

Increasing hepatitis C testing and linkage to care: Results of a testing campaign with incentives at primary care clinics in Melbourne, Australia

Event-style testing campaigns with financial incentives are effective in engaging both regular and occasional clients at primary care services in hepatitis C testing.

THE ISSUE

Direct-acting antiviral (DAA) treatment for hepatitis C has been readily available since March 2016 in Australia. Hepatitis C treatment uptake surged in 2016, but since then, testing numbers have plateaued and treatment numbers have declined. The key risk population in Australia are people who inject drugs (PWID), a population that faces many barriers to hepatitis C testing and treatment, including stigma and discrimination, difficult venous access, and competing priorities. It is imperative that multiple approaches are used to engage PWID in testing and treatment if we are to reduce the burden of hepatitis C in Australia.

WHAT OUR WORK FOUND

We piloted a hepatitis C testing and awareness campaign with financial incentives. The campaign aimed to engage new clients and re-engage existing clients in hepatitis C testing at primary health care services with high caseloads of PWID. Cash or gift card incentives worth AUD\$10-20 were provided to participants for undertaking a hepatitis C RNA test. Some services also provided incentives if participants referred a friend or family member who had not been recently tested.* We worked with services to evaluate the hepatitis C testing campaign using a survey of attendees and medical record reviews. We assessed whether incentivising testing resulted in people being linked to care and being prescribed hepatitis C treatment.

During nine campaign days across four primary health care sites in Melbourne, 91 participants, who were not actively engaged in hepatitis C care, received an incentivised hepatitis C RNA test. Key findings from the testing campaign include:

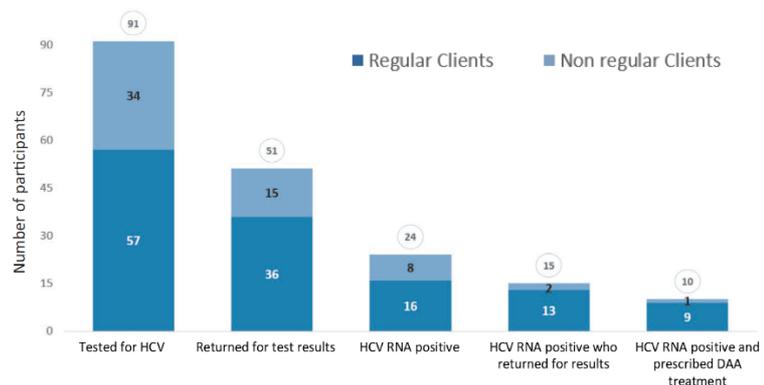
- ▶ Of the 91 participants tested, 57 (63%) were regular clients of a service and 34 (37%) were occasional clients
- ▶ 24 (26%) were found to be currently infected with hepatitis C (HCV RNA positive) and thus potentially eligible for treatment
- ▶ When medical records were reviewed three months after the campaign, 51 participants (56%) had discussed their hepatitis C test results with health service staff; of these, 36 (71%) were regular clients and 15 (29%) were occasional clients
- ▶ Of the 15 HCV RNA positive participants who returned to discuss their hepatitis C test results, 13 (87%) were regular clients of the health service. Ten participants had evidence of being prescribed DAAs in their medical records; nine of them were regular clients
- ▶ We surveyed 42 campaign attendees; 35 (83%) reported they had talked to someone at one of the participating health services about hepatitis C, and 19 (45%) reported they had learnt something new about hepatitis C.

CONCLUSION

Our results suggest that an event-style testing campaign with a financial incentive is an effective way to engage regular and occasional clients of primary care services in hepatitis C testing.

*Full details on the incentive model is available in the full publication.

Progression through the hepatitis C care cascade for testing campaign participants



This cascade of care graph shows the number of participants who were tested for HCV RNA (n=91), received results (n=51), were RNA positive (n=24), were RNA positive and received the result (n=15) and were prescribed treatment (n=10). Dark blue indicates regular clients and light blue indicates occasional clients. This figure is reproduced from the published paper (Figure 1, Chan et al., J Viral Hepat 2020).

Policy Implications

- ▶ Event-style testing campaigns with financial incentives can engage regular and occasional clients of primary care services in hepatitis C testing.
- ▶ Event-style testing campaigns give opportunities to raise awareness and provide education about hepatitis C.
- ▶ Future campaigns and events that aim to engage PWID in hepatitis C care should provide additional incentives and dedicated hepatitis C support along each step of the care cascade to improve linkage to care and support people to be treated and cured.

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Full publication: Chan K, Elsum I, Gold J, Layton C, Accadia L, Bryant M, Gunn J, Djordjevic F, Purcell I, Dicka J, Forrest M, Crawford S, Hellard M, Pedrana A. 2020. Increasing hepatitis C testing and linkage to care: Results of a testing campaign with incentives at primary care clinics in Melbourne, Australia. Journal of Viral Hepatitis. 2020; 00:1-4. doi: 10.1111/jvh.13447