



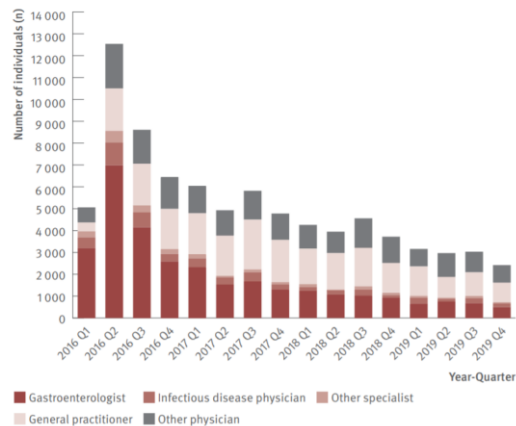
A MIXED-METHODS SYSTEMATIC REVIEW OF BARRIERS AND ENABLERS TO HEPATITIS C CARE AMONG PEOPLE WHO INJECT DRUGS

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Gold

Introduction

- Uptake of hepatitis C (HCV) treatment has slowed in Australia and other jurisdictions
- People who inject drugs (PWID) are a priority population to reach
- Research into barriers and enablers to HCV care is scattered across the literature

Estimated number of individuals initiating DAA treatment, by prescriber type, 10% random sample of the PBS database, March 2016–December 2019



Burnet Institute and Kirby Institute. Australia's progress towards hepatitis C elimination: annual report 2020. Melbourne: Burnet Institute; 2020.

Methods

Objective

- To collate and describe the barriers and enablers to hepatitis C care among people who inject drugs in the era of DAA treatment

Search strategy

- In October 2020 we conducted a literature search of EMBASE, MEDLINE, CINAHL, Web of Science and Social Sciences Database
- Grey literature search of relevant sector and conference websites
- References searching of selected articles
- Publications from January 2015 – October 2020

Methods

Inclusion criteria

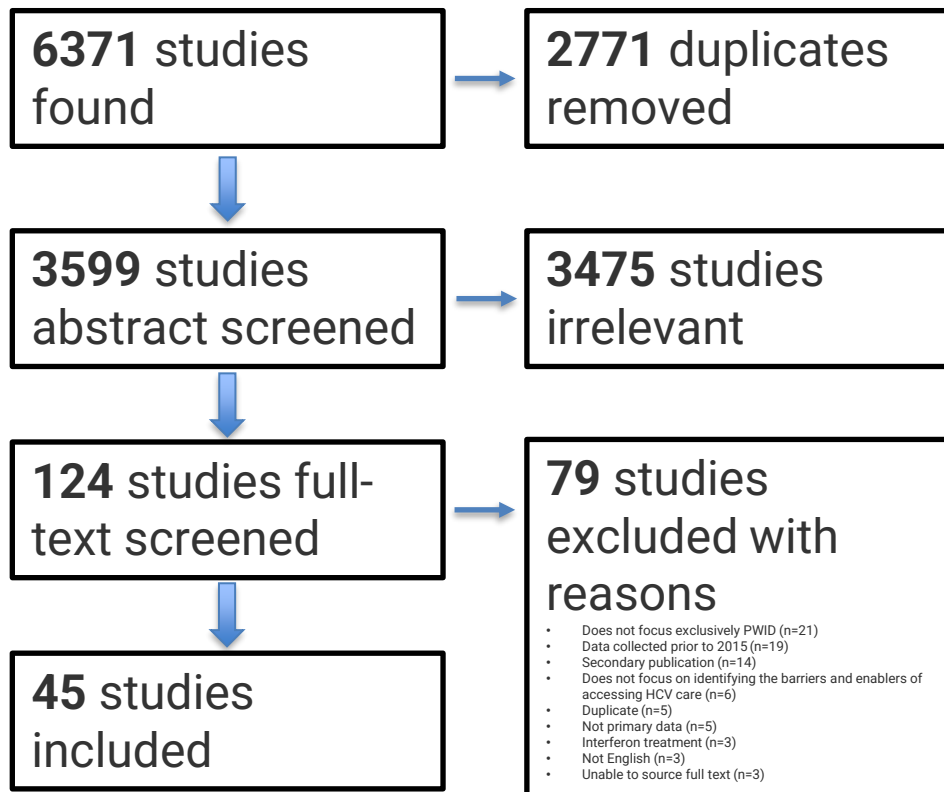
- Study population included PWID or people receiving opioid substitution therapy (OST)
- Primary data on participants' views, beliefs and experiences
- Any perspective (e.g. PWID, clinicians, families or peers)
- Focuses on any self-reported barriers or enablers to HCV care
- Qualitative, quantitative or mixed-methods
- Published in English

