

Factors influencing the implementation of a national program to scale up hepatitis C point-of-care testing and treatment in Australia

WHAT REALLY DRIVES IMPLEMENTATION SUCCESS?

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CONFLICT OF INTEREST

The author has no competing interests to declare.

ACKNOWLEDGEMENT OF COUNTRY



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Scaling up hepatitis C point-of-care testing

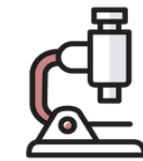
AUSTRALIAN HEPATITIS C POINT-OF-CARE TESTING PROGRAM



One of the first national-scale point-of-care HCV testing programs globally



Aims to increase access and scale up HCV testing across Australia



Supports decentralisation of care and evaluation of point-of-care methods for infectious disease



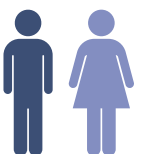
Over 150 partners involved across policy, clinical, and community sectors



110 sites across prisons, NSPs, ACCHOs, homelessness, mobile outreach



50,484 tests (Ab, RNA) conducted to end of September 2025

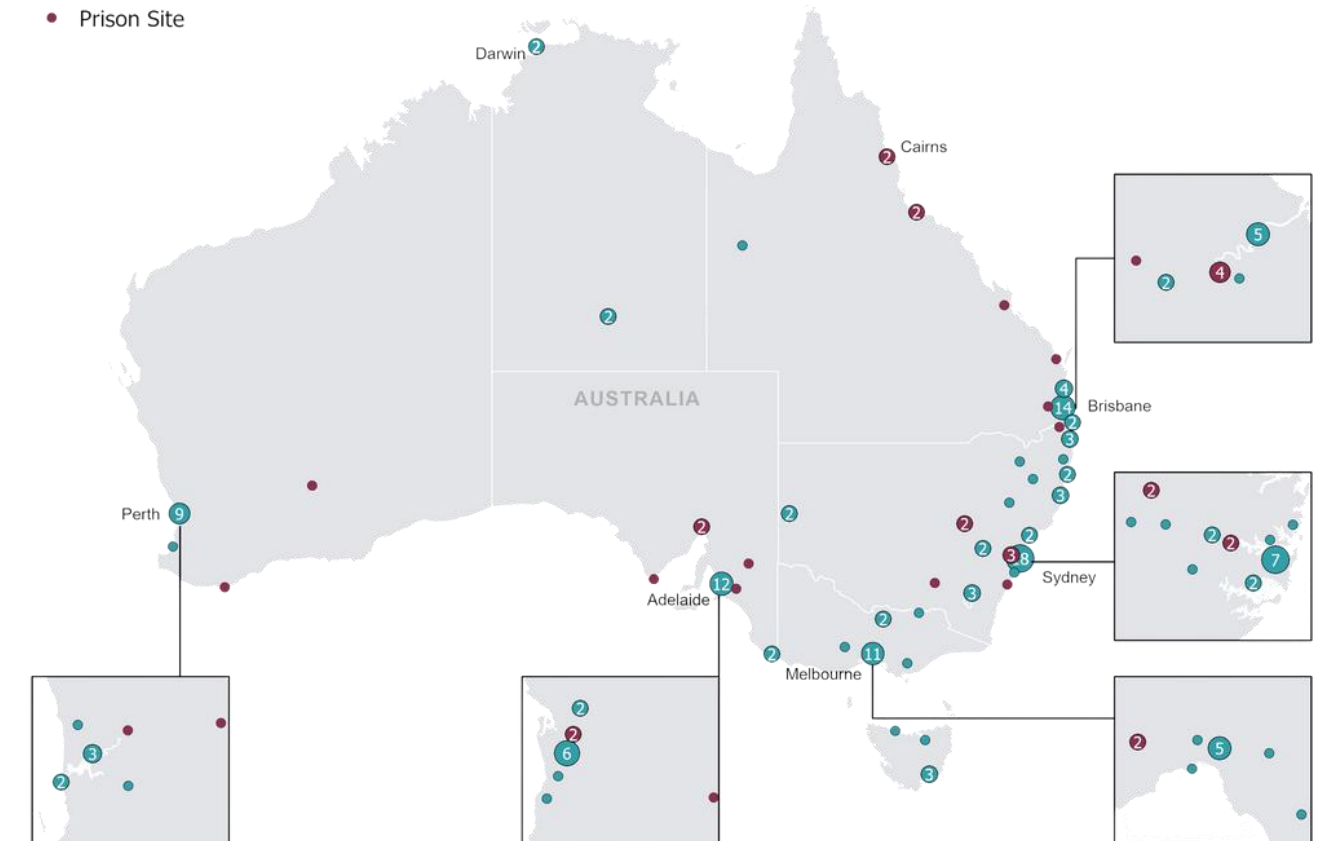


41,110 participants tested, including during intensive prison campaigns



Services open to anyone at risk of HCV, regardless of setting

● Community Site
● Prison Site



National Australian Hepatitis C Point-of-Care Testing Program	
Program Duration	5 years
# Services and tests	120 (600-700 testing sites/locations), 70,000 - 80,000 tests
Specimens	Capillary finger-stick
Analytes	HCV antibody; HCV RNA, HIV Ab/Ag, HBsAg
POC Devices; Time to result	HCV Bioline; 20 min (5 min pos); INSTI HCV Antibody Test, 1 min; GeneXpert, 60 min
Partners	Flinders University, Commonwealth Government, State/Territory Governments, National and State community organisations

The road to HCV

Elimination

SUCCESS SO FAR

- The National Program has achieved wide uptake
- We know point-of-care testing can succeed
