

# Conceptualising access in the DAA era:

Applying the candidacy framework to inform research and practice in HCV care for PWID

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## Acknowledgements

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- Research team:

Julie Bruneau, Didier Jutras-Aswad, Élise Roy, Geng Zang, Brendan Jacka,

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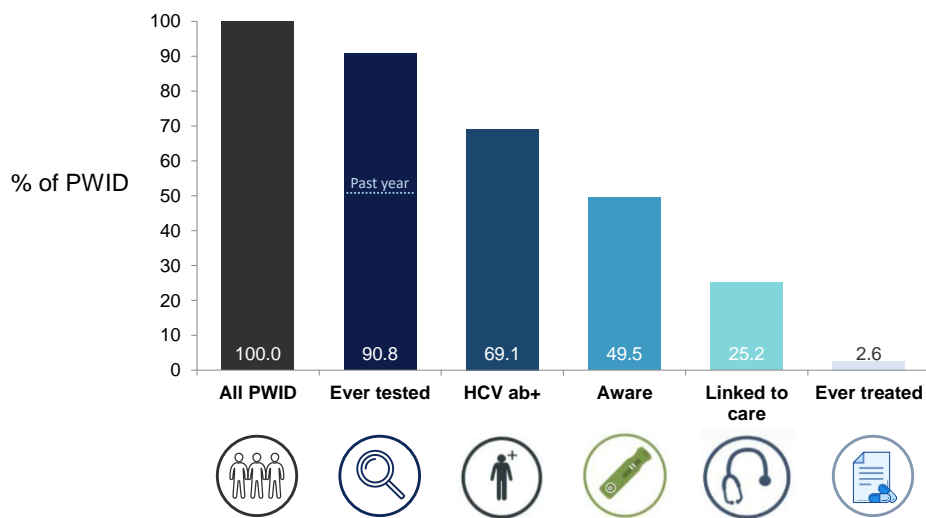
Valeria Saavedra.

## Disclosures

- Julie Bruneau receives advisor fees from Gilead Sciences and Merck and a research grant from Gilead Sciences, outside of this current work.



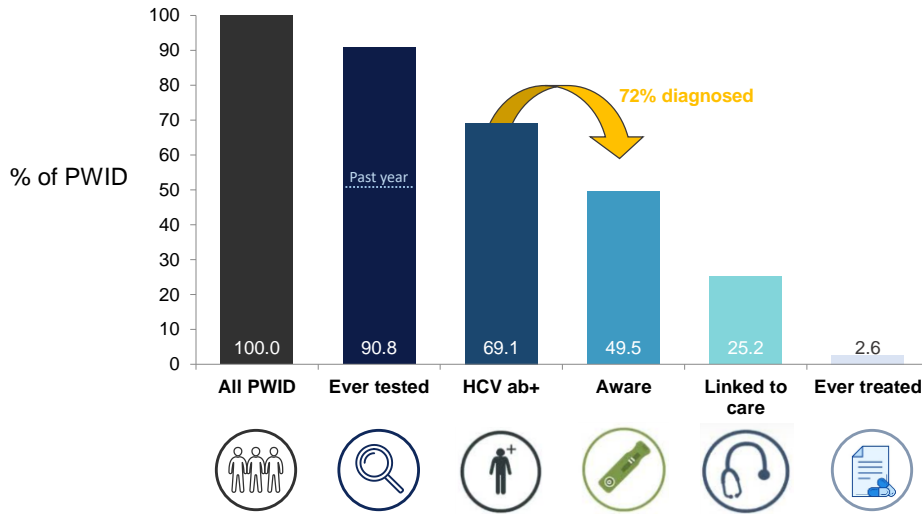
### HCV cascade of care among PWID in Canada (2010-2012)



