

# Perceptions of acceptability of point-of-care testing among people in a reception prison

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# Background

- Justice-engaged people report the prison setting includes fewer barriers to hepatitis C care engagement, compared with the community
- PIVOT streamlined the hepatitis C care cascade, reducing the number of clinic visits via the 'one-stop-shop' model
- Point-of-care hepatitis C RNA testing enabled same-day testing and results, with treatment commencement within 1 week, significantly reducing time from test-to-treat

# Methods: Qualitative Interviews



- Semi-structured interviews (conducted by PIVOT study nurse)
- Eligibility: participated in intervention arm of PIVOT (i.e., point-of-care)

# Participant HCV testing and injecting drug use characteristics

	History of IDU	No history of IDU	Total
History of HCV testing (venepuncture)	9* (38%)	5* (21%)	14 (58%)
No history of HCV testing (PoC only)	4 (17%)	6 (25%)	10 (42%)
Total	13 (54%)	11 (46%)	24 (100%)

# Framework

## Theoretical Framework of Acceptability

- **Acceptability is a multi-faceted construct** that reflects the extent to which **people** delivering or **receiving a healthcare intervention consider it to be appropriate**, based on anticipated or experienced cognitive and emotional responses to the intervention
- Seven components: **affective attitude, burden, perceived effectiveness, self-efficacy**, ethicality, intervention coherence, opportunity cost

# Affective attitude

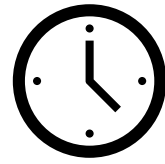
## Timeliness of testing-to-results and testing-to-treatment

Because **it was done straightaway** and found out I had hep C and **I was straight on the treatment** so that's good. (Garth, IDU, Venepuncture)

## Point-of-care screening curtails systemic barriers

I knew of my hep C nine years ago and because I've been in and out, a few years - just say for instance, **I got tested here**. Now I got **sent from here down to [another prison]** so then **they've lost my paperwork**, so they **do all the blood tests again** and then it's 3 or 4 weeks before they get a result back. In that meantime, **I've been moved again**, so then we ended up getting the results. Now it shows that **yes I do have hep C**. [...] and come back and said, "well we **can't start treatment**, because we **don't have the [genotype]**". [...] Now this has been **going on for the last six years** [...] I'm glad this time when I come in [...] I got tested the first week I was in here. Mate, **within the hour yes I did have hep C and not even a week later I started the medication**. (Brendan, IDU, Venepuncture)

# Burden



## Reduced psychological burden of awaiting test results

Yeah, it was easy, because you could tell me straightaway you know what I mean, whether...and **I wasn't sitting around doing head miles.** (Jarrod, IDU, Venepuncture)

Yeah, well that **plays on your mind whether you've got it or not.** Yeah, it's much more easier. [Okay.] When you come to the window and said, "yeah", it was like sweet, that made me feel even better. I knew I didn't have it, but [confirming] it still made me feel better. (Chris, No IDU, Venepuncture)



# Perceived effectiveness

Trust in healthcare provider and technology

*[So, did you have any concerns about the accuracy of the finger prick test when we did it?]* No, **because you said** it was cool. (Alex, IDU, Venepuncture)

Not really, because way I see it, **blood is blood** and it would have to be **pretty accurate** for them to make the machine and that and to keep using it, but hopefully it's good, because I prefer that than the actual old way. (Lee, IDU, Venepuncture)

# Self-efficacy

## Fear of needles

*[Do you have any problems having blood tests?]* Yeah I do, because **I don't like needles**. *[Okay, so if it was a blood test, would you have taken it up?]* Yeah, I would have done it, but like I said, **I would have been pretty scared about the needle** yeah. (Dwayne, No IDU, POC only)

## Venous access

It is a good thing because there are a lot of drug users that do **have trouble finding veins** that would be in the same boat as me, that **would not go and get a blood test**, just because of how hard it is to find a vein. [...] people [...] are not going to be concerned with a hep C test if it means stuffing around for half an hour trying to find a vein, like it's just not going to happen. (Marcus, IDU, POC only)

# General perceptions of PoC acceptability

- Same-day RNA testing and results reduced systemic barriers to hepatitis C care in the prison setting
- Same-day results reduced psychological distress among prison entrants
- Broad levels of trust in testing process and accuracy of results
- High preference for fingerstick testing over venepuncture
- Point-of-care hepatitis C RNA testing an important component of micro-elimination efforts