- The foundations are in place

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Elimination

AND NOW WE NEED TO KNOW...

- What's enabling success on the ground?
- Where are sites or stakeholders struggling?
- How can we strengthen what works...
- And improve what doesn't?

Study design and research aims

- An implementation science-informed, multi-methods study using document review, analysis of meeting minutes, and semi-structured stakeholder interviews
- We aimed to identify and describe the multilevel factors influencing the implementation of the Australian Point-of-Care Testing Program
- Understanding these factors is key to providing actionable insights for policymakers, practitioners, and community stakeholders

Study data sources



PROGRAM DOCUMENTATION – 28

Protocols, plans & manuals from every phase (operational, governance, training, connectivity)



PROGRAM FORUMS & COMMITTEES – 125

Insights from 9 national governance groups (implementation, clinical, quality & evaluation)



IN-DEPTH INTERVIEWS – 30

Diverse frontline and system-level perspectives (policy, clinical, community, research)



Semi-structured interviews

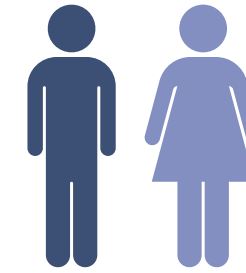


30 INTERVIEWS
3 STAKEHOLDER GROUPS
5 STATES + NATIONAL



Sites & Community

Community Organisations
Providers

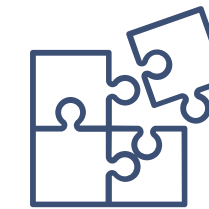


SAMPLE :
Purposive
sampling



Policy & Funders

Government
Policy
Education



Program Partners

Research
Industry
Quality Assurance
Program Management



What we read

MEETING MINUTES & TRANSCRIPTS



Cultural Governance

Aboriginal Governance Group



Implementation & Delivery

Implementation Committee
Project Team Meetings
Community of Practice



Clinical Oversight

Clinical Advisory Group
Protocol Steering Committee

125



Quality & Evaluation

Quality Assurance & Training
Committee
National Reference Committee



And read, and read...

