Cash Bonuses Improve HIV Suppression and Retention in Care Rates

But a major study conducted in Washington, DC, and the Bronx did not find such financial incentives improved linkage to care.

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A major study examining the effects of offering people with HIV financial incentives found that they improve rates of viral suppression and retention in medical care but not linkage to care. This follows another recent study conducted in Atlanta that found that when paired with contracts made with health care providers, such incentives improve adherence to antiretrovirals (ARVs).

Publishing their findings in JAMA Internal Medicine, researchers at the new study selected 18 HIV testing sites in the Bronx and 19 HIV testing sites in Washington, DC, and randomized them to receive a financial incentive intervention or to maintain their standard of care. Included in the final analysis were eight intervention sites and and eight standard of care sites in the Bronx and 10 intervention sites and eight standard of care sites in Washington, DC.

Those who tested positive at the intervention sites were offered a coupon redeemable within three months for two cash-equivalent gift cards: $25 for getting blood drawn for HIV-care-related tests and $100 for meeting with a health care provider and developing an HIV care plan. This part of the study ran from February 2011 to January 2013.

Additionally, the researchers selected 20 HIV care sites in the Bronx and 19 HIV care sites in Washington, DC, and randomized them to receive a financial incentives program or the standard of care. Included in the final analysis were 10 incentive programs and 10 standard of care programs in the Bronx and seven incentive programs and 10 standard of care programs in Washington, DC.

People receiving care at the intervention clinics were eligible for the incentives program if they already had at least one prior viral load measurement at that site during the previous three to nine months. They could receive a $70 gift card a maximum of every three months if their viral load test result going forward was below 400, meaning that they had achieved viral suppression. This part of the study ran from February 2011 to January 2013.

The researchers identified 1,159 HIV-positive individuals at the testing sites, including 389 in the Bronx and 770 in Washington, DC, for an average of 34 diagnoses per site. Those at the intervention sites received 1,061 coupons, including 238 in the Bronx and 823 in Washington, DC. Seventy-nine percent of the coupons were redeemed for both the $25 and $100 gift cards.

The financial incentives did not significantly increase the rate of linkage to HIV care compared with the standard of care.

At the study's outset, 16,208 people were receiving HIV care at the clinic sites, including 9,703 in the Bronx and 6,505 in Washington, DC. At this point, the average rate of viral suppression was 62 percent. A total of 9,641 individuals were eligible for gift cards at the intervention sites; 41,530 visits potentially qualified for a gift card, and 39,359 (95 percent) of the gift cards were dispensed.

Viral suppression rates increased over time at both the intervention and standard of care sites. The researchers found that the intervention was associated with a 3.8 percent increase in the proportion of individuals with viral suppression compared with the standard of care. Among those who started the study without viral suppression, the proportion that wound up virally suppressed was 4.9 percent higher at the intervention sites compared with the standard of care sites.

The proportion of individuals who maintained continuity in their HIV care—defined as receiving a CD4 or viral load test during at least four of the previous five calendar quarters—was 8.7 percent higher at the intervention clinics compared with the standard of care clinics.

"Financial incentives offer promise for improving adherence to treatment and viral suppression among HIV-positive patients," the study authors concluded.

To read the study abstract, click here.

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