Exclusion criteria

- Studies that focused on interferon treatment
- Study population that include HIV or HBV coinfection, prison settings or performance enhancing drugs

Methods

Search strategy



Methods

Search strategy

79 studies excluded with reasons

- Does not focus exclusively PWID (n=21)
- Data collected prior to 2015 (n=19)
- Secondary publication (n=14)
- Does not focus on identifying the barriers and enablers of accessing HCV care (n=6)
- Duplicate (n=5)
- Not primary data (n=5)
- Interferon treatment (n=3)
- Not English (n=3)
- Unable to source full text (n=3)

Methods

Summary of articles

Country classification	(n)	%
High income	41	91
Upper-middle income	3	7
Lower-middle income	1	2
Year of publication		
2017	3	7
2018	13	29
2019	20	44
2020	9	20
Data type		
Qualitative	24	53
Quantitative	14	31
Mixed methods	7	16
Publication type		
Peer-reviewed article	35	78
Grey literature	3	7
Abstract only	5	11
Conference presentation	2	4
Perspective*		
PWID	37	82
Peer worker	3	7
Clinician	10	22
Service staff	5	11

*Options were not mutually exclusive

Methods

Analysis

- Developed a coding protocol
- Data extraction and coding handled in NVivo software QRS International (2021)
- “Best fit” framework approach Carroll et al (2011)

Theoretical Framework

- Integrated Framework of Access to HCV care for PWID Høj et al (2019)

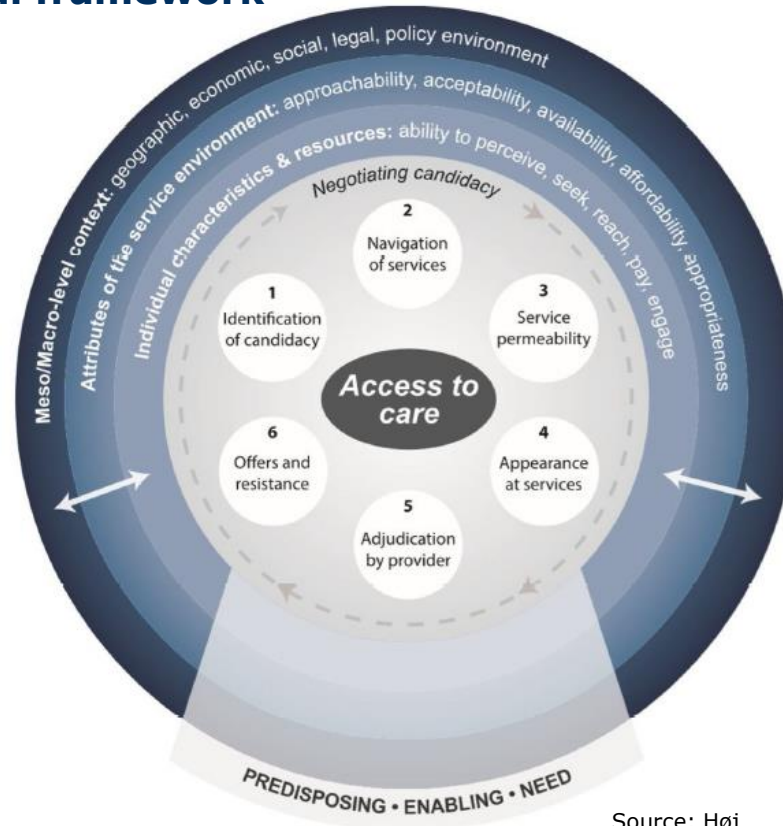
Methods – theoretical framework

The process of 'Candidacy'



