



Client Preferences for HIV Care Coordination Program Features: Latent Class Analysis of a Discrete Choice Experiment

Madellena Conte^{1,2}, BA, MS, MD Candidate

1. Institute for Implementation Science in Population Health (ISPH), City University of New York (CUNY)
2. Zucker School of Medicine at Hofstra/Northwell, Hempstead, USA

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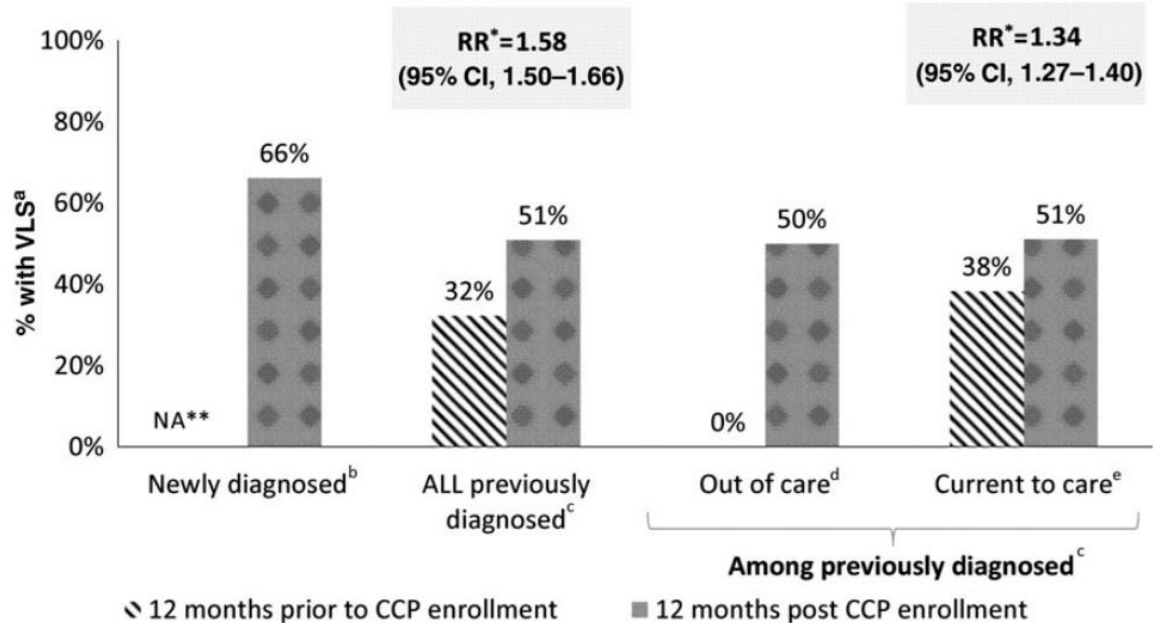
NO CONFLICTS OF INTEREST TO DISCLOSE



NYC Care Coordination Program (CCP) to address persistent disparities in HIV care

- 2009: NYC Department of Health launched multi-component CCP
- Substantial improvements in viral suppression

CDC Designation of Structural Evidence-Based Intervention





PROMISE study of revisions to the CCP

- Launched in 2018
- Evaluates implementation and impact of revisions to multi-component CCP
- Many aims, including exploring client preferences for CCP services





PROMISE Aims

Aim 1: To estimate the effects of the revised (vs. original) CCP on timely viral suppression (\leq 4 months) using experimental methods.

Aim 2: To estimate the effects of the revised CCP (vs. “usual care”) on longer-term viral suppression, including viral suppression at 12 months and durable viral suppression (at 24-36 months), using rigorous observational comparison group methods.

Aim 3: To identify attributes and drivers of provider and client engagement in the intervention and provider and **client preferences** for future revised-CCP delivery and receipt, respectively.





Client DCE Objective

To evaluate **client preferences for care coordination program features**, using a discrete choice experiment (DCE), to inform improvements to the program's design and engagement.







