

RESEARCH BASED ABSTRACT TEMPLATE

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Title: The effectiveness of financial incentives for increasing uptake of hepatitis C treatment in primary care: results from the MOTIVATE C trial

Authors:

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Background

Uptake of direct-acting antiviral (DAA) therapy for hepatitis C remains low. Financial incentives may enable people to overcome patient-level barriers to accessing treatment. We evaluated the effectiveness of financial incentives for increasing DAA initiation via navigator-supported primary care.

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Methods

MOTIVATE C was a pragmatic, sequential, dose-ranging trial using a response-adaptive design. Across Australia, Medicare-eligible adults who self-identified as having untreated infection registered their interest via an SMS-based system. Participants were randomly assigned a financial incentive ranging from \$0 to \$1000 AUD, payable to those enrolled in navigator-supported care upon initiation of DAA treatment. Navigators helped participants connect with either their nominated primary care clinician or with a project-affiliated prescriber; prescribers assessed their eligibility for treatment and prescribed DAA therapy as appropriate. The primary endpoint was DAA initiation within 12 weeks of initial registration. An EMAX dose-response model characterised the relationship between incentive values and DAA initiation. Posterior predictive probabilities for each incentive value were used to adapt the allocation ratios according to pre-specified rules over the course of the trial. An incentive value was defined *a priori* as 'effective' if it increased treatment initiation by at least 10 percentage points compared to no incentive, with $\geq 95\%$ probability.

Results

Between 15 May 2023 and 01 Oct 2025, 1,147 people registered. Of these, 675 (59%) enrolled in navigational support and 354 (31%) initiated DAA treatment within 12 weeks of registration. Among the 49 participants assigned no incentive, 5 (10%) initiated DAA treatment. The observed proportion initiating treated indicated a positive gradient with increasing incentive value - from 0% of 9 assigned \$50, to 44% of 48 assigned \$1000. All incentives from \$550 to \$1000 had $\geq 95\%$ probability of being effective.

Conclusion

Financial incentives of several hundred dollars were associated with increased hepatitis C treatment initiation, supporting their use within navigator-supported care.

Disclosure of Interest Statement:

Funded by the Medical Research Future Fund.