

HEALTH MODELS: Pay-for-Performance Program

Evidence-Informed Structural Intervention

INTERVENTION DESCRIPTION

Goal of Intervention

- Improve engagement in HIV care
- Improve viral suppression

Intended Population

- Clinic patients with HIV who are in care

Brief Description

The Health Models: Pay-for-Performance Program is a financial incentives intervention to improve engagement in HIV care and to achieve and maintain viral suppression among HIV clinic patients attending HIV care. The program was piloted by the Louisiana Department of Health as part of the Care and Prevention in the United States (CAPUS) Demonstration Project. Patients receive financial incentives for initial or re-engagement appointments and retention-related outcomes (i.e. attending appointments and completing laboratory work). The largest amount of financial incentives is for achieving and maintaining viral suppression. Financial incentives are given as cash payments on reloadable debit cards or cash equivalent gift cards, depending on the clinic. Health Models coordinators are employed by each clinic and manage and administer financial incentives for HIV patients. In some clinics, these duties are delegated to nursing staff. Health Models coordinators and nursing staff members also provide enrollees with patient navigation services, treatment adherence counseling, and HIV health education. Incentive amounts range from \$10 for attending lab or supportive service referral appointments to \$75 for attaining or maintaining viral suppression. Patients are eligible to receive most incentives at any time, based on the following incentive fee schedule: initial enrollment—limited to 1 per person; supportive service referrals—limited to 1 per year; attending HIV care medical appointment—no limits; attending lab appointments—no limits; attaining or maintaining viral suppression—no limits.

Theoretical Basis

- None reported

Intervention Duration

- Ongoing

Intervention Setting(s)

- Urban HIV specialty clinics

Deliverer

- Health Models Coordinators
- Nursing staff

Delivery Methods

- Counseling
- Incentives

Structural Components

- Policy/Procedure – Institutional policy/procedure
 - Implemented the Health Models intervention alongside normal clinic operations among HIV positive clinic patients
- Social Determinants of Health – Survival
 - Financial incentives were given as cash payments that were either loaded onto reloadable debit cards or given in the form of cash equivalent gift cards, based on the following incentive fee schedule:
 - Initial Enrollment: \$50 (limit 1 per person)
 - Attending HIV care medical appointment: \$20 (no limit)
 - Attending HIV laboratory appointment: \$10 (no limit)
 - Supportive service referral incentive: \$10 (1 per year)
 - Attaining or maintaining viral suppression: \$75 (no limit)

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **Greta Cappelmann**, Louisiana Department of Health, Office of Public Health, STD/HIV/Hepatitis Program, 1450 Poydras Street, Suite 2136, New Orleans, Louisiana, 70112, USA.

Email: greta.cappelmann@la.gov for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location Information

The original evaluation study was conducted in three urban cities in Louisiana from 2013 to 2016.

Key Intervention Effects

- Improved viral suppression

Recruitment Settings

Urban clinics

Eligibility Criteria

Participants were eligible if they were 13 years or older at the time of the study and had a confirmed HIV diagnosis.

Study Sample

The baseline study sample of 2,076 participants is characterized by the following:

- 67% Black or African American, 25% White, 6% Hispanic, Latino, or Latina, 1% Asian, 1% other/unknown
- 71% male, 25% female, 3% transgender female

- 57% gay, bisexual, and other men who have sex with men (MSM), 27% high risk heterosexual contact, 8% MSM who use intravenous drugs, 8% persons who use intravenous drugs
- 26% 13-29 years, 30% 30-39 years 23% 40-49 years, 21% ≥50 years
- 39% < high school degree, 28% high school degree, 28% some college or vocational training, 5% college degree
- 68% \$0 – 14,999, 24% \$15,000-29,999, 7% ≥ \$30,000, 3% missing (personal annual gross income)
- 70% engaged in care, 18% reengaged in care, 12% newly diagnosed and not yet linked to care
- 68% currently taking antiretroviral medication at baseline
- 58% virally suppressed at baseline

Assignment Method

None reported

Comparison

The study utilizes a pre/post research design. Data from 12 months after enrollment was compared to pre-baseline data, defined as data obtained within 12 months before the initial enrollment date.

Relevant Outcomes Measured

- Engagement in HIV care was measured as:
 - Having at least 1 CD4 count or HIV viral load taken within a 12-month period
- Viral suppression was measured as:
 - Having an HIV viral load ≤ 200 copies/mL at last viral load taken within a 12-month period

Participant Retention

Because participant retention is not a criterion for the Structural Interventions chapter, the Prevention Research Synthesis project does not evaluate that information.

Significant Findings on Relevant Outcomes

- Among Health Model participants, the proportion of participants who were virally suppressed increased from baseline to 12 months after enrollment (57.8% vs. 82.7%, PPD = 24.9%, $p < 0.001$.)

Considerations

Additional significant positive findings on non-relevant outcomes

- None reported

Non-significant findings on relevant outcomes

- None reported

Negative findings

- None reported

Other related findings

- According to the authors, overall rates of viral suppression increased significantly during the first 6 months of enrollment. However, the overall rates of viral suppression did not change significantly from 6 to 12 months of enrollment or from 12 to 24 months of enrollment.
- Engagement in HIV care remained high after 12 and 24 months of enrollment, at 97.6% and 95.1%, respectively. Although there was a decrease in the proportion of participants who engaged in care, the

proportion engaged is still high after 2 years post intervention. The PRS Project does not consider this finding as a harmful effect.

- Among Health Model patients who were virally suppressed at baseline, there was a decrease in viral suppression from baseline to 12 months after enrollment (100% vs. 91.3%). Although there was a decrease in the proportion of participants who were virally suppressed, the proportion is still high at 12 months post intervention. The PRS Project does not consider this finding as a harmful effect.

Implementation research-related findings

- None reported

Process/study execution findings

- None reported

Adverse events

- None reported

Funding

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REFERENCES AND CONTACT INFORMATION

Brantley, A. D., Burgess, S., Bickham, J., Wendell, D., & Gruber, D. (2018). [Using financial incentives to improve rates of viral suppression and engagement in care of patients receiving HIV care at 3 health clinics in Louisiana: The Health Models Program, 2013-2016](#). *Public Health Reports*, 133(Suppl. 2), 75S–86S.

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