



# Ten years later: The impacts of GetCheckedOnline

**BC's digital testing program for sexually  
transmitted and blood-borne infections**

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- Laboratory partners: BCCDC Public Health Laboratory, Provincial Laboratory Medicine Services, LifeLabs
- Clinical partners: BCCDC Provincial STI Clinic, community treatment sites
- Public health partners: Vancouver Island, Fraser, Interior and Northern Health Authorities

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# Executive Summary

GetCheckedOnline is BC's digital testing service for sexually-transmitted and blood-borne infections (STBBI) operated by the BC Centre for Disease Control (BCCDC) and the BC Public Health Laboratory.

GetCheckedOnline launched in Vancouver in 2014, and is now available in nine communities across the province serving over 22,000 people per year. GetCheckedOnline's objectives are to increase testing, diagnose infections earlier, reach populations with higher rates of infections facing barriers to getting tested, and improve the health system's ability to provide STBBI testing in BC.

This report summarizes what we learned about the population, public health and health system impacts of GetCheckedOnline. Our goal is to produce a resource for leaders and decision-makers in BC and other jurisdictions who are considering or involved in implementing similar digital STBBI testing services.

## Overall, evidence shows that GetCheckedOnline:

1. Increases the uptake of STBBI testing and treatment.
2. Is valued and gives people control over their STBBI testing.
3. Reduces barriers people face getting tested.
4. Reaches people who are more likely to have an infection.
5. Leads to more frequent testing, helping reduce the spread of STBBI.
6. Improves the capacity of other sexual health services.
7. Reduces demands on primary care for testing.
8. Improves equity in access to testing for many groups.
9. Avoids health system costs and improves sustainability.

**"... all round just game-changing."**

*GetCheckedOnline User*

GetCheckedOnline has had a significant impact on STBBI testing in British Columbia over the past 10 years and has successfully met the initial objectives for the service. Sustaining and further scale-up of the service in BC is warranted, while continuing to explore how the service can better meet the needs of equity-deserving populations particularly in more rural and remote areas of the province.

The current context that GetCheckedOnline is operating in is very different than it was ten years ago, with the ongoing digital transformation of health care and availability of more innovations in STBBI testing. Charting the course of GetCheckedOnline for the next ten years will require understanding, navigating, and adapting to these changing contexts.

# About GetCheckedOnline

Getting tested and treated for sexually transmitted and blood-borne infections (STBBI) is important not just for a person's own sexual health, but for preventing infections from spreading to partners. The numbers of reported STI cases are increasing in Canada and in British Columbia (BC), particularly for syphilis where numbers have increased 3.8 times over the past 10 years (2014 to 2023).

Improving access to testing and treatment for people who need the most is a key strategy to address these trends. One approach is digital testing for STBBI, which allows people to use websites or apps to test without needing to consult a healthcare provider to get a test ordered.

## What is GetCheckedOnline?

GetCheckedOnline.com is a digital testing service for STBBI in BC, Canada which launched in 2014 and is now available in nine communities across BC.

GetCheckedOnline is a virtual extension of the provincial sexually transmitted infections (STI) clinic at the BC Centre for Disease Control (BCCDC), located in Vancouver, BC. All samples are tested at the BCCDC Public Health Laboratory, and all test results are managed centrally by BCCDC STI certified clinic nurses.

The testing and follow-up offered through the service is based on current best practices for STI testing, diagnosis and treatment, and the service is updated over time to reflect changes in clinical practice.

## How does GetCheckedOnline work?

Using GetCheckedOnline is a five-step process:

- 1. Create an account:** People provide their name, gender, sex and date of birth (the information is not verified), with the option of providing their city of residence and ethnicity. A BC Medical Services Plan personal health number (PHN) is not needed.
- 2. Get a lab form:** People answer a series of sexual history assessment questions, provide informed consent, and receive an electronic lab form with the recommended tests.
- 3. Give samples:** People go to a participating lab in their community and provide their lab form. Blood, urine, and/or swabs are collected for HIV, hepatitis C, syphilis, chlamydia and gonorrhoea testing. People do not need to show identification or their BC health card at the lab.



### What are GetCheckedOnline's objectives?

1. To increase testing rates and diagnose infections earlier
2. To reach populations with higher infection rates and facing barriers to getting tested
3. To improve the ability of the health system to provide STBBI testing in BC

4. **Get results (and treatment if needed):** Negative results are viewed online, and positive results are discussed with a public health nurse over the phone. Treatment is arranged at a local clinic or through a local public health nurse.

