

DEVELOPMENT OF A SUPPORT TOOL FOR HCV TREATMENT DECISION-MAKING

Authors:

Masterman C¹, Biondi MJ^{1,2}

¹Arthur Labatt Family School of Nursing, Western University, London, Canada, ²School of Nursing, York University, Toronto, Canada

Background:

Decision support tools guide patients in making informed decisions, improving knowledge and readiness for treatment decisions, while promoting shared decision-making between clinicians and patients. Research around patient decision support tools is relatively new in chronic disease management, and there are few, HCV treatment tools created with provider and patient input. Currently, there are no support tools for HCV decision-making for treatment initiation, and the decision to prepare for, and initiate treatment is essential to mitigating HCV transmission and reducing long-term complications while engaging patients fully in their care.

Methods:

This study invited 12 nurse providers specializing in HCV (RPNs, RNs, and NPs) from varying geographic locations across Ontario, Canada, to participate in three virtual small group semi-structured focus group sessions. The first group session focused on initial thoughts, feedback, and ideas for the tool. In the second focus group session, participants reviewed emerging themes. In the final focus group session, providers reviewed a preliminary draft of the tool.

Results:

All providers advised that a tool for HCV treatment initiation would be helpful. The strong consensus was that it needed to be quick and efficient, focus on graphics over words, incorporate storytelling elements, and fit in a pocket or wallet. Key themes that emerged in focus group discussion included incorporating treatment readiness, emphasizing patient choice, food security, housing, and protecting health information.

Conclusion:

This study has demonstrated that developing a decision support tool for HCV treatment initiation is important for empowering patients to make informed decisions about their treatment. By leveraging the insights from healthcare providers and patients, we can develop a highly effective tool that reflects the specific needs of the end-users. Through this study we have been able to create a draft tool, and in the subsequent phase, the drafted tool will be reviewed by patient participants.

Disclosure of Interest Statement:

Author MJ Biondi receives research funding from AbbVie, Gilead, and Cepheid. Consulting fees from McKesson, Omega Specialty Nurses, AbbVie, and Gilead. As well as speaking and moderating engagements from AbbVie, Gilead, and Abbott. Author C Masterman receives funding for a Master's training fellowship from the Canadian Network on Hepatitis C.