ARV adherence interventions

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24-Month Demonstration

Point-in-time viral load suppression

Among 441 clients eligible for enrollment at launch:

54% virally suppressed (≤ 50 copies/ml)

Among 636 clients enrolled at February 29 2016:

80% virally suppressed (≤ 50 copies/ml)

85% virally suppressed (≤ 200 copies/ml)

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24-Month Demonstration

Durable viral load suppression

Significant impacts on cumulative viral exposure found in pre/post evaluation (n=502) of the 24-month pilot:

- 17% increase post-intervention in proportion of all time points undetectable (≤ 50 copies/ml)*
- 20% increase post-intervention in proportion of clients virally suppressed at all time points (≤ 50 copies/ml)*
- Significant social/racial disparities in viral suppression found at baseline disappeared post-enrollment

* $p < .0001$ (paired t test)

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Qualitative Findings

Undetectables increases ARV adherence by:

- **Establishing meaning and worth**
 - Incentives for staying healthy acknowledge clients' work
 - Intervention provides a mechanism to recognize clients' part in the fight against AIDS
- **Increasing motivation**
 - Increased understanding of personal and collective benefits
 - Tangible rewards to improve quality of life
 - Establish and support healthy orientation
 - Linkage to toolkit services

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Threshold Cost-Effectiveness

- Cost-effectiveness analyses **consider intervention costs in light of future program and societal costs** such as medical costs saved through averted downstream infections
- ARV adherence supports with moderate efficacy and **costs of $\leq \$100/\text{month}$ meet conservative cost-effectiveness thresholds** for medical interventions*
- We employed **standard costing methods to calculate the cost of the Housing Works *Undetectables* intervention** as a function of average enrollment and direct program costs (personnel, incentives & OTPS)
- The fully implemented *Undetectables* intervention had a **per person per year cost of \$812.53, or \$67.71/month**

*Goldie et al., 2003; Schackman et al., 2005

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Questions?

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PREPARING FOR THE CITYWIDE SCALE-UP

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From Pilot Findings to Citywide Scale-up

IDENTIFY PARTNER(S)

- Housing Works shared pilot findings with NYC DOHMH, who agreed to explore scale-up feasibility and options

December 2014

CONVENE STAKEHOLDERS

- VLS Consortium convened by NYC DOHMH and Housing Works,
- Activities: *Consult on of key components of the Undetectables adaptation and rollout*

Early 2015

SECURE FUNDING

- NYC announced ETE funding for a VLS work group led by Housing Works, NYC DOHMH, Amida Care during FY2015
- AND for citywide scale-up of The Undetectables in FY2016

December 2015

CONTRACT WITH PROVIDERS

- ETE Request for Proposals released by NYC DOHMH
- Program Implementation Awardees: 7
- Technical Assistance Provider Awardee: 1

March – June 2016

IMPLEMENT PROGRAM

- Contracts began July 2016
- Start-Up Period → Implementation began January 1, 2017

