

The effectiveness of financial incentives for increasing uptake of hepatitis C treatment in primary care:

MOTIVATE C

THE METHODICAL EVALUATION AND OPTIMISATION OF TARGETED INCENTIVES FOR
ACCESSING TREATMENT OF EARLY-STAGE HEPATITIS C

Overview

Pragmatic, adaptive, dose-response study to evaluate

- financial incentives to motivate
- HCV treatment initiation in primary care
- In the context of navigator-supported care

Four core questions

1. Does offering a financial incentive increase the probability of DAA initiation?
If so ...
2. What is the relationship between incentive value and initiation?
3. Does offering GPs a co-incentive improve the effect?
4. What incentive value is optimal from a cost-effectiveness perspective?

Summary of Design

Self-registration:

- Age 18+ years
- Medicare card
- Current HCV infection
- No HCV treatment in prior 6 months

Eligibility further assessed by navigator + verbal consent

- → enrolment in navigator-supported care

Incentives ranged from \$0 to \$1,000 AUD in \$50 increments

Primary endpoint: navigator-verified initiation of DAA therapy within 12 weeks of registration

The MotivateC Journey

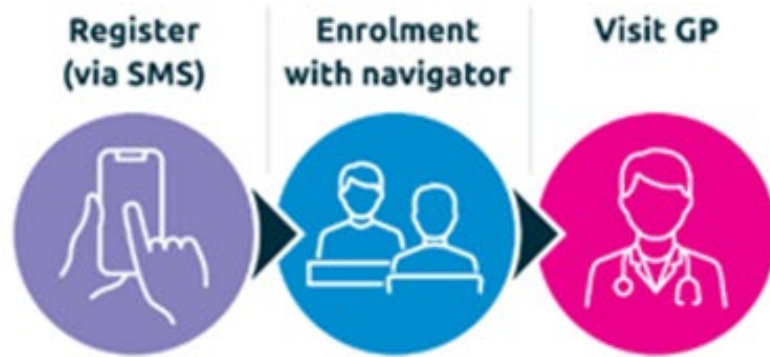
Register
(via SMS)