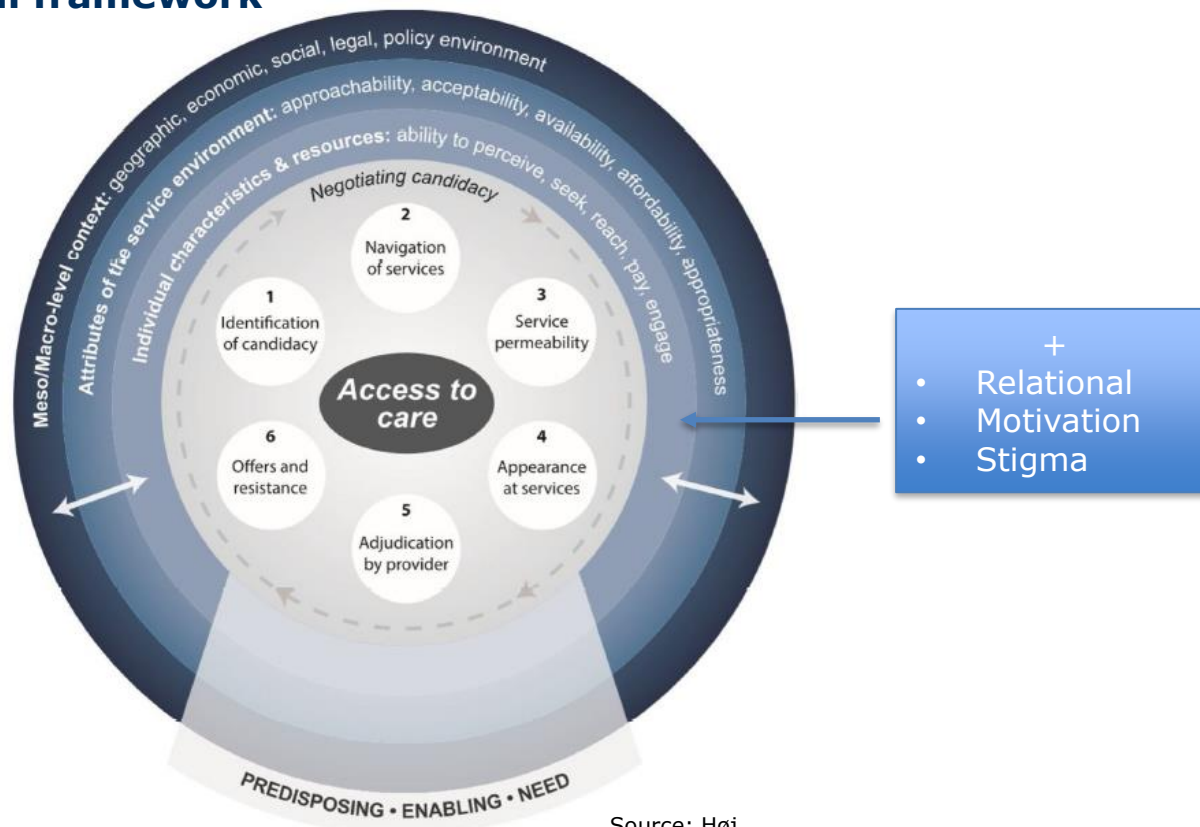
Source: Høj
et al (2019)

Methods – theoretical framework



Source: Høj
et al (2019)

Methods – theoretical framework



Source: Høj
et al (2019)

Results

Preliminary analysis

- 10 articles randomly selected for preliminary analysis

Country classification	(n)	%
High income	7	70
Upper-middle income	3	30
Year of publication		
2018	1	10
2019	6	60
2020	3	30
Data type		
Qualitative	7	70
Quantitative	2	20
Mixed methods	1	10
Publication type		
Peer-reviewed article	8	80
Grey literature	1	10
Conference presentation	1	10
Perspective		
PWID	8	80
Peer worker	1	10
Clinician	1	10

