Ethical issues in the use of financial incentives to improve hepatitis C clinic attendance.

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Aim of presentation

To provide some key guidance for those considering the use of incentives in their practice or research.
Outline

• Hepatitis C
• Behaviour change model
• Literature review of incentives
• Incentive feasibility study
• Practical and ethical issues of financial incentives for improving clinic attendance
  – 5 themes
• Conclusion
Hepatitis C
Behaviour change (COM-B)
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Publications &amp; Journal</th>
<th>Population</th>
<th>Type of Inclusion</th>
<th>Sample Size</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Brooks et al.</td>
<td>A Comparison Between Low-Magnitude, Visual and Degenerating Medication Challenges in Promoting Abstinence From Opioids and Cocaine.</td>
<td>2006. Experimental &amp; Clinical Psychopharmacology.</td>
<td>Participants consisted of patients with a history of opioid or alcohol abuse. Study participants were randomized to receive either a medication or placebo.</td>
<td>Placebo and medication arm.</td>
<td>Total of 120 participants randomized to the study. Forty participants in each group.</td>
<td>There were no significant differences in outcomes between the medication and placebo groups. Participants in the medication group had a higher probability of abstinence compared to those in the placebo group.</td>
</tr>
<tr>
<td>Edward F. Flahart, Marie Cress, and Jeffrey Perman.</td>
<td>Incidence: Payments for Attendance at Treatment for Depression Among Low Income African Americans.</td>
<td>2006. Psychiatric Services.</td>
<td>Low-income African American patients with depression were enrolled in a clinic.</td>
<td>Placebo and medication arm.</td>
<td>Sixty patients referred to the study.</td>
<td>Twenty patients assigned to the medication group and forty patients assigned to the placebo group.</td>
</tr>
<tr>
<td>Jennifer P. Blackmon, et al.</td>
<td>A Meta-analysis of Treatment-Related Reinforcement Sensitivity for Substance Use Disorders.</td>
<td>2005 Addiction Drug use.</td>
<td>Mean number of days per day: 0.5 to 0.00 to 0.00, 0.00 to 0.00.</td>
<td>Placebo and medication arm.</td>
<td>Sixty patients referred to the study.</td>
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Literature review for incentives

• 22 papers – mainly USA
• Populations – Tuberculosis, Illicit Drug Use, Mental Health, Sexual Health
• Behaviour – Abstinence, Treatment (immunisation) adherence, Attendance
• Incentive – Cash, voucher, prize draw, goods, [fixed/variable/escalating/immediate/delayed]
• Hepatitis C – treatment completion and achieved sustained viral response; cash (fixed vs lottery)
Incentive feasibility study

• Grant application Health Services & Delivery Research
• Improve first appointment attendance at hospital hepatitis C clinics
• Methods right for larger trial
• £20 voucher and taxi (enabler)
• 8 sites across Yorkshire and Humber
  – 2 intervention sites
  – 6 control sites
• Outcomes
  – Routinely collected anonymised attendance data
  – Qualitative – participants interviews and staff focus group
Practical and ethical issues for use of incentives

• Systematic review of acceptability of financial incentives (Relton et al, 2013)

• 6 studies – US, UK, Australia

• Design – focus groups, interviews, thematic content analysis, mixed methods survey

• Intervention - stopping smoking (pregnancy), antipsychotic maintenance medication, obtaining medication for hypertension

• Evaluation – thematic analysis, grounded theory
Effectiveness and cost-effectiveness

- Prerequisite for acceptability
- £ as a “motivational” tool
- Effective for difficult to engage groups & where other intervention failed
- Spend now, save later
- Oppositional feelings (mass media attitudes)
- Misuse of money
- Money better spent on other services
Monitoring, validation & practicalities

• Payment levels
• Practical administration of the financial incentive scheme
• Misuse of incentive money/deception
Personal responsibility for health

- Extrinsic vs intrinsic motivators (State vs personal responsibility for health)
- Incentives as short-term fix
- Inappropriate rewards for problematic/unhealthy behaviour
- Practical administration of the financial incentive scheme
- Misuse of incentive money/deception
Us vs Them

• Pattern of oppositional discourse
• ‘Good patients’ vs ‘Those people’
• ‘Good patients’
  – Commitment to improving their health
  – Act with responsibility
• ‘Those people’
  – ‘undeserving groups’
  – Less self control
**Relationships with healthcare providers**

• Important the financial incentives are acceptable to both patients and healthcare providers.

• Difficulty reconciling a financial incentive with the collaborative relationship between patients and healthcare professional.

• Financial incentives are inherently coercive, unbalancing the delicate balance of trust (or lack of trust) and care.
Conclusion

• Incentives just one intervention for behaviour change
• Incentives in different forms and used in different ways
• Several practical and ethical issues in their use
• Effectiveness & cost-effectiveness pre-requisite for acceptability
• More research needed
"It is not the answer that enlightens, but the question."

"The most important thing is not to stop questioning."

Any Questions?
References

- Wohl et al. (2017) Financial Incentives for Adherence to Hepatitis C Virus Clinical Care and Treatment: A Randomized Trial of Two Strategies. *OFID.*
- Acquavita et al. (2013) Client incentives versus contracting and staff incentives: how care continuity interventions in substance abuse treatment can improve residential to outpatient transition. *J Subst Abuse Treat.*
References (2)

References (3)

• White et al. (1998) A clinical trial of a financial incentive to go to the tuberculosis clinic for isoniazid after release from jail. *International Journal of Tuberculosis & Lung Disease*.


• Zuckerman et al. (1996) Tuberculosis screening in a sexually transmitted diseases clinic. *Sexually Transmitted Diseases*.

Disclaimer

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