



## Scale up of Infectious Disease Point-of-Care (POC) Testing for Aboriginal and Torres Strait Islander Communities.

Report on 16 March 2023 co-design workshop



## **Artist Recognition**

Mel Fernando, a proud Wiradjuri/Kamilaroi/Euahlayi woman from Dubbo, New South Wales, currently living and working on Birpai Country.

## **Visual Scribe**

Swivel Creative - Rachel Dight

<https://swivel.com.au/>

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## **Acknowledgment of Country**

The Kirby Institute, UNSW acknowledges all Aboriginal and Torres Strait Islander peoples as Custodians of Country and recognises their continuing connection to land, sea, culture and community. We pay our respects to Elders past and present.

## **Summary**

The first infectious disease point-of-care (POC) testing co-design workshop was held in Sydney on Gadigal Country on the 16th of March 2023.

The workshop was coordinated by the Kirby Institute and the National Aboriginal Community Controlled Health Organisation (NACCHO) and facilitated by Troy Combo. The workshop brought together 30 people from across a range of sectors including Aboriginal Community Controlled Health Organisations (ACCHOs), policy, research and laboratory. The workshop focused on identifying barriers and facilitators to the scale up and sustainability of infectious disease POC testing, with a specific focus on training, workforce and integration. A wealth of knowledge and experience was shared, and a number of key actions and recommendations were agreed. Recommendations and actions from this workshop will shape the implementation of the new infectious disease POC programs, while informing how existing programs can be improved and expanded.

## **Background**

Aboriginal and Torres Strait Islander people living in rural and remote areas are disproportionately affected by infectious diseases. As a result of the ongoing impact of colonization and institutional racism Aboriginal and Torres Strait Islander people are also more likely to face barriers when accessing healthcare. Further, in regional and remote Australia, there are frequent delays in the diagnosis and treatment of these infections due to substantial physical distance from diagnostic laboratories, constrained health service capacity to locate and recall patients for treatment due to workforce shortages, and a highly mobile young population.

These delays reduce the likelihood that optimal treatment will be initiated, while increasing the likelihood of loss to follow up and risk of serious adverse health consequences.

To overcome these barriers a new model of STI molecular POC testing was introduced in Aboriginal and Torres Strait Islander communities in 2013. This was initially a pilot study of 11 services before being expanded to 45 services in 2016. In 2020 the STI POC program was augmented with COVID-19 testing, creating the largest decentralized network of point-of-care testing in the world, inclusive of more than 100 health services in the remotest parts of Australia. In mid-2022 this program was further expanded to include testing for influenza A, B and respiratory syncytial virus.

In 2021, the Kirby Institute was successful in the Medical Research Future Fund: Rapid Applied Research Translation Grant opportunity, receiving \$10 million over five years to scale up infectious disease point-of-care (POC) testing for Aboriginal and Torres Strait Islander communities. The project aims to leverage the existing POC testing network and implement new testing models for other priority infectious diseases, such as Group A streptococcus, human papillomavirus and tuberculosis. In parallel, optimising the critical support systems needed to support sustainable and large-scale access to POC testing for Aboriginal and Torres Strait Islander communities, such as workforce, training and connectivity.

The project is co-led by the National Aboriginal Community Controlled Health Organisation and the Kirby Institute and is a collaboration of 59 Chief Investigators and 29 partner collaborators.

Aboriginal and Torres Strait Islander leadership and governance is at the core of this project. As such, co-design workshops will be held in years 2,4 and 5. In Years 2 and 4 the co-design workshops focused on understanding the barriers and facilitators for POC testing, developing POC testing models and scale up plans and identifying key implementation considerations. In Year 5 the co-design workshop will focus on knowledge translation.

This report details the priority areas and recommendations from co-design workshop 1.



## Approach

The workshop was held face-to-face following POC23, the 1st Australasian Conference on point-of-care testing for infectious disease. Appendix A shows the full agenda.

Workshop participants were invited from across a range of disciplines including, representatives from Aboriginal Community Controlled Health Organisations, research, policy and laboratory. There was a total of 30 participants, with at least 50% identifying as Aboriginal and/or Torres Strait Islander.