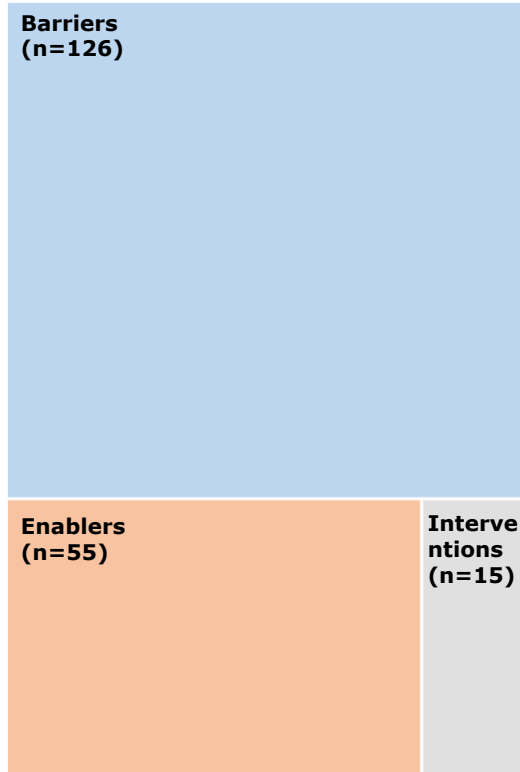
Results

Coding by care cascade

Treatment (n=106) <ul style="list-style-type: none">• Initiating treatment• Adhering to treatment• Completing treatment• Not specified	HCV care generally (n=22)
Testing/diagnosis (n=35) <ul style="list-style-type: none">• Ab testing• RNA testing• Not specified	Linkage to care (n=16) <ul style="list-style-type: none">• Referral• Attending service• Pre-treatment assessment• Not specified

