Preferences for Hepatitis C Testing

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Application of a discrete choice experiment with methadone users in Tayside, Scotland

Introduction

Only a small number of methadone users are tested for hepatitis C virus (HCV). Recently Dried Blood Spot Testing (DBST) has become available through community pharmacies. Daily contact with patients, alongside collection of opioid replacement therapy (ORT), may increase testing rates. To understand patients' preferences for testing we undertook a Discrete Choice Experiment (DCE) to elicit ORT users' preference for testing. DCEs provide information on the relative importance of testing attributes such as type of provider and waiting time.

Example of what a choice looks like:

Choice 1

	TEST A	TEST B
Where	Usual Pharmacy	GP
Treated with dignity and respect	No	Yes
Travel distance	5 miles	0.5 miles
Time to get results	2 weeks	1 week
£ you receive	£0	£2.50

Which test would you take? (✓one only)	A ☐	A ☐	No test ☐

Methods

Attributes of DBST were identified through literature and a focus group series with ORT users. The attributes were: provider (pharmacy (own and other), drug worker, GP); whether treated with dignity and respect; travel distance; waiting time for results; incentive payment. Participants chose between two different tests which varied in terms of the attributes, or a “no test” option with 16 choices in total. Conditional logit analysis estimated the relative importance of each of the attributes. The sample consisted of 77 ORT users.

Results

ORT users preferred to be tested at their own pharmacy, followed by drug worker, GP and other pharmacy. Being treated with dignity and respect was the most important attribute. On average, incentives were not important to ORT users. However, heterogeneity within the sample identified a sub-group preferring to receive incentives. Few respondents opted out (chose no test) which is surprising given current low uptake and may suggest hypothetical bias (respondents not doing in real life what they say they would do in the DCE) or that they are not routinely offered testing.

MRS - Willingness to wait:	
Own rather than other pharmacy	4.25 weeks
Own pharmacy rather than GP	2.11 weeks
Own pharmacy rather than drug worker	0.08 weeks
Treated with respect	7.42 weeks

Conclusion

To increase uptake testing should be provided within pharmacies whilst ensuring that ORT users are treated with dignity and respect. The preference for pharmacy provision of HCV testing may suggest that a full pharmacy pathway, which includes treatment also, has the potential to optimise HCV outcomes.

Disclosure of Interest Statement
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