



**ETHOS II**

# **‘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:  $\geq 18$  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

**ETHOS Clinic Sites (Qual):** Alex Wade, Thao Lam, Adrian Dunlop, Carina Burns, Mark Montebello

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