Barriers and Facilitators for the Use of Point-of-Care Diagnostics in Patients With Respiratory Tract Infections in Outpatient Care Related to the Peri-Launch Phase

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What is the problem?

Rapid point-of-care diagnostics (POCT) have potential to reduce inappropriate antibiotic prescribing in patients with community-acquired respiratory tract infections (CA-ARTI) but are rarely used in European countries

Application of CA-ARTI POCT in patients with symptoms

More adequate antibiotic prescribing

Less AMR / slower development of resistances

Decreased risk of untreatable infections

Less harm and deaths due to AMR pathogens

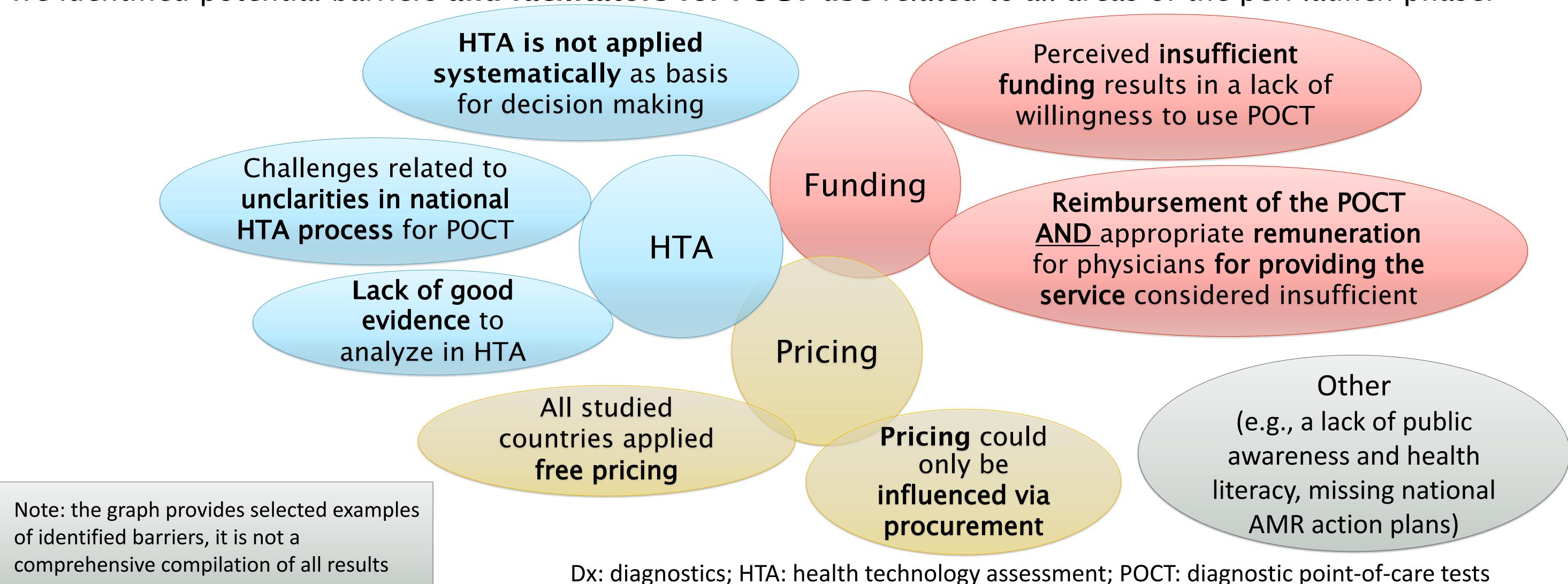
AMR: antimicrobial resistance

What did we do?

- Country case studies were conducted including expert interviews with representatives from public authorities in five European countries: Austria, Estonia, France, Poland, and Sweden
- Barriers and facilitators related to policies in the peri-launch phase (i.e., health technology assessment (HTA), funding, pricing, and procurement polices) of diagnostics were explored that may influence the use of rapid diagnostics for community-acquired respiratory tract infections

What did we find?

We identified potential barriers and facilitators for POCT use related to all areas of the peri-launch phase:



What does this mean?

- This study highlights the **need for tailored approaches** considering **characteristics of each country's health care system** to promote effective adoption of POCT to combat AMR.
- Strengthening policies in the peri-launch phase (HTA, funding, pricing, and procurement) could improve funding mechanisms and facilitate evaluation of the benefits associated with the use of rapid diagnostics.

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