

“It’s not just running the test”: Operator experiences of implementing a decentralised hepatitis C point-of-care testing program in Australia

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Background

Australia’s Hepatitis C (HCV) Point-of-Care Testing Program (the National Program) was established in 2022 to scale-up point-of-care HCV testing and treatment (1). However, little is known about the operational realities of providers implementing point-of-care testing as part of the National Program, and thus, what is needed to improve Program delivery.

Aim

To understand operator experiences, including the challenges and benefits, of implementing point-of-care testing as part of the National Program.

Methods

Between April and August 2023 semi-structured, qualitative interviews were conducted with operators who had completed GeneXpert® device (Cepheid, Sunnyvale, CA, USA) training as part of the National Program. Transcribed and coded data were analysed using iterative categorisation and then organised according to three elements of the Health System Dynamics Framework—Service delivery, Resources, and Leadership and governance (2, 3).

Definitions

Service delivery: any task performed by health system workers that is needed to or facilitates intervention implementation (e.g., point-of-care fingerstick collection) (3).

Resources: the people, technology, information/data, and financial resources needed to effectively implement an intervention (3).

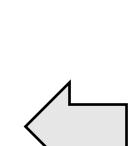
Leadership and governance: the coordination and regulation of guiding policies, norms, and priorities that direct implementation (3).

Results

Out of 31 participants, most worked in NSW (N=17). All states/territories were represented except VIC. For additional participant information, see Table 1.

Table 1. Participant Demographics (N = 31)

Category	N
Role	Nurse (15), Physician (3), Allied health worker (13)
Setting	Outpatient specialty clinic (11), community health clinic (10), needle and syringe program (3), Mobile clinic (3), community corrections clinic (2), Peer-based drug-user organisation (org.) (2)
Outreach work	Yes (28), No (3)
Device experience	Yes (7), No (24)



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Results continued

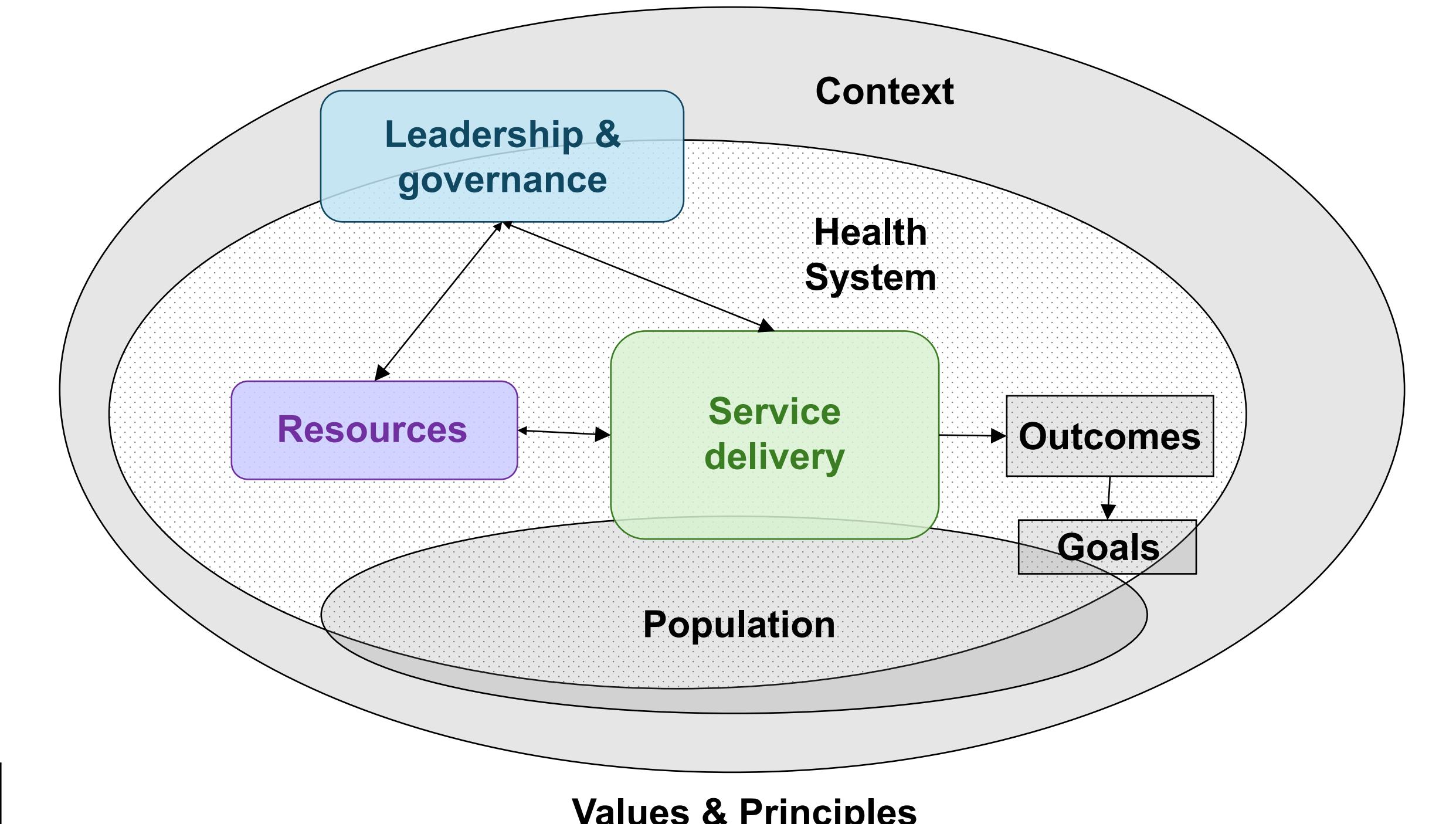


Figure 1. The Health Systems Dynamics Framework (3)

Service delivery

Participant narratives highlighted inconsistencies in the delivery of HCV care across Program sites. Participants found it challenging to manage the administration associated with organising outreach, communicating test results, and satisfying the Program’s research components (e.g., entering data on RedCap). Implementation seemed easier for participants with the authority to prescribe HCV treatment.

“And it takes some planning... Have we got the staff to cover that? Have you got transport? All those types of things... Or we try to do this incorporation into standard of care and I would say it’s hard. It’s a hard model to change the way that you work and that. – Sally, nurse, community health clinic”

Resources

For participants, point-of-care testing was inhibited by staffing challenges, limited physical space, and the separation between research software and medical records. Support from outreach sites, such as providing adequate testing spaces and reminding clients of the testing schedule, was seen as key to implementation success.

“So, my machine is actually sitting beside my desk right now, in its box... I do not have a clinic room where I can leave it set up... I need the machine set up permanently for it to be accessible for me to use. And then I would use it. – Annie, nurse, outpatient clinic”

Leadership and governance

Overall, participants felt well supported with using the GeneXpert® device, thanks to the Flinders University Helpline being easily accessible. However, some participants felt that the day-to-day aspects of implementation, such as creating standard operating procedures, were unclear and that the burden of writing them were on sites.

“[The helpline] is so responsive...it’s so good they can log on remotely. That’s really helpful. I’ve been so impressed. – Zoe, allied health worker, peer-based drug-user org.” **“I would recommend having clinical procedures and guidelines that incorporate [point-of-care testing]. I think they would make it sustainable for everyone involved. – Fran, physician, outpatient clinic”**

Conclusion

Study findings illustrate several challenges to and enablers of adopting a decentralised HCV point-of-care testing program, highlighting the need to further explore what providers require to effectively implement these interventions.

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