



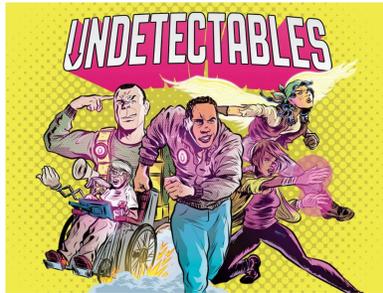
INTEGRATING A MULTI-LEVEL ADHERENCE PROGRAM INTO HIV CARE MANAGEMENT: LESSONS LEARNED FROM THE UNDETECTABLES PROGRAM IN NEW YORK CITY

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BACKGROUND

The **Undetectables Viral Load Suppression Program** is a client-centered model that employs innovative superhero-themed, anti-stigma social marketing and a toolkit of evidence-based ART adherence strategies to support adherence and viral load suppression (VLS) among vulnerable populations.



PROGRAM DESCRIPTION

The Undetectables was developed and piloted by Housing Works, a community-based organization (CBO) in NYC, beginning in 2014.¹ The program supports PLWH experiencing barriers to ART adherence (e.g., food insufficiency, housing instability, mental illness, history of trauma). Clinicians, care managers, and clients collaboratively develop a care plan including strategies from **The Undetectables Toolkit** to address each client's individual needs. For more information, visit www.liveundetectable.org

The NYC Health Department and Housing Works convened stakeholders in mid-2015 to explore scale-up. In July 2016, over \$1.5M in City-funded **Ending the Epidemic** contracts were awarded to seven agencies. Implementation began in January 2017 by integrating The Undetectables into existing HIV care management programs.



THE UNDETECTABLES TOOLKIT

- Case conferencing with the client
- Motivational interviewing-based adherence counseling
- Peer support
- Adherence support groups
- Adherence devices
- Referrals for behavioral health and subsistence needs
- Directly observed therapy
- Quarterly \$100 financial incentives for VLS (<200 copies/mL)

LESSONS LEARNED

PARTICIPANT CHARACTERISTICS

As of December 2019: **2,893** individuals have enrolled in The Undetectables VLS Program.

Characteristic	% of Participants
Gender	65.7% Cisgender Men; 26.8% Cisgender Women; 6.0% Transgender Women
Race/Ethnicity	57.5% Black; 31.6% Latinx
Age	56.5% ages 40-64 years
Barriers to adherence at enrollment	83.0% Income below FPL; 39.3% Food insufficiency; 31.1% Unstable housing; 23.8% Mental health symptoms; 12.8% Recent substance use

OUTCOMES

- As of December 31, 2019, among enrolled clients engaged in care* (n=2,311), **88.7%** were **virally suppressed**
- Among clients enrolled the entire 2018-19 grant year (n=1,185), **76.7%** demonstrated **evidence of durable viral suppression****

SUCESSES

- Strong **geographic coverage** with **17 program sites** in Bronx, Brooklyn, Queens, and Manhattan zip codes with high HIV prevalence
- Scaling up in **diverse settings** across NYC: CBOs, community health centers, hospitals, and CBO/hospital partnerships
- High degree of **fidelity to essential components** of the model

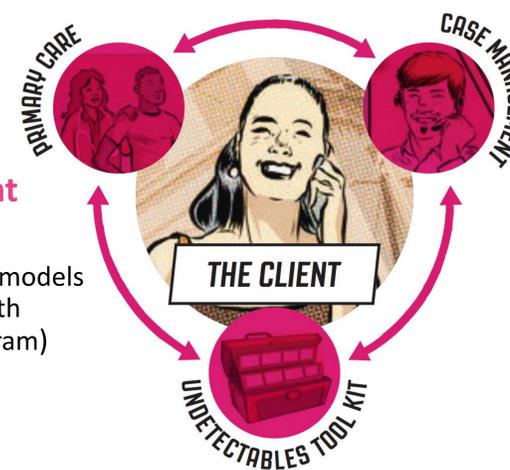
CHALLENGES

- Integrating The Undetectables into a range of existing HIV care management models
 - Staff buy-in and operational challenges
 - Limited care management program capacity
 - Disparate data reporting systems
- Agency-wide organizational change

RECOMMENDATIONS

Based on implementation experience and study of existing research on financial incentives², recommendations include:

- Identify **essential vs. recommended** program components
- Build **organization-wide support**
- Leverage **existing HIV care management resources**
 - Integrate program into HIV care management models (e.g., RWPA Care Coordination, Medicaid Health Homes, RWPB Retention and Adherence Program)
- **Package** financial incentives **with other evidence-based strategies**



- Determine incentive structure (e.g., frequency, value) using **existing research, clinical experience, and community input**
- Deliver program to individuals with barriers to adherence
 - **Do not exclude people who have achieved VLS but continue to face barriers**
- Plan for **sustainability** because many barriers to adherence and VLS are chronic and/or structural

CONCLUSIONS

Interventions that support durable viral load suppression are needed for individual health, to prevent new HIV infections, and to advance health equity. The Undetectables scale-up provides a blueprint for local governments and community-based organization partners to bring promising interventions to scale.

ACKNOWLEDGEMENTS

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*Engaged in care: having ≥2 viral load labs at least 90 days apart during a period of interest
**Evidence of durable viral load suppression: having no unsuppressed viral loads within a 12-month period

REFERENCES

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2. Gambone GF, Feldman MF, Thomas-Ferraioli AY, Shubert V, Ghose T. Integrating financial incentives for viral load suppression into HIV care coordination programs: considerations for development and implementation. *J Public Health Manag Pract.* 2019 Jul 24. Epub ahead of print.