5. **And repeat:** People receive automated testing reminders, and they can log back in and repeat the testing process. Currently around 50% of the testing conducted through GetCheckedOnline are by repeat users of the service.

## Where is GetCheckedOnline available?

GetCheckedOnline has scaled up over time and is currently available in nine communities:

- 2014: Vancouver
- 2016: Victoria, Langford, Duncan, Kamloops, Nelson
- 2019: Kimberley
- 2020: Maple Ridge
- 2024: Dawson Creek



## Why did we write this report?

It's been ten years since GetCheckedOnline launched in BC, which is an occasion for celebration as well as reflection on what the program has accomplished.

This report summarizes what we now know about the population, public health and health system impacts of GetCheckedOnline, which we have been evaluating and studying over the past decade.

We hope this report will be a helpful resource not just for our partners in BC, but for program planners or decision-makers who are considering or have already implemented digital STBBI testing programs in other places.

## How do we know about these impacts?

This report is based on the findings of evaluations and research studies conducted over the past 10 years through the Digital & Sexual Health Initiative ([www.dishiresearch.com](http://www.dishiresearch.com)), a public health research team affiliated with the BC Centre for Disease Control (BCCDC) and the School of Population and Public Health, University of British Columbia.

Our team uses an implementation science approach; our research informs and is informed by the ongoing work of implementing GetCheckedOnline and engaging with users and communities about the service. Our team brings together different research disciplines and uses many different methods to conduct research about GetCheckedOnline, including analysis of program data, modeling, economic analyses, surveys, interviews and focus groups.

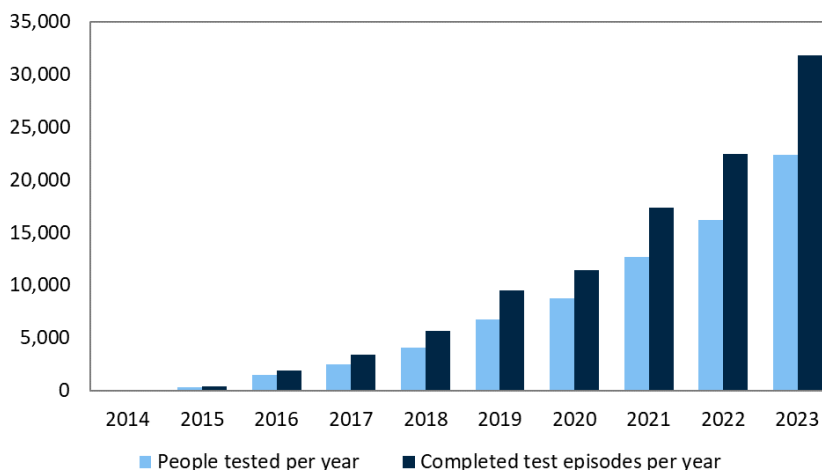
# What are the impacts?

## 1. GetCheckedOnline increases the uptake of STBBI testing and treatment.

Reviews of digital STBBI testing services have found increased uptake of testing across all groups of patients using these services, and GetCheckedOnline is no exception.<sup>1,2</sup>

Use of GetCheckedOnline has steadily risen over time (Figure 1), making up an increasing proportion of total STBBI tests in the province. In 2023, 22,344 people tested through GetCheckedOnline for a total of 31,795 completed test visits, representing 11% of all syphilis non-prenatal tests and 8% of all HIV non-prenatal tests provincially.<sup>3</sup>

**Figure 1: Uptake of GetCheckedOnline over time in British Columbia**



This translates into substantial uptake at a community level. A 2022 survey in six of the GetCheckedOnline communities over-sampled populations likely facing barriers to STBBI testing and found that 20% (1 in 5 people) had used GetCheckedOnline.<sup>4</sup> This proportion was higher in the communities where GetCheckedOnline had been available the longest. For example, use was 27% in Nelson (where the service launched in 2016) compared to 8% in Maple Ridge (launched in 2020).