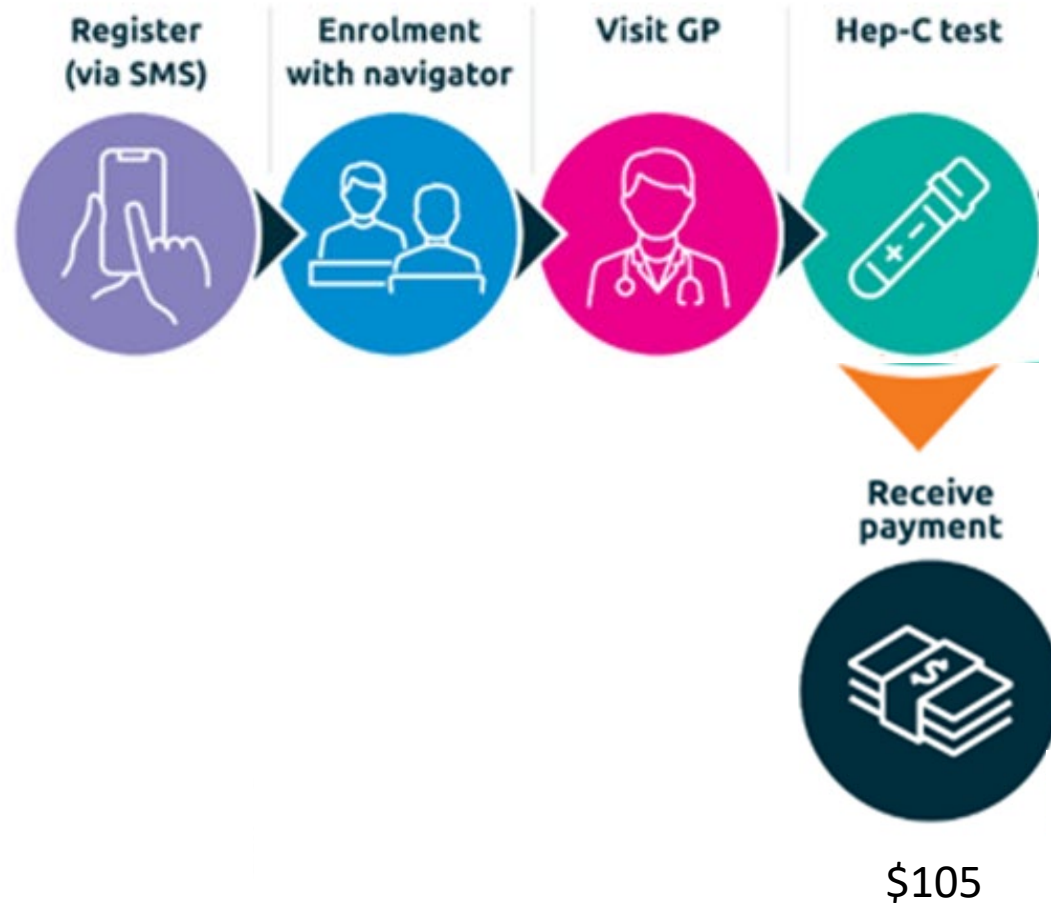
The MotivateC Journey



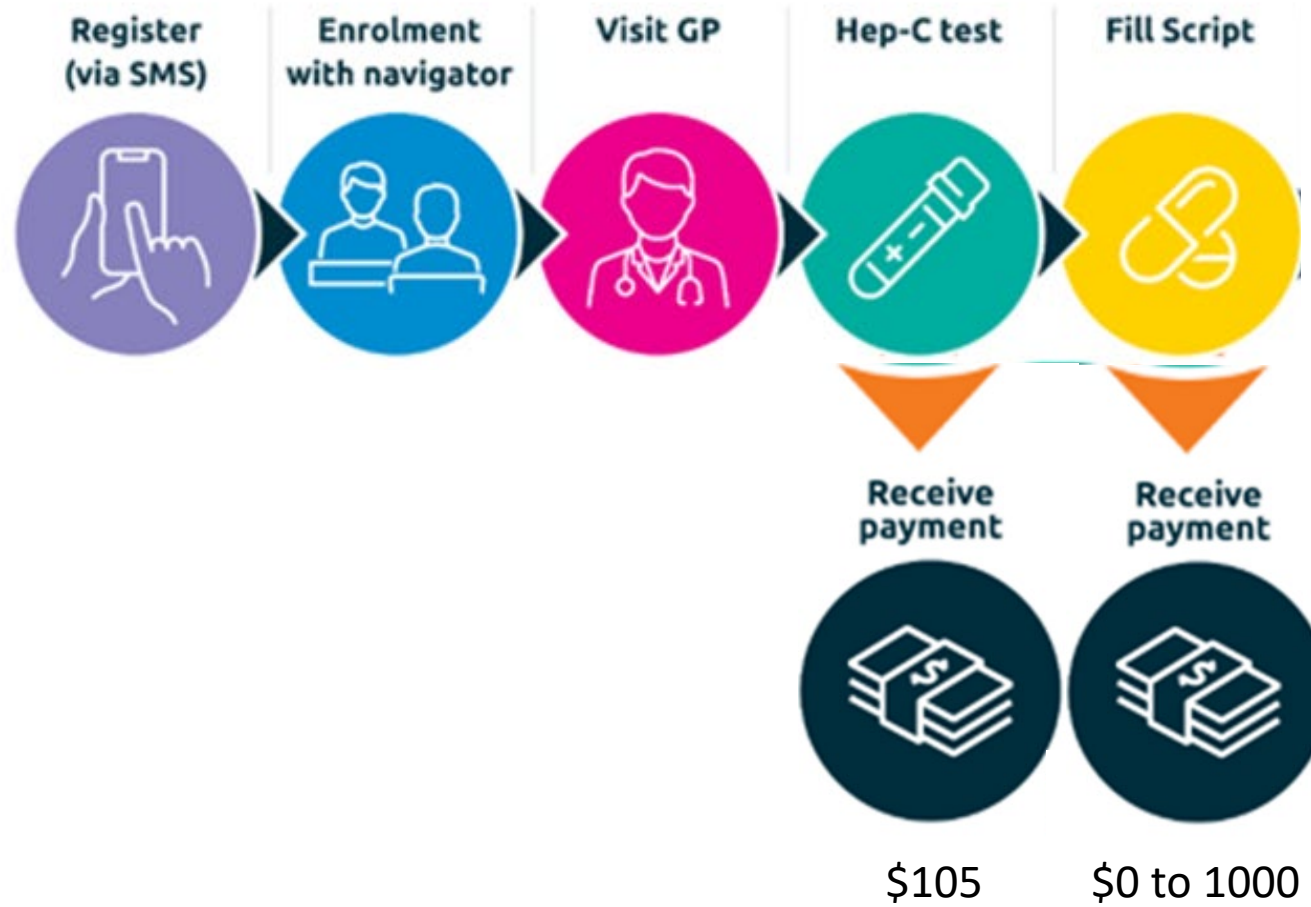
The MotivateC Journey



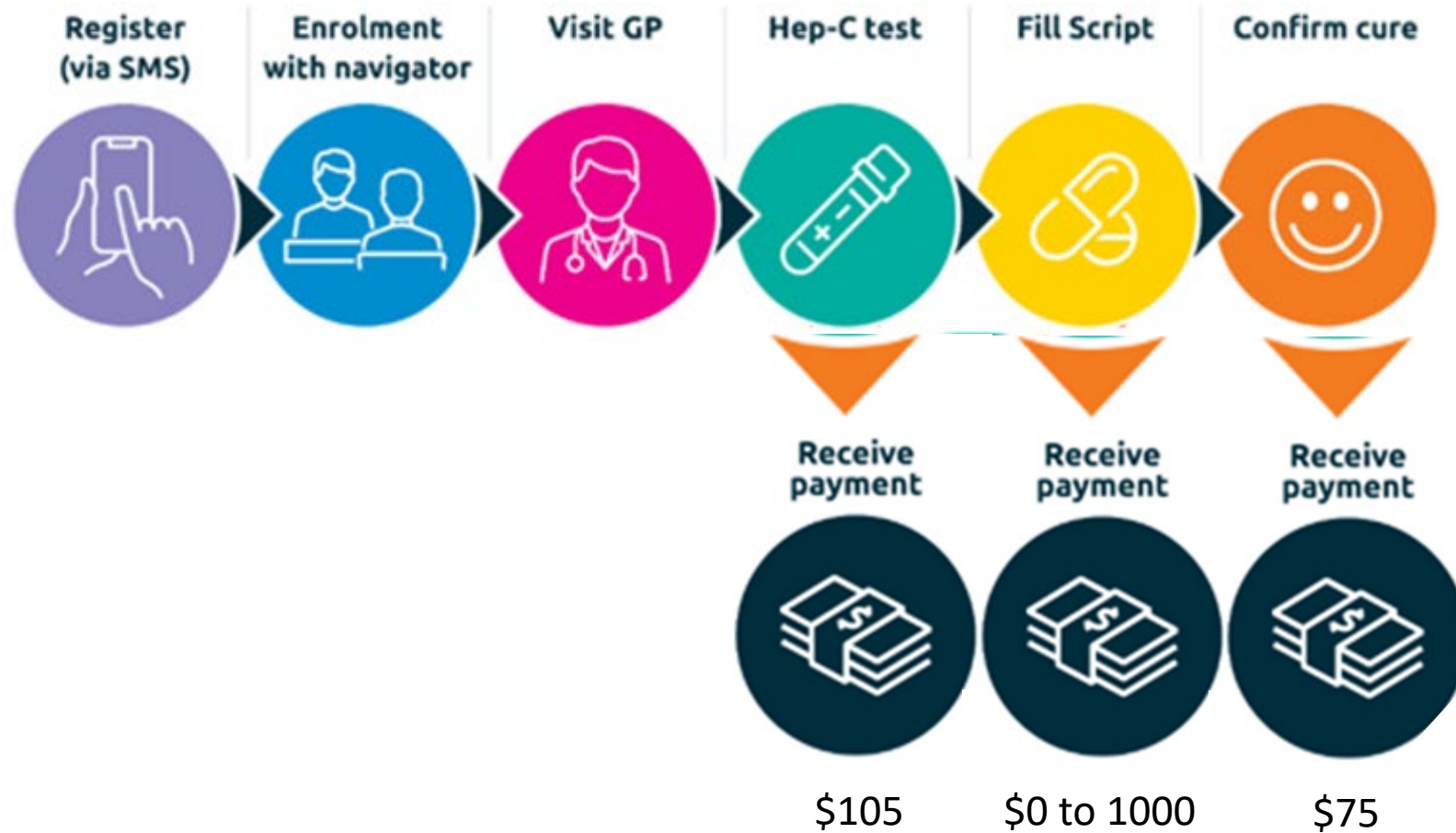
The MotivateC Journey



The MotivateC Journey



The MotivateC Journey

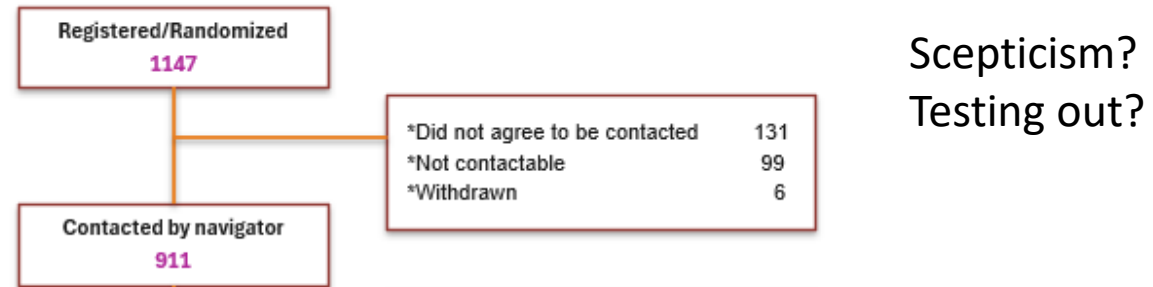


