

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

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# LONDON

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# Agenda

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

# THE UNDETECTABLES INTERVENTION

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**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.

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# **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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# Multiple Goals

- Support clients to achieve and maintain undetectable viral load ( $\leq 50$  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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# ***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!**

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HEALTHCARE

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HEALTHCARE



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# 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 their 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  $\leq 50$  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**

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# 24-MONTH DEMONSTRATION PROJECT EVALUATION

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# 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**

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# 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  $p < 0.0001$

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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

# Convene Stakeholders: Work Groups

Work Group	Product(s)	Stakeholders
<b>Steering Committee</b>	Compile strategies for identifying and sustaining funding; brief on progress of other work groups	<ul style="list-style-type: none"> <li>▪ Medical Directors</li> <li>▪ HIV Program Directors (Hospitals and CBOs)</li> <li>▪ Medicaid HIV Special Needs Plan Program Staff</li> <li>▪ Experts in training, curriculum development, social media and marketing, and monitoring and evaluation</li> </ul>
<b>Essential Elements</b>	Guidelines on Best Practices/ Essential Elements of Program and associated evidence base; the <b>Essential Elements Workbook</b>	
<b>Organizational Readiness and Curriculum Development</b>	Organizational Readiness <ul style="list-style-type: none"> <li>▪ <b>Organization Self-Assessment Checklist</b></li> <li>▪ Program Implementation Plan</li> </ul> Curriculum Development <ul style="list-style-type: none"> <li>▪ <b>Training module topics</b></li> <li>▪ Program manual</li> </ul>	
<b>Social Marketing</b>	Adaptation of The Undetectables <b>social marketing materials</b> for use in other settings	
<b>Evaluation</b>	Evaluation Plan for implemented programs	

*Bolded items are available tools*

# IMPLEMENTING THE CITYWIDE SCALE-UP

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# 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



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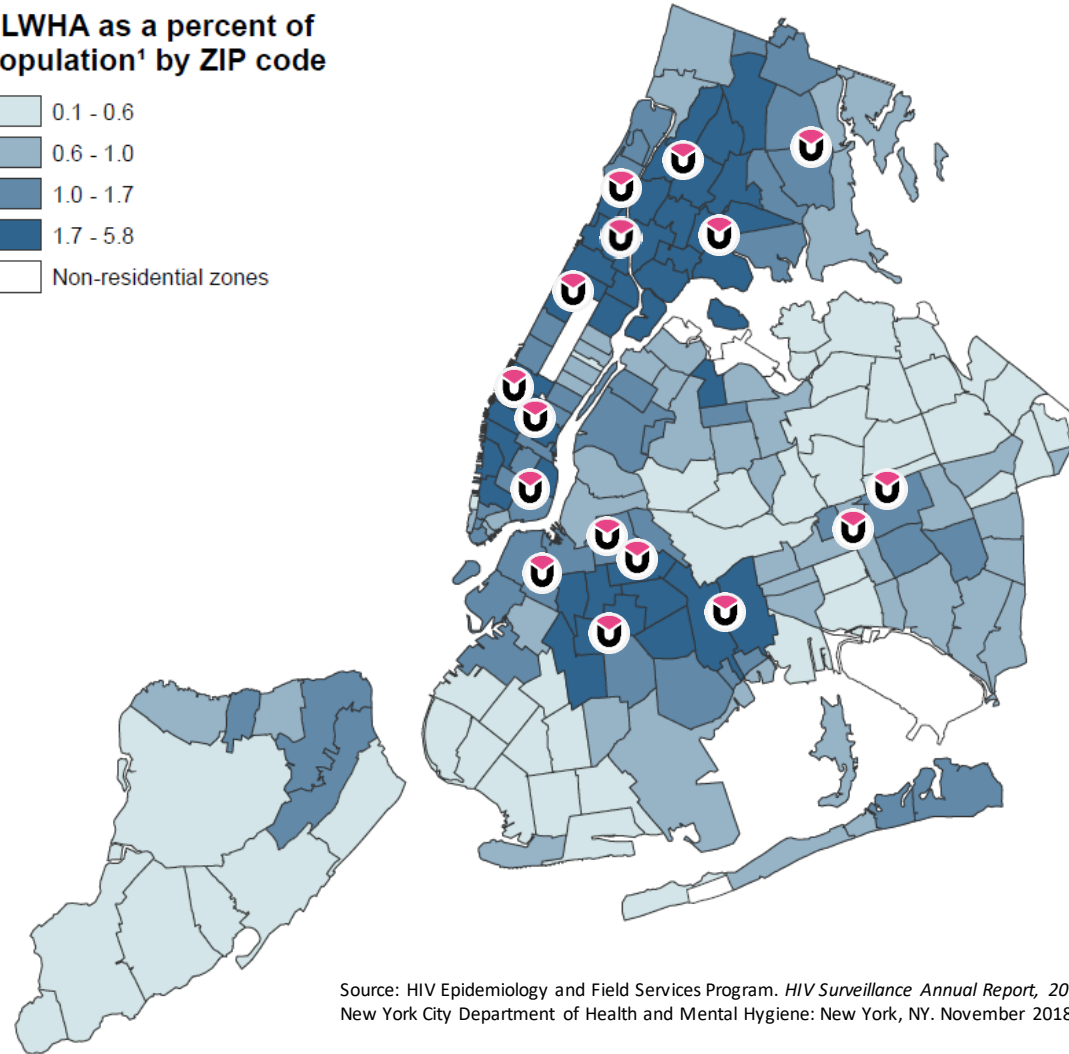
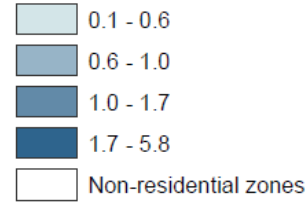
# Implementation