DCE is a tool to evaluate preferences

- DCEs identify **preferences** by examining patterns of respondents' choices across multiple comparisons of two or more sets of program features.
- Clients compared 10 different pairs of hypothetical approaches to receiving HIV care coordination.
- Each hypothetical model was made up of **attributes**, each with multiple **levels** (developed from client focus groups)

PROMISE Survey

Imagine that you had to choose between two programs with the features below.
Select the one you would prefer.
(2 of 10)

Option A	Option B
Help with Taking Medication  A staff member watches you take your medication	Help with Taking Medication  You receive reminders by phone or text to take your medication
Help with Primary Care Appointments  A staff member only reminds you about primary care appointments	Help with Primary Care Appointments  A staff member reminds you and arranges transportation for you to get to your primary care appointments
Help with Issues other than Primary Care  Staff help with medical care from specialists (cardiologists, oncologists, neurologists, ear-nose-throat doctors, etc.)	Help with Issues other than Primary Care  Staff help with mental health and well-being issues (such as stress, substance use, diet, or personal relationships)
Where Program Visits Happen  A staff member meets you at a program location that is 30 minutes from your home	Where Program Visits Happen  A staff member meets you in person at your home
Select	Select

Survey ID

Back Next

0% 100%



Client DCE attributes & levels

Help with Taking Medication

Attribute level description	Helper image
A staff member watches you take your medication	
You receive reminders by phone or text to take your medication	
You don't receive medication reminders, but a staff member works with you on sticking to a medication schedule	

Help with Issues other than Primary Care

Attribute level description	Helper image
Staff help with insurance, SSI benefits, and other general paperwork for health care coverage and benefits	
Staff help with securing housing and food assistance	
Staff help with mental health and well-being issues (such as stress, substance use, diet, or personal relationships)	
Staff help with medical care from specialists (cardiologists, oncologists, neurologists, ear-nose-throat doctors, etc.)	

Help with Primary Care Appointment

Attribute level description	Helper image
A staff member reminds you and goes with you to all primary care appointments	
A staff member reminds you and arranges transportation for you to get to your primary care appointments	
A staff member only reminds you about your primary care appointments	

Where Program Visits Happen

Attribute level description	Helper image
A staff member meets you in person at your home	
A staff member meets you by phone or video chat	
A staff member meets you at a program location that is 30 minutes from your home	
A staff member meets you at a program location that is 60 minutes from your home	

Methods overview

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Data Collection

Eligible participants:
Clients ages 18+ enrolled in
CCP from 6 partner sites

client outreach
by site liaisons

Client Survey

PROMISE Survey

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Option A	Option B
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Help with Primary Care Appointments A staff member only reminds you about primary care appointments	Help with Primary Care Appointments A staff member reminds you and arranges transportation for you to get to your primary care appointments
Help with Issues other than Primary Care Staff help with medical care from specialists (cardiologists, oncologists, neurologists, ear-nose-throat doctors, etc.)	Help with Issues other than Primary Care Staff help with mental health and well-being issues (such as stress, substance use, diet, or personal relationships)
Where Program Visits Happen A staff member meets you at a program location that is 30 minutes from your home	Where Program Visits Happen A staff member meets you in person at your home

Survey ID: [blank]

Buttons: Back, Next



Analysis

Preference estimation:
Relative importance of
attributes & part-worth utilities
of levels