Public Health Agency of Canada. I-Track Phase 2 Report. 2014



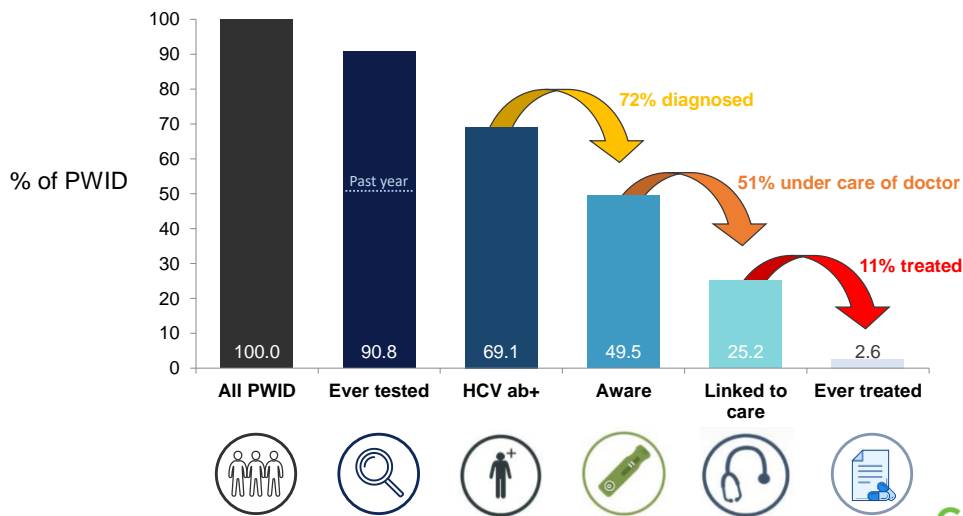
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## Strengths and limitations of the “cascade of care”

- Useful for modeling / monitoring / evaluating DAA rollout
- Identifies key gaps in service access / engagement to guide selection of intervention targets with objective metrics:
  - *E.g. « Increase the proportion of HCV antibody positive PWID who have received confirmatory testing » (Iversen et al., 2017)*
- Well suited to documenting trajectories of service use in clinical populations; can be constructed using health administrative data.  
*(Janjua et al., 2016)*

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## Strengths and limitations of the “cascade of care”

- But – many PWID are tested for HCV outside traditional clinical settings
  - HCV ab+ diagnosis does not necessarily indicate the start of a service trajectory as in a clinical population
  - Cascade may conflate barriers to entry and retention in clinical care
- Provides little insight into mechanisms underlying service gaps
  - Limited guidance for selection of study variables and intervention targets
  - No explicit framework HCV care to inform on full trajectory from ‘community to cure’

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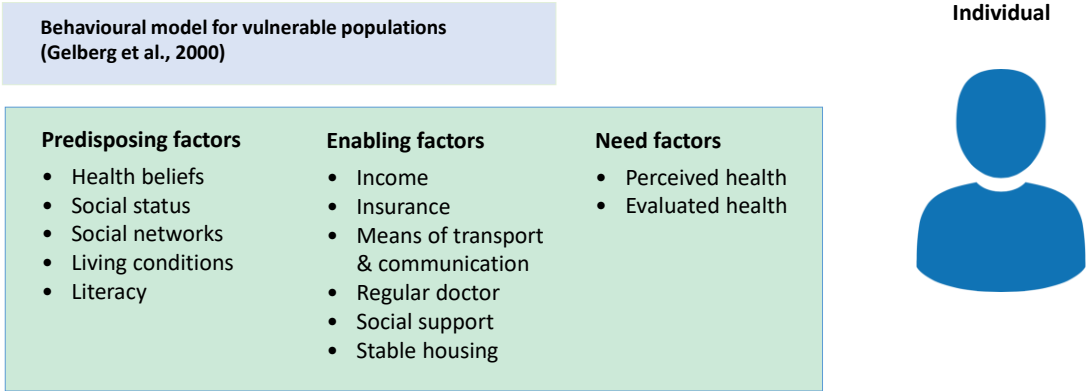
## Objectives

- To present a theoretical framework to guide efforts to understand, investigate and intervene upon barriers and facilitators to HCV care for PWID.
- To clarify the conceptual underpinnings of “access” with a view to informing research and practice in vulnerable populations.

