BACKGROUND

- There is increased interest in use of financial incentives to achieve desired health outcomes, including viral suppression.
- The HPTN 065 Study, a large study funded by NIAID, NIH and conducted by the HIV Prevention Trials Network (HPTN), examined the feasibility of a test, link-to-care, plus treat strategy for HIV prevention in the Bronx, NY and Washington, DC.
- As part of the HPTN 065 study, the effects of financial incentives on viral suppression in the Bronx, NY and Washington, DC were examined.

METHODS

- A total of 37 (20 Bronx, NY; 17 Washington, DC) HIV care sites with 51,782 patients in care (28,439 Bronx, 23,343 Washington DC), were site-randomized to financial incentives or standard of care.
- At financial incentive sites, from February 2011 through January 2013, patients on ART could earn a $70 gift card quarterly if they were virally suppressed.
- Laboratory data were reported to the US HIV Surveillance Database and these data were used to determine the following outcomes at site level:
  - Viral suppression: viral load defined as <400 copies/ml in engaged patients (62 visits in last 15 months)
  - Continuity in Care: CD4+ cell count or VL of 4 in prior 5 quarters
- Post-intervention analyses were assessed for the first 6 months after discontinuation of financial incentives (April to December 2013).

GENERALIZED ESTIMATION EQUATIONS (GEE) WAS USED TO COMPARE FINANCIAL INCENTIVE AND STANDARD OF CARE SITE LEVEL OUTCOMES POST-WITHDRAWAL OF THE INTERVENTION.

RESULTS

- **TABLE 1. Effects of Financial Incentives During and Post-intervention on Viral Suppression and Continuity of Care**

<table>
<thead>
<tr>
<th>Site Type</th>
<th>Viral Suppression Increase</th>
<th>Continuity in Care Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronx</td>
<td>12% (7%, 18%)</td>
<td>6% (3%, 10%)</td>
</tr>
<tr>
<td>NYC</td>
<td>6% (3%, 10%)</td>
<td>3% (1%, 6%)</td>
</tr>
<tr>
<td>Washington, DC</td>
<td>5% (1%, 10%)</td>
<td>4% (1%, 8%)</td>
</tr>
<tr>
<td>Hospital-based</td>
<td>12% (6%, 20%)</td>
<td>5% (1%, 9%)</td>
</tr>
<tr>
<td>Community-based</td>
<td>12% (6%, 20%)</td>
<td>3% (1%, 7%)</td>
</tr>
<tr>
<td>Smaller (N≤25 at baseline)</td>
<td>13% (6%, 23%)</td>
<td>5% (1%, 10%)</td>
</tr>
<tr>
<td>Larger (&gt;25 at baseline)</td>
<td>12% (6%, 20%)</td>
<td>3% (1%, 7%)</td>
</tr>
<tr>
<td>Lower base VS (Baseline66%)</td>
<td>3% (1%, 7%)</td>
<td>1.2% (0%, 6%)</td>
</tr>
<tr>
<td>Higher base VS (Baseline66%)</td>
<td>3% (1%, 7%)</td>
<td>1.2% (0%, 6%)</td>
</tr>
</tbody>
</table>

**VIRAL SUPPRESSION**
- Post-intervention analysis was performed for an increase in viral suppression by 2.7% (-0.3%, 5.6%) at financial incentive versus standard of care sites.

**CONTINUITY IN CARE**
- The significant increase in continuity in care during the financial incentive intervention was sustained post-intervention with 7.5% (p=0.007) higher continuity in care at financial incentive versus standard of care sites.

CONCLUSIONS

- Post discontinuation of financial incentives, data from this large study showed evidence of durable effects of financial incentives, both on viral suppression and continuity in care.
- These findings suggest that behaviors motivated by financial incentives may last beyond the provision of the financial incentives, increasing the potential cost-effectiveness of this strategy.
- Research in the effects of financial incentives on behaviors should evaluate the durability of positive effects.

REFERENCES


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- The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute of Allergy and Infectious Diseases, the National Institutes of Health, the National Institute of Mental Health, the National Institute on Drug Abuse or the Centers for Disease Control and Prevention.
- HPTN 065 (DC:Ph) Study supported by NIAID, NIMH, and NIMH (Cooperative Agreement #UM1AI068619; #UM1 AI068617) and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, US Centers for Disease Control and Prevention.
HIV care site randomization to FI or SOC balanced by baseline:

- Size of HIV care site's HIV-positive patient case load
- Proportion of HIV-positive patients with VL suppression

FINANCIAL INCENTIVES

STANDARD OF CARE

DC

Bronx

Figure 1. NEEDS LABEL