

Incentivising HCV testing and treatment in community health clinics, a qualitative evaluation.

Authors:

Carpenter M¹, [Selvey L](#)¹.

¹School of Public Health, University of Queensland.

Background: This project aimed to increase hepatitis C virus (HCV) testing and treatment in different community health settings. Community health providers were invited to submit expressions of interest for funding to incentivise individuals to undertake HCV testing and treatment. Target client groups for the incentives were people who inject drugs (PWID) and Aboriginal and Torres Strait Islander peoples. Incentives were \$20 for testing, and \$20 for treatment commencement. Payments could be made in cash or with gift vouchers.

Methods: Six community health providers were granted funding. They provided summary data detailing the number of people incentivised to take HCV tests and commence treatment. Evaluation interviews were conducted with 18 participants, encompassing individuals who provided incentives and those who received them.

Results: Incentives make a difference to some people's willingness to engage with HCV testing. However, the difference it makes to commencing treatment is unclear. The different community health services adopted individual approaches to clinics and outreach to target HCV testing and treatment, with varying degrees of success. The qualitative interviews highlighted the effectiveness of incentivisation for some organisations' clients. Incentives were particularly successful when utilised at events or special clinics that targeted high-risk groups, and combined with other tactics such as HCV point of care testing, and/or the availability of Fibroscans and peer support workers. Unfortunately the COVID-19 pandemic had an adverse impact on the ability of some organisations to conduct community outreach and HCV testing activities.

Conclusion: Incentives payments do facilitate positive engagement with some difficult to reach high-risk HCV cohorts, and the effectiveness of these encounters can be maximized by encompassing other opportunities such as Fibroscans, peer support, and treatment options. Further research is required to determine whether incentivising HCV treatment alone is effective, and which models of outreach are most successful when combined with incentives payments.

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