The workshop started with a Welcome to Country by Raymond Murray from Metro Local Aboriginal Lands Council. Raymond welcomed participants onto the unceded lands of the Gadigal People with a Traditional Acknowledgment of Country and a Smoking Ceremony.

The workshop was separated into three main sessions (1) Setting the Scene (2) Barrier and Facilitators (3) Priority setting and Recommended actions. Participants worked in small group to identify priorities and discuss possible solutions, before coming together for a whole group discuss and agree on recommendations and next steps.

Rachel Dight from Swivel Creative was the live visual scribe for the workshop and produced incredible physical and digital outputs. Attachment B.

## Recommendations

Three overarching themes were identified, including a number of recommendations

Policy and funding mechanisms to achieve sustainable and long-term access to POC testing

Alternate training and workforce models

Integration for multi-disease POC testing

### ***1. Policy and funding mechanisms to achieve sustainable and long-term access to POC testing***

1. Work with key stakeholders to develop a strategy and evaluation plan for long-term funding support for POC programs
2. Continue advocacy for a Medicare rebate for POC testing to cover test cost and staff time required to conduct the POC test
3. Advocate for longer term block funding arrangements for POC programs to improve job security and continuity of program staff
4. Advocate for dedicated POC operators to be funded by relevant state, territory or federal government
5. Embed POC testing into all relevant national strategies
6. Co-design workshop recommended actions to be share with The Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS)

## ***2. Alternate training and workforce models***

1. Explore and pilot training of non-clinical staff as POC operators to provide local employment opportunities and help mitigate current workforce limitations
2. Develop online training modules for POC testing that can be completed by the operator at their convenience
3. Increase the availability of face-to-face training via site visits or regional workshops
4. Explore using a train-the-trainer or regional champion model for molecular POC programs
5. Explore the feasibility of training locum workforce in POC testing prior to their arrival at a participating health service
6. Work with the National Association of Aboriginal and Torres Strait Islander Health Worker and Practitioners (NAATSIHWP) to embed POC testing training into the Aboriginal and Torres Strait Islander Health Worker and Practitioner certificate.
7. Advocate for the harmonisation of Aboriginal and Torres Strait Islander Health Worker and Practitioner scope of practice nationally

## ***3. Integration for multi-disease POC testing***

1. Work with key stakeholder to embed POC testing into the 715 health check
2. Develop POC guidelines and clinical pathways that can be adapted by health services to suit local needs
3. Integrate training across molecular POC program (STIs, Respiratory, HCV) to streamline process and training time.
4. Establish a POC operators network to share learning from across POC programs



## **Next steps**

Small working groups will be convened to progress recommendations related to each of the themes arising from the workshop. Progress updates will be provided at the quarterly project investigator and partner meeting.

**Co-design workshop 2 will be held in 2025**

## **Acknowledgement**

This project is funded by the Australian Government, Medical Research Future Fund (MRFF): Rapid Applied Research Translation (RART) grant opportunity. We acknowledge the contribution of all chief investigators and partner collaborators. We acknowledge and value the cultural knowledge, experiences and perspectives shared by all workshop participants.

## APPENDIX A – CODESIGN WORKSHOP AGENDA



# Infectious Disease POC testing codesign workshop (integration, workforce, and training)

## Meeting Agenda

Date	Thursday 16 Mach 2023
Time	9:00am -5:00pm
Location	Sheraton Grand Sydney Hyde Park – Phillip Room

Item	Time
Registration + Meet and greet coffee	9:00am -9:15am
Welcome to Country	9:15am – 9:45am
Introductions	9:45am – 10:00am
Setting the scene	10:00am – 10:45am
Barriers and Facilitators	10:45am – 11:15
<b>Morning Tea</b>	11:15am - 11:30am
Priority setting and open discussion	11:30pm – 1:00pm
<b>Lunch</b>	1:00pm – 1:45pm
Strength based solutions	1:45pm – 4:00pm
Recommendations and actions	4:00pm – 4:30pm
Wrap up and close	4:30pm – 5:00pm



