Using incentives in community-based hepatitis C testing and linkage

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END HEP C SF

GUIDING PRINCIPLES AND INCENTIVES BASICS

- **All people deserve incentives!**[1] People living with hepatitis C care about their health, and face competing priorities. Giving people autonomy over their treatment helps them take the care they want for themselves and their communities.
- **Incentives should be consistent.** Providing consistent incentives across agencies is ideal but not always possible. At the very least, incentives should be consistent across clients within one agency.
- **People should have choice and control over how they receive incentives where possible.**[2] For example, people may prefer cash over restrictive gift cards, or the option to exchange several small incentives for something larger.
- **We must align incentives with the services and strategies that make sense to community members**. Incentives should be structured to support these best choices, not drive them. For example, we do not want people choosing services based on how to maximize money. In practice, this might mean spreading supports across multiple agencies, meeting with staff more or less frequently, etc.
- **Use heavy incentives strategically.** Incentivize heavy at the beginning (to firm up the relationship and habits) and at the end of engagement (when it's easier to lose people).

INCENTIVIZING COMMON TESTING/LINKAGE STEPS

- **Bolded items** involve blood draws, which can be difficult or upsetting. Consider more incentive for those visits!

TESTING/LINKAGE STEP	RECOMMENDED RANGE[3,4]	WRITE YOUR PLAN HERE
Antibody test	$0-$15	
Confirmatory blood draw or fingerstick	**$20-$30**	
Return for confirmatory result (may be same day)	$10-$15	
Meeting with linkage navigator	$10-$15	
Attending treatment screen (labs)	**$20-$30**	
Starting treatment	**$20-$30**	
Med pickup (total for complete tx[5] course)	$100[6]	
Navigator check-ins during treatment	$10-$15	
4-week check-in or **4-week blood draw**	**$20-$30**	
Completing treatment + scheduling SVR 4 or 12	$10-$15	
Post-treatment navigator check-ins	$10-$15	
SVR4[7] blood draw	**$20-$30**	
Return for SVR4 result	$10-$15	
SVR12[7] blood draw (if applicable)	**$20-$30**	
Return for SVR12 result (if applicable)	$10-$15	

1. Keep in mind that if the amount of incentives provided exceeds $599 in one year, it is taxable and must be reported to the IRS!
2. Options for incentive types may be limited by rules for funding sources – be sure to check this.
3. If multiple steps happen at the same visit, just add the steps and incentive amounts together
4. Add value through transportation support and other forms where appropriate/possible
5. "tx" is a common medical abbreviation for "treatment"
6. Amount should be divided evenly among scheduled pickups; all regimens should receive the same total incentive regarding of treatment length
7. SVR4 and SVR12 = Test results that indicate a **S**ustained **V**iral **R**esponse (i.e. successful cure) **4** or **12** weeks after the end of treatment.

SEE REVERSE FOR ADAPTING TO YOUR SETTING

WORKSHEET

Adapting this guidance to your unique setting

The prompts below can help you think through your unique context and how the guidelines on the previous page might be adapted accordingly. **Use the spaces in the boxes to the right of each category to brainstorm your ideas that will help you decide about your incentives strategy for the first page of this document.** Document your decisions and create incentive protocols!

FUNDING CONSTRAINTS & CONSIDERATIONS

- Talk to your finance team! Does your funding pose any challenges to offering incentives, and if so, how might you circumvent them? *For example, sometimes programs that are unable to offer cash incentives or gift cards will provide treats like candy or small material prizes.*
- Are there compliance issues to consider, such as taxes you will have to report, 1099s to issue, or other effects (such as on General Assistance availability) on clients?
- Is your local political setting such that you might receive push-back over incentivizing these types of activities for the people you serve? If so, what kind of incentives might be least controversial?

Some of our constraints are:

e.g. Our funding restricts food purchases

Some of our ideas for overcoming constraints are:

e.g. We can get gift cards to places that sell food our clients like

CLIENT NEEDS, INTERESTS, AND BARRIERS

- Who do you serve with respect to hep C testing and linkage services?
- What are the needs, interests, and barriers to engaging in hep C testing and other services in this population? How might incentives be used to align with those interests and overcome those barriers?
- Does your organization have a good grasp on client interests and desires related to incentive options? *For example, some gift card vendors might be overly restrictive, or the place where they can be redeemed is inhospitable to people "like them," etc.*

Some of our client's needs are:

e.g. Since we serve so many clients who are unhoused, they often need socks or hygiene kits

Some of the barriers our clients deal with are:

e.g. When our clients go to the major grocery store in the neighborhood, they are treated badly

INCENTIVES IN YOUR UNIQUE WORKFLOW

- What steps are in your hep C testing/linkage workflow? *These may or may not match the steps provided on the first page of this guidance.*
- Where can you feasibly integrate incentives into your workflow? Which steps might warrant a higher/heavier incentive?
- Where might you experience opportunities or challenges to using incentives in your workflow?

The most relevant issues in our workflow are:

e.g. We always combine navigator check-ins with med pickup, so we should combine incentives for those steps

For sample tools and additional support in thinking through these issues, contact info@endhepcsf.org.