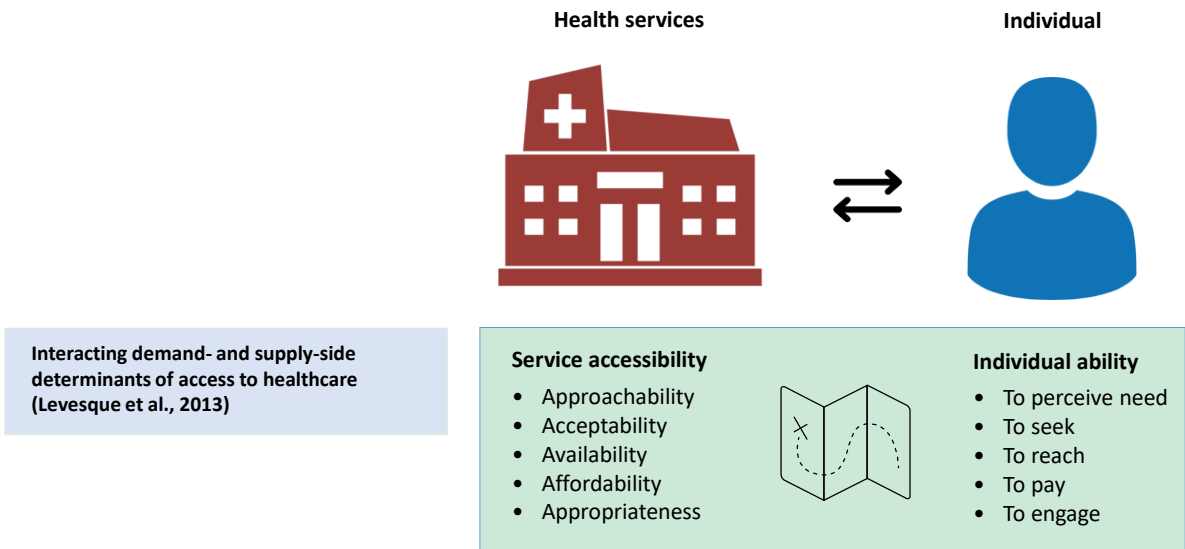
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## Necessary components of a comprehensive framework

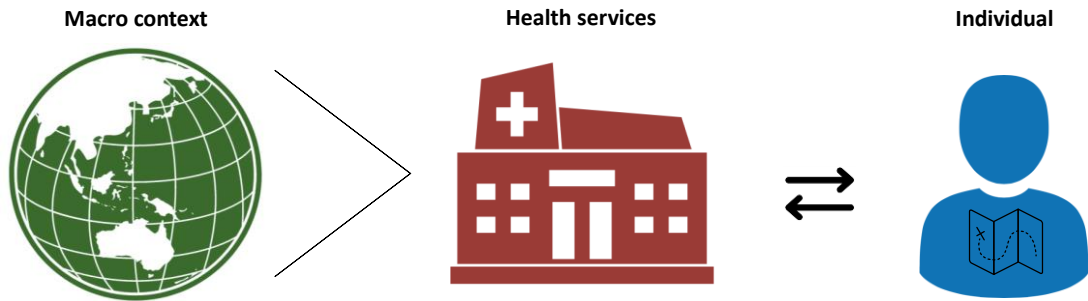
## Necessary components of a comprehensive framework



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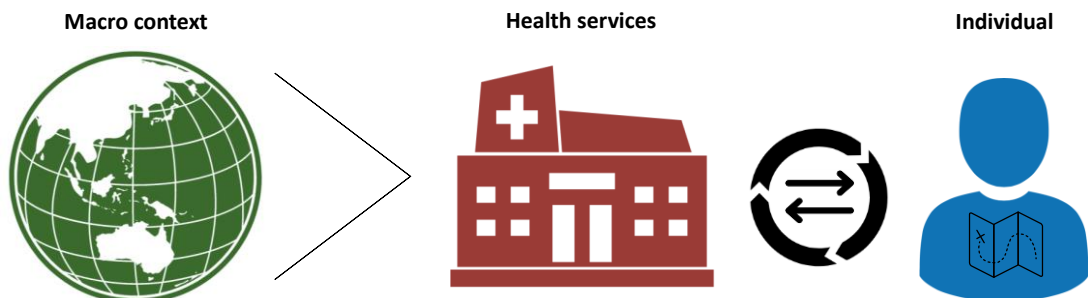


Individual behaviour and health service configuration are influenced by physical, social, legal & policy environments:

- Regional health policy, resourcing, systems planning
- Medical training / curriculum
- Social norms and extent of marginalisation
- Public discourse on deservedness

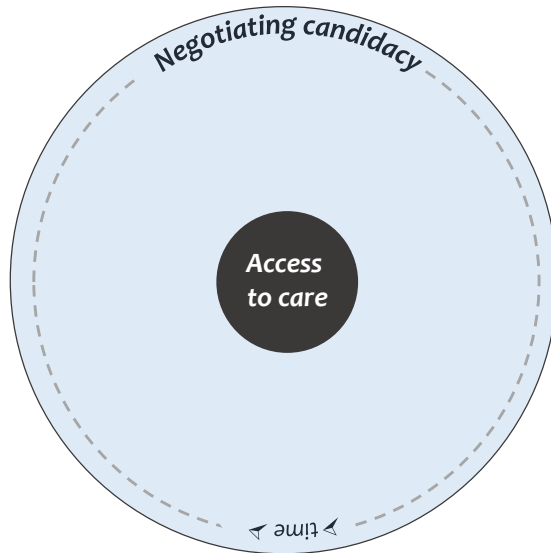
The ecology of health promotion (McLeroy et al., 1988)

