

BARRIERS AND ENABLERS TO POINT-OF-CARE HCV TESTING: A QUALITATIVE STUDY USING THE THEORETICAL DOMAINS FRAMEWORK COMPARING THE PERSPECTIVES OF NEEDLE AND SYRINGE PROGRAM WORKERS AND PEOPLE WHO INJECT DRUGS

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Background:

Point-of-care testing (POCT) for hepatitis C virus (HCV) infection is critical to improving patient outcomes and reducing transmission rates. Compared to centralized, laboratory-based testing, POCT allows healthcare and community organization workers to offer rapid results and administer care right away. This study aimed to explore and compare barriers and enablers to HCV POCT in needle and syringe program (NSP) workers and people who inject drugs (PWID).

Methods:

We used a qualitative implementation research design involving semi-structured interviews with NSP workers (prevention officers, street workers, coordinators, peer workers) and PWID (recent [<3 months] visit to NSP) in Montreal, Canada. Interviews were guided by the Theoretical Domains Framework (TDF) which identifies 14 theoretical domains to investigate individual, sociocultural and environmental factors (barriers, enablers) influencing implementation. Interviews were audio-recorded, transcribed verbatim, TDF-coded and thematically analyzed.

Results:

We conducted 27 interviews; 12 with NSP workers (median duration: 72 mins) and 15 with PWID (median duration: 33 mins). In NSP workers, seven main TDF domains (Environmental context and resources; Knowledge; Memory, attention and decision processes; Skills; Beliefs about capabilities; Social influences; Social/Professional Role and Identity) best explained barriers and enablers to implementing POCT. Key barriers included limited resources and capacity, lack of funding, competing priorities, limitations in professional role and lack of coordination between service providers. In PWID, five main TDF domains (Environmental context and resources; Knowledge; Emotion; Social influences; Goals) best explained barriers and enablers to POCT. Key barriers included anxiety related to potential HCV diagnosis and competing priorities. PWID emphasized numerous practical and social enablers to POCT, including trust and stigma-free relationships with NSP workers.

Conclusion:

HCV POCT implementation in NSPs requires a multi-level approach, including addressing organizational, social, and individual barriers and enablers. Our findings can inform the development of effective implementation strategies for promoting uptake of HCV POCT.

Disclosure of Interest Statement:

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