



## The social benefits of successful DAA therapy beyond cure: A structural competency approach

Never Stand Still

Arts & Social Sciences

Centre for Social Research in Health

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No disclosures

### A different presentation

- No study – just ideas
- Social science
  - Perceived benefits of DAA treatment
  - Patient reported outcome measures
  - Structural competency
- What draws them together – more sophisticated approaches to bringing DAA benefits to all



## Patient reported measures

- Widely documented - differences between patient and provider views of treatment outcomes
- International interest in development and use of patient reported measures (PRMs)
- PRMs focus on what matters to patients rather than to clinicians or other stakeholders.
- Patients evaluate success of health interventions, provide feedback about the issues that matter to them
- Can be simply a tool that patients complete, rather than clinicians
- Can be developed with an embedded perspective of the patient
- HCV - cascade of care typically conclude with “cure”
  - What else is important for people undertaking HCV DAA?



	Patient reported experience measure	Patient reported outcome measure
1	<u>Access to treatment</u> e.g. distance to clinic	<u>Cure</u> e.g. perceptions of treatment success
2	<u>Preparation for treatment</u> e.g. delays; access to medications	<u>Health effects</u> e.g. physical and mental health
3	<u>Support during treatment</u> e.g. confidence in care	<u>Liver health</u> e.g. treatment provider has provided a plan for ongoing care
4	<u>Treatment experience</u> ; access to blood; confidence in treatment provider	<u>Understanding results</u> e.g. confidence in understanding test results
5	<u>Understanding and information</u> e.g. explanations provided by treatment provider	<u>New infections</u> e.g. discussed issue of new infections with treatment provider
6	<u>Attitudes of health workers</u> e.g. experienced friendly and respectful care	<u>Outlook on life</u> e.g. more positive about life
7	<u>Rights</u> e.g. confidentiality of records	<u>Daily life</u> e.g. cope better with responsibilities
8		<u>Identity</u> e.g. changes in the way I think about myself



## Patient reported measures – HCV, DAA

- PRM might be even more important for patient groups that typically experience marginalisation and lesser standing in society
  - when agenda is dominated by a race to elimination
  - tensions between the goals of the individual and outcomes at a population level
- previous literature - people who inject drugs are resigned to being silent and passive recipients of care, without voice and with low expectations of quality care
- PRM - not only a measure to report on experiences and outcomes that patients value, but also provide a means for these patients to discuss and negotiate their care in ways that have not been previously possible
  - Madden et al, Harm Reduction Journal, 2018



## Structural competency

- Structural inequality
  - Socioeconomic and other markers of difference
  - Resources
  - Stigma
- How do health systems deal with structural inequality?
  - Not working for those with least resources
- Structural competency
  - Emerging framework to train health workers to identify and respond to structural inequalities



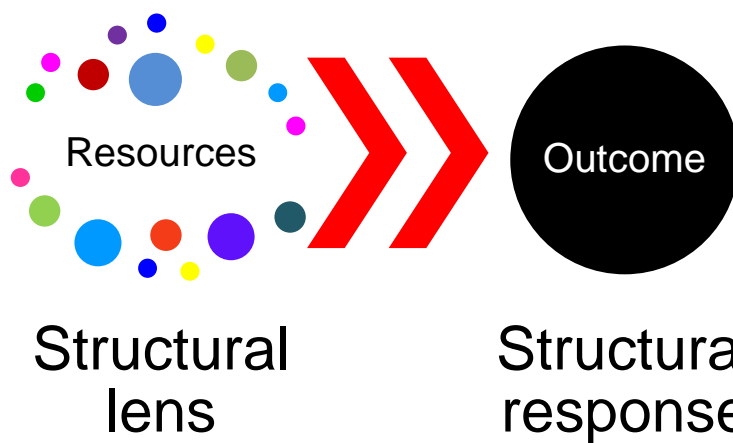
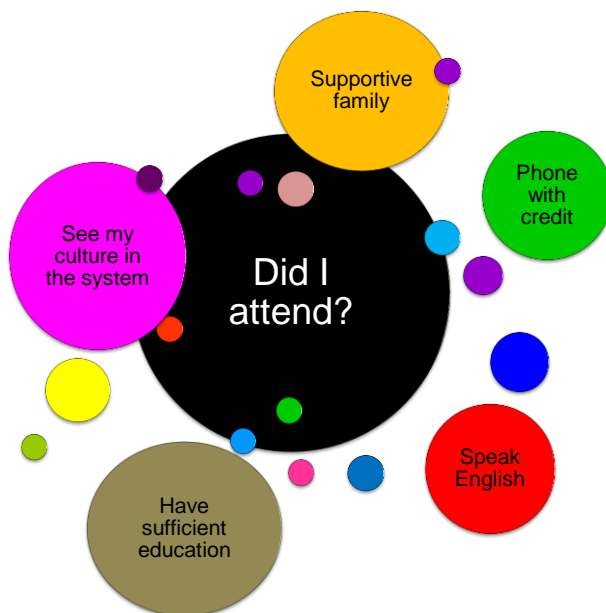
## Structural competency

- Previously training: listen and respond to patient's individual stories
  - This makes influence of structural factors on health and illness invisible
- SC – look beyond patient, identify the causes of disease related to socioeconomic status, race, sexuality and other markers of difference
- Understand how structural factors, actions and policies of the health system produce and sustain inequalities that marginalise and stigmatise patients
- Generate structurally-informed responses to better meet patients' needs, promote better health outcomes



Did I  
attend?





## Conclusion

- We need to use all the available tools – or create or own when they don't exist
- Leaving no one behind is hard work
  - Most every other effort in health has left people behind
  - Those left behind – those hardest for existing systems to connect with
  - Hard to connect because of resources (social, cultural, political and material) required of patient to connect
- What resources does health system have to deliver care?
- Redeploy those resources using different measures, different understandings that emphasise important of structural factors



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- Thanks to PROM co-investigators: Annie Madden, Max Hopwood, Jo Neale
- Madden, Hopwood, Neale, Treloar. Beyond Cure: Patient reported outcomes of hepatitis C treatment among people who inject drugs in Australia. Harm Reduction Journal. [OPEN ACCESS](#)

