Sheffield Teaching Hospitals
NHS Foundation Trust

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

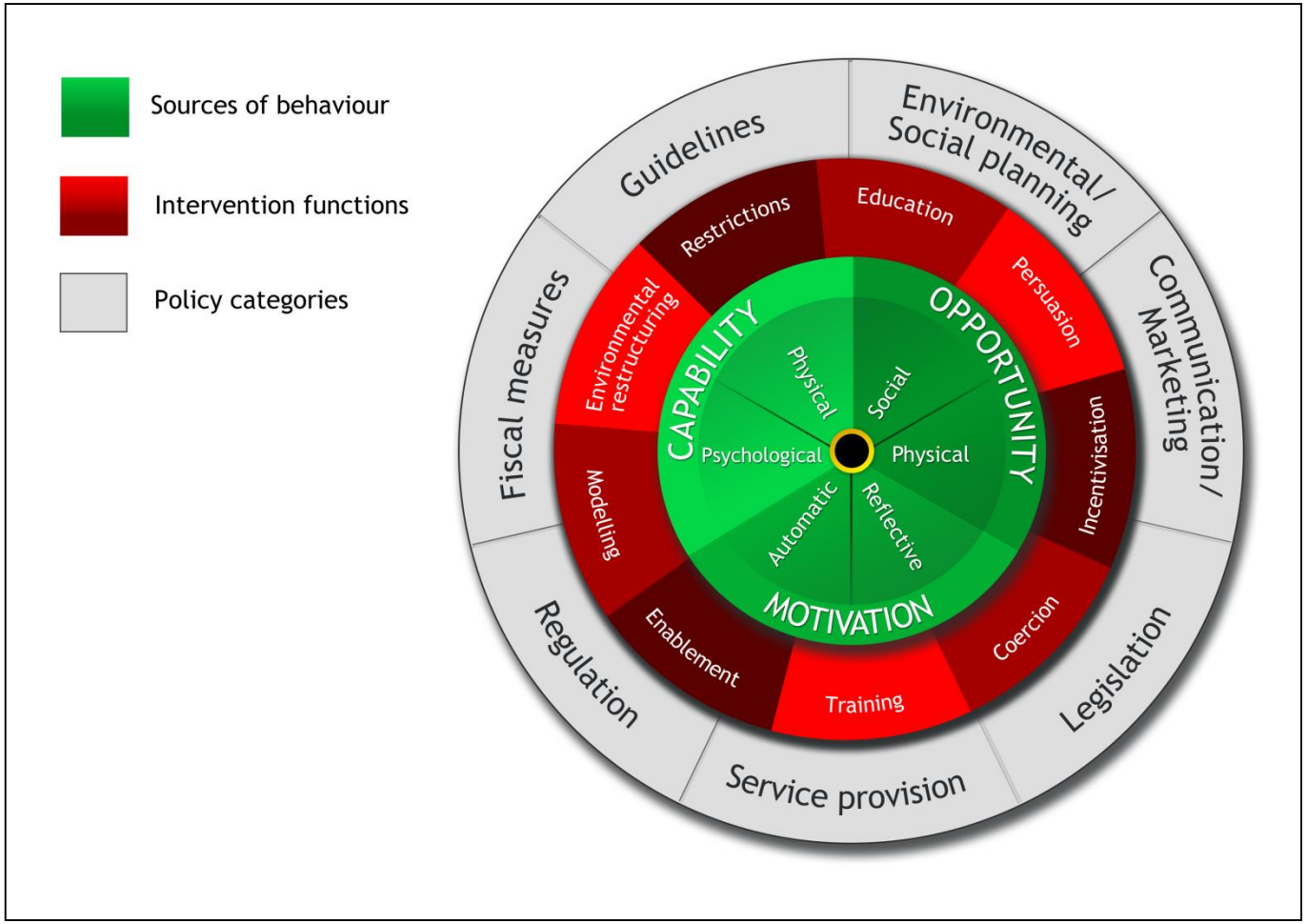
- Hepatitis C
- Behaviour change model
- Literature review of incentives
- Incentive feasibility study
- Practical and ethical issues of financial incentives for improving clinic attendance
  - 5 themes
- Conclusion

