

Structural barriers & facilitators to the ongoing implementation of *GetCheckedOnline*

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

- Our findings offer insights into the implementation of online sexual health and online public health services more broadly by highlighting the unique challenges of implementing digital health programs. We propose that the influence of information technology systems and processes must be considered as an important contextual domain in implementation science research applied to digital health programs.

What is this study about?

GetCheckedOnline (GCO) is a comprehensive internet-based testing service for sexually transmitted and blood-borne infections (STBBIs) available in select communities in British Columbia (BC), Canada, first implemented in 2014. We conducted this study to understand the macro-level structural barriers and facilitators to the ongoing implementation of GCO.

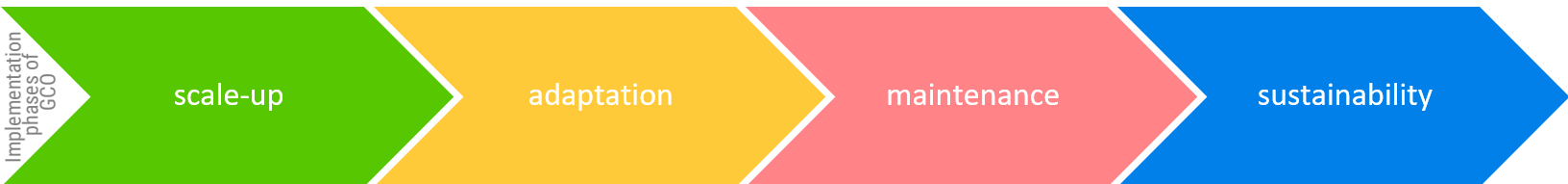
What did we do?

Using the sociological research strategy of institutional ethnography, we interviewed 25 individual interviews with provincial and regional implementers of GCO and other stakeholders between April 2019 and February 2020. We also observed planning and operations meeting related to GCO implementation, and conducted a review of key documents relevant to the work of implementing GCO and public health services in BC.

What did we find?

BARRIERS

- Navigating tight, targeted budget envelopes
- Sustaining STBBI testing within co-testing policies centered around HIV
- Facing lengthy, obscure health-system IT assessment, decision-making and prioritization processes
- Learning and relearning about IT processes
- Managing IT requirements while preserving equitable access to testing
- Anticipating and covering changing technology-related costs
- Navigating tight, targeted budget envelopes
- Sustaining STBBI testing within co-testing policies centered around HIV
- Submitting business cases and briefing notes proving the need, worth and merit of the service
- Relying on a global budget allocation for public health laboratory testing
- Balancing partnership and cost containment with the private sector



FACILITATORS

- Space created for implementing GCO in the early years of the new policy
- Making use of associated financial and operational resources
- Viewing scale-up as an opportunity to fill testing and service gaps
- Evolving understandings of data integrity, security, and retention over time
- Organizational willingness to act on user's needs and feedback
- Handling GCO clients and test results in the same way as in-person clients and results from the provincial STI clinic
- Relying on structured guidance developed specifically for the daily operations of GCO
- Drawing on existing nursing scope of practice
- Tapping into shared public health system responsibilities
- Keeping key service features over time allowing for long-term evaluation
- Counting on province-wide and community support and demand for service