

**Ending the Epidemic Task Force
Committee Recommendation
CR11**

Recommendation Title: Expanding Adherence Programs to Include Incentive Methods and Models

- 1. For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? 1 and 2**

- 2. Proposed Recommendation:** This recommendation expands three programs and tactics:
 - 1) Expand existing AI-funded Treatment Adherence Programs that currently include treatment adherence incentives to achieve patient-and community-level viral suppression (e.g. gift cards or other non-cash incentives) for adherence milestones (sustained undetectable viral load (VL), adherence to clinic visits, etc.)

 - 2) Promote or expand NYS Medicaid managed care's current \$125.00 (non-cash) per member per year incentive program available to managed care plans.

 - 3) Initiate pay for performance for Medicaid Health Homes: health home providers would have 20% withhold from payments during the year and will need to achieve certain performance benchmarks, including VL suppression, retention in care, and stable housing. If scores are $\leq 50\%$: no withhold is returned, if $\geq 90\%$: 20% bonus. Plan variability for value based/ shared savings – evidence based.

List of key individuals, stakeholders, or populations who would benefit from this recommendation

- HIV-positive patients will have improved outcomes and improved quality of life
- HIV-positive Medicaid recipients
- HIV-negative sexual contacts
- Children born to HIV-positive mothers
- HIV-negative partners in couples who are trying to conceive
- Managed care providers who will have the necessary assistance to encourage adherence to appointments and medication use
- Health homes providers who will be rewarded for high performance

List of measures that would assist in monitoring impact

- See CR9: Improving rates of viral suppression among HIV-positive New Yorkers by implementing best practices to achieve linkage, retention, and adherence targets
- Number/proportion of patients in adherence program



- Number/proportion of patients who achieve undetectable viral load (VL) (and time/number of visits to achieve undetectable VL)
- Number/proportion of patients with active prescriptions for antiretroviral therapy
- Number/proportion of patients retained in care
- Patient- and community-level VL measures
- Validation in HIV VL suppression awaits trial results from HIV Prevention Trials Network (HPTN) 065 (TLC-Plus).
- Measure HIV-negative status over time through Chemoprophylaxis Registry (GP12) and impact of incentives on increasing rates of staying HIV-negative and reduced new infections.
- Measure HIV-positive linkage, retention in care and virologic suppression and impact of incentives on increasing retention and long-term virologic suppression rates.

Footnotes or references

These tactics are aligned with study HPTN 065 that incentivizes study enrollees to complete a health goal.

HPTN 065 description: http://www.hptn.org/research_studies/hptn065.asp

Initial presentations of HPTN 065:

[http://www.aidsmap.com/page/2923942/?utm_source=NAM-Email-](http://www.aidsmap.com/page/2923942/?utm_source=NAM-Email-Promotion&utm_medium=aidsmap-news&utm_campaign=aidsmap-news)

[Promotion&utm_medium=aidsmap-news&utm_campaign=aidsmap-news](http://www.aidsmap.com/page/2923942/?utm_source=NAM-Email-Promotion&utm_medium=aidsmap-news&utm_campaign=aidsmap-news)

Pack A et al. Unanticipated Impact of Financial Incentives on HIV Patients and Providers:

Findings from a Qualitative Sub-study (HPTN 065). HIV Research for Prevention

conference, Cape Town. Poster presentation P06.02. 2014.

- Greene E et al. Understanding of Viral Load among Participants Receiving Financial Incentives for Viral Suppression: Findings from a Qualitative Sub-study of HPTN 065. HIV Research for Prevention conference, Cape Town. Poster presentation P06.04. 2014.
- Gamble T et al. Geographic utilization of gift cards used for financial incentives to encourage viral suppression: findings from HPTN 065. HIV Research for Prevention conference, Cape Town. Poster presentation P52.04. 2014.

3. **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** Permitted under current law.
4. **Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?** Within the next year – in existing programs. Within the next three to six years – as new programs are approved for participation.
5. **TF numbers of the original recommendations that contributed to this current version:** TF94, TF102, TF103.

