The HCV Recruitment Drive -Testing and Treatment brought to you by HNE

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Background:
Hepatitis C virus (HCV) elimination remains a national priority. Evidence indicates that financial incentives embedded within person-centred care models can improve engagement, treatment uptake, and retention. Rural communities face significant barriers including limited access to testing, prescribing clinicians, and timely medication supply. Hunter New England Local Health District (HNELHD) have integrated HCV Point-of-Care Testing (POCT) with Financial Incentives for Direct Acting Antivirals (FIDAA) across community health services in Tamworth, Armidale, Moree and Taree.

Description of Model of Care/Intervention:
The integration of FIDAA into POCT, delivered in regional pharmacotherapy clinics supports key steps in the HCV care cascade, including testing, prescription collection, and treatment completion. Same-day treatment work-up, combined with incentives aligned to medication access, helps address common barriers such as transport limitations, cost, stigma, and delays in accessing prescribers in rural settings. A nurse-led model of care further facilitates timely treatment initiation, enabling streamlined assessment, prescribing pathways, and follow-up.

Between 2023 and 2026, a total of 77 HCV point-of-care tests were conducted across four rural locations: Armidale (n=8), Forster (n=16), Tamworth (n=34), and Taree (n=19). Of these, 34 were antibody tests, with five clients returning positive RNA results (Forster n=1, Tamworth n=2, Taree n=2).

Effectiveness/Acceptability/Implementation:
Baseline HCV treatment uptake in rural areas has been low. Early observations suggest increased testing uptake and improved linkage to treatment compared to traditional pathways. POCT reduced diagnosis wait times, while incentives supported engagement, treatment initiation, and retention.

Conclusion and Next Steps:
Outreach POCT combined with incentives is a practical and scalable approach to improving HCV care in rural settings. Future work will focus on evaluation, strengthening cross-district care pathways, and expanding to priority populations. Recruitment drives are planned every 3–6 months to support the elimination of HCV goals.

Implications on communities, practice, policy and/or First Nations communities: Integrated POCT and outreach incentive-based care may improve equitable access to HCV testing and treatment and reduce regional healthcare barriers.

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