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

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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
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.

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.
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
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
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!
A Shift in Organizational Culture
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 their 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 \(\leq 50 \text{ copies/ml}\)

• 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
24-MONTH DEMONSTRATION PROJECT EVALUATION
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
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
PREPARING FOR THE CITYWIDE SCALE-UP
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

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, AmidaCare 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
# Convene Stakeholders: Work Groups

## Work Group

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<thead>
<tr>
<th>Work Group</th>
<th>Product(s)</th>
<th>Stakeholders</th>
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</table>
| **Steering Committee**                  | Compile strategies for identifying and sustaining funding; brief on progress of other work groups | - 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  
- 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*
IMPLEMENTING THE CITYWIDE SCALE-UP
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
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.

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

www.LiveUndetectable.org

Citywide Scale-up UNDETECTABLES Marketing

HARLEM HEROES

WYCKOFF WARRIORS
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*)

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 among people in HIV medical care, NYC 2013-2017

THANK YOU!
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References


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

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<thead>
<tr>
<th>DOHMH Program Support</th>
<th>Contracted Undetectables TA Provider (1)</th>
<th>Contracted Undetectables Programs (7)</th>
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<tbody>
<tr>
<td>Support Contracted Undetectables TA Provider in assessment of needs among contracted programs for training and implementation support resources</td>
<td>Coordinate Undetectables/VLS Consortium in collaboration with the Undetectables Learning Lab</td>
<td>Support ongoing evaluation of the program model</td>
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<tr>
<td>With DOHMH program support, assess needs among contracted programs and develop Program Implementation Plan with each program</td>
<td>Participate in the Undetectables/VLS Consortium</td>
<td>Develop Undetectables curriculum based on contracted program assessment findings</td>
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<tr>
<td>Collaborate with contracted Undetectables TA Provider to identify program needs and establish implementation plan</td>
<td>Participate in the Undetectables/VLS Consortium</td>
<td>Implement Undetectables model and distribute incentives to program participants for Viral Load Suppression</td>
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