Participant Flow Diagram

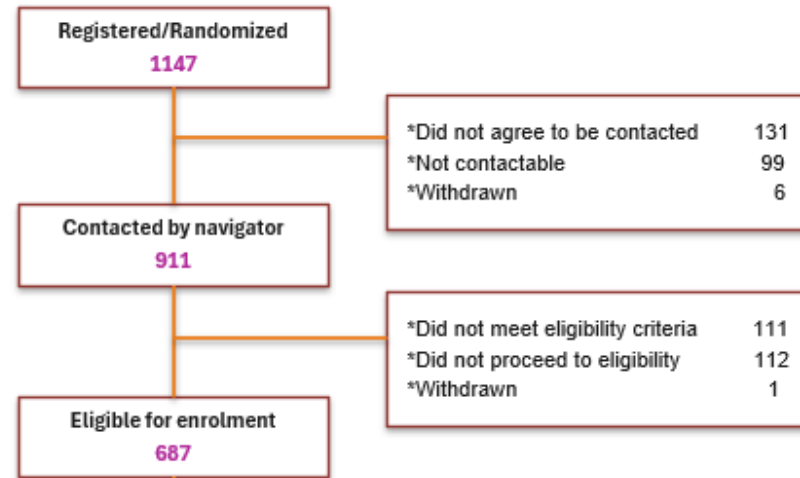
Registered/Randomized
1147

Promotion via
community-based organisations
regional TV
social media
Many diagnosed many years previously
Many regional
Many unaware of modern DAA options
SMS-based reg was a barrier for some

