



**PREFERENCES FOR A 'ONE-STOP-SHOP' INTERVENTION
INTEGRATING POINT-OF-CARE HCV RNA TESTING VERSUS
STANDARD OF CARE TO ENHANCE HEPATITIS C TESTING AND
TREATMENT AMONG NEW RECEPTIONS TO PRISON: THE PIVOT
STUDY**

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Disclosure statement



No personal disclosures.

Background: Australian prisons



- Prisons key venues for HCV elimination
- High chronic HCV prevalence (10-15%)
- Barriers to throughput in HCV care cascade:
 - complex clinical pathways
 - short periods of incarceration
 - frequent prisoner movements

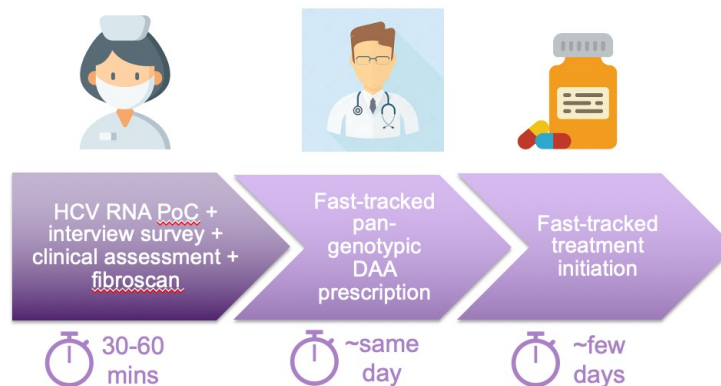
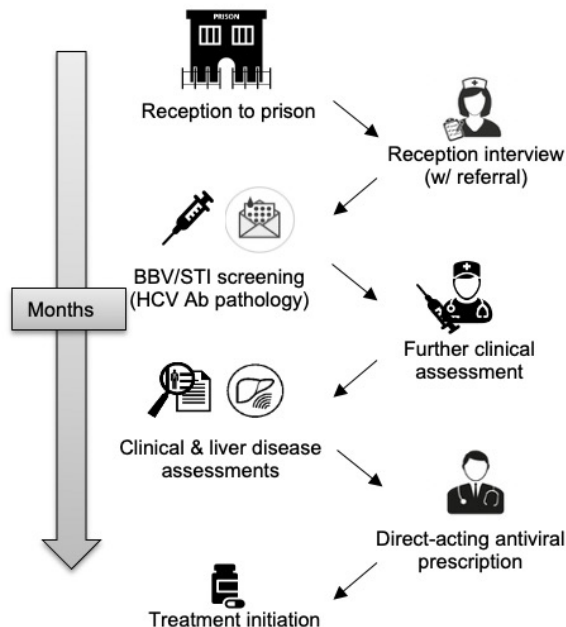


PIVOT study design and models of care



Standard of care (n=240)

‘One-stop-shop’ (n=301)



Objective and methods



Objective: To evaluate preferences for a ‘one-stop-shop’ intervention versus standard of care among people recently incarcerated in Australia.

Methods: Participants consented and then completed a structured interviewer-administered survey at baseline. Questions included preferences for the testing and treatment methods through a ‘one-stop-shop’ intervention or standard of care.

Results: preferences for testing method



Fingerstick



78%
(422/501)

- 57% Testing is quick
- 21% Fear of needles
- 9% It does not hurt
- 5% I know results will be accurate
- 5% Nurse usually has trouble taking blood
- 3% Other

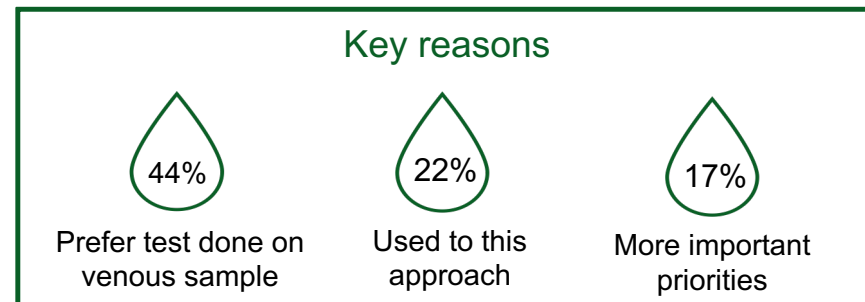
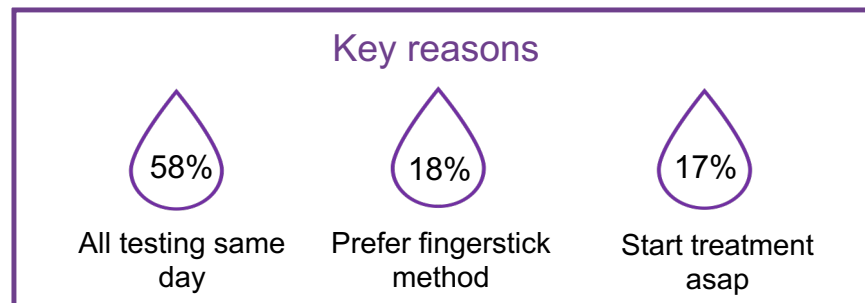
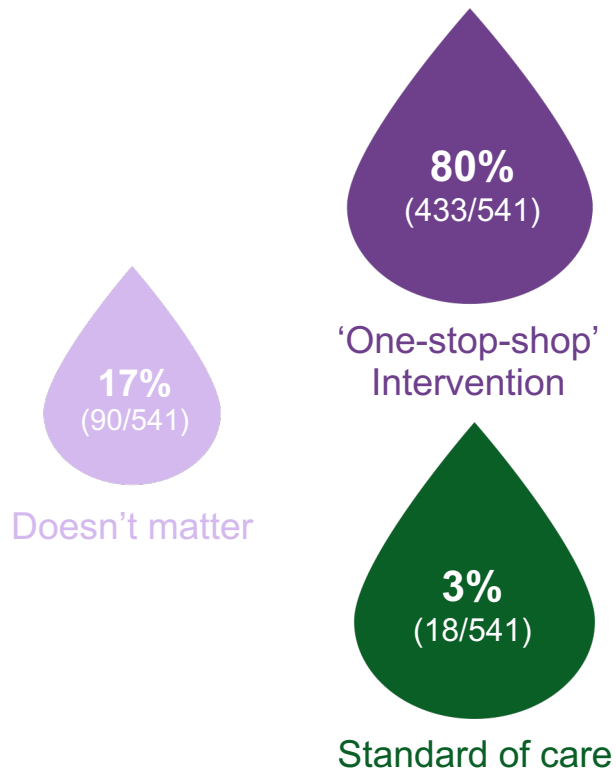
Venepuncture



22%
(119/501)

- 67% I know results will be accurate
- 18% Used to having testing done this way
- 10% Testing is quick
- 2% It does not hurt
- 3% Other

Results: preferences for model of care



Limitations



- Unblinded allocation to study arm
 - Standard of care
 - 'One-stop-shop' intervention
- Participant understanding of models
 - Experienced vs perceived

Conclusions



Among new male receptions to prison:

- Fingerstick testing method preferred to traditional venepuncture
- A 'one-stop-shop' intervention was preferred to standard of care
- Key elements: all assessments same day, point-of-care testing, fast-tracked treatment initiation

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PIVOT study

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