GetCheckedOnline is also engaging people in testing, as demonstrated by the fact that 1 in 5 people using the service are also testing for STBBI for the first time. Among 19,517 people using GetCheckedOnline who were new users of the service over a two-year period (2021-2023), 22.3% had not previously tested for STBBI and were more likely to be younger, people of colour and heterosexual men.<sup>5</sup>

Ensuring treatment for those who need it is essential. People with positive results through GetCheckedOnline are managed by nursing staff at the BCCDC STI clinic, with established connections to treatment in all communities. This model has worked well; in 2016 to 2017, we found the same outcomes for people using GetCheckedOnline compared to the BCCDC STI clinic, with high rates of treatment (99%) and talking to nurses about notifying partners (97%).<sup>6</sup>

People with symptoms or a partner with an STBBI are encouraged to see a healthcare provider instead of continuing to test through GetCheckedOnline, as they may need immediate treatment or other kinds of tests. However, some people do continue to test through GetCheckedOnline. If they have a positive result, they will be speaking with a clinic nurse who will make sure they receive the appropriate treatment. Most people who continue to test and have a negative result also report speaking to a health care provider at the time who would likely be providing appropriate care. Those who didn't speak to a healthcare provider were more likely to have challenges accessing providers for testing generally.<sup>7</sup>

## 2. GetCheckedOnline is valued and gives people control over testing.

People who use GetCheckedOnline report being very satisfied with the service. Among repeat users, 97% were mostly or completely satisfied with the service, and 84% strongly agreed they would recommend GetCheckedOnline to others. In addition, 41% reported using GetCheckedOnline saved them money, mostly related to travel costs or lost pay.<sup>8</sup>

People testing through GetCheckedOnline value the control they have over the testing process. As one user described:<sup>9</sup>

"I got the results within a normal time and the fact that I was able to just look it up myself and know without having to wait for a 'non-call', it was excellent. It was all-round just game-changing. I just love it."

Male, 27 yrs, gay, Vancouver

## 3. GetCheckedOnline reduces barriers people face getting tested.

Research has consistently demonstrated that people using GetCheckedOnline face challenges accessing testing through healthcare providers. In a 2022 survey, 57% of people testing through GetCheckedOnline for the first time reported they had delayed, avoided or skipped STBBI testing in the past year due to barriers accessing testing in person (e.g., needing an appointment, wait time was too long, clinic was too far away).<sup>8</sup>

In the same survey, repeat users (people who used GetCheckedOnline two or more times for testing) reported the most common reasons for using GetCheckedOnline instead of going to a provider were: <sup>8</sup>

- 88% because it was easier than going to a clinic (e.g., can use without waiting for an appointment, or when a clinic is busy),
- 81% because they could get test results online,
- 78% because it saved time (78%), and
- 77% because they didn't need to see a provider (e.g., didn't need to talk about their sex life or get a physical exam).

These results echoed earlier surveys of GetCheckedOnline users.<sup>10,11</sup>

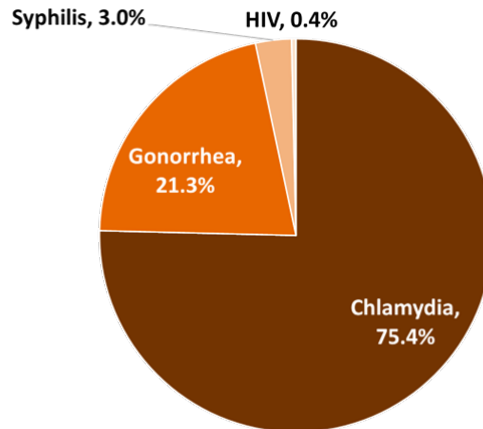
## 4. GetCheckedOnline reaches people who are more likely to have an infection.

At the time of getting tested, many people are assessed through GetCheckedOnline as having risk factors for infection. In 2023: <sup>3</sup>

- 49% of people testing through GetCheckedOnline reported engaging in condomless vaginal or anal sex,
- 43% reported sex with 3 or more partners in the previous 3 months, and
- 14% reported being diagnosed with an STBBI in the past year – a predictor of future STBBI infection.

This is reflected in diagnosis rates. In 2023, 6% of testing visits through GetCheckedOnline led to a positive test result and this figure has been fairly consistent over time. The most common diagnoses are chlamydia, followed by gonorrhea, syphilis, and HIV (Figure 2).

**Figure 2: Breakdown of positive results in 2023**



## 5. GetCheckedOnline leads to more frequent testing, helping reduce the spread of STBBI.

Decreasing the time to diagnosis and treatment after an infection is a key public health goal as it reduces the chance of people passing infections to their partners. This is why annual or more frequent testing is recommended for populations that have higher rates of STBBI (e.g., people who use substances, youth, or gay, bisexual and other men who sex with men).

