







## 'Not just a box you tick off' – Deconstructing the hepatitis C care cascade in the interferon-free direct acting antiviral era from the client perspective

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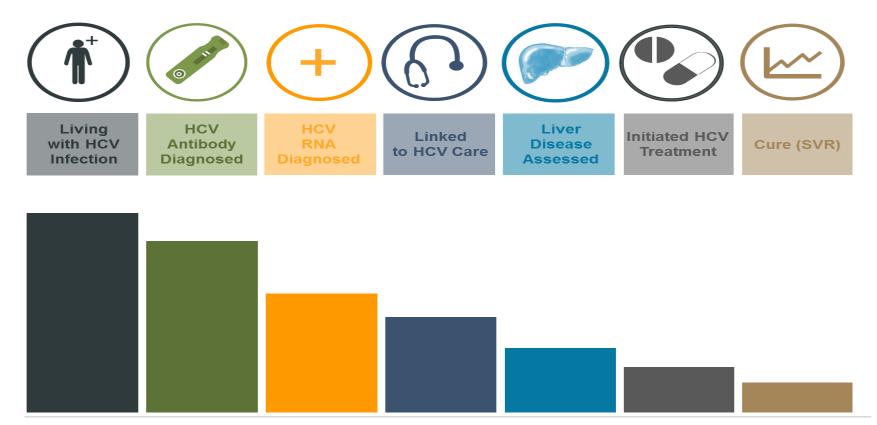




# **Background & Aim**

A care cascade is a framework widely implemented in the clinical field to track progress on a set of targets

**AIM**: To explore HCV 'cascade journeys' among PWID to garner insight into areas for cascade improvement







#### **Methods & Results**

- ETHOS Engage: observational cohort study (May 2018 June 2021)
- Inclusion criteria: ≥ 18 years, lifetime history of injecting drug use and persons who injected in prior 6 months or currently receiving OAT
- Participants had and had not received HCV Tx
- In-depth in-person interviews, \$40 AUD voucher
- Interview guide informed by care cascade
- Audio-recorded interviews, transcribed verbatim, de-identified
- 34 interviews across 6 AOD clinics
  - 21 were female, mean age 46, 7 were Aboriginal, 31 on OAT
  - 19 injected in past month
  - 21 had received HCV Tx
  - 9/13 who had not received HCV Tx were female





### Results

- Collective case study analysis (n=5)
  - Will (38 yrs.) and Julie (57 yrs.) HCV RNA+, have not received Tx
  - Nora (40 yrs.) and John (47 yrs.) Received Tx, do not know current status
  - Corey (42 yrs.) Received Tx, relatively seamless experience
- Will: diagnosed ~20 years ago by OAT provider, would like to receive DAAs because currently 'not working', no longer has regular doctor:

They will stop prescribing me medication because they will think I am a junkie ... they think I am going to abuse the medication that they are going to give to me ... I am on valium because I get anxiety. And if I told my doctor that I have got [HCV infection], he would stop giving it to me straight away

[Sister] would not even let me hold the baby if she knew I had [HCV infection]

Believes case worker has forgotten that he would like Tx





### **Discussion**

- The care cascade offers a linear, snapshot analysis of clinical targets
- Cannot adequately account for temporal nature of the client experience
- Unable to account for times when PWID attempted to engage in care
- Unable to encapsulate the breadth of HCV-related services attended
- Does not typically include a 'post-treatment care' pillar
- Illuminate structural barriers not visible behind pillars, presenting insights into experiences among PWID otherwise dismissed as 'disengaged' or 'lost to follow-up'
- Incorporation of lived experience into care cascade
- Use of interventions that help to facilitate a 'seamless' experience







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**Study Participants** 

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