

Scaling Up Viral Suppression Support and Incentives for Vulnerable Populations: The Undetectables Program

Ginny Shubert, Housing Works
Graham Harriman, New York City
Department of Health



FAST-TRACK CITIES 2019

SEPTEMBER 8-11, 2019 | BARBICAN CENTRE

SPONSORED BY:



IN PARTNERSHIP WITH:



HOME

JOIN THE TEAM



READ THE COMICS

PARTNERS

The power to LIVE UNDETECTABLE is yours

UNDETECTABLES



You are living your life with HIV.
Now harness your power to Live Undetectable.

www.LiveUndetectable.org

Agenda

- **The Undetectables Intervention**
- **Results of a 2-year Demonstration**
- **Scaling Up The Undetectables: a cross-sector approach**
- **Recommendations for Dissemination**

THE UNDETECTABLES INTERVENTION

UNDETECTABLES



WHO ARE THE UNDETECTABLES?

FIND OUT SPRING 2014

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.

UNDETECTABLES

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**



UNDETECTABLES



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

UNDETECTABLES

Culture change: Together, We Can End AIDS

- **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!
- **Agency-wide buy-in:**
 - Support from senior staff as an **agency-wide priority**
 - Information and **training for all community members** – staff and clients
 - **Collaborative** program evaluation and improvement
 - Undetectables **Community Advisory Board**
 - Building and sustaining momentum through **accountability & celebration!**

UNDETECTABLES

 HOUSING WORKS
HEALTHCARE

UNDETECTABLES

 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**



UNDETECTABLES



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 their team
- Focus on client strengths as well as barriers
- Switch adherence tools as needed

UNDETECTABLES

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**
- **A growing body of literature investigating the use of financial incentives to achieve health outcomes—see references below**

UNDETECTABLES

24-MONTH DEMONSTRATION PROJECT EVALUATION

UNDETECTABLES

Evaluation Design

- **24-month pilot** evaluated by the University of Pennsylvania
- **Community-based participatory** approach and **intent-to-treat** analysis
- Each participant used as **their own control** to assess viral load and cumulative viral exposure pre- and post-enrollment
- Mixed methods quantitative and qualitative study
- Examined: **Feasibility, Efficacy, and Cost-Effectiveness**

UNDETECTABLES

Key Findings

Ghose, et al 2019

- **Significant positive impact on time spent virally suppressed (<50 copies/ml) found in pre/post evaluation (n=502):**
 - **17% increase** post-intervention in mean proportion of all time points undetectable—from 58% to 75%*
 - **20% increase** post-intervention in proportion of clients virally suppressed at all time points assessed—from 26% to 46%*
 - Point in time viral suppression increased **from 68% at baseline to 85%**
- **Social/racial disparities in viral suppression found at baseline disappeared post-enrollment**
- **The per person cost of \$68/month falls within well accepted cost-effectiveness thresholds for ART adherence interventions**
- **Qualitative results indicate that the intervention increased ART adherence by:**
 - Attaching **worth** to viral suppression
 - Increasing **motivation** to achieve and maintain suppression

*Paired *t* test $p < 0.0001$

UNDETECTABLES

PREPARING FOR THE CITYWIDE SCALE-UP

UNDETECTABLES

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

Convene Stakeholders: Work Groups

Work Group	Product(s)	Stakeholders
Steering Committee	Compile strategies for identifying and sustaining funding; brief on progress of other work groups	<ul style="list-style-type: none"> ▪ Medical Directors ▪ HIV Program Directors (Hospitals and CBOs) ▪ Medicaid HIV Special Needs Plan Program Staff ▪ Experts in training, curriculum development, social media and marketing, and monitoring and evaluation
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

IMPLEMENTING THE CITYWIDE SCALE-UP

UNDETECTABLES

Program Overview

- The Undetectables is a multi-level ART adherence support program integrated into HIV medical case management to promote viral suppression
 - Developed and pilot tested by Housing Works, in collaboration with the University of Pennsylvania
- Total ETE funding: \$1.6 million (annually)
- 7 UND program contracts + 1 UND technical assistance contract



