

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

Authors

Burton-McKeich GK¹, Lafferty L^{1,2}, Treloar C², Markus C³, Matthews S³, Applegate TL¹, Causer L¹, Grebely J¹, Marshall AD^{1,2}

¹The Kirby Institute, ²Centre for Social Research in Health, UNSW, Sydney,

³International Centre for Point of Care Testing, Flinders University, Adelaide

Background: The decentralisation of hepatitis C virus (HCV) point-of-care testing is a core part of Australia’s strategy to meet WHO elimination targets. However, little is known about the experiences of providers implementing these interventions and thus what is needed to improve integration. The study aimed to understand operator experiences, including the challenges and benefits, of implementing point-of-care testing as part of a National Point-of-Care Testing Program.

Methods: Providers who were enrolled in the National Program and qualified to perform point-of-care testing were invited to participate in semi-structured qualitative interviews between April and August 2023. Data were analysed according to iterative categorisation and themes were organised according to Service Delivery, Resources, and Governance—elements of the Health Systems Dynamics Framework.

Results: Of the 31 participants, most were from New South Wales (n=17). More than half of the operators were practicing clinicians (n=21), while 13 had no clinical background (e.g., peer workers and health education officers). The majority worked in outpatient or community health clinics (n=21) and had no previous experience using a molecular point-of-care testing device (n=24). Many participants struggled to deliver HCV testing and treatment according to national HCV management guidelines. Some participants avoided using the point-of-care testing device altogether for reasons such as distrust in the validity of the device’s results, not having the device permanently set-up, “hating” using the machine, and wanting to deliver more holistic care. Others found it challenging to manage the administrative load of delivering the National Program, including planning outreach and following-up clients. These challenges were exacerbated by workforce shortages, difficult-to-navigate IT systems, and a lack of specific implementation advice from Program leadership.

Conclusions: This study illustrates 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.

Disclosure of Interest Statement: LL has received speaker fees from AbbVie unrelated to this study. CT has received speaker fees from Gilead Sciences unrelated to this study. SM receives in-kind cartridges from Cepheid for a Medical Research Future Fund (MRFF)—Rapid Applied Research Translation (RART) grant; Scaling up infectious disease point-of-care testing for Indigenous people. JG is a consultant/advisor and has received research grants from Abbvie, Abbott, bioLytical,

Cepheid, Gilead Sciences, Hologic, and Roche. TLA has received research support from Abbott and Cepheid outside the submitted work. ADM is a chief investigator on a Gilead Sciences grant. GKBM, CM, and LC have nothing to declare.