

Point-of-care testing for sexually transmissible infections: translating a trial into routine practice

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Background

The TTANGO randomised controlled trial (2013-2015) evaluated whether use of a molecular point-of-care (POC) test for chlamydia and gonorrhoea could improve the timeliness of treatment in 12 remote Aboriginal communities in Western Australia, Far North Queensland and South Australia. Preliminary results show that use of POC tests by Aboriginal primary care staff substantially reduced the time to treatment compared with standard laboratory testing, the POC tests had very high sensitivity and specificity and were found to be highly acceptable to patients and health service staff.

Aims

Through funding from NHMRC and the Australian Government, the second phase, called 'TTANGO2' involves translating POC testing into a routine program and expanding to 33 Aboriginal primary care services. In addition the program will integrate POC testing into sexual health continuous quality improvement (CQI) activities.

Methods

We established a translation framework based on; (i) community engagement and consultation, (ii) POC testing, training and quality management, and (iii) STI CQI activities. A transition workshop was held with health services in November 2015, and participants provided feedback on POC training models and operational aspects and STI testing and management processes. The findings from the workshop, along with acceptability research from the trial, informed the second phase. TTANGO2 is a partnership between Aboriginal health organisations, government, laboratories and researchers.

Results

Program expansion began by engaging a wide network of health services and stakeholders, providing them with opportunities for input into the program implementation. To date, 16 primary care services have joined TTANGO2 with the remaining expected to join in the next 9 months. A comprehensive training system was developed and is being delivered in flexible and novel ways. A robust quality management program was designed in collaboration with the University of Queensland Centre for Clinical Research and the National Serology Reference Laboratory to ensure analytical quality and a software system for electronic transfer of results was developed. Sexual health CQI indicators were selected and a CQI working group is being established.

Conclusions

The translation framework has provided a solid basis for expansion of the program. The remaining 3 years will focus on building the capacity of health services and staff to take ownership of the program, continue POC STI testing as standard practice and integrate POC into their sexual health quality improvement program.

Presenter

Tessa McCormack (BMedSc, MPH) has spent the last two years working at the International Centre for Point-of-Care Testing, and was involved in several of the point-of-care testing programs running at the centre, including programs for acute, chronic and infectious illnesses. Tessa was the Coordinator of the ACE Program, an international point-of-care testing model for diabetes management, which operates in rural and remote Indigenous communities in seven countries. She also served two years as the Secretary of the WONCA (World Organisation of Family Doctors) Special Interest Group on Global Point-of-Care Testing. Tessa was involved in the initial preparation and rollout of TTANGO2, a NHMRC-funded program introducing point-of-care testing for sexually transmitted infections in remote areas of Australia. Tessa is currently studying a Doctor of Medicine at the University of Notre Dame in Fremantle, WA.