

STUDY OVERVIEW

RATIONALE:

Rising rates of HIV and sexually transmitted infections (STI) and barriers to testing require innovative new strategies for prevention, particularly in marginalized populations. Internet-based interventions have been developed to meet emerging and established online health-related behaviours of Canadians (particularly youth) while providing patient-centred, appropriate, accessible and cost-effective health care. Sexual health services are no exception, as increasing trends in seeking sex partners online (and associated risk behaviours) suggest the internet is a new environment for sexual risk and a medium with unprecedented reach to populations at risk for STI/HIV. This research study examines the impacts of an internet-based testing program (*GetCheckedBC*, or *GCBC*), where clients can access STI/HIV testing via the internet without requiring presentation to a clinic. Unlike other internet testing models, GCBC is closely integrated within existing clinic-based sexual health, public health, and laboratory services. Given these trends, adoption of eHealth interventions like GCBC are clearly needed; however until fully integrated within the health care system their full impact cannot be understood. Our proposal aims to bridge this gap and will substantially contribute to the evidence base in support of internet-based sexual health services, which are relatively new in Canada and have received little research attention to date.

GOAL:

This three-year study focuses on phase 1 of GCBC, with implementation at BCCDC clinic-based sexual health services and with promotion of GCBC to men who have sex with men (MSM) in Vancouver. We aim to comprehensively understand the direct health and system impacts of internet-based testing (*intervention effects*), in order to collect the evidence necessary for decision-makers to use to guide expanding GCBC on a broader geographic scale in BC (phase 2).

OBJECTIVES:

Based on initial conversations with knowledge users on the project team we have identified impacts to measure at individual and population levels, and on the delivery of sexual health services. Individual level impacts that will be measured include client acceptability, mitigation of existing testing barriers by GCBC, and whether clients testing online display any differences in risk behaviour, HIV knowledge, treatment uptake, or public health follow-up compared to clinic-based testers. Population level impacts that will be measured include diffusion and reach of GCBC into priority populations, characteristics associated with uptake of internet testing, and rates of infection, test uptake, and frequency of testing in GCBC users compared to clinic-based testers. Impacts on the delivery of sexual health services include changes to staff configuration and tasks, and impact on the capacity of existing clinic-based services and laboratory testing volume.

METHODS:

To address these research questions, we will adopt an approach of “*methodological pluralism*” which uses multiple methods for comprehensive evaluation. Five research methods will be applied (three based on existing data sources or data collection systems):

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- i) Virtual cohort: An anonymous virtual cohort will be created using linked (historic and prospective) testing, treatment and follow-up data (from GCBC, STI clinic, and laboratory information systems). Data for 18 months pre and post implementation will be analyzed using both within-person and between-group (GCBC versus clinic) comparisons, to assess differences in treatment, public health follow-up, infection rates, uptake and frequency of testing.
- ii) Online client survey: Clinic and GCBC clients will be recruited for an online client survey (at 0 and 3 months) to assess differences in HIV knowledge and risk behaviours in the short-term following testing.
- iii) Online community survey: By inclusion of questions in the annual online gay men's *Sex Now* survey we will assess acceptability, diffusion and reach of GCBC among MSM.
- iv) Client interviews: We will conduct in-depth individual interviews with 50 GCBC users to assess their experience of using GCBC, including acceptability and perceived barriers to use.
- v) Analysis of health services data: Using aggregate health services data from GCBC and STI clinic information systems we will assess changes in staff configuration/tasks, clinic capacity, and test volumes.

ANTICIPATED IMPACTS:

Findings from this proposal will be immediately used to inform the scaling up of GCBC to other regions in BC (phase 2). GCBC represents a fundamental shift in delivery of testing services that has broader implications within the health system, can contribute to reducing social and health inequities, and furthers existing strategies for enhancing patient-centred primary care.

CONTACT INFORMATION:

For more information about this study, please contact:

Dr. Mark Gilbert
Principal Investigator

Online Sexual Health Services
Clinical Prevention Services Division
BC Centre for Disease Control
655 West 12th Avenue
Vancouver, BC, V5Z 4R4

Tel: (604) 707-5615
Fax: (604) 707-5604
Email: mark.gilbert@bccdc.ca
Twitter: mpjgilbert
Blog: bclovebytes.wordpress.com