



Client and staff perspectives on point-of-care hepatitis C testing for people attending needle syringe programs

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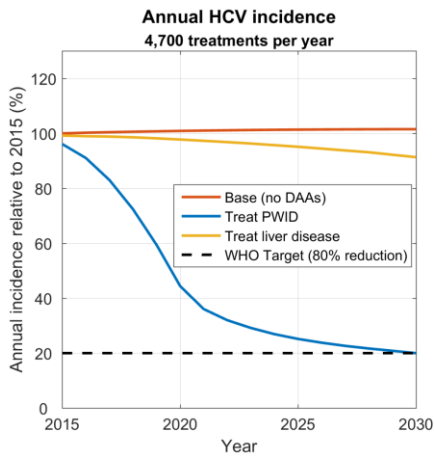
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Disclosures

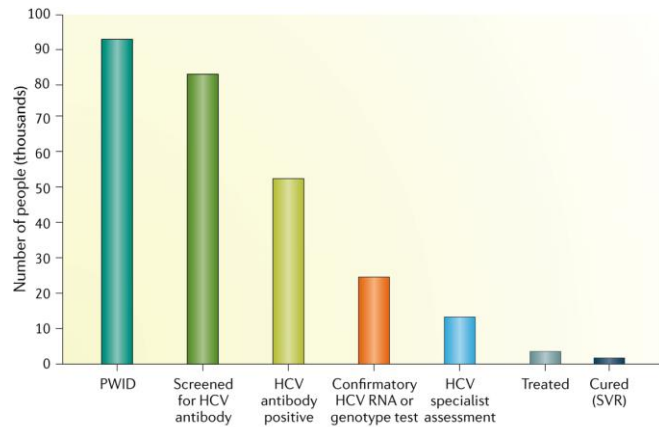
- The Burnet Institute receives funding support from the National Health and Medical Research Council, Gilead, Abbvie, GSK and Merck for investigator initiated research.

Background



Scott. *Gut*. 2016

The hepatitis C cascade of care in Australian PWID in 2015



Care pathway in Australia

Grebely. *Nat Rev Gastroenterol Hepat* 2017 (figure)
Iversen. *Int J Drug Policy*. 2017 (data)

Known barriers to healthcare for people who inject drugs

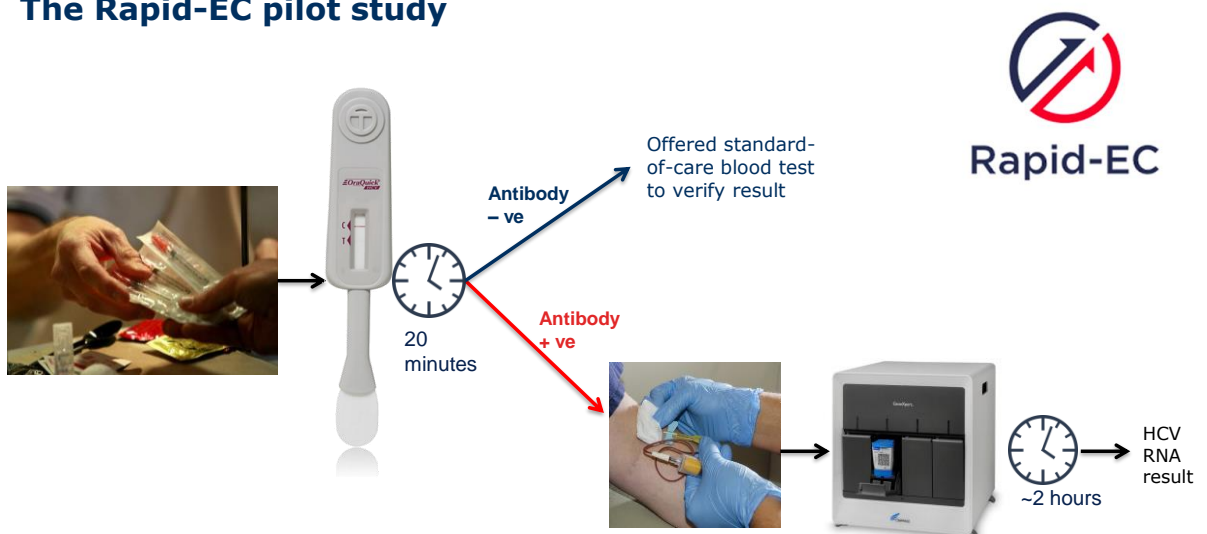
- Need to attend too many appointments
- Long wait times at services
- Service location & transport issues
- Cost
- Stigma & negative staff attitudes

A role for point-of-care tests?

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POINT OF CARE TESTS

The Rapid-EC pilot study



Methods (client interviews)

- Aim: to explore in detail factors shaping acceptability of POC hepatitis C testing for PWID
- Convenience sample of Rapid-EC study participants
- Semi-structured interview ~30 minutes
- Interview schedule informed by Sekhon's 'Theoretical Framework of Acceptability' (2017)
- Thematic analysis performed in NVivo11 (QSR International, AU)
- First round of coding: inductive and deductive coding
- Second round of coding: selective coding to identify core categories
- Participants reimbursed AUD20 for their time