## Necessary components of a comprehensive framework

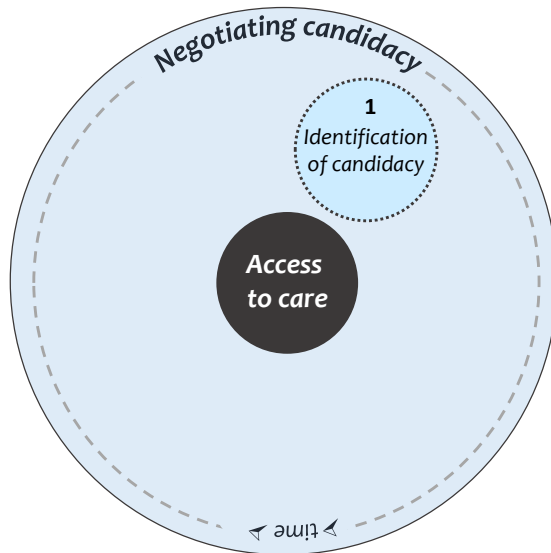


Further considers the cyclical context of repeated journeys through the health care system, and distinguishes perception of need from perception of candidacy.

Candidacy framework (Dixon-Woods et al., 2006)

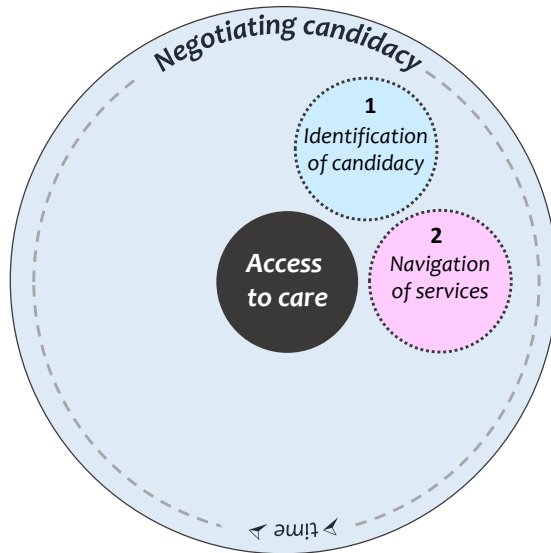


Original figure based on the work of Dixon-Woods et al., 2006

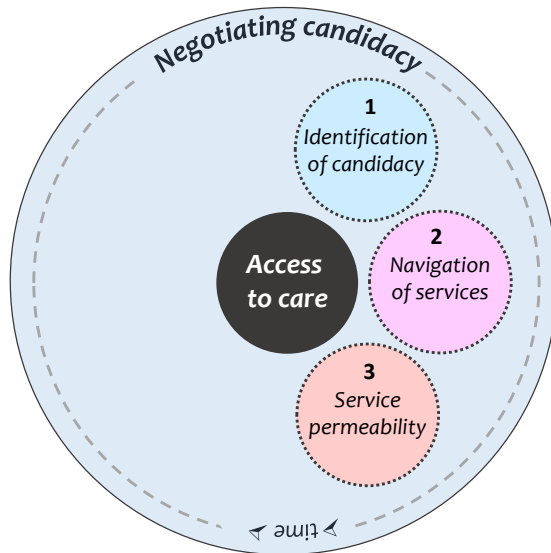


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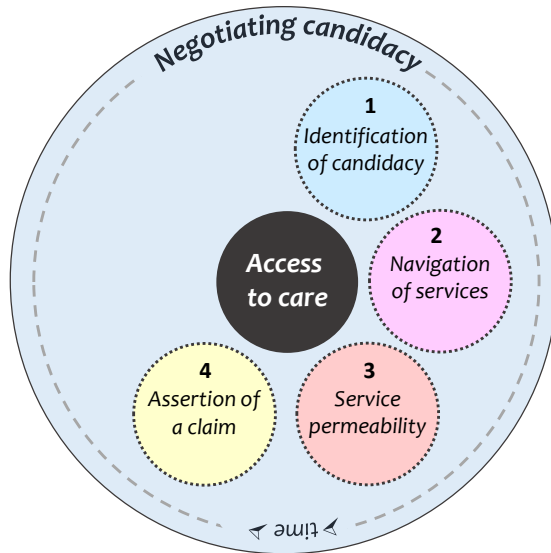




