Author’s response to reviews

Title: Point-of-care testing (POCT) for HIV/STI among MSM in regional Australia at community 'beat' locations

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Author’s response to reviews:

Please note that this has also been included as an attached document for formatting reasons.

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7th January 2019

Maria Zalm
BMC Health Services Research
BioMed Central
The Campus, 4 Crinan Street
London N1 9XW
United Kingdom

Dear Maria Zalm,

Please find enclosed the edited manuscript BHSR-D-18-00369R2 “Point-of-care testing (POCT) for HIV/STI targeting MSM in regional Australia at community ‘beat’ locations”, for consideration as an original article to publish in BMC Health Services Research.

Additionally, please find included below the responses to editor comments as per the updated manuscript.

We hope this has sufficiently met the needs of the reviewers and provided the further requested clarification to strengthen our submission.

Thank you for your consideration.

Kind regards,

Dr Amy B. Mullens, University of Southern Queensland

and co-authors: Mr Josh Duyker, Queensland Positive People; Associate Professor Charlotte Brownlow, University of Southern Queensland; Mr Jime Lemoire, Queensland Positive People; Ms Kirstie Daken, University of Southern Queensland; Professor Jeff Gow, University of Southern Queensland and University of KwaZulu-Natal.

Response to Comments on Manuscript BHSR-D-18-00369R2
Editor Comments

1a Evaluate the acceptability and feasibility of a mobile clinic van intervention as a method to engage MSM in regional Queensland with anonymous HIV/STI POCT; 2) Describe characteristics of early adopters of this service; and 3) Describe facilitators and barriers to implementation of this time limited program. In-depth qualitative analyses of peer-tester field notes provide rich insights regarding the challenges faced.

Author Responses

The authors thank you for your detailed and helpful feedback, the manuscript has been updated accordingly to: 1) indicating proof of concept (versus acceptability and feasibility across the whole region of MSM); 2) describing characteristics and acceptability of the early adopters; and 3) describing facilitators and barriers to implementation of this time limited program. (as relevant throughout the manuscript; abstract intro and discussion).

Editor Comments

1b However there are some critic in the design of this pilot study and writing the manuscript. My main concern is if this study design is poised to support the objective and the conclusions drawn by the authors who propose a "The acceptability of the mobile van clinic intervention was high among 'early adopters'. It was expected that recruitment would be slow initially while building trust within the community": This is, however, yet to be demonstrated.

Author Responses

Thank you for your comments, this section has been updated with the statement significantly toned down and changed to: "The acceptability of the mobile van clinic intervention was high among the limited sample of 'early adopters'. It was expected that recruitment would be slow due to heightened stigma regarding HIV/STI testing in a regional community, particularly among the target group (MSM)". (Discussion section, Project summary sub-section, pages 22-23).

Editor Comments

2a The authors didn't estimate the population size of MSM in that area. We know that only 18 MSM (including one heterosexual) have been tested for HIV or syphilis and they have been
assessed for the acceptability and feasibility of a mobile clinic van intervention. But we don't know how many MSM live in that area.

Author Responses

There is no method by which this calculation can accurately be made which is why it was not included. Toowoomba is a rural city with gay/homosexual behaviours still stigmatised and mostly underground. More rationale was provided regarding why this region was selected. (Methods section, project overview sub-section, pages 6-7).

Editor Comments

2b So, the conclusion would be misleading. This is strong statement to say "Overall, the data from the post-testing questionnaire (response rate 95%) indicated high satisfaction and acceptability of the service". Because we don't have the actual denominator for that.

Author Responses

The authors appreciate your comments and agree. This has been updated accordingly to provide better clarification. "Overall, the data from the post-testing questionnaire (response rate 95%) indicated high satisfaction and acceptability of the service among the limited number of ‘early adopters’". (Results section, Questionnaire: Satisfaction, testing frequency and preferences sub-section, lines 1-3, page 10).

Editor Comments

3 The screening and eligibility process is not clear. Also, it is not clear how many people were assessed for the study by the Peer-testers.

Author Responses

The authors thank you for your feedback, and have now stated the process clearly. The screening/eligibility process was fairly broad:
1. Over 18

2. Had a real or perceived HIV risk.

The screening process was a brief conversation with the participant in line with the RAPID culture of ‘receiving a text without the Q&A’ and all of the screening questions in mainstream services. It also is a way to reduce stigma and potential barriers to testing. (Methods section, Mobile clinic POCT sub-section, pages 8-9).

