

PILOT TESTING “TAKE CHARGE, GET CURED” WITH METHADONE PATIENTS: A MHEALTH TOOL ADDRESSING HCV TREATMENT INITIATION

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Background: Approximately 75% of U.S. methadone patients have chronic hepatitis C (HCV) infections yet few initiate treatment. We developed “Take Charge, Get Cured”, a mHealth treatment decision tool tailored to concerns of methadone patients using innovative commercial marketing techniques called perceptual mapping and vector modeling. The tool includes easy to understand educational information using animation and voice-over, video with real patients, a selection of questions to ask doctors, and a pros/cons list they can use to aid in treatment decisions.

Methods: We conducted a pilot randomized control trial at four Philadelphia, PA methadone treatment centers to test feasibility of our tool and compare its impact on perceptions and knowledge about HCV and HCV treatment, decisional conflict, self-efficacy, and intention to initiate HCV care to a Cochrane-approved, non-tailored HCV decision aid. Subjects (n=122) were administered baseline questionnaires, interacted with the tailored or untailored decision aids on a tablet and answered post-test questions (N=120). At 3-month follow-up, subjects (n=93; 76%) were re-administered the questionnaires, discussed the decision aids, and noted actions taken to initiate HCV care.

Results: Testing indicated that “Take Charge, Get Cured” users were more likely to report the tool helped with decision making and had greater improvement in knowledge, decisional conflict, self-efficacy, and intention to be treated. Likelihood to initiate treatment increased more in tailored group at post but leveled at follow up.

Conclusions: A highly targeted decision tool is an acceptable and feasible intervention to increase HCV treatment knowledge, decrease decisional conflict, and affect intentions. Future interventions will need to address potential structural issues that affect treatment follow-through.

Disclose of interest: none