- 6-month start-up (July – Dec 2016)
  - Development of curriculum, customizable marketing materials, and website ([liveundetectable.org](http://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 population<sup>1</sup> 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.

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Citywide Scale-up  
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Marketing



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# 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](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**

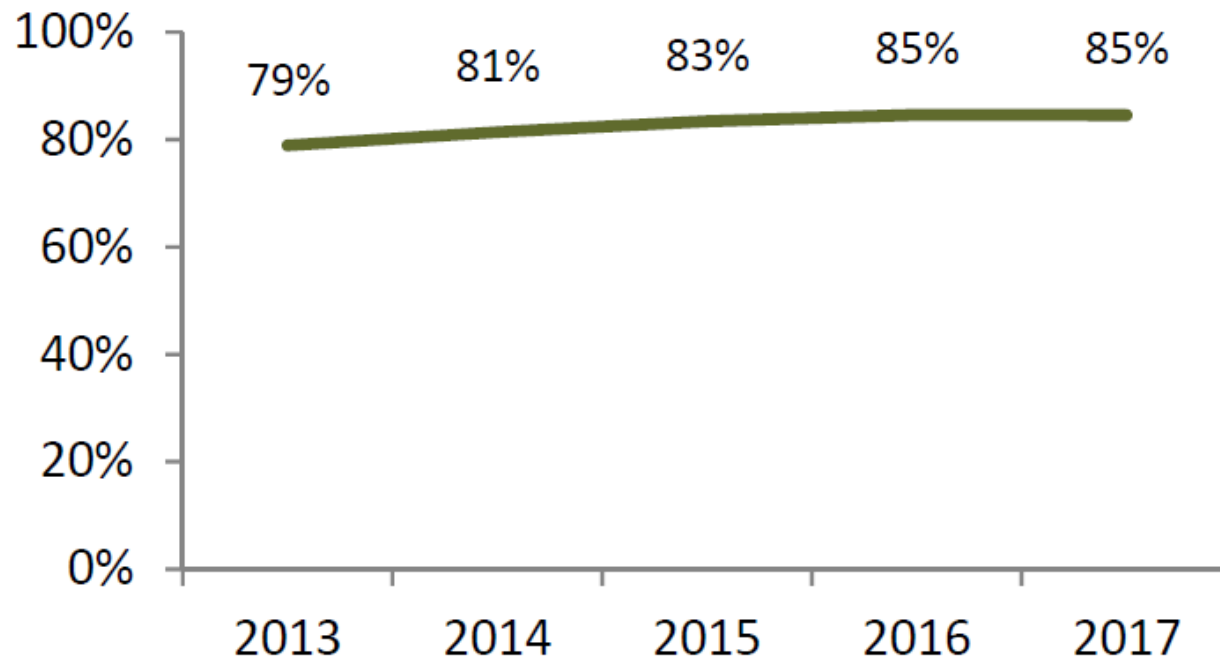
# Continued Dissemination Successes

- 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 suppression<sup>2</sup> among people in HIV medical care,<sup>3</sup> NYC 2013-2017



**THANK YOU!**

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# Contact Information



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**LiveUndetectable.org**

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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

