

Health Models: A Pay Patients for Performance Strategy

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Louisiana Office of Public Health STD/HIV Program



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Health Models: What is it?

- A Pay Patients for performance based retention and treatment adherence intervention;
- Focuses on and directly rewards improved health outcomes; specifically, suppressed viral load as the main goal of HIV treatment adherence over other life demands;
- Supports linkage, re-engagement and re-entry efforts by ensuring clients take that final step of attending their provider's appointments;
- Not designed as a "fix-it" for structural barriers, but may help address some Social Determinants of Health by helping lower-income PLWH address some financial barriers to their HIV care, such as transportation and child care.



CAPUS Demonstration Project

- The Care and Prevention in the United States (CAPUS) Demonstration Project;
- A three year cross-agency demonstration project led by the Centers for Disease Control and Prevention (CDC).
- Reduce HIV and AIDS-related morbidity and mortality among racial and ethnic minorities living in the United States.

CAPUS Demonstration Project (Goals)

- Increase the proportion of racial and ethnic minorities with HIV who have diagnosed infection by expanding and improving HIV testing capacity, and
- Optimize linkage to, retention in, and re-engagement with care and prevention services for newly diagnosed and previously diagnosed racial and ethnic minorities with HIV.



CAPUS Demonstration Project (Achieved by...)

- Addressing social, economic, clinical, and structural factors influencing HIV health outcomes.



Health Models Implementation

- Began September 9, 2013;
- Three clinics in Louisiana, New Orleans (2) and Baton Rouge (1);
- Rolling enrollment (200, 300 and 800) at clinic sites;
- One Health Models Coordinator & Assistant per site;
- Clients using gift cards and reloadable ‘Clincard’;
- Health Models Incorporated into clinic flow in which clients meet with HM staff following their lab and primary care appointments;
- Health Models staff provide treatment adherence counseling, medication management support, case coordination, retention and referral services.

Health Models Steering Committee

- Consists of Health Department Staff, Health Models Coordinators and Assistants, Clinic Supervisors, Clinic Consumers;
- Met once a month for the first six months, now meets every other month;
- Provides guidance on the policies and procedures of the Health Models strategy from a client perspective;
- Opportunity to train new consumers to serve as advocates at their clinics, and communities.



Health Models

Incentive Payment Schedule

Incentivized Event	Amount	Frequency
Attending first intake appointment	\$50	Once/yr.
Attending re-engagement appointment	\$50	Once/yr.
Attending Lab/Blood Work appointments	\$10	2-4 times/yr. As ordered by Dr.
Attending subsequent care appointments (doctor visits)	\$20	2-4 times/yr. As ordered by Dr.
Attending appointment to a referred service (mental health, substance abuse, peer support)	\$10	Once/yr.
Achieving/maintaining viral suppression	\$75	Usually 2-4/yr.

Health Models

Incentives Distributed

September 9, 2013 – June 30, 2014

Incentivized Event	Amount	Total No. of Incentives Given
Attending first intake appointment	\$50	104
Attending re-engagement appointment	\$50	123
Attending Lab/Blood Work appointments	\$10	1358
Attending subsequent care appointments (doctor visits)	\$20	1587
Attending appointment to a referred service (mental health, substance abuse, peer support)	\$10	36
Achieving/maintaining viral suppression	\$75	1048

Health Models

Enrollment Numbers

September 9, 2013 – June 30, 2014

	Site 1 – New Orleans	Site 2 – New Orleans	Site 3 – Baton Rouge
No. Enrolled	218	771	306
Male	139	629	176
Female	79	142	130
African American/Black	199	408	229
Hispanic/Latino	10	50	12
White	4	299	55
Other	5	14	10

Viral Suppression

Health Models Sites

(<=200 at most recent visit)

	Site 1 – New Orleans	Site 2 – New Orleans	Site 3 – Baton Rouge
Pre-implementation 9/2012 – 8/2013	69.6%	78.2%	71.4%
Post-implementation Quarter 1 10/2013 – 12/2013	71.4%	79.4%	74.4%
Post-implementation Quarter 2 1/2014 – 3/2014	68.4%	82.6%	75.5%

Initial Findings

- Evidence of improved retention (less missed appointments and increases in viral suppression);
- Clients and staff are more accepting of and enthusiastic about the program;
- Provides a focused opportunity for viral load and medication-related education;
- Achieving viral suppression as a SMART objective for patients within their HIV treatment;
- Clients express that their motivation to achieve and maintain viral suppression is intrinsic and related to their personal health goals, but that the additional extrinsic motivation is an appreciated boost.



Initial Findings Continued

- Reduction in missed/cancelled appointments;
- Decreased incidence of developed drug resistance;
- Increased CD4
- Patients initiating ART achieve viral suppression more quickly;
- Higher rates of access for referred appointments when incentivized.



Thank you



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