PROGRAM DOCUMENTATION



Operational

Study protocols



28



Training & Site Materials

Manuals, site plans,
monitoring tools



Governance

Ethics, Terms of Reference,
communications



Connectivity

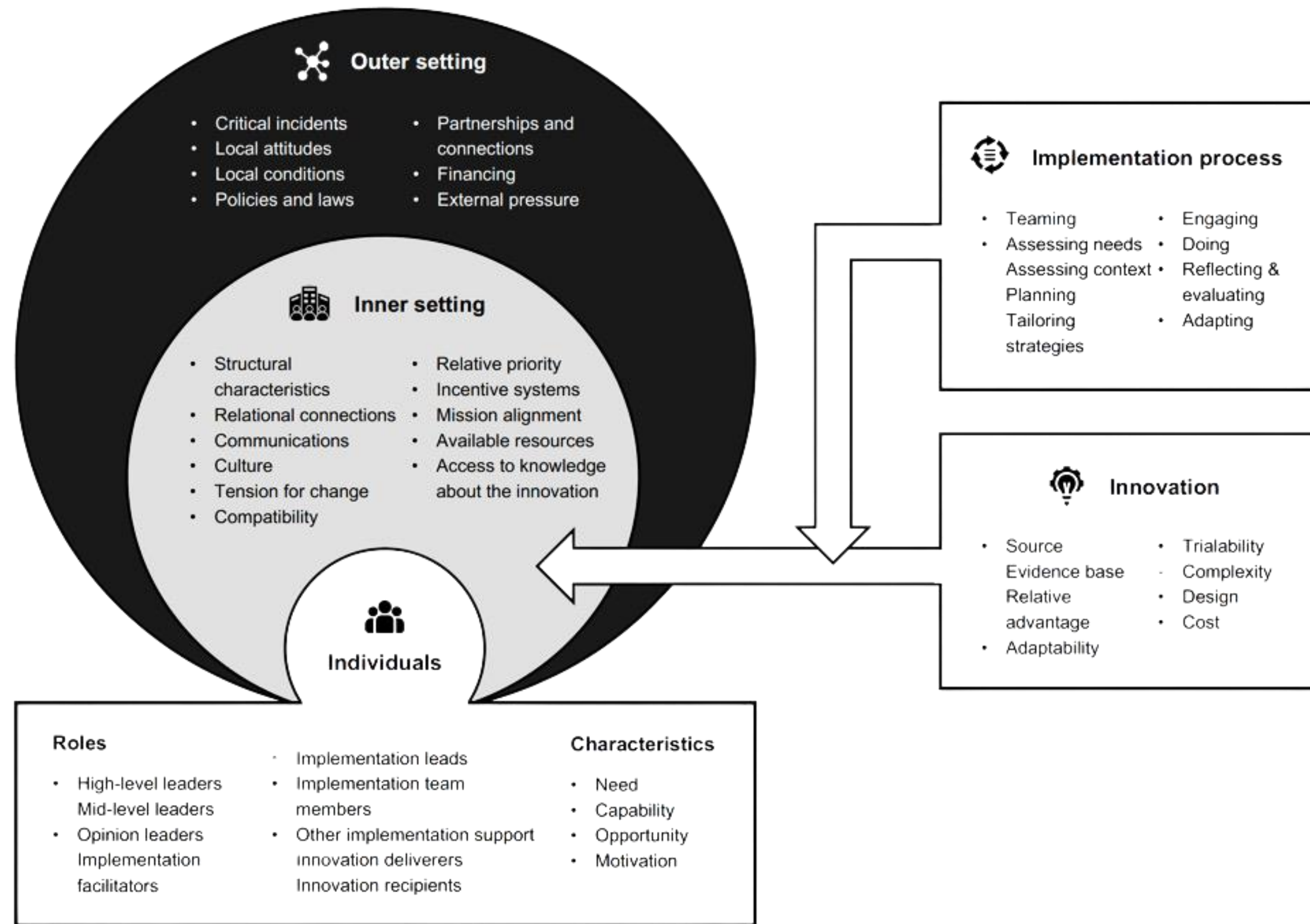
Logistics
Communication strategies



Organising the data

FRAMEWORK FOR ANALYSIS

- Five 'domains' representing the broad settings or contexts of program implementation
- 48 constructs representing a specific aspect of implementation



Damschroder LJ, Reardon, C.M., Widerquist, M.A.O. et al., The updated Consolidated Framework for Implementation Research based on user feedback. *Implementation Science*. 2022; 17:75.

How we analysed the data

RATINGS AND SENTIMENT ANALYSIS

- We grouped together the coded data to create nearly 600 unique implementation factors
- Each researcher reviewed the data attached to each factor and independently rated each between -2 (major barrier) to +2 (major enabler)
- We built an AI-driven sentiment analysis system to review the same factors and provide its own ratings using the same scale
- We discussed all the factors and all the ratings and agreed on a final rating for each implementation factor

Classification of factors influencing implementation					
-2	-1	0	X	+1	+2
Major barrier	Minor barrier	Neutral factor	Mixed factor	Minor facilitator	Major Facilitator

AI SENTIMENT ANALYSIS:

INPUT :

Quotes
Minutes



PROCESS :

Language model
assesses sentiment
polarity and intensity



SCORE REFINEMENT:

Result is compared
against a custom
sentiment lexicon



OUTPUT :

A rating of -2 to +2 for
each implementation
factor

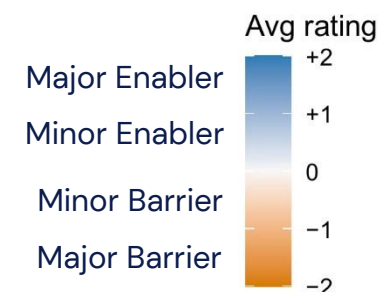
Stakeholder Perspectives

Heatmap showing CFIR constructs as barriers and enablers to implementation

Stratified by Stakeholder Group:

- Policy & Funders
- Program Partners
- Site Partners & Community

Construct	Policy / Funders	Program partners	Site partners / Community	Total
Innovation				
Adaptability	3	9	14	26
Complexity	5	11	18	34
Cost	8	24	14	46
Design	1	7	7	15
Evidence base	8	10	7	25
Relative Advantage	12	17	31	60
Source		2		2
Outer Setting				
Critical incidents	2	8	6	16
External pressure	4	5	5	14
Financing	8	9	3	20
Local attitudes		9	6	15
Local conditions	4	22	18	44
Partnerships & Connections	11	25	20	56
Policies & Laws	12	26	16	54
Inner Setting				
Access to knowledge and information	2	5	3	10
Available resources				
– Funding	3	7	10	20
– Materials & Equipment	1	6	5	12
– Space		1	1	2
Communications		2	2	4
Compatibility	2	4	8	14
Culture				
– Recipient-Centredness	1		1	2
Incentive systems	2	1	2	5
Mission alignment	2	5	1	8
Relational connections		1	4	5
Relative priority	1	2	2	5
Structural characteristics				
– Information technology infrastructure	1	4	1	6
– Physical infrastructure			4	4
– Work infrastructure	3	6	7	16
Tension for change		2		2



Policy / Funders
Program partners
Site partners / Community
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Construct	Policy / Funders	Program partners	Site partners / Community	Total
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High-level Leaders	3	8	5	16
Implementation facilitators	2	1	1	4
– Capability		1		1
– Motivation	1			1
Implementation leads	2	3		5
– Capability	2			2
– Motivation	2			2
Implementation team members	2	4		6
– Capability	1			1
– Motivation	1	1		2
– Opportunity	1			1
Innovation deliverers	5	5	9	19
– Capability		7	11	18
– Motivation	1	1	7	9
– Opportunity			4	4
Innovation recipients		2	6	8
– Motivation		1	7	8
– Need		3	3	6
Mid-level Leaders		1	2	3
Opinion leaders	5	9	6	20
– Motivation		4		4
Other implementation support	1		2	3
Implementation Process				
Adapting		3	4	7
Assessing context		4	1	5
Assessing needs		2	3	5
Doing	1		2	3
Engaging	1	5	4	10
Planning	2	5	4	11
Reflecting & Evaluating		5	3	8
Tailoring strategies		4		4
Teaming		4	1	5
Research Process				
Research aspects	1	13	16	30

Policy / Funders
Program partners
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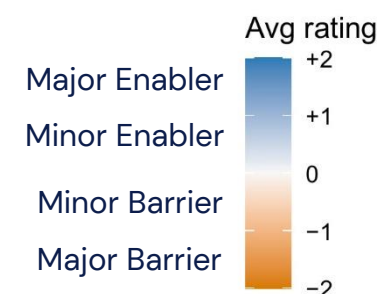


Stakeholder Perspectives

→ Fostering partnerships and connections was a consistent enabler for all groups

→ 56 implementation factors were coded to this construct

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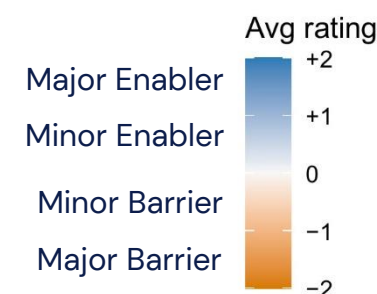


Stakeholder Perspectives

→ The relative advantage of point-of-care testing over alternative testing methods was universally recognised

→ 60 implementation factors were coded to this construct

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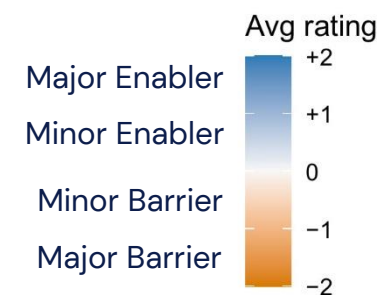
Policy / Funders
Program partners
Site partners / Community
Total

Stakeholder Perspectives

→ The importance of high-level leadership was emphasised by all stakeholder groups