Latent class analysis:
Identify client groups with
heterogeneous preferences

Choice Simulation:
Model client preference for
hypothetical CCP

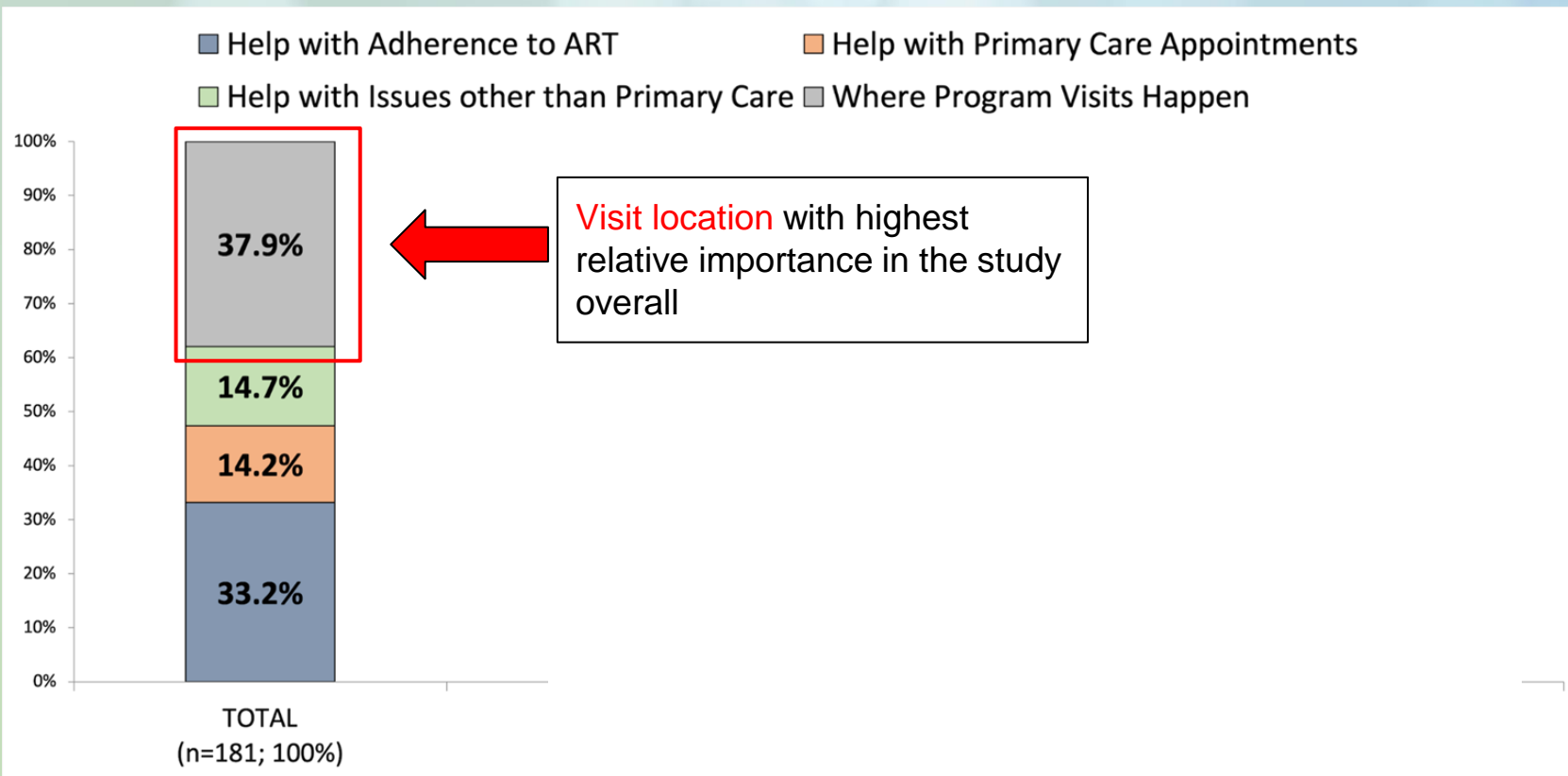


Client demographics (n = 181)

- Median age: 53 years
 - 55.3% cisgender men
 - 76.8% heterosexual
 - 66.9% Black
 - 54.7% depression or anxiety disorder
 - 25.4% had at least a high school diploma or GED
 - 58.6% unemployed
- 68.5% report stable housing
 - 25.6% received directly observed therapy (DOT) within a CCP
 - 92.3% enrolled in care coordination >1 year
 - 72.4% report no substance use in last 3 months
 - 78.5% viral load suppression (<200 copies/mL)