UNDETECTABLES

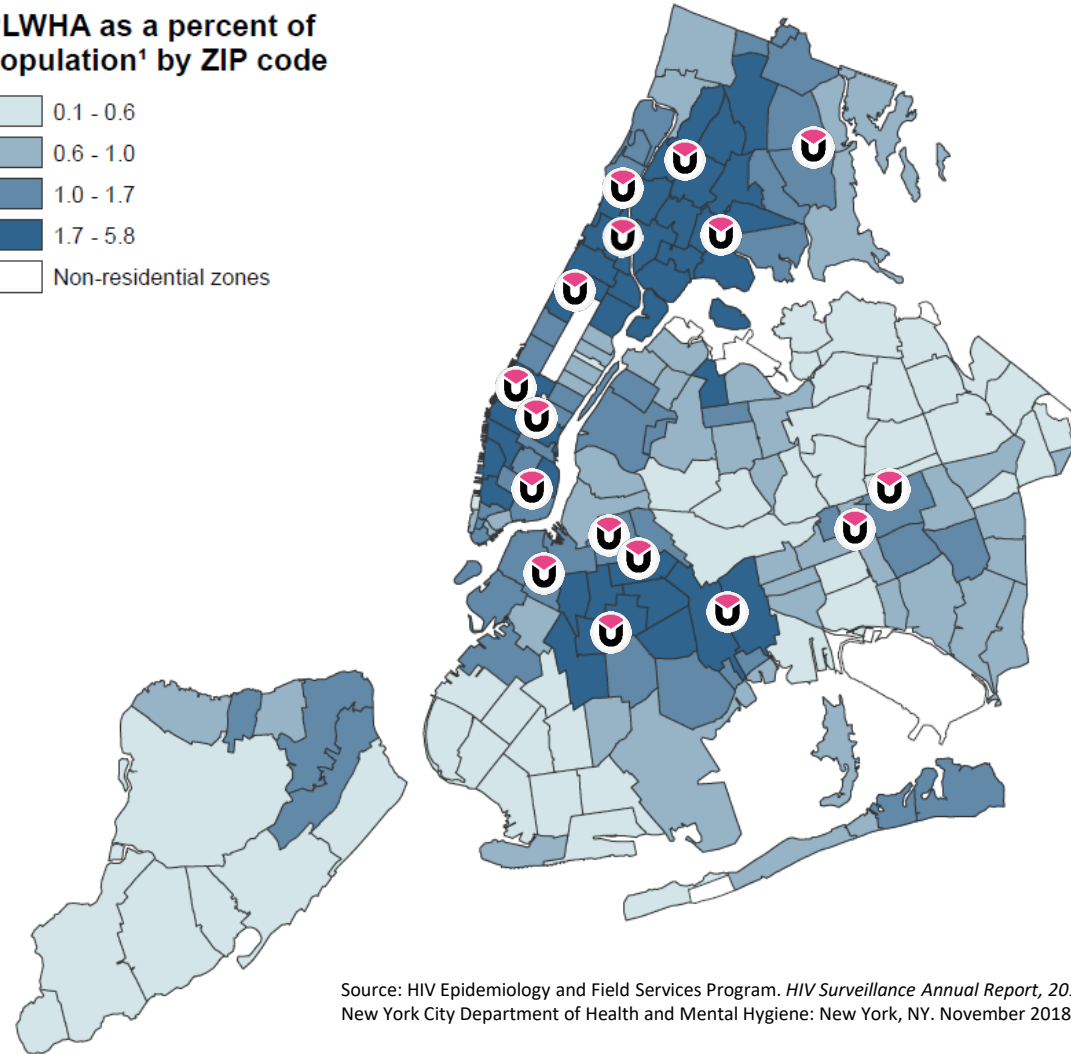
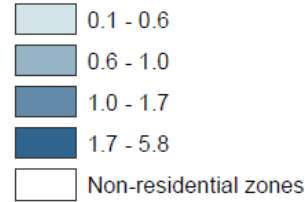
Implementation

- 6-month start-up (July – Dec 2016)
 - Development of curriculum, customizable marketing materials, and website (liveundetectable.org); 5-part trainings series; onsite TA
- Implementation began January 1, 2017
 - Ongoing TA, including quarterly roundtable meetings
- 16 program sites (7 agencies)
- 2,361 clients enrolled as of December 31, 2018*

*76 clients were enrolled during the start-up phase but remained open until after the implementation start date.