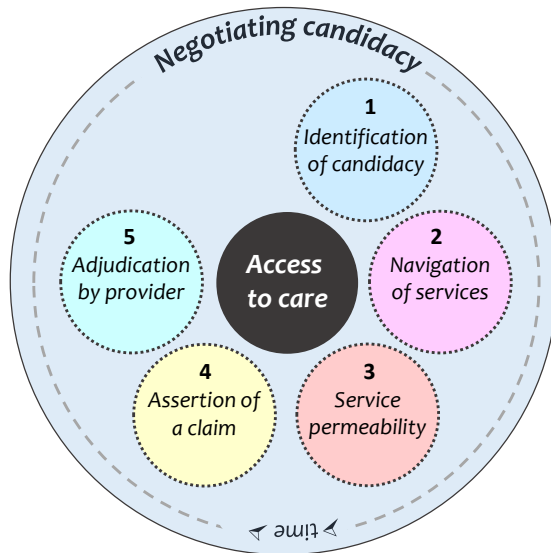
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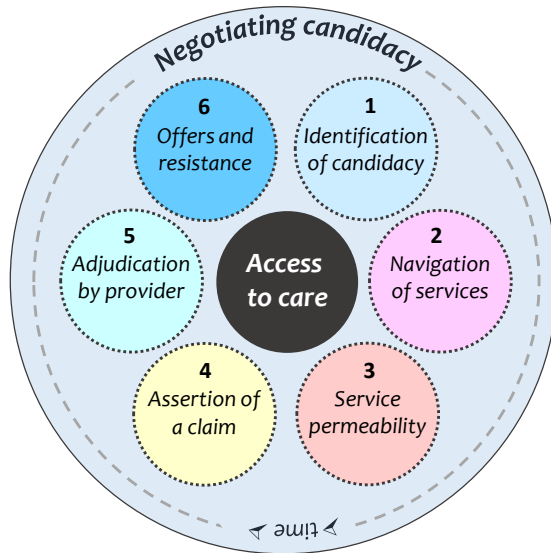
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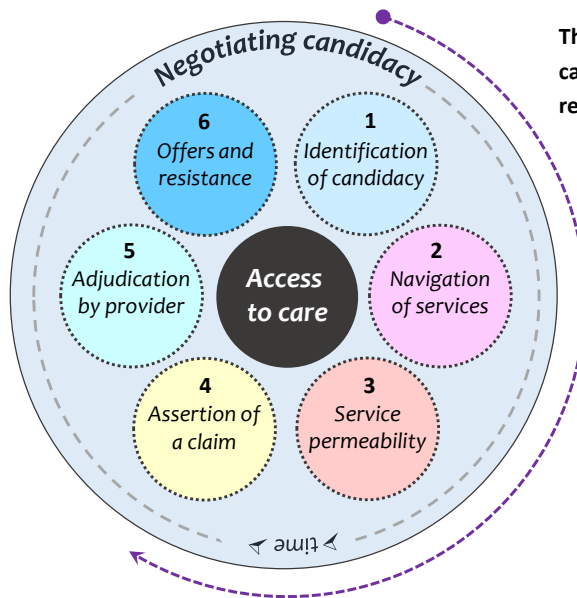
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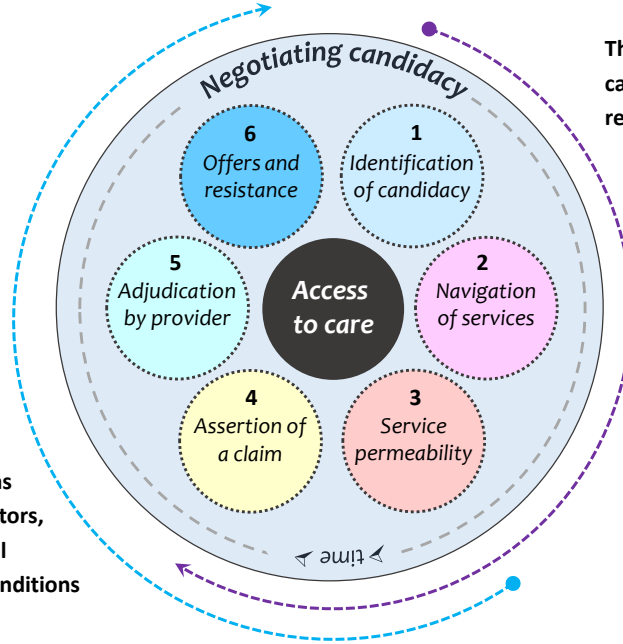
