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!

UNDETECTABLES
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
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
The Undetectables is a recommended strategy to promote viral suppression to end the AIDS epidemic. How? By ending AIDS deaths and reducing new HIV infections to 750 or less by the end of 2020.
End AIDS New York 2020 Community Coalition

Closer than you think.
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 Undetectable equals Untransmittable
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 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!
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
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
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
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)
24-MONTH DEMONSTRATION PROJECT EVALUATION
24-month evaluation conducted in collaboration with the University of Pennsylvania

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Funded by the Robin Hood Foundation
http://www.robinhood.org
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
# 24-Month Demonstration

## Who participated?

<table>
<thead>
<tr>
<th>Participant Characteristics</th>
<th>Percentages (n=502)</th>
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</thead>
<tbody>
<tr>
<td>African American</td>
<td>69.3</td>
</tr>
<tr>
<td>Latino/a</td>
<td>21.5</td>
</tr>
<tr>
<td>White</td>
<td>6.3</td>
</tr>
<tr>
<td>Women</td>
<td>27.2</td>
</tr>
<tr>
<td>Transgender</td>
<td>1.6</td>
</tr>
<tr>
<td>Alcohol and drug use</td>
<td>68.5</td>
</tr>
<tr>
<td>Illicit substance use</td>
<td>63.1</td>
</tr>
<tr>
<td>Functionally homeless</td>
<td>88.2</td>
</tr>
<tr>
<td>Literally homeless</td>
<td>60.2</td>
</tr>
<tr>
<td>Mental illness</td>
<td>51.7</td>
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</tbody>
</table>
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
24-Month Demonstration Summary of Key Findings

• Point in time rate of VLS (n≤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
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)
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)
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
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 ≤$100/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
Questions?
PREPARING FOR THE CITYWIDE SCALE-UP
IDENTIFY PARTNER(S)

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

CONVENE STAKEHOLDERS

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

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

CONTRACT WITH PROVIDERS

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

IMPLEMENT PROGRAM

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

From Pilot Findings to Citywide Scale-up
Favorable Policy Environment

Advocacy

Service System Capacity

1. Identify Partners
2. Convene Stakeholders
3. Secure Funding
4. Contract with Providers
5. Implement Program
# Convene Stakeholders: Work Groups

<table>
<thead>
<tr>
<th>Work Group</th>
<th>Product(s)</th>
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<tbody>
<tr>
<td><strong>Steering Committee</strong></td>
<td>Compile strategies for identifying and sustaining funding; brief on progress of other work groups</td>
</tr>
<tr>
<td><strong>Essential Elements</strong></td>
<td>Guidelines on Best Practices/ Essential Elements of Program and associated evidence base; the <em>Essential Elements Workbook</em></td>
</tr>
</tbody>
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| **Organizational Readiness and Curriculum Development** | Organizational Readiness  
  - *Organization Self-Assessment Checklist*  
  - Program Implementation Plan  
  Curriculum Development  
    - *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
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

**DOHMH Program Support**

- Support Contracted Undetectables TA Provider in assessment of needs among contracted programs for training and implementation support resources
- Coordinate Undetectables/VLS Consortium in collaboration with the Undetectables Learning Lab
- Support ongoing evaluation of the program model

**Contracted Undetectables TA Provider (1)**

- With DOHMH program support, assess needs among contracted programs and develop Program Implementation Plan with each program
- Participate in the Undetectables/VLS Consortium
- Develop Undetectables curriculum based on contracted program assessment findings

**Contracted Undetectables Programs (7)**

- Collaborate with contracted Undetectables TA Provider to identify program needs and establish implementation plan
- Participate in the Undetectables/VLS Consortium
- Implement Undetectables model and distribute incentives to program participants for Viral Load Suppression
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!

www.LiveUndetectable.org

Citywide Scale-up UNDETECTABLES Marketing

HARLEM HEROES

WYCKOFF WARRIORS
FIGURE 4.3: HIV prevalence, NYC 2015

PLWHA as a percent of population\(^1\) by ZIP code

- 0.1 - 0.4
- 0.5 - 0.9
- 1.0 - 1.6
- 1.7 - 5.5
- Non-residential zones

Takeaways

- Final questions
- Complete evaluation form!
THANK YOU!
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LiveUndetectable.org
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Jerry Ernst
Lee Garr
Jason Lippman

Community Stakeholders
Janet Goldberg, The Brooklyn Hospital Center
Shruti Ramachandran, Mount Sinai
References


References


The power to LIVE UNDETECTABLE is yours

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

www.LiveUndetectable.org