Participant Flow Diagram

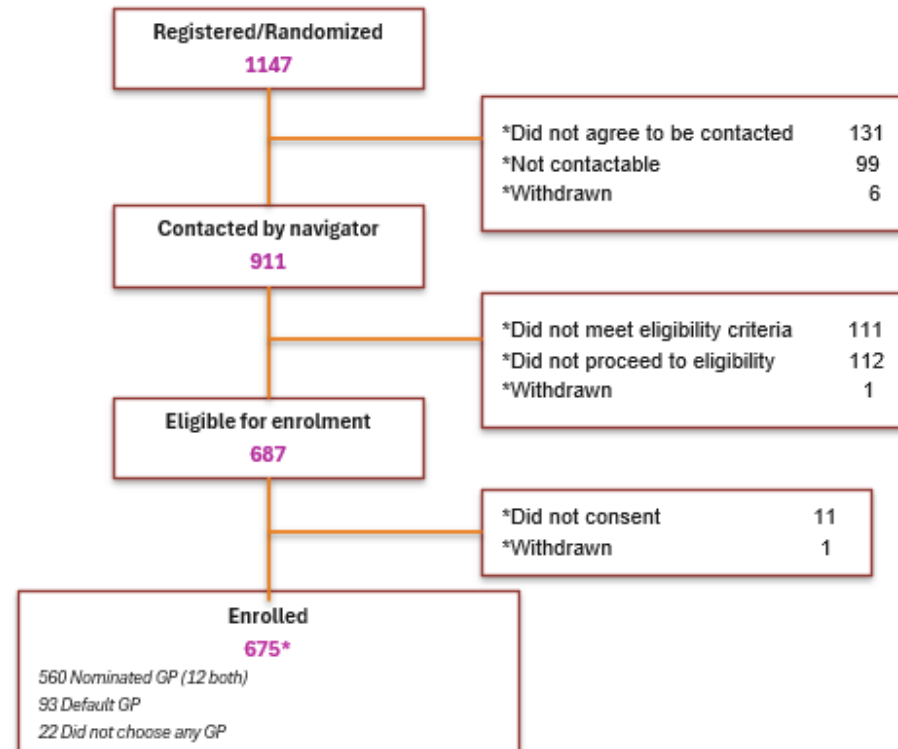


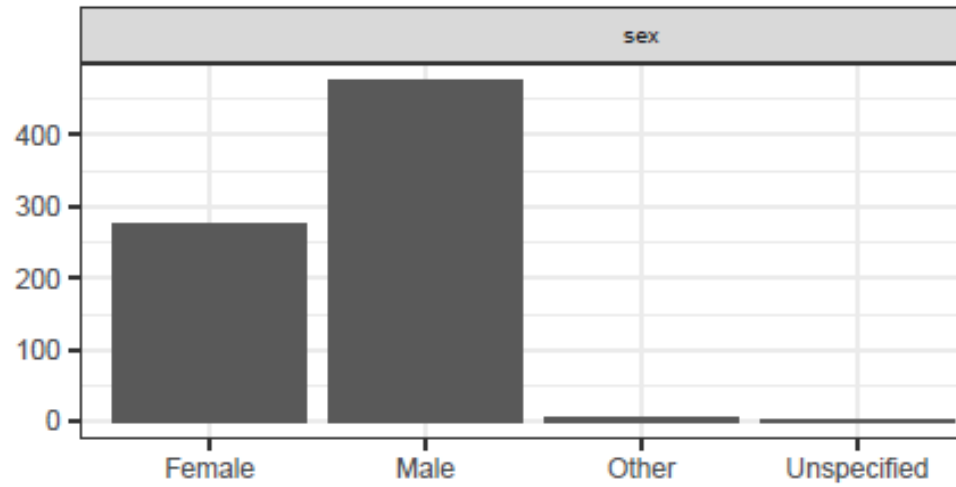
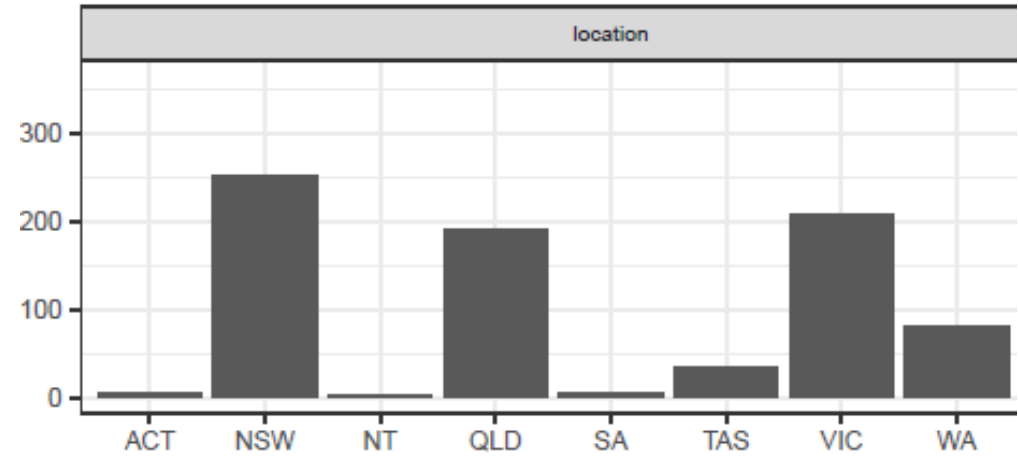
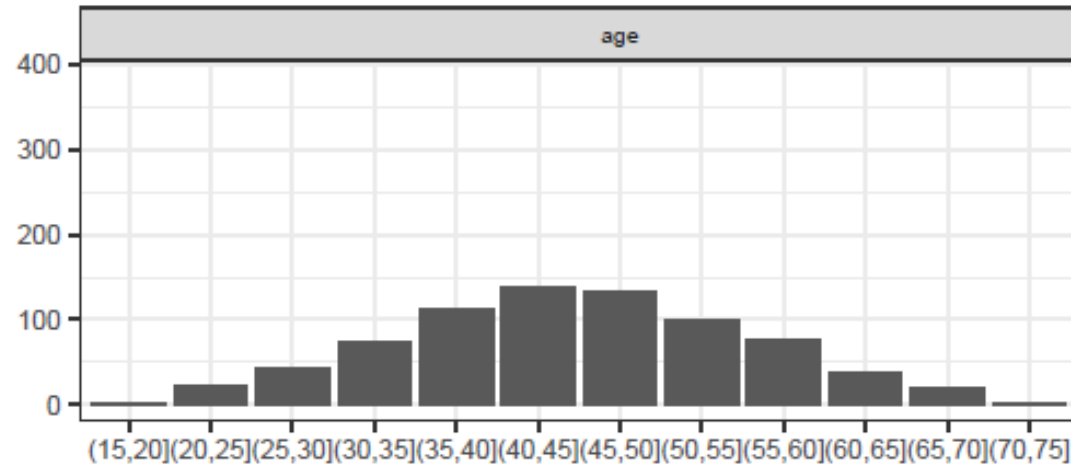
Participant Flow Diagram



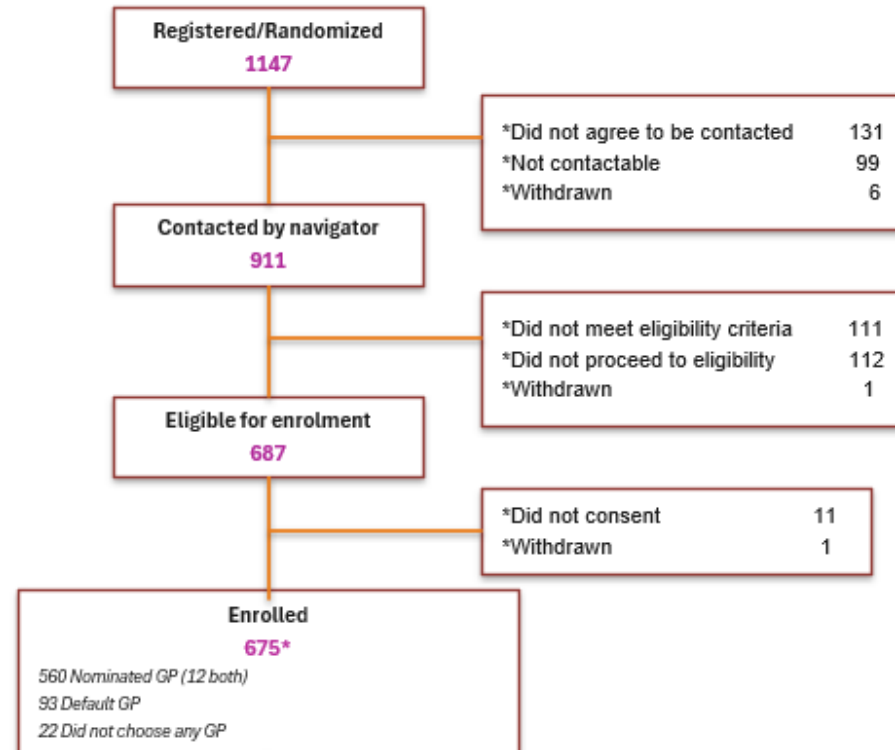
No lab confirmation
Scepticism?
Testing out?