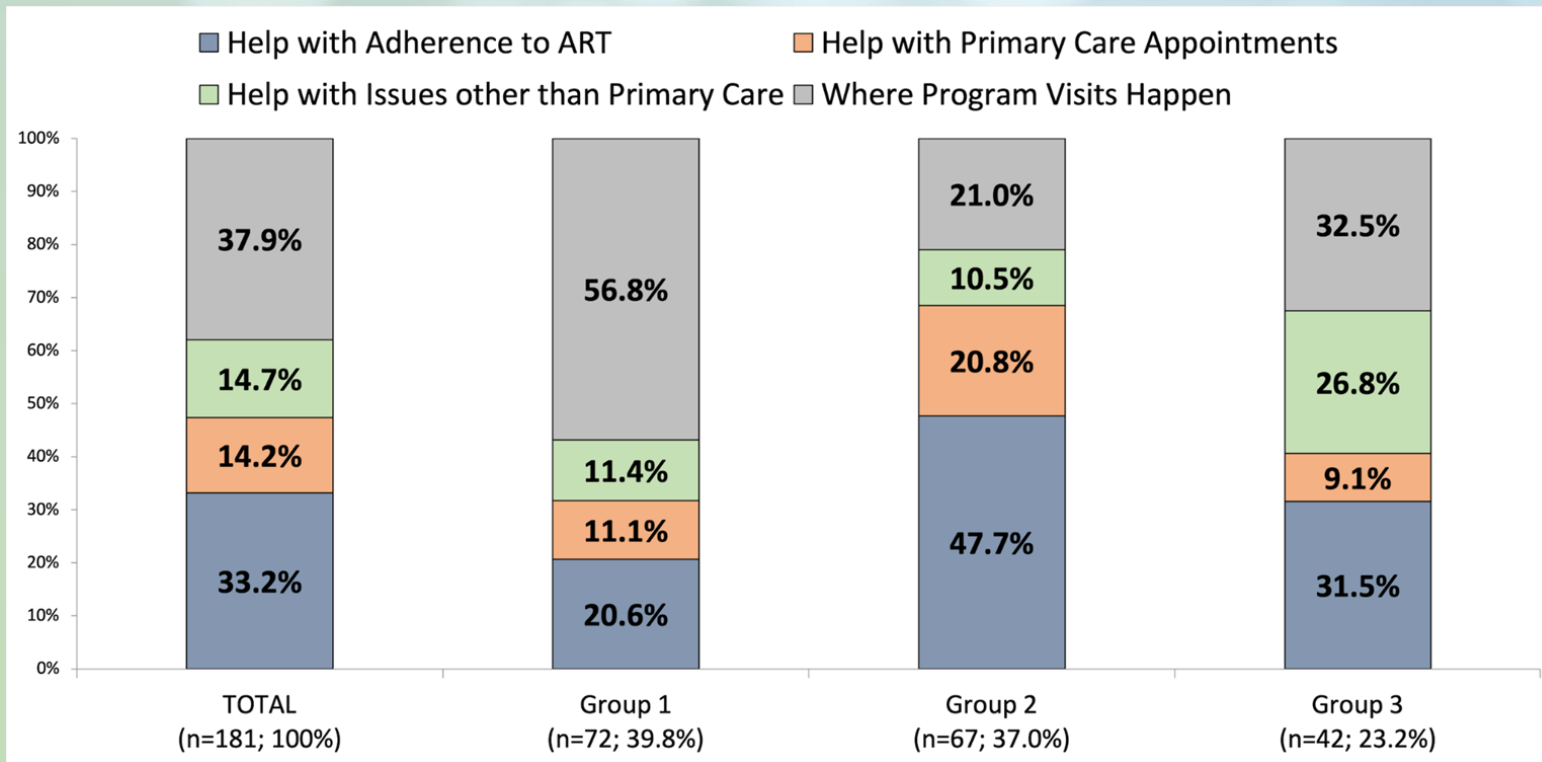
DCE attribute importances for the total sample





DCE attribute importances by latent class

Most important attributes (total & across all groups): Visit location & ART adherence support



