

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

- If implementing a digital testing service like GetCheckedOnline.com (GCO) in Ontario, some of the funding challenges we identified could be mitigated by exploring alternative delivery models. E.g., patients could order online self-collection kits and send their specimens directly to the public health lab for analysis and receive results digitally. This approach would also allow for public health labs to better anticipate any increased demands for diagnostics, as the number of self-testing kits requested could be internally monitored.
- We conclude by stressing the importance of delivering digital healthcare which can enable equitable access to testing services for populations with greater burden, such as GBM. Of note, this ongoing community-based research project investigates the acceptability of GCO to service providers and GBM in Ontario, in the context of COVID-19 and new HIV/STI testing options such as self-testing.

What is this study about?

Emphasizing a need to improve access to HIV/STI testing for gay, bisexual, and other men who have sex with men (GBM), we examined some of the structural and health equity factors that could impact potential future implementation efforts, and the uptake of digital testing by GBM.

What did we find?

Stakeholders discussed the current availability of private digital testing services which enable some people to “pay to skip the line” at public sexual health clinics and proceed directly to local labs to provide samples for testing. Yet this was noted as comprising a “two-tiered” testing system creating access barriers for GBM without financial means to pay, while at the same time being potentially in tension with the Canada Health Act (e.g., universality). One nurse explained:



I've seen alternative STI testing models where you had to go online or you'd to a private clinic, and a lot of them have a fee associated with it.... In my eyes it really violates the Canadian Health Act One [private digital STI testing service] that's running ... there's a \$40 fee to go online and do it. And then there are other kind of incidental fees that might occur ... I don't think you should pay to skip the line Everyone has to have an equal opportunity to access the same healthcare So if you have 40 bucks and I don't, we don't have an equal opportunity ... That sets a really dangerous precedent for the whole healthcare system - that if something's overburdened Just create a private system ... That's how a two-tiered system starts.

Concerns were also raised regarding whether the public health labs could financially manage increasing demand for HIV/STI testing associated with a digital testing service like GCO. A public health physician noted:

The public health lab runs on a fixed budget. No matter what the volume of tests they get in different areas, they still have to manage it within that same budget. If this [GetCheckedOnline] is going to drive up testing significantly, that needs to be addressed. Ahead of time ... At the public health lab [funding] goes directly government to public health lab. Whenever they [public health lab] need to introduce a new test or change a methodology, whatever, it becomes very difficult ...



Stakeholders identified that the public health laboratory runs on a fixed budget, which is different than how outpatient medical diagnostics is funded within the prevailing private laboratory corporation model (e.g., LifeLabs, Dynacare). We uncovered disparities in how public health labs, and private outpatient medical labs are funded.