Participant Flow Diagram



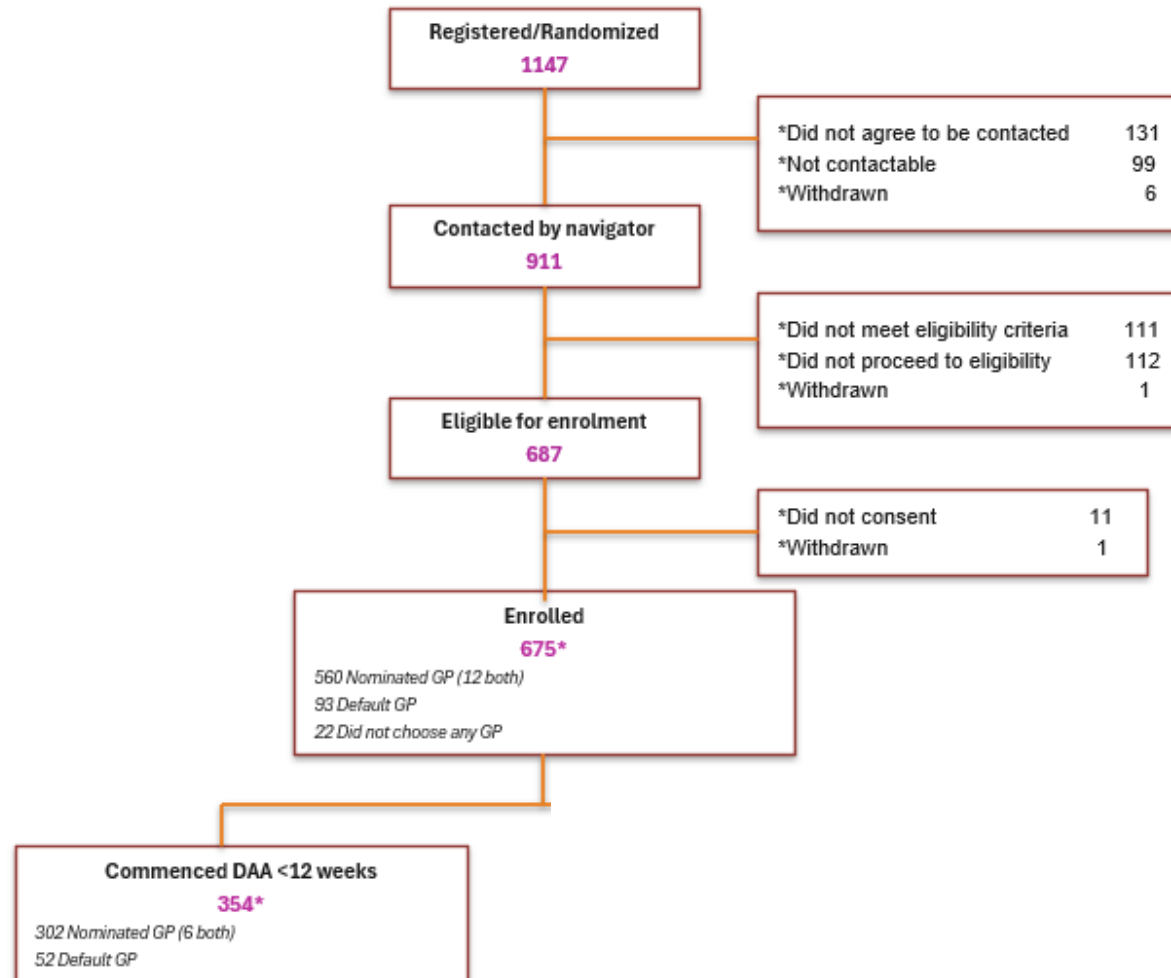


Participant Flow Diagram



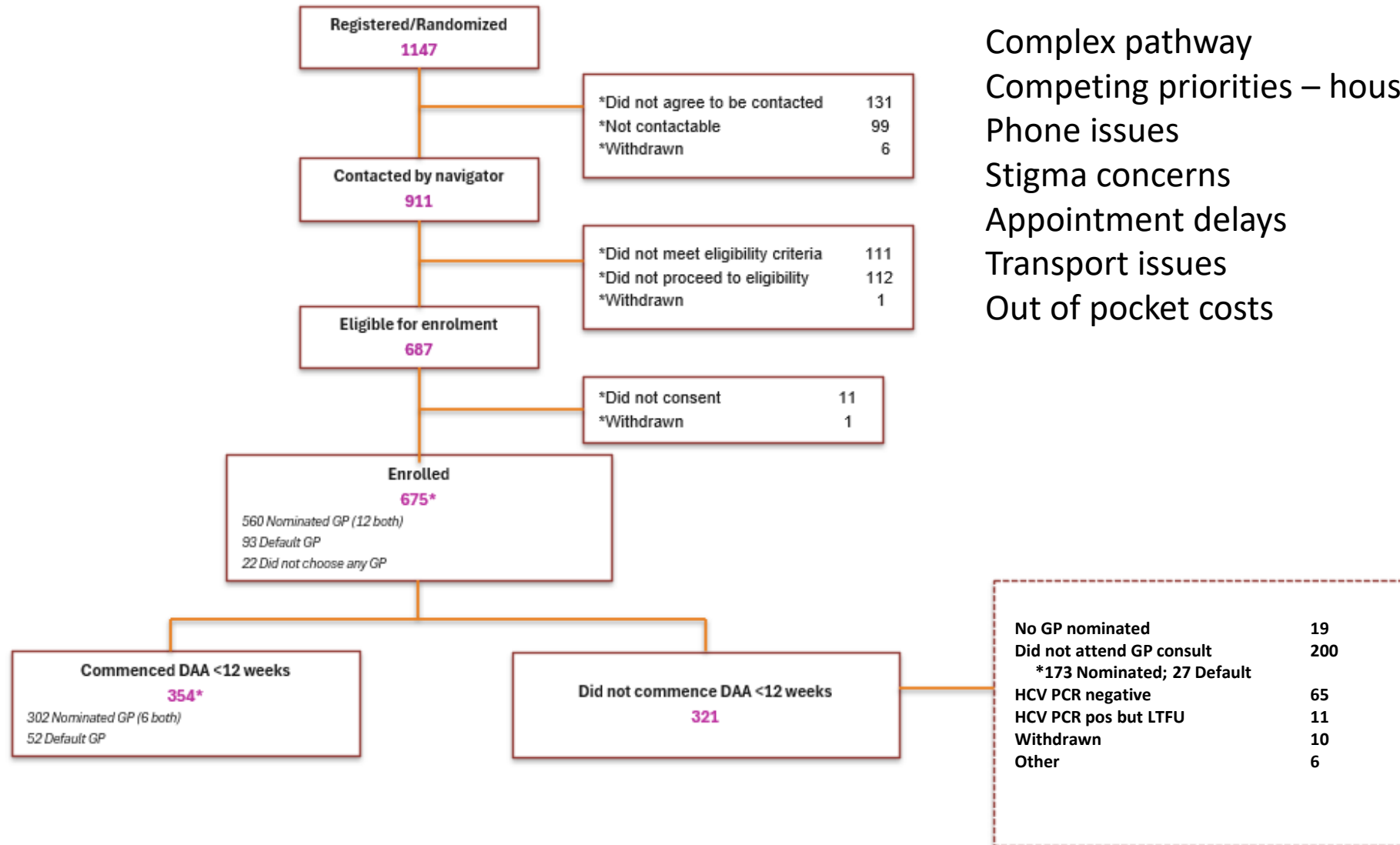
Most were able to nominate a community-based prescriber

Participant Flow Diagram



A confident primary care prescriber seemed important.
Most prescribers were experienced

