

“You don’t want to be waiting. Just get on with it”: Experiences of hepatitis C point of care testing and same-day treatment

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Background: Accessing hepatitis C virus (HCV) treatment involves multiple steps. Advances in point of care (POC) testing means it is possible to diagnose HCV and access treatment in a single visit. However, few studies have investigated this model. We explored people’s experiences with POC testing and same-day treatment.

Methods: We conducted a qualitative sub-study within QuickStart, a randomised trial in Australian primary healthcare clinics. QuickStart compared three arms: Arm A (POC antibody testing and standard care), Arm B (POC antibody testing, POC RNA testing and standard care) and Arm C (offering same-day treatment following a positive POC antibody result). We interviewed 17 participants about their experiences with the interventions. Analysis was informed by the Capabilities, Opportunities and Motivations model for Behaviour change.

Results: Capabilities: Compared to venipuncture, most participants found POC testing quick and easy. Some Arm B participants felt that waiting >60 minutes for a POC RNA result was too long given they had busy lives and family responsibilities. Opportunities: Across intervention arms, participants valued support from a friendly and non-judgmental study nurse. For Arm C participants, provision of free medication on the same day made commencing HCV treatment an easier choice. However, some Arm C participants preferred to wait for confirmation of their HCV status from venipuncture to avoid starting medication they may not need and experiencing potential side effects like tiredness. Motivation: Across study arms, participants were motivated to take part in QuickStart to improve their health and ensure they were around for their families in the future. Financial incentives (\$40 for a POC test and \$80 for a 12-week follow-up visit after treatment) were perceived as an added bonus.

Conclusion: POC testing and same-day treatment addressed some barriers to accessing HCV care. Other important factors included non-judgmental nurses, an opportunity to improve health and financial incentives.

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