→ 16 implementation factors were coded to this construct

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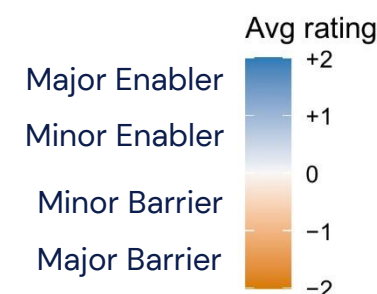
Policy / Funders
Program partners
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Stakeholder Perspectives

→ 'Opinion leaders', or 'Champions', were universally recognised as major enablers to implementation

→ 20 implementation factors were coded to this construct

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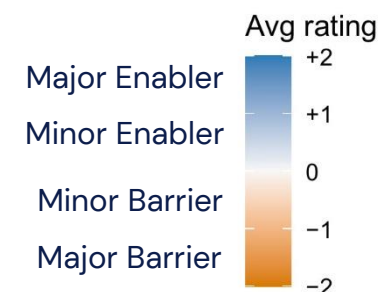
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Program partners
Site partners / Community
Total

Stakeholder Perspectives

IT infrastructure, physical infrastructure, and work infrastructure were barriers for Sites / Community

26 implementation factors were coded to these constructs

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Site partners / Community
Total

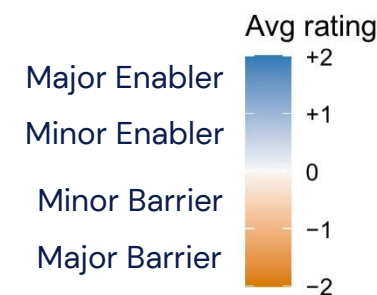


Stakeholder Perspectives

→ Financing, local attitudes (e.g. stigma), and local conditions (economic, political, technological) were barriers for nearly all stakeholder groups

→ A total of 79 implementation factors were coded to these three constructs

Construct	Policy / Funders	Program partners	Site partners / Community	Total
Innovation				
Adaptability	3	9	14	26
Complexity	5	11	18	34
Cost	8	24	14	46
Design	1	7	7	15
Evidence base	8	10	7	25
Relative Advantage	12	17	31	60
Source		2		2
Outer Setting				
Critical incidents	2	8	6	16
External pressure	4	5	5	14
Financing	8	9	3	20
Local attitudes		9	6	15
Local conditions	4	22	18	44
Partnerships & Connections	11	25	20	56
Policies & Laws	12	26	16	54
Inner Setting				
Access to knowledge and information	2	5	3	10
Available resources				
– Funding	3	7	10	20
– Materials & Equipment	1	6	5	12
– Space		1	1	2
Communications		2	2	4
Compatibility	2	4	8	14
Culture				
– Recipient-Centredness	1		1	2
Incentive systems	2	1	2	5
Mission alignment	2	5	1	8
Relational connections		1	4	5
Relative priority	1	2	2	5
Structural characteristics				
– Information technology infrastructure	1	4	1	6
– Physical infrastructure			4	4
– Work infrastructure	3	6	7	16
Tension for change		2		2



Policy / Funders
Program partners
Site partners / Community
Total

Construct	Policy / Funders	Program partners	Site partners / Community	Total
Individuals				
High-level Leaders	3	8	5	16
Implementation facilitators	2	1	1	4
– Capability		1		1
– Motivation	1			1
Implementation leads	2	3		5
– Capability	2			2
– Motivation	2			2
Implementation team members	2	4		6
– Capability	1			1
– Motivation	1	1		2
– Opportunity	1			1
Innovation deliverers	5	5	9	19
– Capability		7	11	18
– Motivation	1	1	7	9
– Opportunity			4	4
Innovation recipients		2	6	8
– Motivation		1	7	8
– Need		3	3	6
Mid-level Leaders		1	2	3
Opinion leaders	5	9	6	20
– Motivation		4		4
Other implementation support	1		2	3
Implementation Process				
Adapting	3	4		7
Assessing context	4	1		5
Assessing needs		2	3	5
Doing	1		2	3
Engaging	1	5	4	10
Planning	2	5	4	11
Reflecting & Evaluating		5	3	8
Tailoring strategies	4			4
Teaming	4	1		5
Research Process				
Research aspects	1	13	16	30

