

# Periodic incentives increase clinic attendance and hepatitis C testing but not treatment initiation among people who inject drugs: Evidence from a five-year interrupted time series study

## Authors:

Mallise C<sup>1-3</sup>, Tremain D<sup>1</sup>, Lindsay M<sup>1</sup>, Ryder N<sup>4</sup>, Fisher K<sup>4</sup>, Moran B<sup>1</sup>, Lecathelinais C<sup>1</sup>, Mesure J<sup>3,4</sup>, Grebely J<sup>5</sup>, Marshall AD<sup>5</sup>, Dunlop A<sup>6</sup>, Woodward S<sup>4</sup>, Byaruhanga J<sup>1</sup>, Tyne J<sup>7</sup>, Slater A<sup>1</sup>, Kingsland M<sup>1-3</sup>

<sup>1</sup> Hunter New England Population Health, <sup>2</sup> The University of Newcastle, <sup>3</sup> Hunter Medical Research Institute, <sup>4</sup> Hunter New England Sexual Health, <sup>5</sup> The Kirby Institute UNSW, <sup>6</sup> Hunter New England Drug and Alcohol Clinical Services, <sup>7</sup> ACON

**Background:** Financial incentives may increase hepatitis C virus (HCV) testing and treatment uptake among people who inject drugs (PWID), but evidence of their effectiveness as part of routine health service provision is limited. The aim of this study was to evaluate the effectiveness of financial incentives on clinic appointment attendance, HCV testing, and HCV treatment initiation among PWID in Newcastle, Australia.

**Methods:** During twice-yearly, 4-to-7-week periods from January 2016 to December 2020, people accessing a needle and syringe program were offered a \$20 gift card to attend a clinic appointment at the co-located sexual health service. Appointment attendance, HCV testing, and HCV treatment initiation data were retrieved from clinic records. Poisson regression and chi-square analyses were used to compare outcomes between incentive and non-incentive periods.

**Results:** Among the 1161 PWID who accessed the sexual health service during the study period, there were 4309 appointments attended, and 1763 HCV tests undertaken. During the incentive periods, significantly more appointments (IRR 3.01, 95% CI 2.74-3.31,  $p < .001$ ) and HCV tests (IRR 5.02, 95% CI 4.28-5.90,  $p < .001$ ) occurred per week for PWID compared to non-incentive periods. The incentive intervention was associated with increased clinic attendance and HCV testing for all subgroups of PWID clients, based on sex, age, and client status (new/returning). There was some increase in magnitude of effect for PWID who were female (clinic appointment attendance, HCV testing), were aged 30-49 years (clinic appointment attendance), and were new clients (clinic appointment attendance, HCV testing). However, PWID were more likely to initiate HCV treatment during the non-incentive periods.

**Conclusion:** Integrating financial incentives into routine service delivery can effectively increase clinic attendance and HCV testing among PWID. Further work is needed to determine whether a modified incentive program, with differentially targeted, or potentially higher value incentives, can increase HCV treatment initiation among PWID.

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