Part-worth utilities of CCP features by client group

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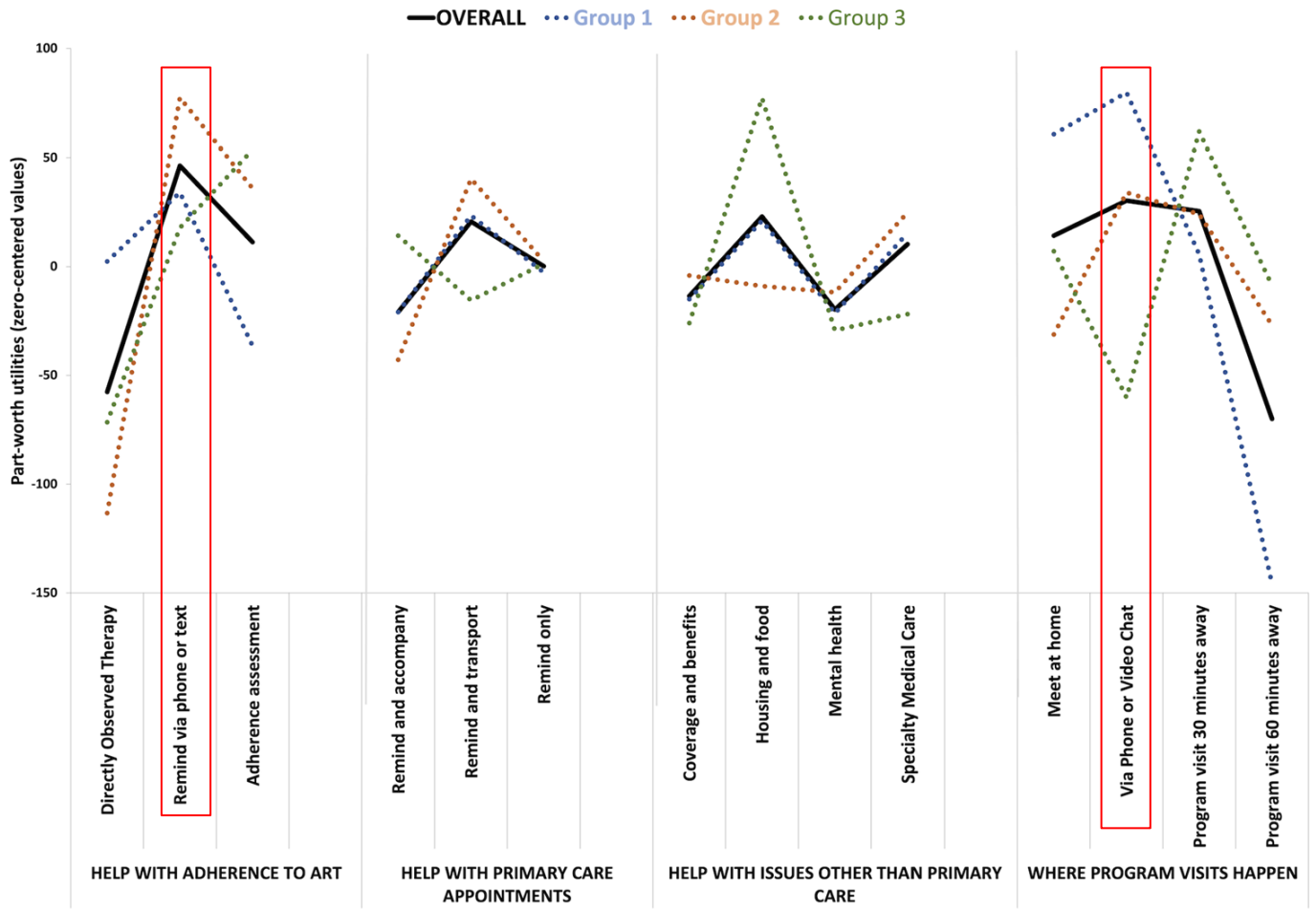


Group 1 (N=72, 40%)

Group 2 (N=67, 37%)

