

Mapping the Structural Context for Future Internet-Based Testing Service Implementation in Ontario

What do these findings mean for our on-going work?

- These findings contribute an important case study on the political and legislative dimensions of public health service implementation, and demonstrate the value of examining structural conditions prior to introducing new services in a target implementation system.
- While stakeholders recommended building a business case in support of internet-based testing service implementation on the basis of cost savings, we note the potential pitfalls of prioritizing health economics over other public health impact metrics, such as sexual health equity. For instance, what if sexual health services tailored to meet the needs of gay, bisexual and other men who have sex with men (GBM), or other underserved populations, are discovered to be costlier in comparison to one-size-fits-all public health programs?
- Overall, service provider and policy stakeholders support internet-based testing to improve access to HIV/STI testing for GBM, and that working alongside political and legislative decision-makers comprises an important strategy to improve sexual health equity.

What is this study about?

We examined some of the structural and health equity contextual factors that could impact potential implementation efforts and uptake of internet-based HIV/STI testing for GBM in Ontario. When health service implementors transport to new regions GetCheckedOnline (GCO), British Columbia's internet-based HIV/STI testing service, it is important they understand the local environment to ensure the service will be accessible to populations requiring better access to testing.

What did we find?

A majority of stakeholders who we spoke with emphasized the need to improve GBM's access to HIV/STI testing, while endorsing GCO and noting its health equity promises. However, we learned that a provincial legislative Act regulating the collections and testing of laboratory specimens may present a structural barrier (e.g., rendering GCO in its current form unfeasible).

One senior-level public health professional explained:



What did we do?

We interviewed 23 service provider and policy stakeholders about the possibility to introduce GCO in Ontario. Stakeholders identified policy and legislative documents that are relevant to testing in the province. We reviewed these documents to better understand the provincial context.

[name of city] Public Health did have a – it wasn't GetCheckedOnline – but it was a similar service where people could go onto their website and download lab requisitions and then take it to a lab and get tested . . . The province sent out a letter to all the health units saying that this form of lab testing was not allowed under the Lab Services Act [sic] in Ontario ... I thought it [Public Health online testing program] was a really innovative approach and it was something we were interested in . . . But then this letter came out from the Ministry [of Health]. Basically telling health units that . . . they'd have to cease and desist . . .

In response to this legislative constraint, some of the stakeholders we interviewed recommended that public health service implementers collect evidence of GCO's cost savings to the provincial government. It was anticipated this information may incentivize decision-makers to support internet-based testing. For example, one senior manager working in a sexual health organization reflected that:

From a health economics point of view, particularly in the context of our current provincial government, which is all about savings, I think you can build a business case. Like, this is actually more efficient, and it's for guys who may be at higher risk for STIs . . . this is a more efficient way of using healthcare dollars.



In summary, stakeholders identified political and legislative factors that are relevant to consider with respect to future GCO implementation efforts in Ontario.