FIGURE 4.3: HIV prevalence, NYC 2017

PLWHA as a percent of population¹ by ZIP code



Source: HIV Epidemiology and Field Services Program. *HIV Surveillance Annual Report, 2017*. New York City Department of Health and Mental Hygiene: New York, NY. November 2018.

UNDETECTABLES

YOU'VE GOT THE
POWER

TO PROTECT
YOUR CITY!



THE UNDETECTABLES ARE GOING CITYWIDE.
**TALK TO YOUR
CASE MANAGER TODAY!**

UNDETECTABLES

www.LiveUndetectable.org

Citywide Scale-up
UNDETECTABLES

Marketing



Successes

- **Geographic coverage and reaching the intended populations**
- **Scaling up the program model in various settings across NYC**
 - 5 CBOs operating FQHCs and community health centers
 - 1 hospital, and
 - 1 hospital/CBO partnership
- **Identifying essential vs. recommended elements of the model to allow for integration into multiple existing HIV care management programs**
- **High degree of fidelity to essential components of the model**
- **Example of successful collaboration between local government and CBO partner**

Challenges

- **Integrating the model into a range of existing HIV care management programs**
 - Staff buy-in; streamlining processes; operational challenges
 - Limited care management program capacity
 - “Graduating” from care management
 - Continued enrollment in an approved HIV care management program is required for all UND clients
 - Disparate data reporting systems
- **Advancing *agency-wide* organizational change with limited pilot funding**
- **Program Model vs. Clinical Guidelines re: frequency of virologic monitoring for durably suppressed patients** (NYS DOH AIDS Institute Clinical Guidelines*)

* https://cdn.hivguidelines.org/wp-content/uploads/20181204145446/NYSDOH-AI-Virologic-and-Immunologic-Monitoring-Guideline-PDF_12-4-2018_HG.pdf

Recommendations for Implementing Financial Incentives in Care Coordination Programs

- **Integrate incentives into HIV care management models**
 - Leverage existing staff and resources
 - Package financial incentive with other evidence-based adherence strategies
- **Deliver program to individuals who experience individual and/or structural barriers to ART adherence and VLS**
 - Do not exclude people who have already achieved VLS
- **Long-term incentives may be needed because many barriers to ART adherence and VLS are chronic and/or structural**
- **Determine incentive structure (e.g., frequency, value) using existing research, clinical experience, and community input**
- **Build organization-wide support to facilitate implementation**