In an analysis of testing data between 2014 and 2017, the frequency of testing was found to be 22% higher in people who use GetCheckedOnline compared to people who tested through the BCCDC STI clinic, which increased after adjusting for characteristics associated with higher test frequency.<sup>12</sup>

In 2022, repeat users of GetCheckedOnline agreed that they tested earlier (86%) and more often (86%) than they would if they were testing through a healthcare provider.<sup>13</sup> This may be supported by the automatic testing reminders that are sent through GetCheckedOnline, which have been reported as helpful by 90% of repeat users.<sup>8</sup>



## 6. GetCheckedOnline improves the capacity of other sexual health services.

GetCheckedOnline is a virtual extension of the provincial STI clinic at BCCDC. As the majority of people using the service have negative results and do not need to speak with a nurse, the clinic can offer more testing overall. Over 2000 test visits a month are completed through GetCheckedOnline with the support of a full-time nurse to manage test results; in comparison, we estimate that a full-time nurse at the provincial STI clinic performs 300 in-person test visits per month.

GetCheckedOnline also helps with “on demand” testing, as people dropping in for testing or calling for appointments at busy STI clinics may be referred to GetCheckedOnline in communities where it is available.

GetCheckedOnline can also help ease strains on the health system to offer testing. During the COVID-19 pandemic we found that people using GetCheckedOnline were less likely to report having an unmet sexual healthcare need.<sup>14</sup> People also shifted their testing to GetCheckedOnline during the pandemic, with new and sustained increases in GetCheckedOnline use by people aged 40 years and older, men who have sex with men, racialized minorities and first-time testers.<sup>15</sup>

## 7. GetCheckedOnline reduces demands on primary care for testing.

People who use GetCheckedOnline describe using the service instead of seeing their primary care provider for testing.<sup>9</sup> Some healthcare providers also refer their patients to GetCheckedOnline for ongoing testing as part of HIV pre-exposure prophylaxis treatment.

“I intend to use GetCheckedOnline all the time and I’ve already told my doctor that’s what I’m going to be doing. So he said “Fine. That’s great. That’s really good.” So I’ll go to him for my other blood work, for cholesterol and all that stuff, my overall physical. And, obviously if I did test positive for anything then I would go and see my doctor.”

Male, 62 yrs, gay, Kamloops

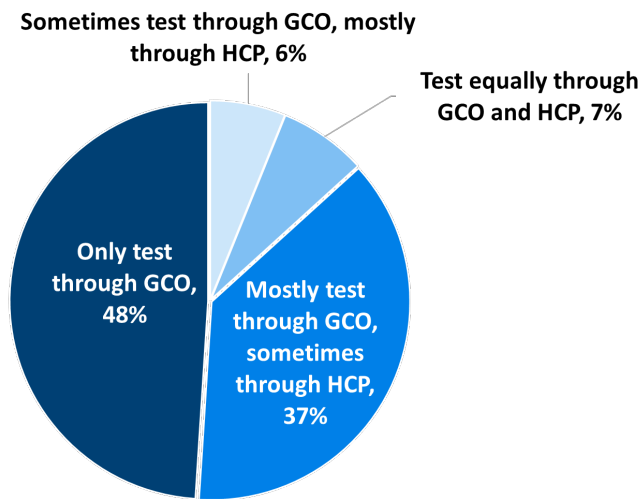
Among our 2022 survey of repeat users, we found:<sup>13</sup>

- 48% reported they only tested through GetCheckedOnline, with the remainder using a mix of testing both through GetCheckedOnline and providers (Figure 3). Using GetCheckedOnline was associated with availability (e.g., higher use if people didn’t have a primary care provider) and appropriateness of testing services (e.g., lower use if they were getting tested elsewhere as part of clinical care such as HIV PrEP). Greater use of GetCheckedOnline was more common among people < 25 years old, with high school education or less, and born outside of Canada.
- 33% of repeat users did not have a primary care provider and 30% of repeat users agreed it was easy for them to see a healthcare provider for testing. However, 88% reported that they would have tested through a provider if GetCheckedOnline were not available, most commonly through an in-person or virtual visit with a provider or through a walk-in clinic.

