

Can the offer of financial incentives improve the uptake of treatment for hepatitis C?

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Background/Approach: Since direct-acting antiviral agents (DAAs) were funded under the Pharmaceutical Benefits Scheme (PBS), just under half of the estimated 220,000 Australians living with hepatitis C in 2014 have been treated, but treatment rates have slowed. Incentive payments and contingency schemes have shown variable effectiveness in promoting smoking cessation and other short-term changes in health behaviour. While incentives for testing and treatment in hepatitis C have been offered, their effectiveness remains uncertain.

Analysis/Argument: We hypothesise that the offer of financial incentives could be effective for improving uptake of short term DAA therapies where educational and other promotional strategies have not been. The MRFF-funded MOTIVATE C project will evaluate the use of financial incentives tied to a proximal goal of DAA prescribing and treatment initiation. Patient and prescriber partnerships will be facilitated by treatment navigators. By offering patients and prescribers incentives of varying value, the project will aim to identify the dollar value of incentive which is most efficient for motivating initiation of treatment. To be maximally effective, we expect that such incentives need to be 1) offered to both people with hepatitis C and prescribers, 2) tied to a simple, explicit prescribing instruction, 3) framed in terms of a potentially averted loss rather than a potential gain, and 4) provided immediately on initiation of treatment.

Outcome/Results: N/A.

Conclusions/Applications: MOTIVATE C is designed to measure the effectiveness of financial incentives on uptake of DAA treatment using non-coercive “nudge” strategies informed by behavioural economics. If proven to be effective, well designed and targeted financial incentives could help Australia achieve hepatitis C elimination.

Disclosure of Interest Statement:

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