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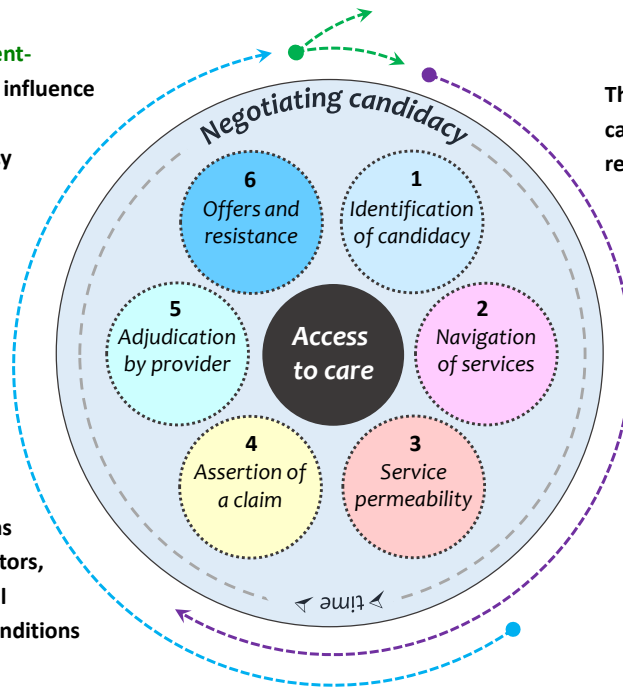
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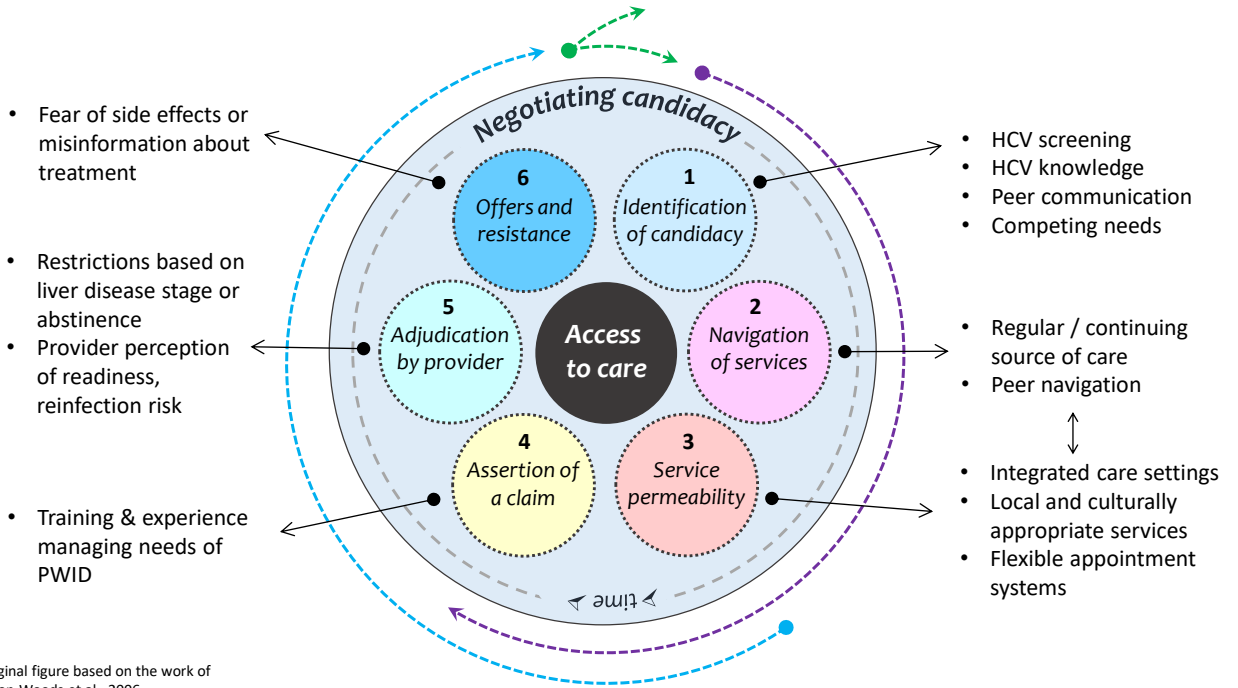
Health professionals act as gatekeepers and adjudicators, within the context of local guidelines & operating conditions