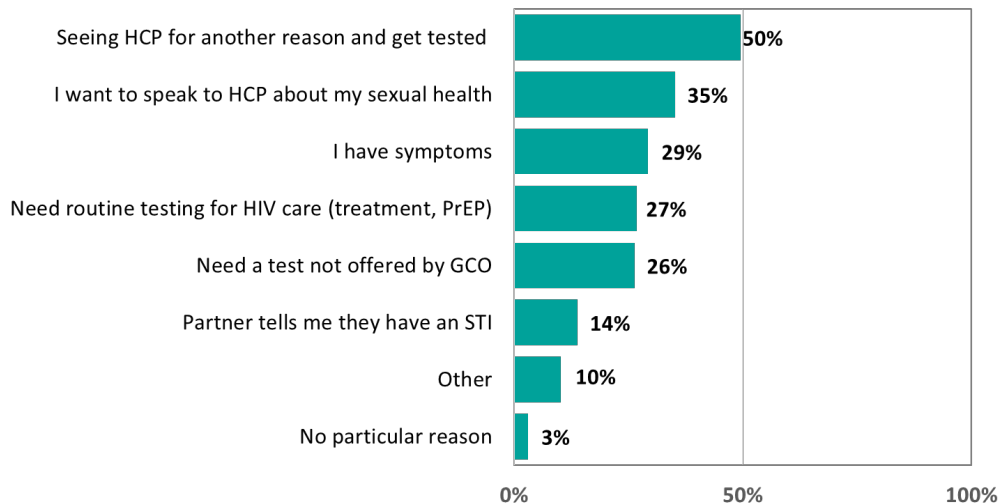
- Repeat users reported testing through a healthcare provider instead of GetCheckedOnline when they had a health visit for another reason or for clinically appropriate reasons (e.g., needing to speak to a provider about their sexual health, had symptoms; Figure 4).

These findings suggest that many people have shifted from testing through healthcare providers to testing online and are seeing primary care providers less often to get tested (i.e., reducing the demand on primary care services).

**Figure 3: Current way of getting tested for STBBIs among regular users of GetCheckedOnline**



**Figure 4: Reasons for testing through a healthcare provider instead of GetCheckedOnline (among repeat users who reported using both types of testing)**



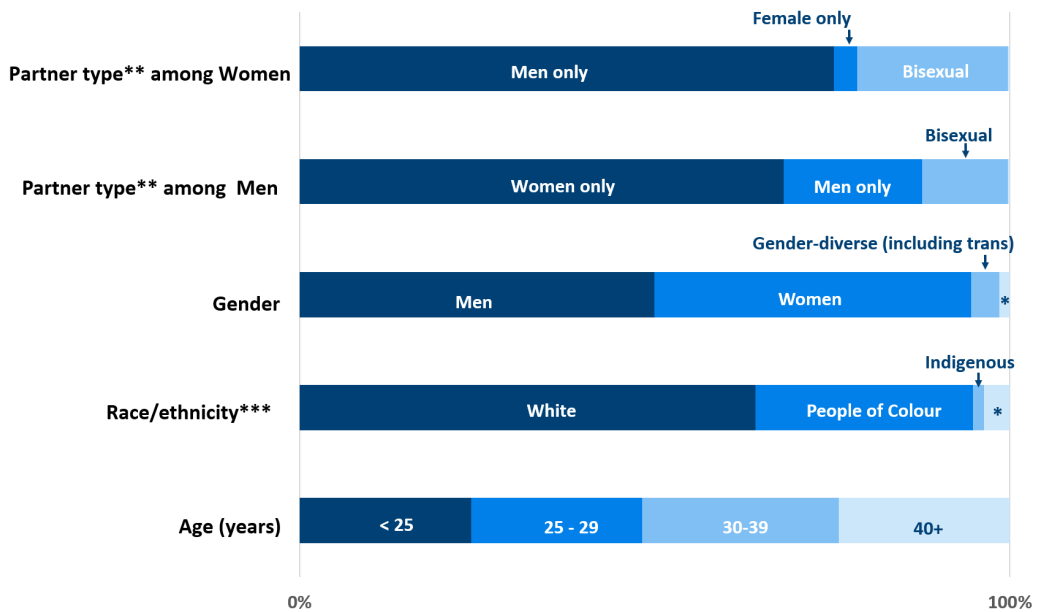
\* HCP (health care provider); PrEP (HIV Pre-Exposure Prophylaxis); GCO (GetCheckedOnline); STI (sexually-transmitted infection)

## 8. GetCheckedOnline improves equity in accessing testing for many groups.

Some groups are more affected by STBBI and have more challenges accessing STBBI testing services. This often occurs because of social factors such as racism, the impact of historic and current colonial systems or discrimination on different aspects of identity.<sup>16,17</sup> Reaching these equity-deserving populations and dismantling their barriers to getting tested is important to prevent STBBI.<sup>18</sup> However, research summarizing the impacts of multiple digital STBBI testing services has found that while they increase testing for many groups of people, the increase is smaller for historically disadvantaged populations with higher rates of infection.<sup>1</sup>

Looking at the people testing through GetCheckedOnline in 2023 and considering what we know about the BC population overall, equity-deserving groups that are being successfully engaged include youth under 30 years old, and people with same sex partners (including bisexual people; Figure 5). This breakdown hasn't changed substantially over the past 10 years. Further work is needed to better engage with gender-diverse people, Indigenous people and people of colour.