Policy / Funders
Program partners
Site partners / Community
Total

Top Implementation Factors

BARRIERS & ENABLERS

- IT & Connectivity issues, including challenges sharing test results
- Staffing and workforce challenges, including recruitment, retention and competing priorities
- Challenges with supply chain management and inventory control
- Stigma around hepatitis C or drug use disrupting the delivery of testing services and / or individuals seeking testing
- Advantages of point-of-care testing over alternative testing methods
- Benefits of recipient-centredness in the implementation of HCV POCT
- Inconsistent financial support, affecting funding continuity and long-term sustainability
- Peer workers build trust, ease processes, and bridge communication gaps, helping clients navigate stigma and access care
- Challenges and considerations integrating POCT in highly varied settings and workflows

Rating	Evidence	Weighted Ranking
-2	1.79	-1.45
-2	1.51	-1.3
-1.81	0.97	-0.91
-2	0.86	-0.87
2	0.84	0.86
1.89	0.83	0.84
-1.77	0.82	-0.8
2	0.73	0.78
-2	0.66	-0.72

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IT & Connectivity issues, including challenges sharing test results



"I think we could definitely improve the processes for connectivity. So yeah, having to enter information into the different places and entering it once and **having all the systems talk to each other** would be a huge improvement for people, and **having the result going back into the medical records** that would be a big improvement."



"I think **we really need better IT connectivity systems**, so it's just like as you did with COVID, you scan your QR code, put in your information... versus having multiple different systems for collecting the research related information and then the clinical information. So **I think that's where we're going. But we're not quite there yet.**"



"At the moment, a service will do a test and it just sits on their GeneXpert device, unless it's a private site. But even for private site, it links into their own medical records. But that's it. **There's no way for anyone else to know that that person has had a hep C test.**"



"This also goes back to the IT issue, but **if one site goes to a location and does testing but there's no way to communicate that** they've done that to anyone else, then another service might go there. And it's kind of trying to navigate the fact that well, **you might be testing the same person a week apart.**"

IT & Connectivity

BARRIERS TO IMPLEMENTATION

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Staffing and workforce challenges, including recruitment, retention and competing priorities



"The biggest one probably is clinician motivation. Whilst **the idea's great to begin with**, everybody's very enthused, **the actual practicality of doing it, as well as their day to day job, can be quite challenging** and that has come up time and time again."



"I think the challenge though is... **having the adequate workforce that you need to do the point of care as well as all the other kind of service delivery priorities**, that's the biggest challenge."



"The **workforce in the regional areas is really under resourced**. So even if we did a bunch of screening... and get some sense of prevalence and the population health there. **If you find five people, we don't have the capacity to follow up five people for treatment**. That's how limited their resourcing is."



"So you know we trained a limited number of people, **but due to staff turnover** and then the speed with which somebody can be retrained, **we've very rarely been in a position where all of our four trained staff were all on the floor** and able to be doing it at the same time."

Staffing and workforce challenges

BARRIERS TO IMPLEMENTATION

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Stigma around hepatitis C or drug use disrupting the delivery of testing services and / or individuals seeking testing



"There's a lot of stigma, so **people don't go to those services and announce that they're injecting drug users and want hep C tests because they're afraid of the stigma there.**"



"But the stigma is so strong... **The church is so judgmental in a lot of these cultures.** Trying to break down that barrier has been a challenge, and **we're having conversations or being open to it. But we haven't really gained too much ground yet in those areas.**"



"I think it's a big thing to **make sure that the case managers are educated about hepatitis C, that we talk about stigma...** Because we know people bring stigma with all of that injecting. You know, **there's a lot of stuff about that... that everybody has, whether you want to admit it or not.** So I'm sure case managers, some of them would bring some of that with them."

Stigma around drug use

BARRIERS TO IMPLEMENTATION

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Peer workers build trust, ease processes, and bridge communication gaps, helping clients navigate stigma and access care



"Peer workers **have to be an essential component of point of care testing**. I think what it does... from an engagement perspective... [peer] workers do that part of that consent process... **[it] is started with the first engagement.**"



"I think the use of peers is always, you know, **we can talk to people the way other people can't talk to them.**"



"It creates a synergy where **health professionals and peers lend each other credibility.**"



"But the realities in terms of ongoing engagement, it is **actual peer or other support to help people navigate through the cascade of care**. And there is a **real reticence about accessing services** if they've already had a bad experience or **there is that fear of stigma and discrimination that they won't even try.**"

Peer workers and point-of- care testing

ENABLERS TO IMPLEMENTATION

What really drives implementation success?