Editor Comments

4 The association between selected regional town (community 'beat' locations) and the study population (MSM) is not clear. We need more evidence to see why they chose the beat area for their study. Higher rate of HIV and syphilis prevalence is not good enough for selecting this area. The geo-social networking applications and websites (Grindr and Squirt) would be better instrument to find more appropriate location. We could prevent most of the study limitation (e.g. Personal safety of peer-testers), by identifying and pre specified targeting of MSM and their living area (usually the MSM live in safer area). Then we may have better result.

Author Responses

The site was chosen due to extensive community engagement via the HIV Foundation Queensland ‘RAPID Roadshow’ 2015 [see reference 20] during formative assessment, prior to the current project. From a practical sense, it was chosen as it was a regional area that was easily accessible from Brisbane (state capital). This study was to build upon the previous work that was done in the region. (Methods section, Formative assessment sub-section, page 7).

The authors don’t believe that the geo-social networking applications and websites (Grindr or Squirt) would have found a better location given that nature of MSM communities in regional areas. There is a small pool to pull from and most men want to be discrete as they may not be out or want the town to know their business. It is also important to consider that even if there was a greater number of users on Grindr/Squirt, it doesn’t not automatically mean that we would have resulted in more people testing or improved peer tester safety given the nature of the work and the way the study was being conducted.
It is also mentioned that the specific beat sites within the regional town were selected based on formative assessment, in partnership with key informants. This stakeholder engagement for key population health promotion improves relevancy and efficiency of the public response.

This issue has been listed as a limitation of the study and highlights the need for future research. (Discussion section, Project summary sub-section, pages 22-23).

Editor Comments

5a The recruitment process is not clear and if there is any prespecified inclusion and exclusion criteria (the results generalized to MSM but there is a female and heterosexual in their result).

Author Responses

The intended focus/target group was MSM however no person seeking tests were excluded.

There was no inclusion/exclusion criterion. Although it was focused on MSM, a HIV test was available for anyone who requested one. The only exclusion criteria were if the participant was under 18 or they did not consent to the point of care test.

(METHODS section, Mobile clinic POCT sub-section, pages 8-9).

Editor Comments

5b Also, we don't have any information about the participants last HIV test, and the interval between testing.

Author Responses

The testers had discussions with the participants about when their last test was as part of the pre-test consultation, but it was not data that was collected. One author specifically remembers a gentleman that hadn’t been tested in 20 years! In regard to data collection, the focus was on proof of concept and as such collecting data about testing behaviours wasn’t considered.

This is a limitation of the study.
Editor Comments

6 The authors have strong conclusion in their study "Consistent with expectations, testing increased over time along with increased community trust.". There is no information regards this statement. In their design, there is no comparison group and it is not clear how other setting work (e.g. permanent health care facility, and community culture). Also, asking the question about the acceptability and feasibility of a mobile clinic van intervention (by questionnaire), is not strong evidence to confirm this method as a POCT. This pilot study is conducted to assess the proof of concept.

Author Responses

The authors have revised this conclusion, and agree it may have overstepped the mark. There is no information about community trust and how it changed over time and how it was influenced by the project.

(Conclusions sections, both in the Abstract on page 3 and page 24).

Editor Comments

7 The result for Table 1 could mislead us (simple descriptive is misleading), we want to know the association between different questions. (e.g. if the people who want to do the HIV test at home, also want to pay for the test?). Based on the table 1, 100% of participants agreed with the question "Community HIV testing from a mobile clinic van is an acceptable HIV testing method". In contrast majority of them want to do the test anonymously, use a HIV home testing kit, and redo the test at home. So, the reliability and validity of this questionnaire is not clear. The expected correlation of two questions that measure the same construct should be evaluated (the Cronbach's alpha test would be helpful).

Author Responses

The findings are intended to be descriptive in nature and capture a ‘snapshot’ of general beliefs and perceptions regarding testing, and are not intended to substantiate more formal constructs per se.

The authors thank you for your comments, and agree that it is slightly misleading and not internally consistent. The reasons for asking the home testing questions was because it was known that this particular intervention was going to be person/time intensive and not a feasible model, whereas home testing could be the better model for anonymous testing in regional areas.
In rural areas, people indicated a desire to test at home and would prefer that to a park. The peer-tester presence in this project aided in discussions and offers for opportunistic testing demonstrated acceptable health promotion, but not a sustainable testing option; further investigation into HIVST is merited. (incorporated into discussion and recommendations)

Questions are not necessarily intended to be internally consistent; each tapping a separate idea.