July 2016 – present

Favorable Policy Environment

Advocacy

Service System Capacity

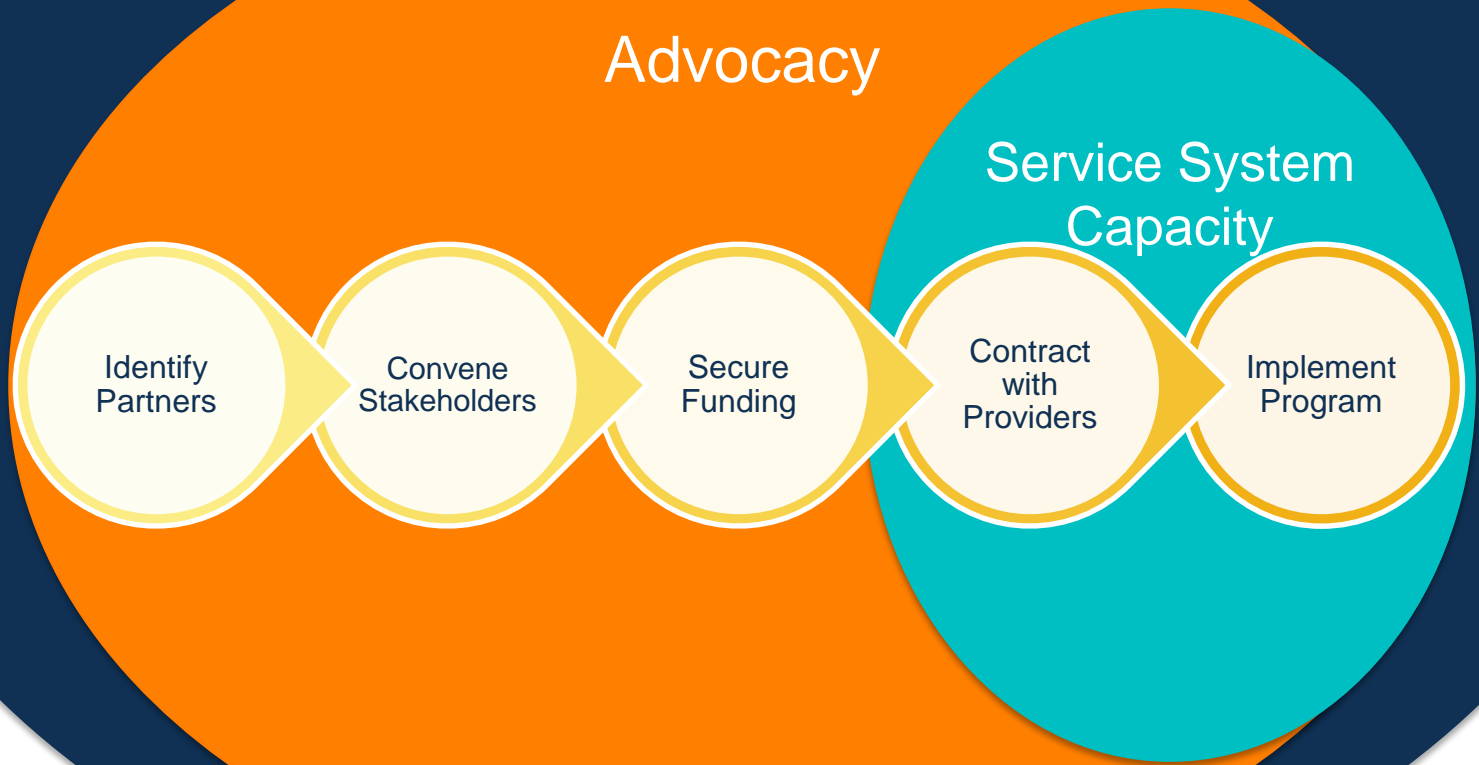
Identify
Partners

Convene
Stakeholders

Secure
Funding

Contract
with
Providers

Implement
Program



Convene Stakeholders: Work Groups

Work Group	Product(s)
Steering Committee	Compile strategies for identifying and sustaining funding; brief on progress of other work groups
Essential Elements	Guidelines on Best Practices/ Essential Elements of Program and associated evidence base; the Essential Elements Workbook
Organizational Readiness and Curriculum Development	Organizational Readiness <ul style="list-style-type: none"> ▪ Organization Self-Assessment Checklist ▪ Program Implementation Plan Curriculum Development <ul style="list-style-type: none"> ▪ Training module topics ▪ Program manual
Social Marketing	Adaptation of The Undetectables social marketing materials for use in other settings
Evaluation	Evaluation Plan for implemented programs

Bolded items are available tools

Stakeholders

- Medical Directors
- HIV Program Directors
 - Hospital
 - CBOs
- Medicaid HIV SNP Program Staff
- Content Experts
 - Training and curriculum development
 - Social marketing

Consultation with Pilot Implementation Team

- Early in the process, DOHMH attended a consultation with Housing Works clinical and HIV care management staff to learn about mechanics of program model implementation
 - Case conferencing with clinician, care manager, and patient present
 - Incentive distribution
 - Challenges

Essential Elements: Mapping Interventions to the Evidence

- For each element considered, the group discussed
 - The Housing Works implementation approach
 - Adaptability of the approach to other settings
 - Questions and concerns about the model
 - Applicable findings in the literature
- Example: Case Conferencing

Essential Elements: Evidence-based Strategies

- **Multi-level approach**
 - Bassett et al., 2015
- **Sustained support**
 - Metsch et al., 2016; Simoni et al., 2010
- **Resiliency-based social marketing**
 - Giordano et al., 2013
- **Care coordination**
 - Irvine et al., 2015
- **Financial incentives**
 - El-Sadr et al., 2017
- **Address subsistence needs**
 - Aidala et al., 2016
- **Motivational interviewing**
 - Gwadz et al., 2015
- **Cognitive behavioral therapy**
 - Olem et al., 2014; Safren et al., 2012
- **Adherence devices**
 - de Lima et al., 2016; Petersen et al., 2006
- **DOT**
 - Macalino et al., 2007