Participant Flow Diagram



Complex pathway

Competing priorities – housing insecurity

Phone issues

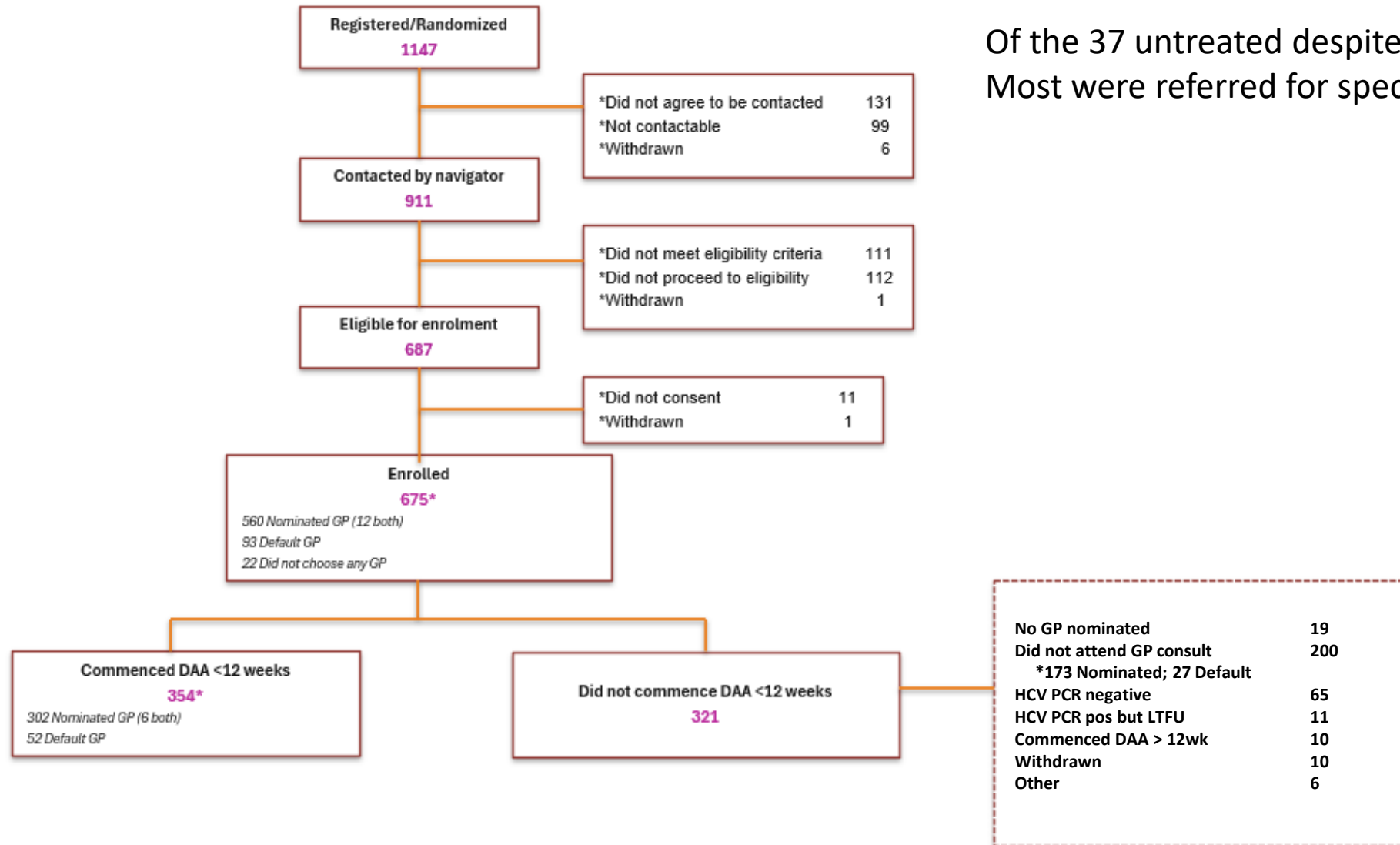
Stigma concerns

Appointment delays

Transport issues

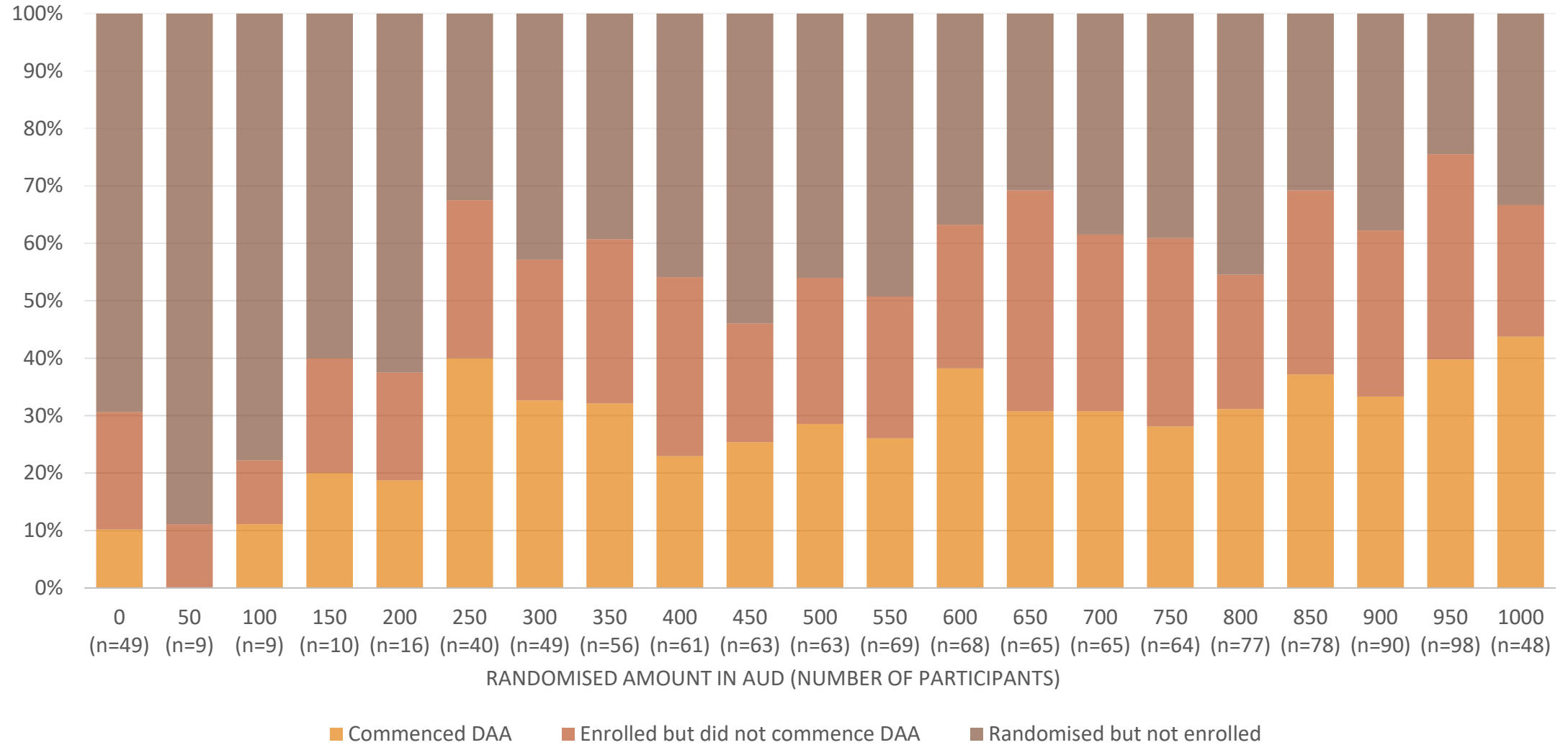
Out of pocket costs

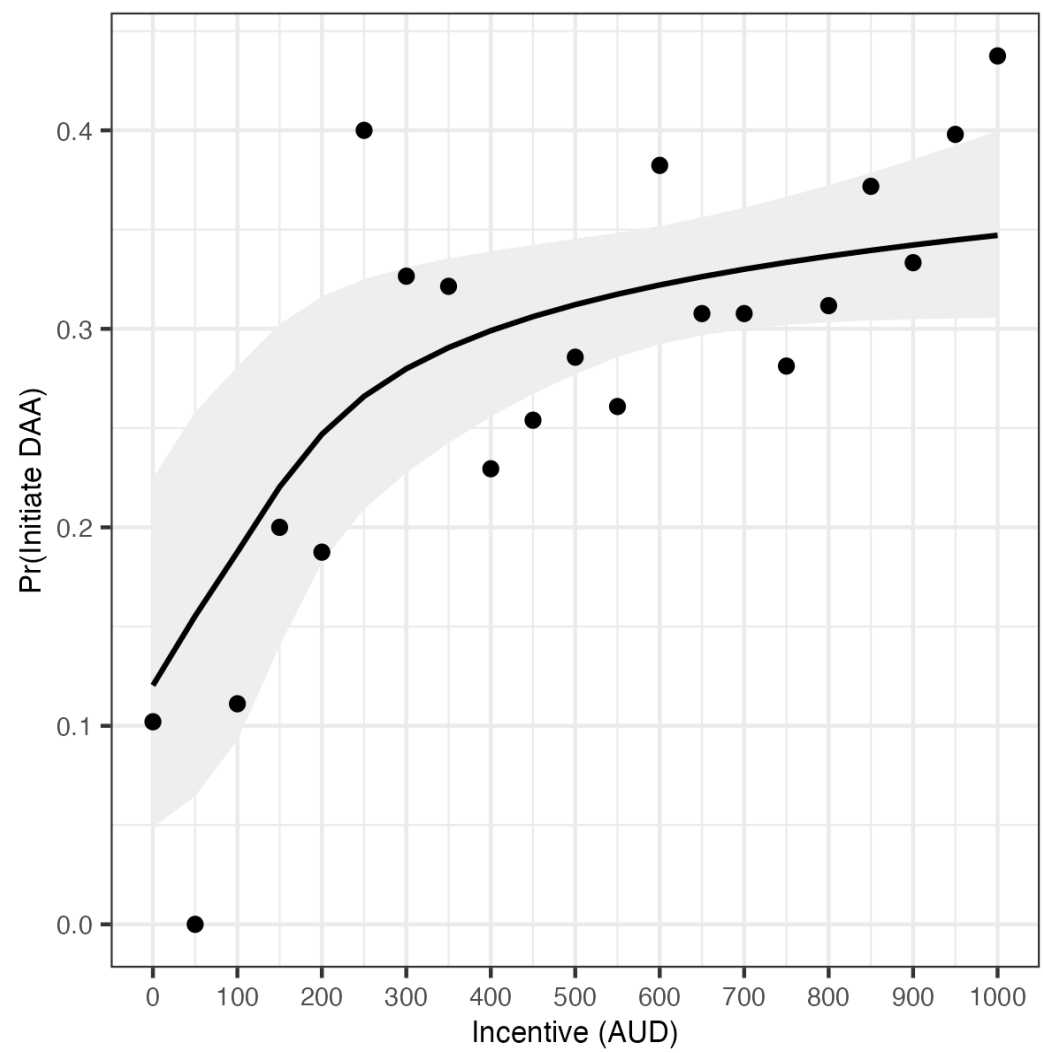
Participant Flow Diagram

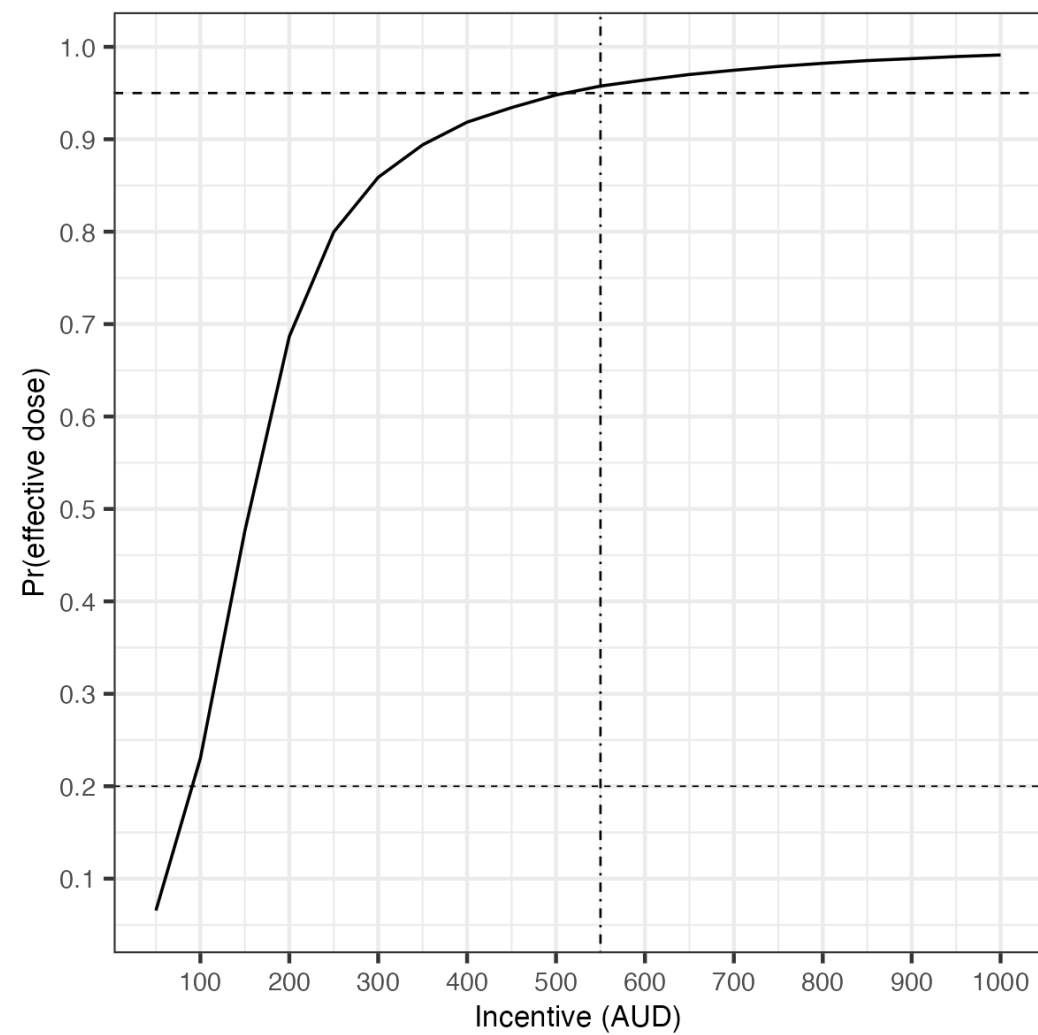
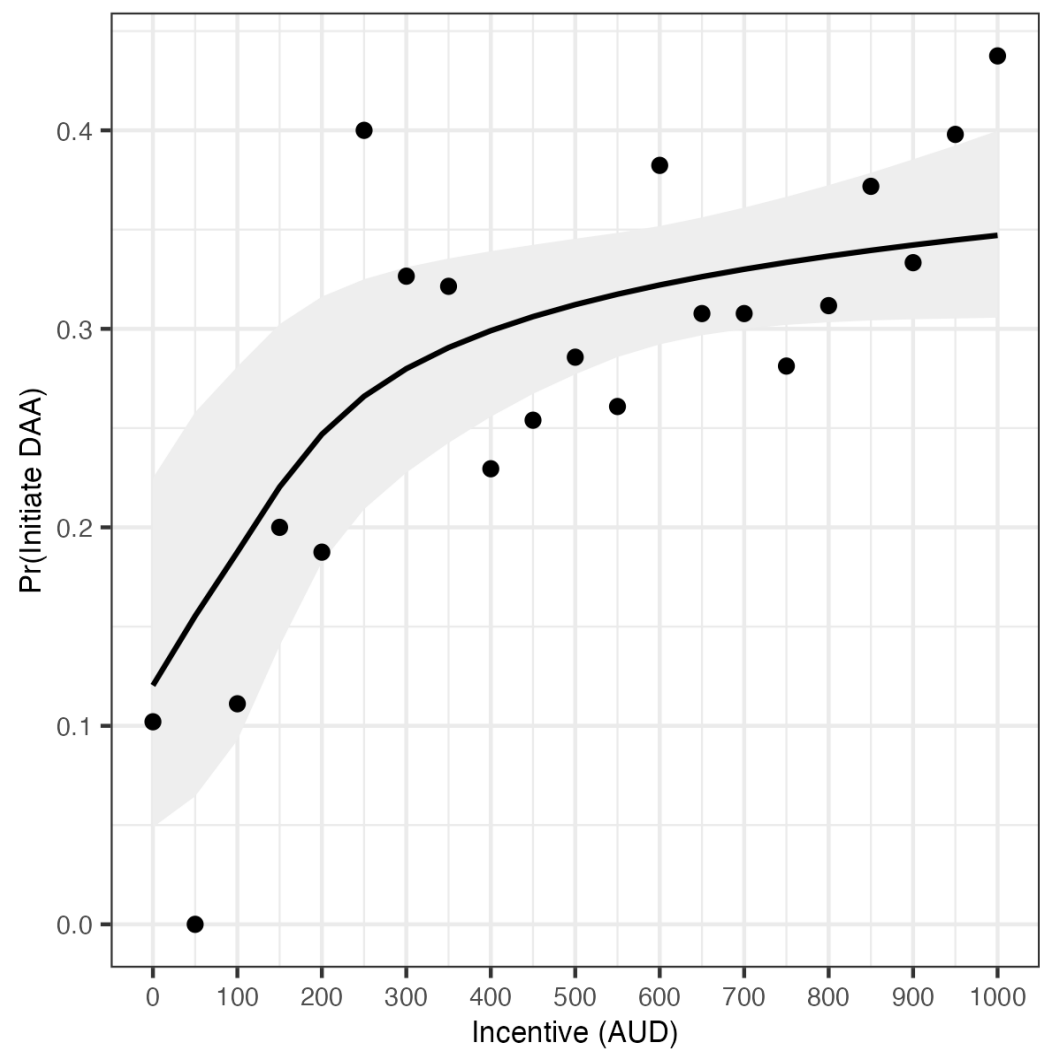


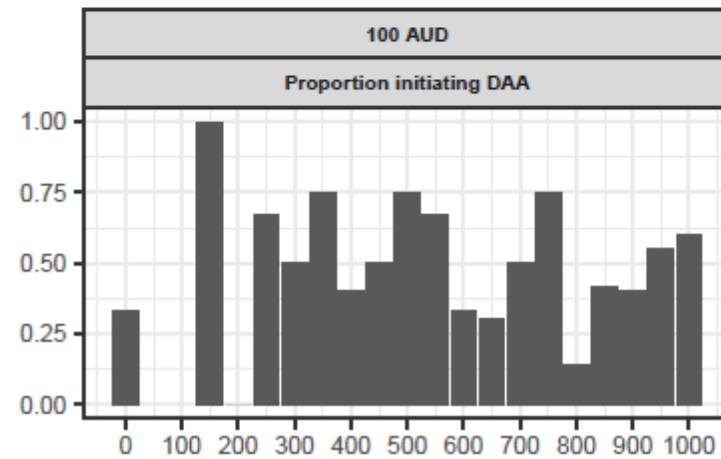