(Methods section, Questionnaire: Satisfaction, testing frequency and preferences sub-section, pages 10-12).

Based on the findings re home testing, this could be an implication for future health promotion and research. (which was part of the rationale behind the question to be forward thinking about next steps to continue to remove barriers to access).

Editor Comments

8 The qualitative analysis of peer-tester field notes is not focused based on the study population and objective (MSM). I would rather to have two different section for qualitative analysis (1- a general inquiry and 2- MSM focused)

Author Responses

Given there was only 1 female, it is highlighted that the peer tester notes solely focused on the health promotion with the target group MSM.

This was added at start of qualitative section: with a specific focus on barrier/facilitators and innovations (per action research) to POCT via mobile clinic van in a regional area targeting MSM identified. (Results section, Qualitative analysis of peer-tester field notes sub-section, page 12).

Editor Comments

9 The process for recruiting the Peer-testers and their characteristics is not clear.
Author Responses

The authors appreciate your feedback and have rectified this by adding into the methods section information regarding peer-testers: “who were paid employees of RAPID and identified as PLWH and/or MSM”. (Methods section, Recruitment and online engagement sub-section, pages 7-8).

Editor Comments

We don’t know why the authors conclude that "Recruiting MSM via geosocial apps in a regional area was found to be acceptable and feasible". The process for recruiting the MSM is not clear too. It is not clear how Peer-testers identify and approach to MSM.

Author Responses

It is important to note that the service was advertised on the apps and testers engaged in conversations with potential participants, inviting them to visit the location and have a test. That could be considered the ‘recruitment’ process. In regards to identifying MSM it was assumed that everyone using the apps was going to be an MSM as that is the purpose of the app. (Methods section, Mobile clinic POCT sub-section, pages 8-9).

Editor Comments

10 Some of the authors recommendation (page 20 line 20) were not assessed and supported by the result of this study (e.g. sustainable and cost-effective over time, and dispersed regional populations).

Author Responses

The authors thank you for your feedback and have rectified this by adding it as an area for future research and have omitted it from the recommendations.

Editor Comments

11 The scientific writing of this manuscript should be re-evaluated: 1- there are some abbreviation that not addressed (NGOs , GP, …) and "Recommendations for the future" would be better to move to discussion section (not in result section).
Author Responses

The authors appreciate your feedback and have rectified these issues.

Reviewer 2

Editor Comments

12 The methods are well described, although I am not entirely sure if a mixed method description can be used for this paper. I can see a quantitative survey and a qualitative arm of the study, but they are not feeding into each other. The analysis for the qualitative data could have been more in depth and structural (Grounded theory, IPA etc). However, the paper provides good insights into barriers into engagement with projects similar to the one described in this study.

Author Responses

The authors thank you for your comments. The mixed methods approach is described in a sequential fashion; and is intended to extend and contextualise the qualitative findings, help to substantiate proof of concept and obtain information re barriers/facilitators (and innovations; per action research) and recommendations for future health promotion.

Editor Comments

13 The authors should rethink the volume of quotes used from patients. Please make sure only quotes that are relevant to a particular point or message to be included.

Author Responses

This has been corrected by reducing the number of specific quotes.

Additional Edits

As per email received from Alexandria Latto, on behalf of Joseph Minus at BMC Health Services Research on Monday 24th December 2018, requesting the following further changes:
1. Please cite table 1 in the main text or it may be deleted by the production team. (Methods section, Questionnaire: Satisfaction, testing frequency and preferences sub-section, line 1, page 10).

2. Please provide, in the “Ethics approval and consent to participate” section, why verbal consent as opposed to written consent was obtained from the patients and if this was approved by the ethics committee. (Ethics Approval and Consent to Participate section, lines 2-7, page 27).

3. Please clarify whether the questionnaire used in your study was developed for this study or has previously been published elsewhere. If the questionnaire has been published elsewhere please provide a reference to it in your manuscript, if the questionnaire was developed for this study please upload an English language version as a supplementary file, and create a legend for this figure/file in a section called “additional files”. (Methods section, Mobile clinic POCT, lines 21-23, file attached to submission).


5. Please remove all tracked changes and highlighting.