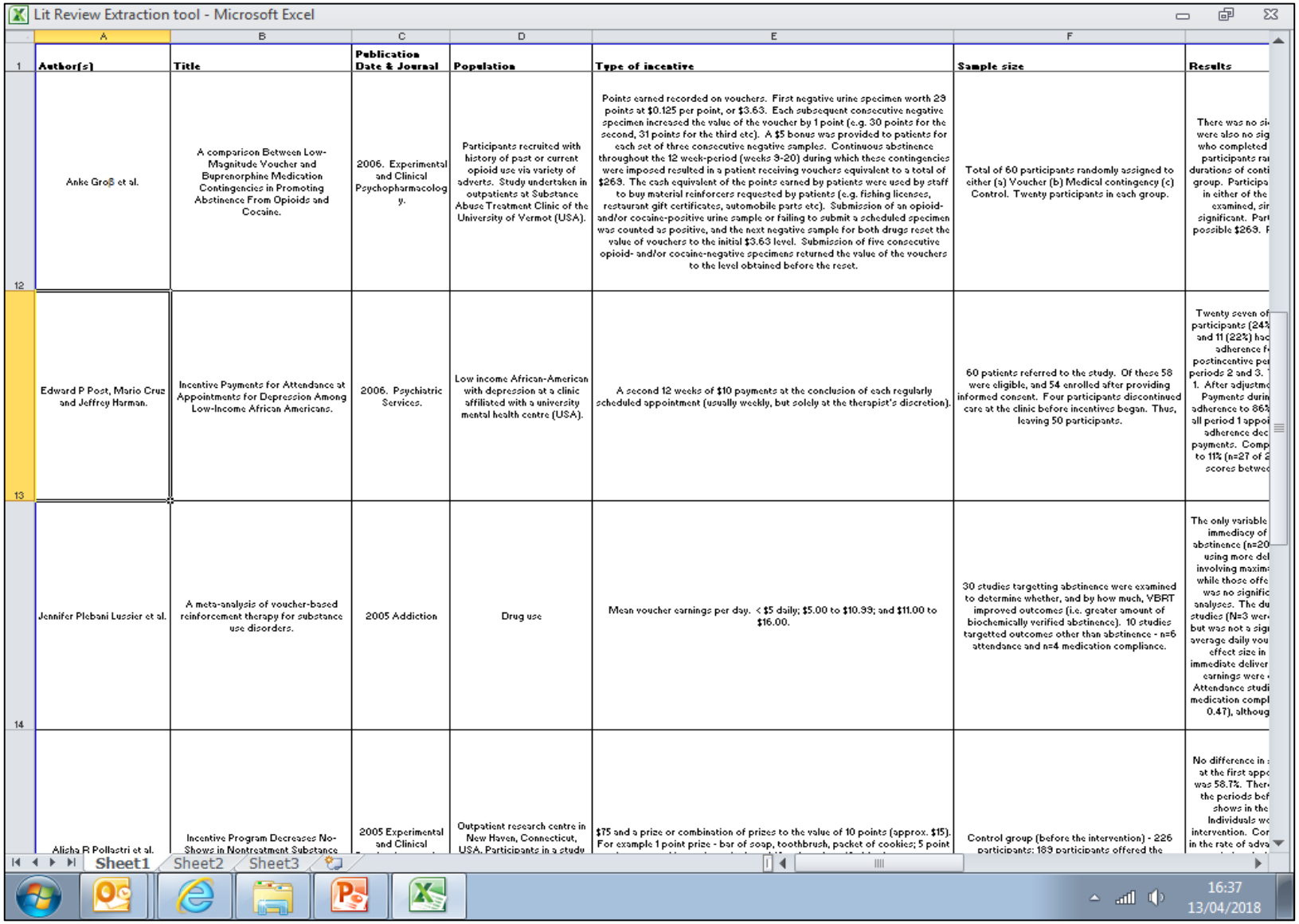
Hepatitis C


I'M CURED!


Spare a thought for that empty chair:
it could be costing more than you think...
NHS Borders
Last year
missed appointments
cost
NHS Borders
over £1 million
Cannot keep your appointment?
Let us know and we can give it to someone else.