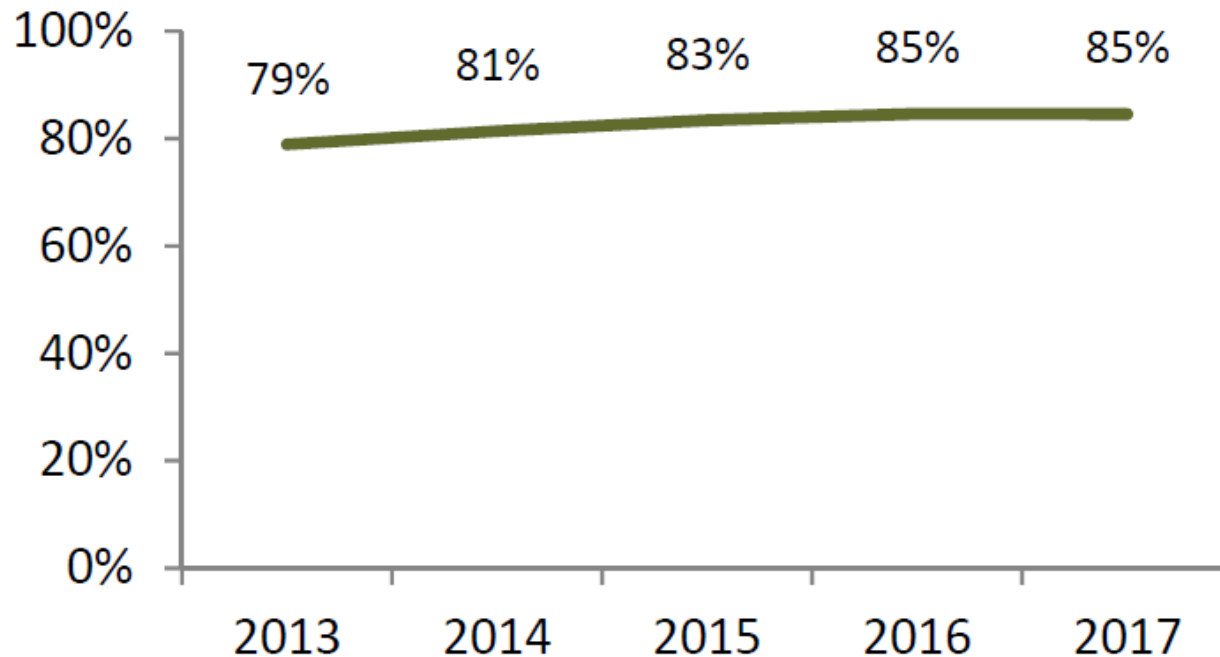
Continued Dissemination Successes

- Amida Care Medicaid Special Needs Plan
“Live Your Life Undetectable” program
 - Available to all enrollees
- Community Care of Brooklyn/ Maimonides
Medical Center Undetectables program
 - 6 Brooklyn Clinical Providers



Improved VLS in New York City!

FIGURE 13.2: Viral suppression² among people in HIV medical care,³ NYC 2013-2017



THANK YOU!

UNDETECTABLES

Contact Information



Housing Works

Ginny Shubert

Senior Advisor, Policy & Research

g.shubert@housingworks.org

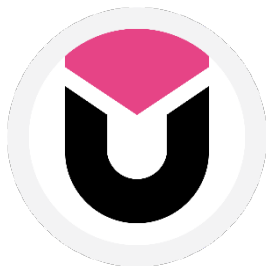


NYC Department of Health and Mental Hygiene

Graham Harriman

Director of HIV Care and Treatment

gharriman@health.nyc.gov



LiveUndetectable.org

Acknowledgements

Housing Works

Matt Bernardo
Andrew Greene
Naomi Harris-Tolson
Charles King
Alison Kliegman
Elizabeth Koke
Dr. Vaty Poitevien
Greg Wersching