Prior experiences & patient-practitioner relationships influence the identification and assertion of candidacy over time

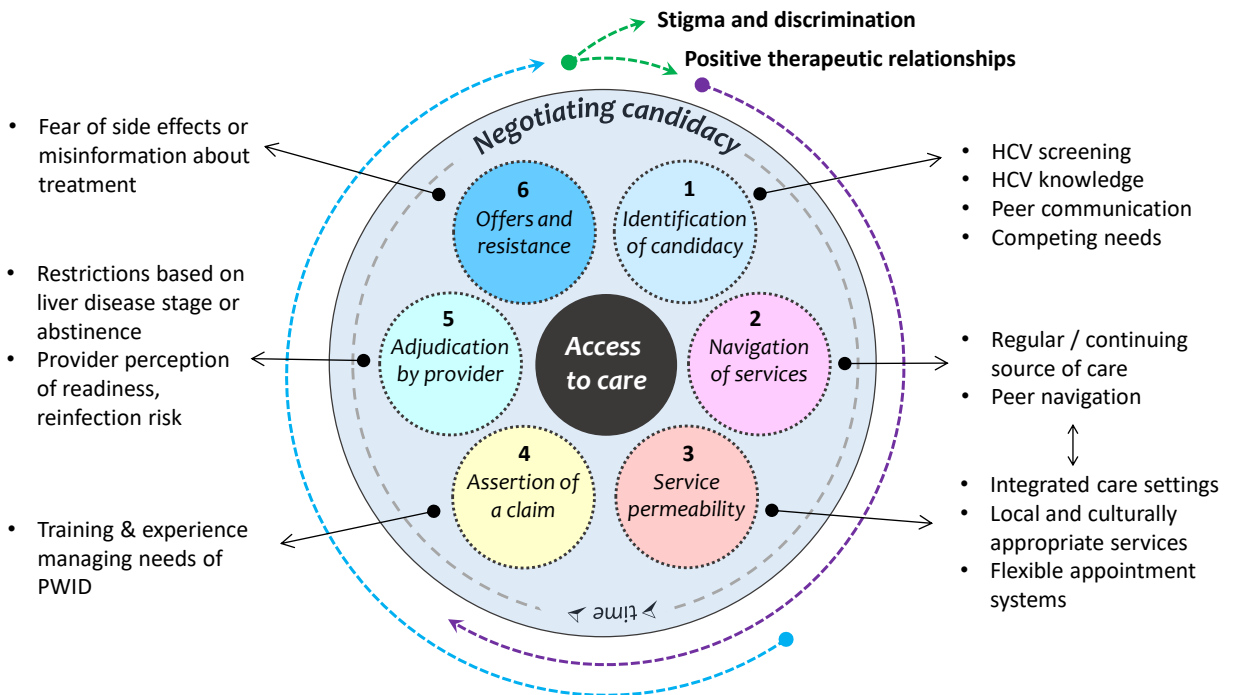


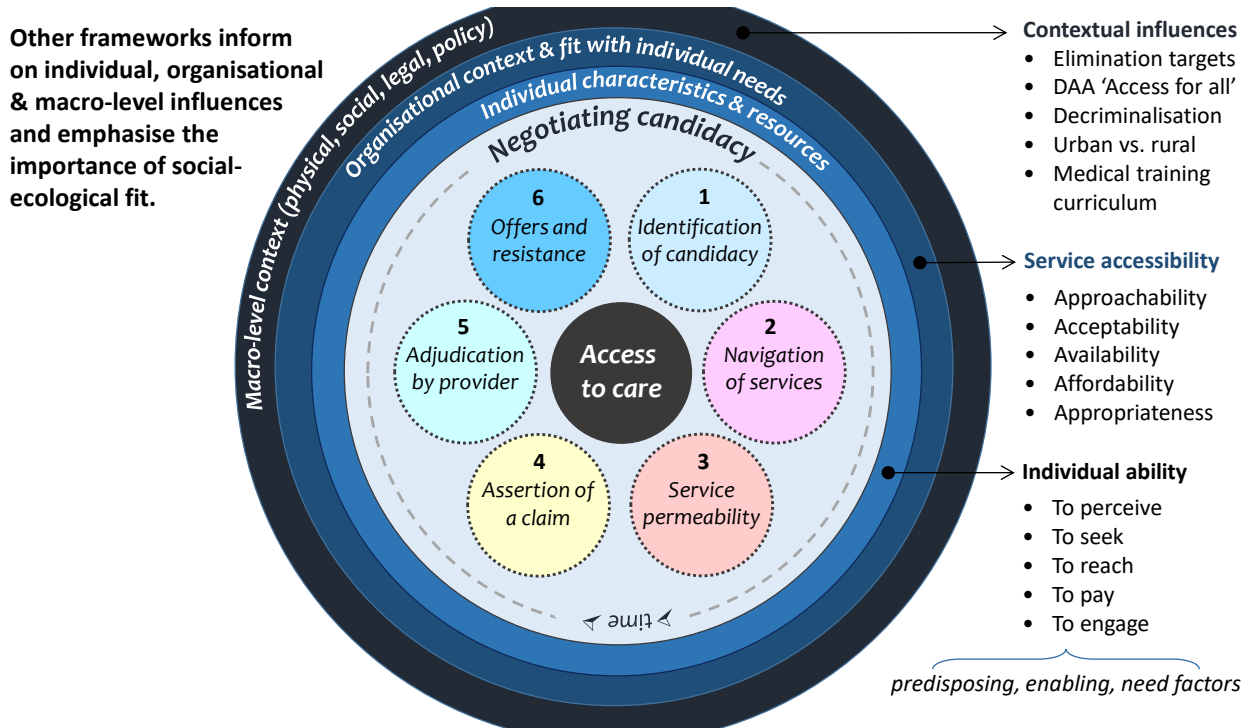
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## Discussion & Conclusion