APPENDIX B – OUTPUTS FROM THE VISUAL SCRIBE



LIVE VISUALS BY RACHEL DIGHT | swivel.com.au



# TRAINING WORKFORCE & INTEGRATION

POINT-OF-CARE COVID-19 WORKSHOP 1

**COLLABORATORS**  
URBAN STREET

**CHIEF INVESTIGATORS**

**RESPIRATORY**

**COVID-19**

**SCALE UP**

**PROGRAMS**

**FAST**

**RESULTS**

**SPRINT RESPONSE**

**EQUIPMENT SOFTWARE**

**CONNECTIVITY**

**TRAINING**

**QUALITY MANAGER**

**ADVISORY MANAGEMENT**

**FUNDED BY ADJUST GOVT**

**COVID-19**

**SCALE UP**

**FAST**

**RESULTS**

**SPRINT RESPONSE**

**EQUIPMENT SOFTWARE**

**CONNECTIVITY**

**TRAINING**

**QUALITY MANAGER**

**ADVISORY MANAGEMENT**

**FUNDED BY ADJUST GOVT**

# COVID RUSH

**MINIMISE PATIENT RISK**

**INCREASED KNOWLEDGE**

**COMMUNITY N.E.E.D.S**

**SAFETY**

**BD & TRAINING**

**CULTURAL GOVERNANCE & ENGAGEMENT**

**COMMUNITY!!**

**COMPETENCY**

**CHALLENGE**

**TRAIN THE TRAINER**

**INNOVATION & OPPORTUNITIES**

**FLEXIBLE TRAINING S.P.T.I.O.N.S**

**INVESTED HEAVILY!**

**DEVELOP MODELS**

**FEED-BACK LOOP**

**COMMUNITY L.E.D**

**RANGE OF RESOURCES**

**NEGOTIABLE & NON-NEGOTIABLES**

**ADJUST GOVT INVESTED HEAVILY!**

**COMMUNITY N.E.E.D.S**

**SAFETY**

**BD & TRAINING**

**CULTURAL GOVERNANCE & ENGAGEMENT**

**COMMUNITY!!**

**COMPETENCY**

**CHALLENGE**

**TRAIN THE TRAINER**

# BARRIERS AND FACILITATORS

**ABORIGINAL CHAMPIONS**

**HANDS ON**

**COMPAGNS**

**TEAM ALL STAFF**

**TESTS**

**PATIENTS**

**STAFF**

**SUPPORT**

**INFRASTRUCTURE?**

**CONTRACT LENGTH**

**MULTI-GENERATIONAL**

**WORKFORCE**

**CHAMPIONS**

**AWARDS**

**PRIMARY HEALTHCARE**

**CONNECTIVITY??**

**DASHBOARD**

**SCALABLE DIVERSE**

**FOR PROS - GREAT - ISLAND OF**

**LIMITED FUNDING & PEOPLE**

**TEAM & TEACHER**

**TESTS**

**PATIENTS**

**STAFF**

**SUPPORT**

**INFRASTRUCTURE?**

**CONTRACT LENGTH**

**MULTI-GENERATIONAL**

**WORKFORCE**

**CHAMPIONS**

**AWARDS**

**PRIMARY HEALTHCARE**

**CONNECTIVITY??**

**DASHBOARD**

**SCALABLE DIVERSE**

**FOR PROS - GREAT - ISLAND OF**

# CONNECTIVITY

**SYSTEMS BASED CHANGE**

**SHARING & OPERATES**

**SUPPORT NETWORKS**

**ACCESSIBILITY**

**TRAINING**

**INCREASE PROGRAMS**

**PROCESS**

**CLINICAL WORKFLOW**

**OPTIMISE WORKFLOW**

**POCT ACCESS**

**LOCALISED KNOWLEDGE**

**PHYSICAL TRAINING ASPECTS**

**CHAMPION CLINICAL LEADERS**

**IMPLEMENTATION MODELS**

**INTEGRATION**

**IMPACT**

**MEDICARE REBATES**

**NOTIFICATION**

**DOCUMENTATION**

**AMPH/AHW PATHWAYS!