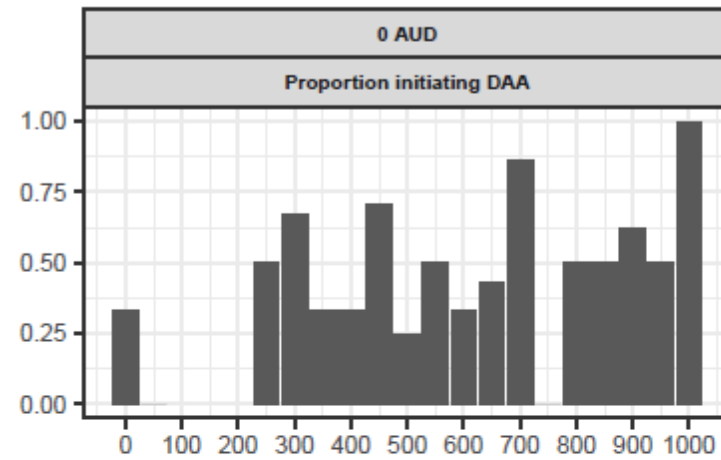
Of the 37 untreated despite GP appt,
Most were referred for specialist review

FINAL STATUS OF PARTICIPANTS BY RANDOMISED AMOUNT









Limitations

- Unblinded
- Previously tested people only – any effect of screening unclear
- Self-report – unable to verify infection status of many people who were not treated.
- SVR data pending
- Health economic analysis pending

Summary

- Financial incentives works in the context of navigated care
- ↑incentive value → ↑DAA initiation
- ≥\$550 effective; <\$100 ineffective
- Many barriers to care, incentives helped overcome many, but not all
 - Complex, competing priorities
 - Complex pathways
 - Unconfident prescribers
- Most of the effect of incentives was on enrolment in navigated care

Acknowledgements

Steering Committee and Investigators

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Thank you