Amida Care

Carey Brandenburg
Jerry Ernst
Doug Wirth

New York City Department of Health

Matthew Feldman
Gina Gambone
Kelsey Kepler
Anna Thomas-Ferraioli

University of Pennsylvania

Toorjo Ghose

References

- Adamson B, Donnell D, Dimitrov D, et al. Cost-Effectiveness of Financial Incentives for Viral Suppression in HPTN 065. Presented at the Conference on Retroviruses and Opportunistic Infections; February 13-16, 2017; Seattle, WA, Poster Number: 1045. Available at: http://www.croiconference.org/sites/default/files/posters-2017/1045_Adamson.pdf
- Aidala AA, et al. (2016). Housing Status, Medical Care, and Health Outcomes Among People Living With HIV/AIDS: A Systematic Review. *AJPH*. 106, No. 1: e1–e23.
- Bassett IV, Wilson D, Taaffe J, Freedberg K. Financial incentives to improve progression through the HIV treatment cascade. *Curr Opin HIV AIDS*. 2015; 10(6): 451–463.
- Lima IC, Galvão MTG, Alexandre HO, Lima FET, Araújo TL. Information and communication technologies for adherence to antiretroviral treatment in adults with HIV/AIDS. *Int J Med Inform* 2016;92:54-61.
- El-Sadr WM, Donnell D, Beauchamp G, Hall HI, et al. Financial incentives for linkage to care and viral suppression among HIV-positive patients: a randomized clinical trial (HPTN 065). *JAMA Intern Med*. 2017 Jun 19. Epub ahead of print.
- Farber S, Tate J, Frank C, et al. A study of financial incentives to reduce plasma HIV RNA among patients in care. *AIDS Behav*. 2013; 17(7):2293–300.
- Gambone G, Feldman MF, Thomas-Ferraioli A, Shubert V, Ghose T. Intergrating Financial Incentives for Viral Load Suppression into HIV Care Coordination Programs: Considerations for Development and Implementation. *J Pub Hlth Mgmt and Practice*. 2019 Jul 24. Epub ahead of print.
- Ghose T, Shubert V, Poitevien V, Choudhori S, Gross R. Effectiveness of a Viral Load Suppression Intervention for Highly Vulnerable People Living with HIV. *AIDS and Behavior*. 2019. <https://doi.org/10.1007/s10461-019-02509-5>
- Giordano TP, Rodriguez S, Zhang H, Kallen MA, Jibaja-Weiss M, Buscher AL, Ross M. Effect of a clinic-wide social marketing campaign to improve adherence to antiretroviral therapy for HIV infection. *AIDS and Behavior* 2013; 17(1), 104-112.
- Goldie SJ, Paltiel, AD Weinstein MC, et al. Projecting the cost-effectiveness of adherence interventions in persons with human immunodeficiency virus infection. *Am J Med*. 2003 Dec 1;115(8):632-41.

References

- Greene E, Pack A, Stanton J, et al. "It Makes You Feel Like Someone Cares" acceptability of a financial incentive intervention for HIV viral suppression in the HPTN 065 (TLC-Plus) study. PLoS One. 2017; 12(2):e0170686.
- Gwadz M, Cleland CM, Applegate E, Belki, M, Gandhi M, Salomon N, Pickens I. Behavioral intervention improves treatment outcomes among HIV-infected individuals who have delayed, declined, or discontinued antiretroviral therapy: a randomized controlled trial of a novel intervention. AIDS and Behavior 2015; 19(10), 1801-1817.
- Irvine, MK, Chamberlin SA, Robbins RS, Myers JE, Braunstein SL, Mitts BJ, Harriman GA, Nash D. Improvements in HIV Care Engagement and Viral Load Suppression Following Enrollment in a Comprehensive HIV Care Coordination Program, Clinical Infectious Diseases, Volume 60, Issue 2, 15 January 2015, Pages 298–310, <https://doi.org/10.1093/cid/ciu783>
- Macalino, GE., et al. (2007). A randomized clinical trial of community-based directly observed therapy as an adherence intervention for HAART among substance users. AIDS. 21(11):1473-1477.
- Metsch LR, Feaster DJ, Gooden L, et al. Effect of patient navigation with or without financial incentives on viral suppression among hospitalized patients with HIV infection and substance use: a randomized clinical trial. JAMA. 2016; 316(2):156-70. [PubMed: 27404184]
- Olem, D, Sharp, KM, Taylor, JM, Johnson, MO (2014). Overcoming barriers to HIV treatment adherence: A brief cognitive behavioral intervention for HIV-positive adults on antiretroviral treatment. Cognitive and behavioral practice, 21(2), 206-223.
- Petersen, ML., et al. (2006). Pillbox organizers are associated with improved adherence to HIV antiretroviral therapy and viral suppression: a marginal structural model analysis. Clin Infect Dis. 45(7):908-815.
- Safren, SA, et al. (2012). Cognitive behavioral therapy for adherence and depression (CBT-AD) in HIV-infected injection drug users: a randomized controlled trial. J Consult Clin Psychol., 80(3): 404-15.
- Schackman BR, Finkelstein R, Neukermans CP, et al. The cost of HIV medication adherence support interventions: results of a cross-site evaluation. AIDS Care. 2005; 17(8):927-37. [PubMed: 16265786]
- Simoni JM, Amico KR, Smith L, Nelson K. Antiretroviral Adherence Interventions: Translating Research Findings to the Real World Clinic. Curr HIV/AIDS Rep. 2010 Feb;7(1):44-51. [PubMed: 20425057]

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