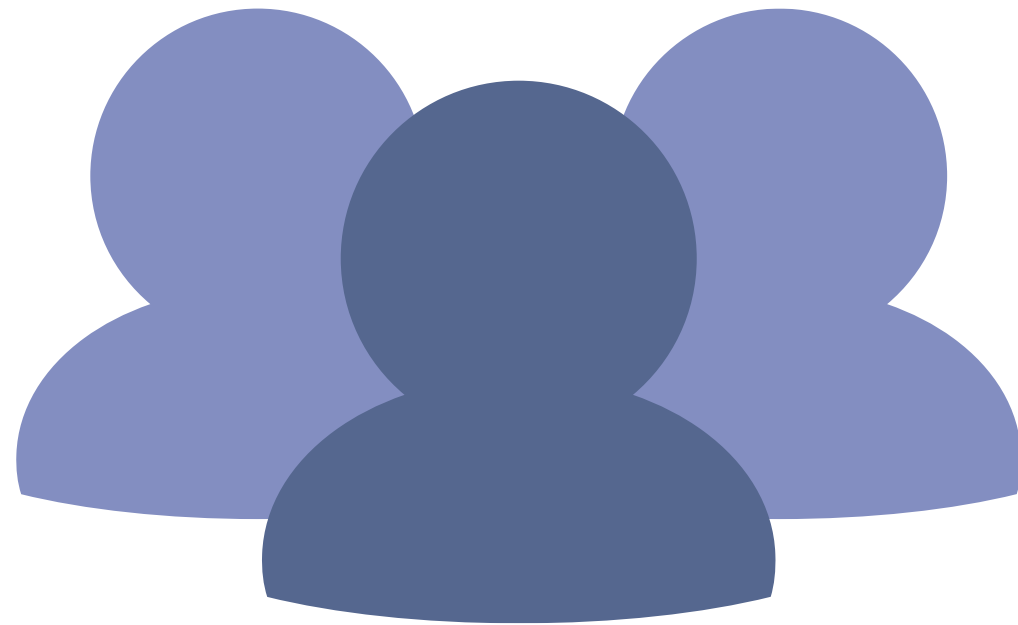
People



Champions, leadership, and partnerships were consistently critical across every stakeholder group

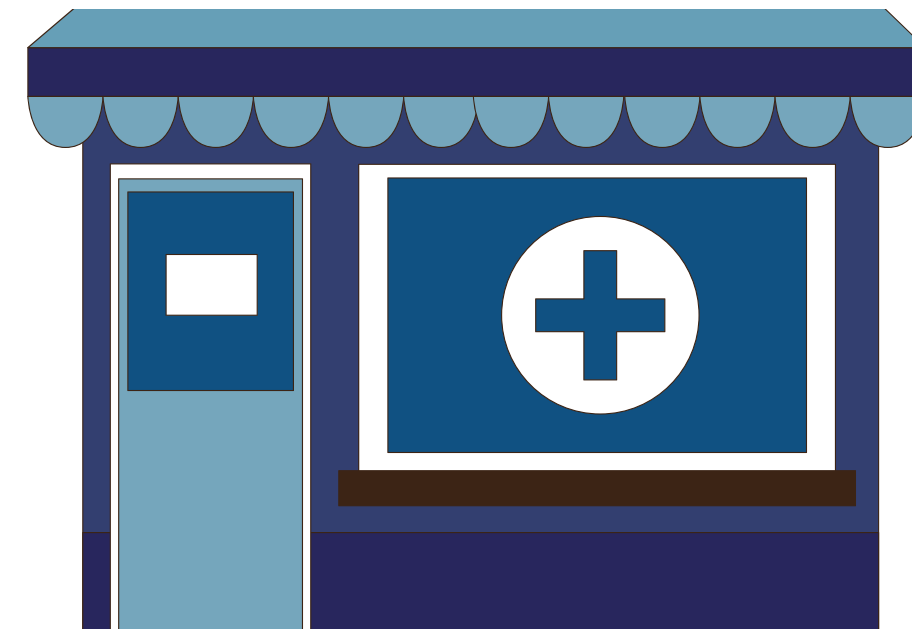
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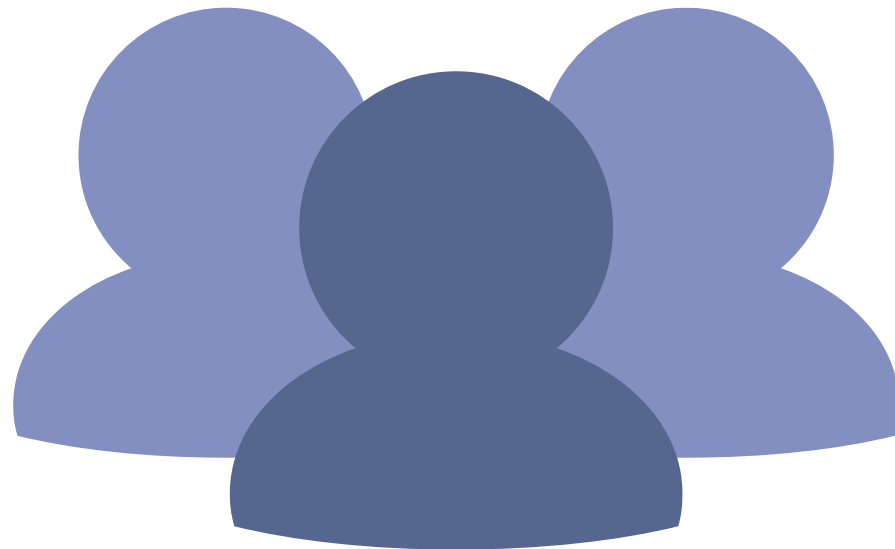
Places