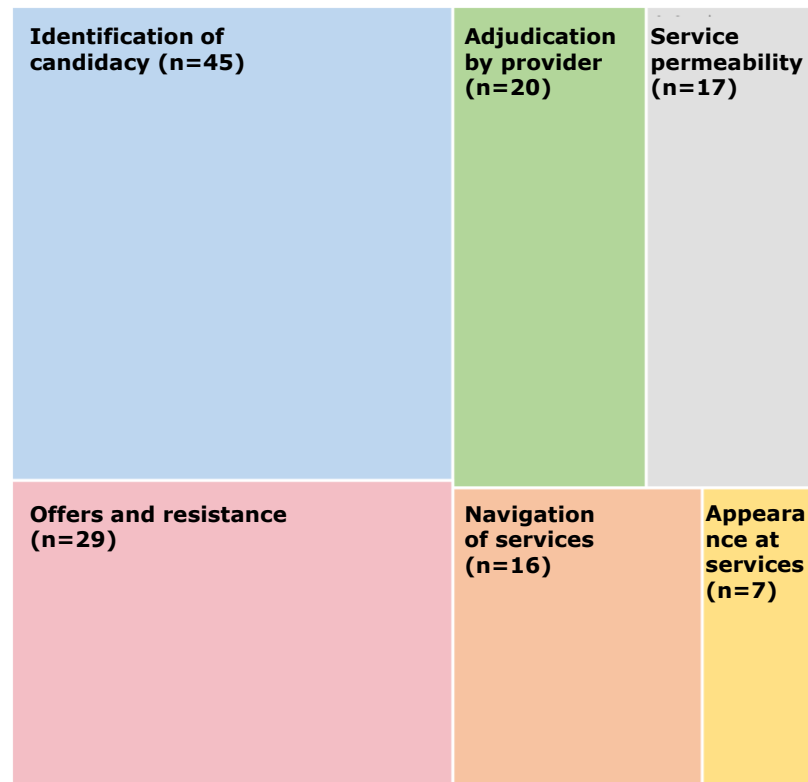
Results

Coding by impact



Results

Candidacy framework coding

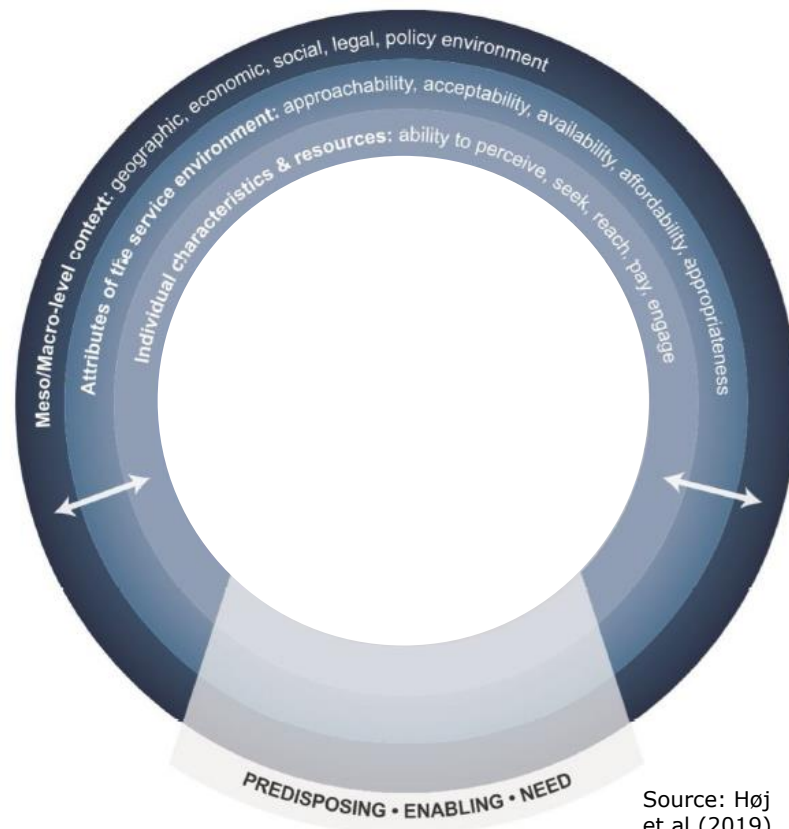


Source: Høj et al (2019)

Results

Ecological framework coding

Attributes of the service environment (n=51)	Meso/macro-level context (n=28)
Individual characteristics (n=37)	Relational factors (n=28)



Source: Høj
et al (2019)

Results

Barriers / Enablers to testing (and diagnosis) we identified at 'Navigation of Services' & 'Service Permeability' included:

Navigation of Services

- Barriers for blood collection: lack of phlebotomy on site
- Enablers for blood collection: nurse assistance or specialised technologies

Service Permeability

- Dissatisfaction with HCV testing and disclosure experience: feeling dismissed, uncared for by providers (viewed this as relevant to their PWID status)
- Prefer to have more sensitivity, care, time, respect, and attention from provider
- Some wanted more professional encounters and more comfortable settings

Results

Barriers to treatment we identified at the 'identification of candidacy' step included:

- Lack of concern and low-risk perception about living with HCV

'Well, Hep C's no big deal, Hep C's like the common cold for the junkie,'... it might take five years away from your, you know, your life but, you know, we're not even gonna live that long anyways so who cares about it anyway. – Skeer et al., 2019

- Limited awareness and knowledge about HCV care options

Some injectors were still uncertain about treatment side effects, eligibility, and cost, and the 'fear' of the interferon treatment still lingers. "I just say the old treatment is nothing like the new treatment, (peers) more afraid of the side effects they had with the old treatment, and wondering if that's what they're going to get with the new treatment" – Focus Group (FG) 2

- Perceived low self worth and feeling "undeserving" of HCV treatment

Conclusion

- This study brings together the range of barriers and enablers experienced across the HCV care cascade from multiple perspectives
- Low-income countries are underrepresented in the literature
- Research with family members, partners and peers of PWID also appears to be lacking
- It is anticipated that this review will be completed by the end of 2021 and findings will help inform interventions to eliminate HCV among PWID.

References

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- Carroll, C., Booth, A., Leaviss, J., & Rick, J. (2013). "Best fit" framework synthesis: refining the method. *BMC Medical Research Methodology*, 13(1), 37. doi:10.1186/1471-2288-13-37
- Hoj, S. B., Jacka, B., Minoyan, N., Artenie, A. A., & Bruneau, J. (2019). Conceptualising access in the direct-acting antiviral era: An integrated framework to inform research and practice in HCV care for people who inject drugs. *Int J Drug Policy*, 72, 11-23. doi:10.1016/j.drugpo.2019.04.001

Acknowledgements

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