Behaviour change (COM-B)




Lit Review Extraction tool - Microsoft Excel
Author(s)
Title
Publication Date & Journal
Population
Type of incentive
Sample size
Results
Anke Groß et al.
A comparison Between Low-Magnitude Voucher and Buprenorphine Medication Contingencies in Promoting Abstinence From Opioids and Cocaine.
2006. Experimental and Clinical Psychopharmacology.
Participants recruited with history of past or current opioid use via variety of adverts. Study undertaken in outpatients at Substance Abuse Treatment Clinic of the University of Vermot (USA).
Points earned recorded on vouchers. First negative urine specimen worth 29 points at $0.125 per point, or $3.63. Each subsequent consecutive negative specimen increased the value of the voucher by 1 point (e.g. 30 points for the second, 31 points for the third etc). A $5 bonus was provided to patients for each set of three consecutive negative samples. Continuous abstinence throughout the 12 week-period (weeks 9-20) during which these contingencies were imposed resulted in a patient receiving vouchers equivalent to a total of $263. The cash equivalent of the points earned by patients were used by staff to buy material reinforcers requested by patients (e.g. fishing licenses, restaurant gift certificates, automobile parts etc). Submission of an opioid- and/or cocaine-positive urine sample or failing to submit a scheduled specimen was counted as positive, and the next negative sample for both drugs reset the value of vouchers to the initial $3.63 level. Submission of five consecutive opioid- and/or cocaine-negative specimens returned the value of the vouchers to the level obtained before the reset.
Total of 60 participants randomly assigned to either (a) Voucher (b) Medical contingency (c) Control. Twenty participants in each group.
There was no si
were also no sig
who completed
participants ra
durations of conti
group. Participa
in either of the
examined, sir
significant. Part
possible $263. F
Edward P Post, Mario Cruz and Jeffrey Harman.
Incentive Payments for Attendance at Appointments for Depression Among Low-Income African Americans.
2006. Psychiatric Services.
Low income African-American with depression at a clinic affiliated with a university mental health centre (USA).
A second 12 weeks of $10 payments at the conclusion of each regularly scheduled appointment (usually weekly, but solely at the therapist's discretion).
60 patients referred to the study. Of these 58 were eligible, and 54 enrolled after providing informed consent. Four participants discontinued care at the clinic before incentives began. Thus, leaving 50 participants.
Twenty seven of
participants (24%
and 11 (22%) had
adherence f
postincentive pe
periods 2 and 3.
1. After adjustme
Payments durin
adherence to 86%
all period 1 appoi
adherence dec
payments. Comp
to 11% (n=27 of 2
scores betwee
Jennifer Plebani Lussier et al.
A meta-analysis of voucher-based reinforcement therapy for substance use disorders.
2005 Addiction
Drug use
Mean voucher earnings per day. < $5 daily; $5.00 to $10.99; and $11.00 to $16.00.
30 studies targetting abstinence were examined to determine whether, and by how much, VBRT improved outcomes (i.e. greater amount of biochemically verified abstinence). 10 studies targetted outcomes other than abstinence - n=6 attendance and n=4 medication compliance.
The only variable
immediacy of
abstinence (n=20
using more del
involving maxim
while those offe
was no signific
analyses. The du
studies (N=3 wer
but was not a sig
average daily vou
effect size in
immediate deliver
earnings were
Attendance studi
medication compl
0.47), althoug
Alisha R Pollastri et al.
Incentive Program Decreases No-Shows in Nontreatment Substance
2005 Experimental and Clinical
Outpatient research centre in New Haven, Connecticut, USA. Participants in a study
$75 and a prize or combination of prizes to the value of 10 points (approx. $15). For example 1 point prize - bar of soap, toothbrush, packet of cookies; 5 point
Control group (before the intervention) - 226 participants; 189 participants offered the
No difference in
at the first appo
was 58.7%. Ther
the periods bef
shows in the
Individuals wo
intervention. Cor
in the rate of adva
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Sheet2
Sheet3
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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