- **The cascade of care** provides a useful quantitative framework for monitoring the receipt of HCV care and treatment
- However, receipt of healthcare is the outcome of many complex processes, which must be better understood if we are to improve access for people who inject drugs

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- However, receipt of healthcare is the outcome of many complex processes, which must be better understood if we are to improve access for people who inject drugs
- ‘To define access to care in a narrow and incomplete way means we respond in a narrow and incomplete way’

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## Discussion & Conclusion

### Viewing healthcare access from a candidacy perspective:

- Illustrates the work required to traverse each step in the care cascade and the many potential reasons for disengagement from diagnosis to treatment

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- Places emphasis on the experiential, interactive, and dynamic nature of negotiating access to care and highlights the destructive influence of ongoing access barriers, stigma and discrimination

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- Draws attention to “gatekeepers” and “guides” as key mediators of service trajectories, and the ways in which prior service experiences shape perceptions of legitimacy in health care seeking

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- Places emphasis on the experiential, interactive, and dynamic nature of negotiating access to care and highlights the destructive influence of ongoing access barriers, stigma and discrimination
- Draws attention to “gatekeepers” and “guides” as key mediators of service trajectories, and the ways in which prior service experiences shape perceptions of legitimacy in health care seeking
- Highlights the centrality of therapeutic relationships and the importance of patient-centred healthcare

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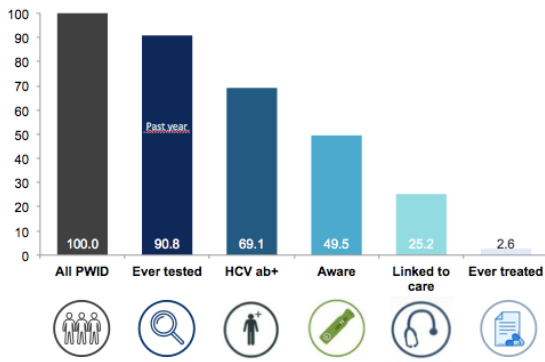
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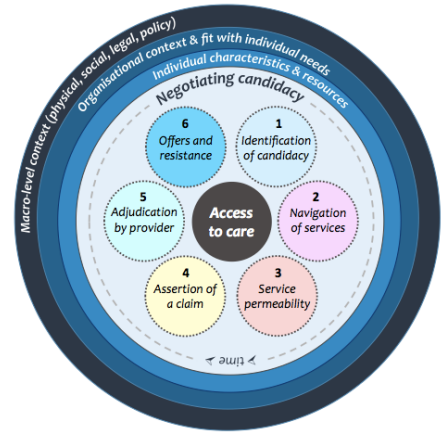
- Recognises individual agency without reducing responsibility for healthcare access to the individual level
- Helps to identify intervention targets across multiple levels of influence (e.g. individuals, health professionals, health systems, macro social & policy context)
- Provides a comprehensive framework to guide programmatic evaluation and refinement of service delivery in vulnerable populations.

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## CanHepC 'Virtual Cohort' study



To benchmark service access & identify targets



To guide analysis of barriers & facilitators to care

## Acknowledgements

- Funding sources:

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