Potent opportunities for change exist at the service point:
IT systems, staffing gaps, and stigma disrupt delivery

What really drives implementation success?

People



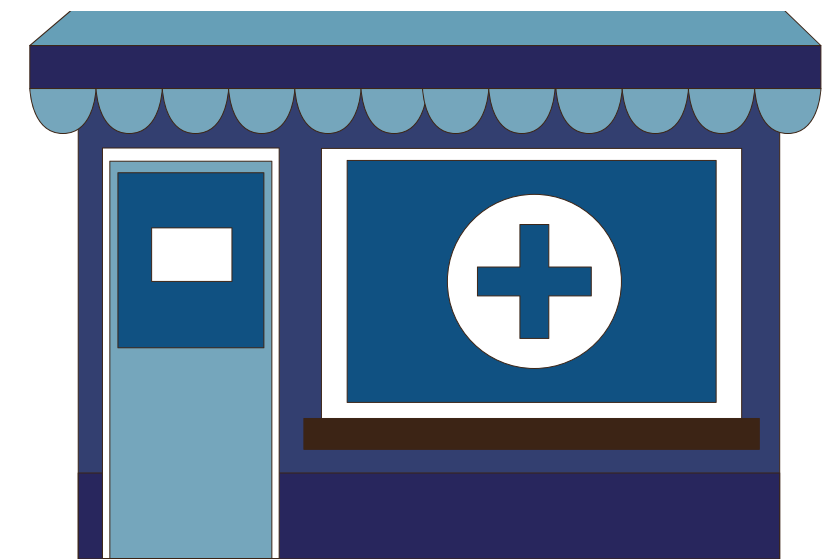
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Systems



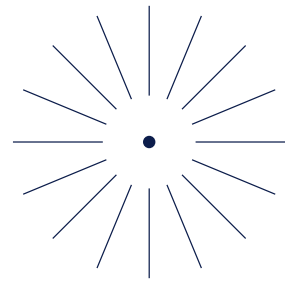
Point-of-care testing's advantages are clear but scaling up requires ongoing investment in the right infrastructure and support

Places

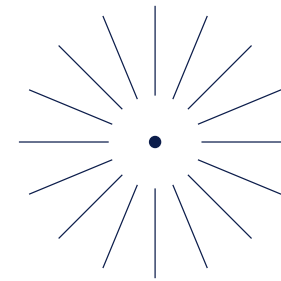


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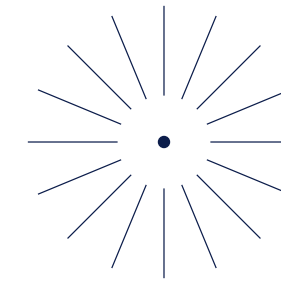
THIS RESEARCH WILL GUIDE US TO IMPROVE PROGRAM DELIVERY



Tailoring support for
different sites and
settings



Guide future training,
communications, and
planning



Informing continuous
development of the
program

KEY ACTIONS & TAKEAWAYS

CHALLENGE STIGMA—WHEREVER YOU ARE

Address HCV and drug use stigma in policies, clinics, training, and language

INVEST IN PARTNERSHIPS:

Build relationships across sectors early, especially with community orgs and ACCHOs

DESIGN ROLLOUTS AROUND TRUSTED CHAMPIONS:

Identify and empower those already making it work
– give them time, space, and a voice



Thank You.