**

**PRIORITISE HIGH RISK GROUPS**

**AMPH/AHW**

**EMPOWER HEALTH WORKERS**

**LOCAL & STRATEGIC PLANS**

**TRAINING**

**NON CLINICIAN**

**SUSTAINABLE**

**TESTING**

**SCALE-UP OPPORTUNITIES**

**STATE & LOCAL**

**WORKFORCE STAFFING**

**FUNDING**

**BILLING TRAINING**

**SECURITY**

**INTEGRATION**

**IMPACT**

**MEDICARE REBATES**

**NOTIFICATION**

**DOCUMENTATION**

**AMPH/AHW PATHWAYS!**

**PRIORITISE HIGH RISK GROUPS**

**AMPH/AHW**

**EMPOWER HEALTH WORKERS**

**LOCAL & STRATEGIC PLANS**

**TRAINING**

**NON CLINICIAN**

**SUSTAINABLE**

**TESTING**

# RECOMMENDATIONS

**FUNDING**

**SHORT TERM**

**LONG TERM**

**EVALUATE/CONSTANTLY IMPROVING**

**NEW TESTS**

**PREPARE & ACTIVATE MECHANISMS RE OTHER TESTS**

**DOCUMENT STRATEGY**

**IDENTIFY KEY PEOPLE/STAKEHOLDERS**

**DEVELOP EVALUATION PLAN**

**LEARN FROM MCAAC SUBMISSION**

**TABLED FORMALLY**

**OR BBVCS - OTHER AWAITE TO DISCUSS**

**OPPORTUNITY & EMBED IN ALL RELEVANT STRATEGIES**

**TRAINING**

**MODULE BASED**

**EXPLORE SCOPE OF PRACTICE FOR AMPH/AHP TRAINING CERT DIPLOMA**

**EXPLORE NON CLINICAL STAFF & ADVANCED TRAINING**

**INTEGRATE MULTI-DISEASE TRAINING**

**FACE & FACE MODULES**

**PEER TRAINING MODULES**

**EXPLORE GRILEED NURSE TRAINING**

**LOCOMS**

**RACH-INT**

**AEDA - CRANA**

**RURAL HEALTH NET**

**SCOPE & PRACTICE IMPLEMENT WITHIN AMPH/AHP CERTIFICATES**

**WORKFORCE**

**LOOK & MODELS SPECIFIC POSITIONS RE POC**

**EXPLORE ACCREDITATION CPD TRAINING POC WORKFORCE**

**ESTABLISH NETWORK OF POC OPERATORS**

**STATE-TERRITORY-REGIONAL**

**EXPLORE RAN TRAINING OPPORTUNITIES RE POC**

**NATIONAL CONSISTENCY ON AMPH/AHW ACROSS ALL JURISDICTIONS**

**LAB TECH TRAINING SPECIFICALLY FOR POC**

**ABORIGINAL & Torres Strait ISLANDER**

**FORMAL QUALIFICATION TRAINING PROVIDER**

**INTEGRATION & WORKFLOW**

**INTEGRATION HPV NATIONAL PROGRAM**

**WORKSHOP CLINICAL P.A.T.H.W.A.Y.S**

**EXPLORE EXISTING RESOURCES**

**EXPLORE GUIDELINES RE POCs IN CAN ADAPT LOCAL ACC/ACCHO SERVICE**

**EXPLORE HUB/SPOKE MODELS REVIEW DISEASE SPECIFIC**

**EXPLORE OPPORTUNITIES RE MOBILE DEVICES - SPECIFICALLY ISOLATED COMMUNITIES & RURAL**

**EXPLORE FEASIBILITY RE TECH INTEGRATION (TEST DEVICES)**

**PATHWAYS**

**SCALE UP!**





*The artwork titled "Walking Together" is created by Mel Fernando, a proud Wiradjuri/Kamilaroi/Euahlayi woman from Dubbo, New South Wales, currently living and working on Birpai Country.*