PROVIDER PERCEPTIONS OF INCORPORATING HEPATITIS C TESTING TECHNOLOGIES INTO STANDARD PRACTICE: CONSIDERATIONS FOR WIDESPREAD IMPLEMENTATION AND SCALE-UP

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Background:
Simplification of hepatitis C virus (HCV) testing technologies has facilitated scale-up of testing and treatment of at-risk populations in various service settings. Provider perspectives on the incorporation of simplified diagnostics into standard of care would inform optimised implementation of these technologies. The aim was to explore provider perceptions of preferred HCV testing modalities, and how they envisage its incorporation into standard practice.

Methods:
From October 2022-March 2023, semi-structured interviews occurred with providers from community-based services (clinical and non-clinical) providing care to people at-risk of HCV infection. Participants were recruited using purposeful sampling from six states/territories in Australia via Zoom. They were interviewed about HCV point-of-care and dried-blood-spot (DBS) testing experiences and challenges to implementation. Codes were informed by the interview guide and analyses were framed with an acceptability framework.

Results:
25 providers were interviewed, of which 14 were in nursing roles and 16 had DBS experience. Analyses indicated that most participants held positive views of new testing modalities – particularly the quick acquisition of results via point-of-care and supported its use long-term. A few participants even preferred phlebotomy to test for other co-morbidities. Contrastingly, providers reported mixed views on the best setting for DBS e.g., in-clinic, outreach, screening campaign, or mail-out testing. The degree to which implementation barriers for point-of-care and DBS testing impacted participants seemed to be contingent on levels of structural support. Many identified an increased workload (e.g. additional associated administrative and care pathways) without provision of more human resources. Participants identified limited client support beyond HCV care as a barrier.

Conclusion:
The expansion of HCV testing and care necessitates that additional structural support (e.g., adequate funding and staffing) be implemented alongside the increased expectations put upon healthcare providers. Despite the adaptability of providers, a one-size-fits-all approach is not going to suit the needs of all clinic settings.

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