Organizational Readiness and Curriculum Development

- **Built upon the work of the Essential Elements Work Group**
- **Build a VLS Initiative curriculum that:**
 - **Retains the essential elements of The Undetectables**
 - Evidence-based
 - Ongoing evaluation
 - Strong social marketing component
 - **Can be scaled to work in a variety of settings**
 - Modular structure
 - Targeted to clients/ patients who can benefit most
 - **Is sustainable**
 - Fiscally sustainable
 - Well-integrated with the organizational structure

World AIDS Day 2015

- Mayor DiBlasio announced \$23 million in local funds for Ending the Epidemic programs, which included \$1.9M for the scale-up of The Undetectables

IMPLEMENTING THE CITYWIDE SCALE-UP

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Ending The Epidemic RFP: Required Activities for Funded Programs

IMPLEMENTING PROGRAMS (7)

1. Integrate “VLS for All”
into agency/ facility
organizational culture

**2. Innovative
social marketing campaign**

3. HIV primary care
In-house or partnership

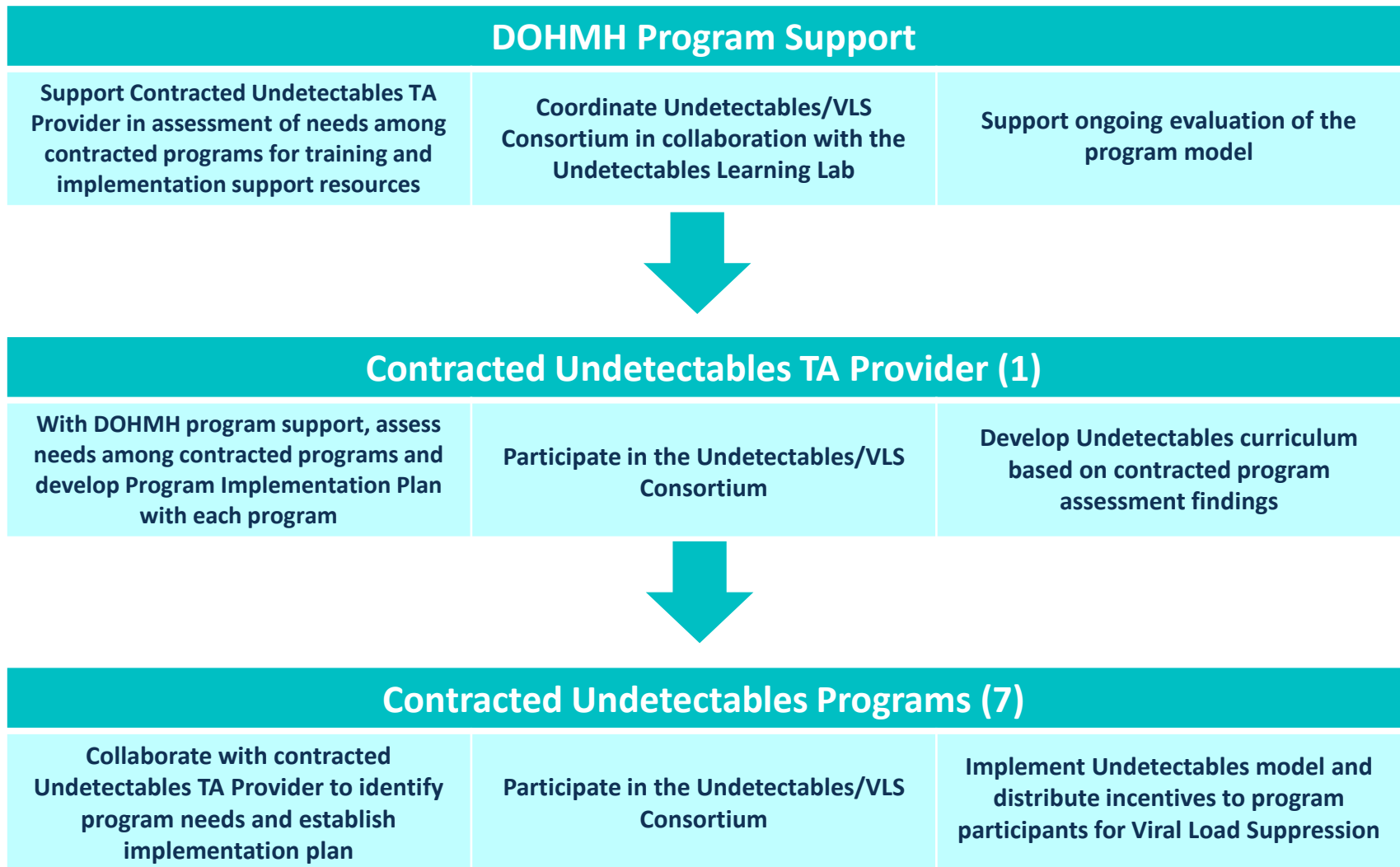
4. HIV care management
Provide all services in the Undetectables Tool
Kit including quarterly incentive