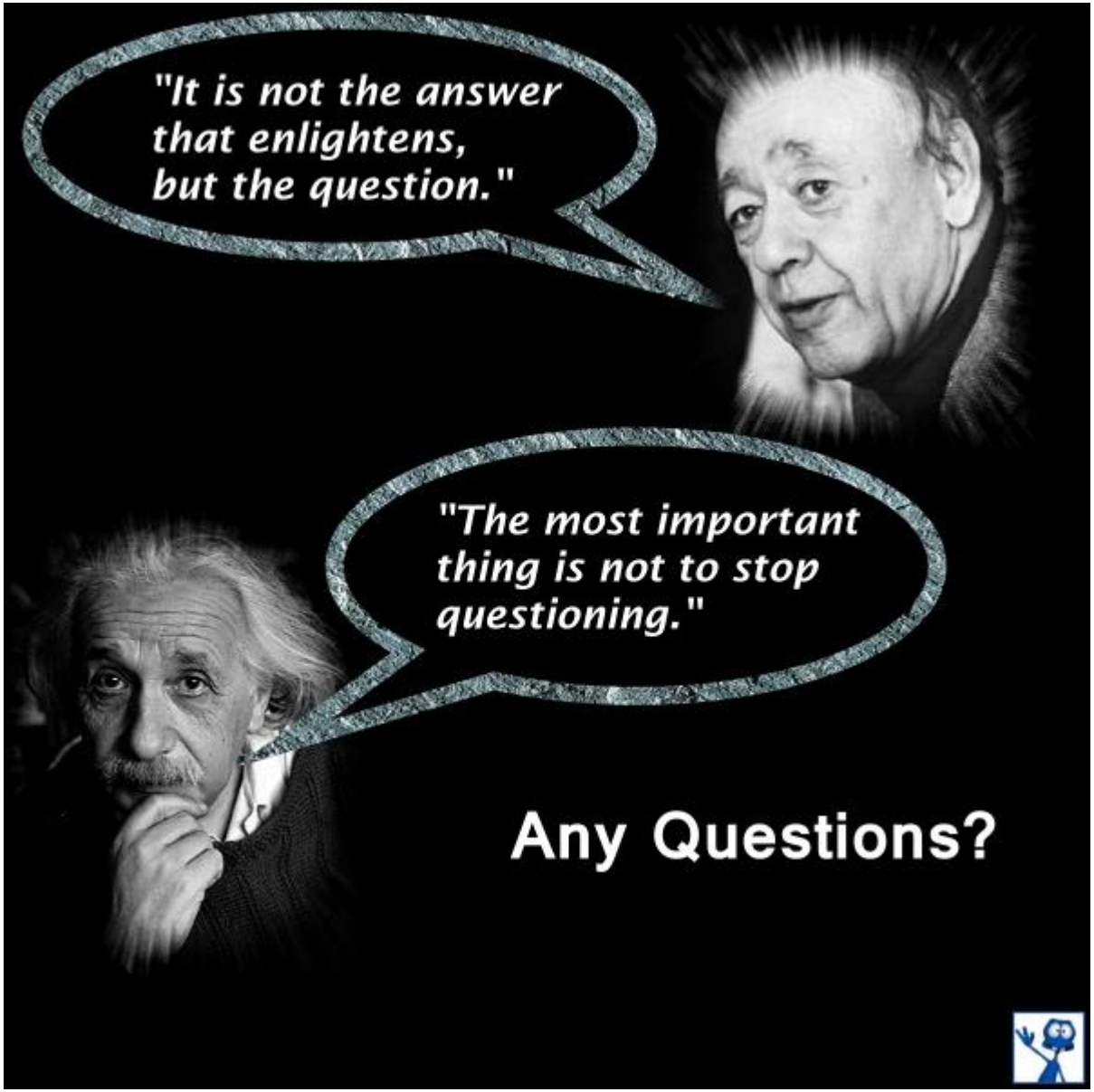
- Pattern of oppositional discourse
- ‘Good patients’ vs ‘Those people’
- ‘Good patients’
  - Commitment to improving their health
  - Act with responsibility
- ‘Those people’
  - ‘undeserving groups’
  - Less self control

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?

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