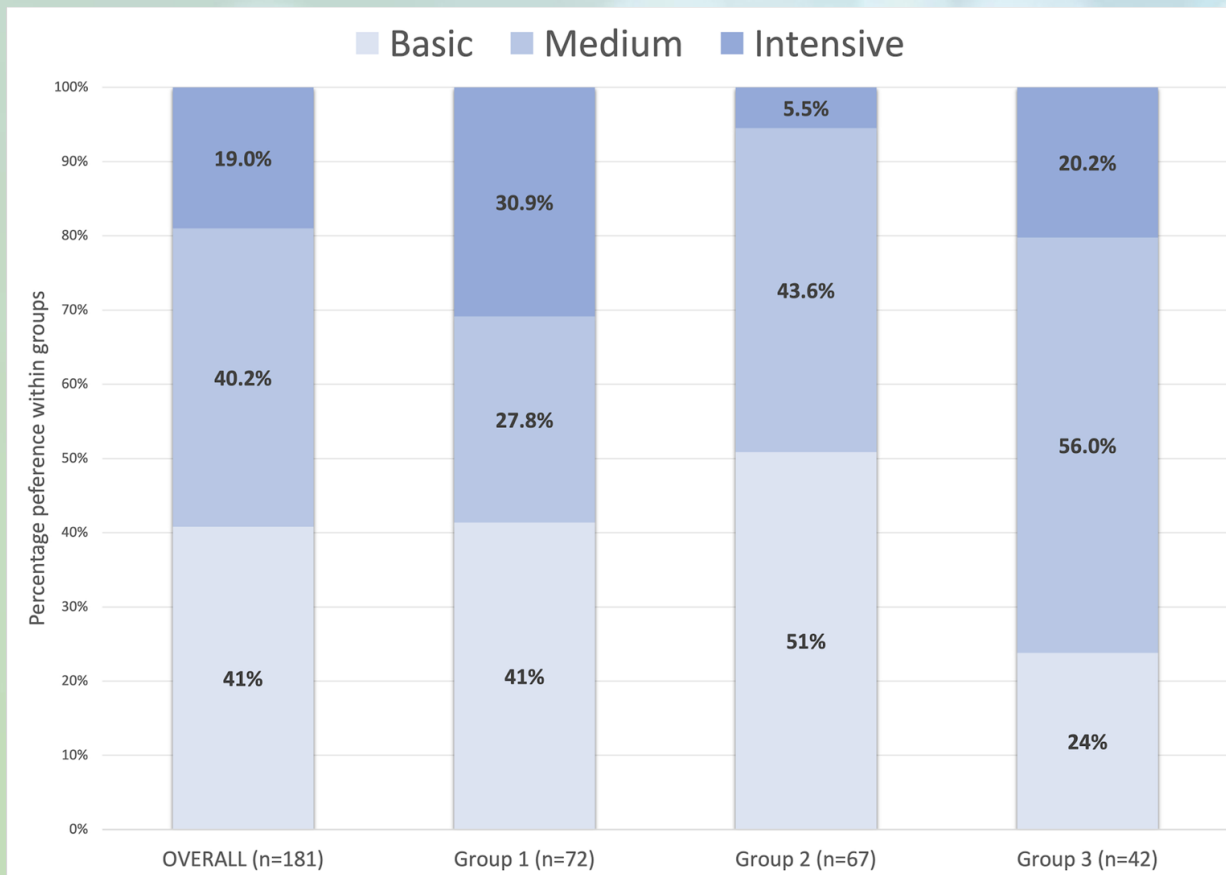
Group 3 (N=42, 23%)

Attribute levels related to telehealth





Preferences for hypothetical CCPs, based on choice simulation



- Choice Simulation to model preference for hypothetical CCPs as a whole
- Consulted experts on CCPs to develop hypothetical CCPs combining specific levels
- Basic and Medium hypothetical CCPs were endorsed more than Intensive CCPs.



Key Findings & Limitations

Key Findings:

- Strong preference for **telehealth**
- Relatively low preference for intensive services (DOT, home visits)
- Client preferences for CCP services were **heterogeneous**

Limitations:

- Stated preferences, not actual behavior
- Sampling likely focused on clients with lower needs (mostly stably housed, able to achieve viral suppression without DOT)
- Data collection straddles pre-pandemic and early pandemic periods in NYC

(sensitivity analysis showed preference for telehealth even pre-pandemic)



Conclusions & Implications

- The findings from this client DCE support:
 - Differentiated care
 - Remote service delivery options
- Further research is needed to explore the concordance of preferences between clients and CCP providers



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Thank you!

Questions?

Contact info: Madellena.Conte@gmail.com

@MadellenaC 



Additional Slides



Timing of Survey Completion with Respect to COVID-19 Service Disruption

	Overall (N=181)		Group 1 (N=72)		Group 2 (N=67)		Group 3 (N=42)		
Timing of DCE completion	N	%	N	%	N	%	N	%	p-value
Pre-pause, before the COVID-19 pandemic	140	77.3	55	76.4	47	70.1	38	90.5	0.053
Intra-pause, while in-person services were paused	15	8.3	9	12.5	5	7.5	1	2.4	
Post-pause, in-person services resume	26	14.4	8	11.1	15	22.4	3	7.1	