5. Data collection
Including data entry into NYC DOHMH’s
electronic reporting system

TECHNICAL ASSISTANCE PROVIDER (1)

Provide intensive technical assistance and training in
program design and implementation support for agencies
who are funded for implementation

Implementation Structure

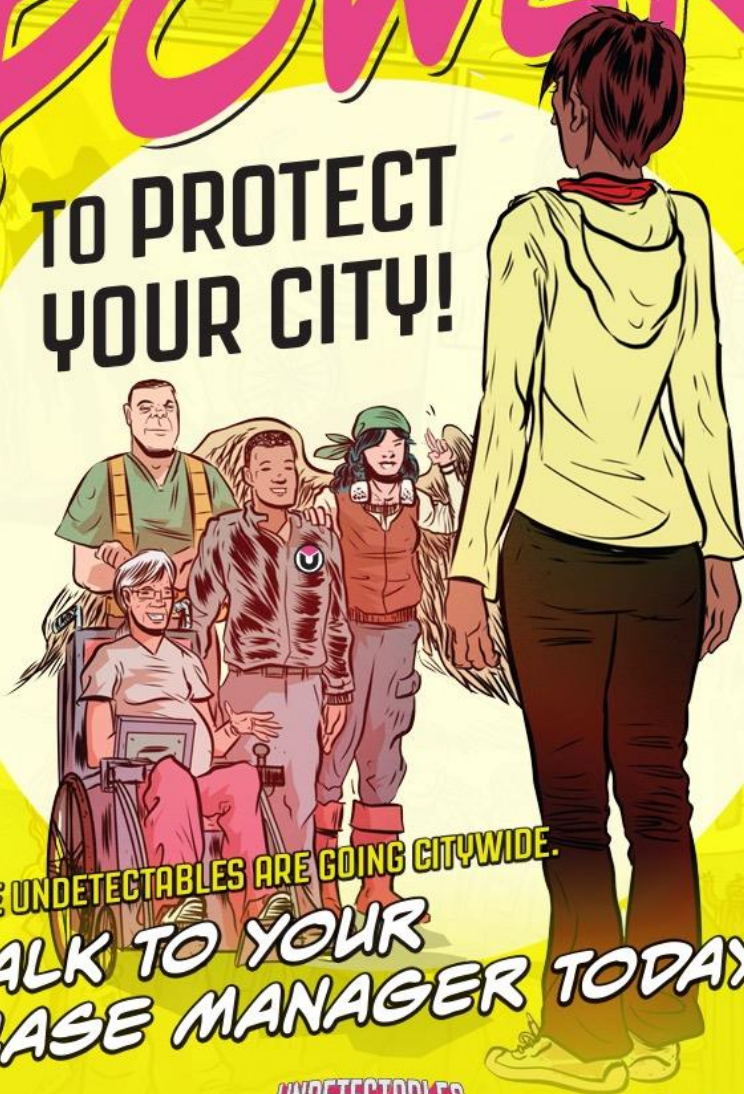


Citywide Scale-up Program Settings and Reach

- **7 program contracts and 1 technical assistance contract**
 - all funded for 3 years (2016-2019)
- **Funded agency settings:**
 - 4 CBOs operating Federally Qualified Health Centers
 - 1 CBO providing in-house primary care services
 - 1 CBO in partnership with hospital
 - 1 Hospital
- **Year 1 total # of clients enrolled: 1052**
- **Year 2 projected # of clients served: 2065**
 - 200 to 300 clients per agency
 - Exception: Housing Works to serve 650

YOU'VE GOT THE
POWER

TO PROTECT
YOUR CITY!



THE UNDETECTABLES ARE GOING CITYWIDE.