NB: All names have been changed in attribution of quotations

Sekhon. *BMC Health Serv. Res.* 2017



Interview participants

n=19



Male = 14
Female = 3
Other = 2



Age (median) = 44
Age (range) = 19 - 56

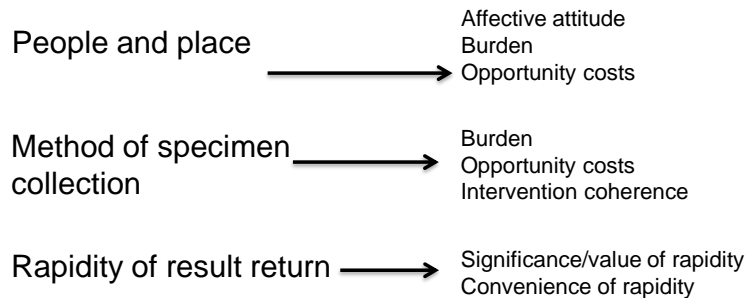


Injecting in the past month	18* participants
Receptive needle or syringe sharing (past 6 months)	0 participants
Receptive spoon sharing (past 6 months)	8 participants
Distributive needle or syringe sharing (past 6 months)	3 participants

*One participant did not answer this question



Core categories and themes



People and place

- Descriptions of site staff were universally positive. Staff were described as “helpful”, “genuine”, “understanding”, “knowledgeable” and “concerned about your health”
- Participants were not concerned as to the formal qualification of the staff member (i.e. community health worker or nurse)

[T]hey don't judge us because we're users...That goes a really long way...because when you go ...to see if you have hepatitis C it's already a bit degrading cause it makes you feel a little bit unhealthier than the rest of society. These people [site staff] don't make you feel that way.

Jed, 30

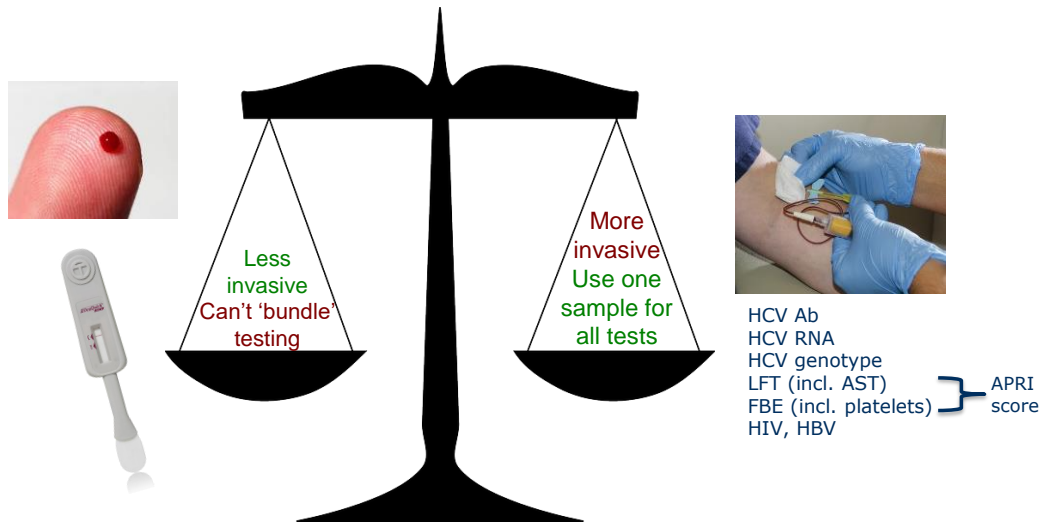
I come here anyway unlike the doctor's. I don't need to specifically have come here to get tested. [It's] heaps more convenient.

Sydney, 21

I don't know who's who. I don't care who's who. I'm sure they've got basic hygiene education.

Ralph, 52

Method of specimen collection



Method of specimen collection

I'd rather just do the blood work. Cause I'm not just worried about hep C. I'm worried about the whole lot. So I'd rather do the blood...then I'll know I haven't got hep C, hep B and HIV.

Marcus, 35

I would say just do the vein... you're going to wind up doing it if [a fingerstick test] comes up positive

Jed, 30

An important caveat...

- Interview participants were people that had already been through the Rapid-EC study – which required participants to undergo venepuncture
- From the staff interviews we know that at one site venepuncture was a barrier to enrolment

...for recruiting people, the fact that we needed to get bloods from people and explaining that to them. There were a number of people that actually wouldn't walk down that pathway because they know that's problematic for them.

A frontline staff member when asked to describe barriers to Rapid-EC study recruitment

Rapidity of result return

- All clients received their POC antibody result in the same encounter
- Of the 15 clients underwent a POC RNA test, **none** waited onsite for the result or returned on the same day. **Five** received the result on the same day (via phone call)
- For most clients receiving a same day result was preferable, but returning/waiting was not practical
- For others, a same day result was not deemed to be necessary

I'd wait 20 minutes. Half an hour at the most.

John, 44

Two hours is too long...I'm not going to wait two hours for a test when they can just ring me.

Brett, 44

[A] phone call, 'cause then you can go about your business and do what you need to do. Phone call is the best.

Noah, 50

I don't do things like share with other people, give my blood to other people, make other people vulnerable to it, so I don't have to worry...That's why it doesn't matter to me if they give me the result today or next week, whatever.

Ross, 48

Staff perspectives

- At the conclusion of the study, staff (community health workers, nurses, doctors at study sites and non-frontline management staff) were invited to participate in an interview
- 11 staff were invited to participate, 7 completed an interview

Staff perspectives

- | | | |
|--|---|---|
| 1. Challenges of the research environment | → | Collecting written informed consent
Collecting data |
| 2. Developing practical skills | → | Pre- and post- test counseling
Venepuncture skills
Using POC equipment |
| 3. Engaging clients | → | Value of prior relationship with clients
Facilitating client collection of blood samples
Limited engagement with culturally and linguistically diverse clients |
| 4. Logistical barriers to service delivery | → | Managing variable demand for testing
Following up clients to deliver results
Delays in laboratory processing of pre-treatment bloods |

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- Rapid-EC site staff
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- Burnet staff receive funding support from the National Health and Medical Research Council, Gilead, Abbvie, GSK and Merck for investigator initiated research.