**TALK TO YOUR
CASE MANAGER TODAY!**

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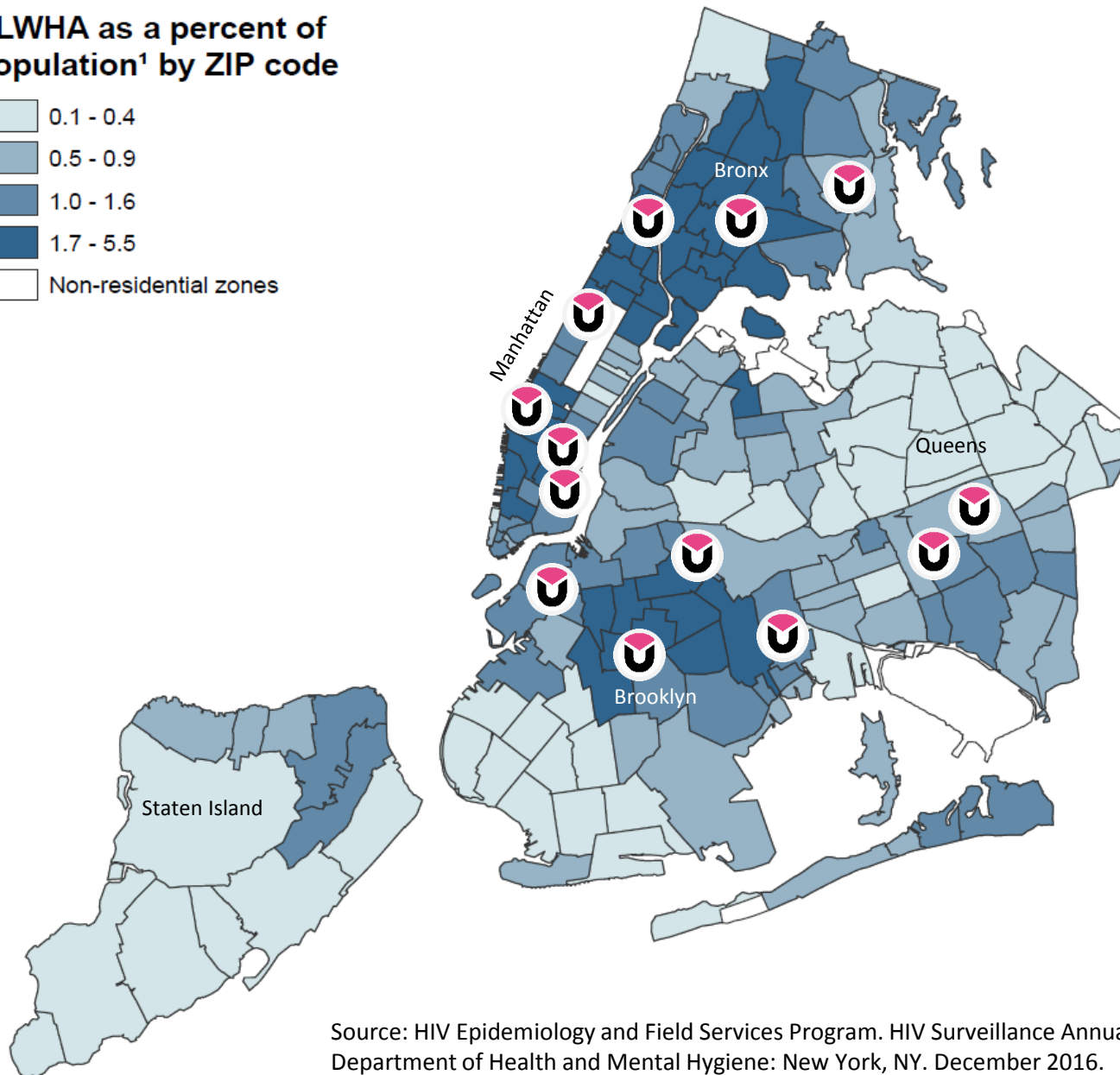
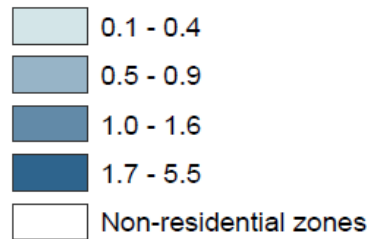
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Citywide Scale-up
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Marketing



FIGURE 4.3: HIV prevalence, NYC 2015

PLWHA as a percent of population¹ by ZIP code



Source: HIV Epidemiology and Field Services Program. HIV Surveillance Annual Report, 2015. New York City Department of Health and Mental Hygiene: New York, NY. December 2016.

Takeaways

- **Final questions**
- **Complete evaluation form!**

THANK YOU!

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Contact Information



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Graham Harriman

Matthew Feldman

Kelsey Kepler

Community Stakeholders

Janet Goldberg, The Brooklyn Hospital Center

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