**Figure 5: Characteristics of GetCheckedOnline users, 2023**



\* Prefer not to say. \*\*excludes gender-diverse (including trans) partners (<1% of responses). \*\*\*excludes missing data (2% of responses for gender, and 19% of responses for race/ethnicity).

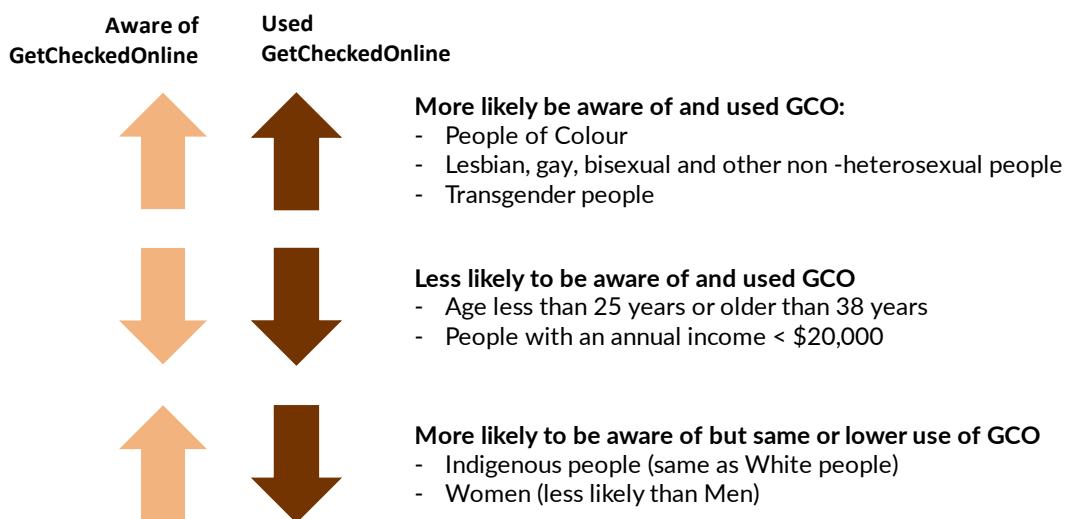
The service also appears to be useful to newcomers to BC (comprising 12% of repeat users in a 2022 survey).<sup>13</sup> This may be because the service does not require provincial health insurance to use. GetCheckedOnline also contributes to equity by providing testing in smaller urban and rural communities where there are greater barriers to accessing testing (e.g., STBBI testing services less available).

Improving equitable access to STBBI testing has been a priority for GetCheckedOnline since the beginning of the program, with community-based organizations and people from equity-deserving populations continuously consulted through all stages of GetCheckedOnline implementation and adaptation.<sup>19,20</sup>

Surveys in communities where GetCheckedOnline is available can help to understand more about those who are using GetCheckedOnline. Such surveys have identified ways in which GetCheckedOnline is improving equity in accessing testing for some groups and less so for others.

- In 2019, an online survey of gender and sexual minority (GSM) men found use of GetCheckedOnline was more likely among men that identified as bisexual, or that had full-time employment. Use was less likely among racialized men, and men having low income or receiving government support.<sup>11</sup>
- In 2022, a survey of people living in seven communities outside of Vancouver where GetCheckedOnline is available found different patterns of awareness and use of GetCheckedOnline (Figure 6).<sup>21</sup> People of color, sexual minority people, and transgender people were more likely to be aware of and to have used GetCheckedOnline. However, awareness and use was lower among people <25 years and >38 years of age, and people with a low income. While awareness was higher in Indigenous people and women, this did not translate into greater use of the service by these populations.

**Figure 6: Awareness and use of GetCheckedOnline in communities outside Vancouver where it is available**



**What can we learn about equity from people choosing not to test through GetCheckedOnline?**

With digital STBBI testing services it is common for some people to initially engage with the service and create an account but not proceed with testing. If people need to get tested at that time, this may represent potential missed opportunities for GetCheckedOnline to provide testing. Understanding why this happens can point to ways in which the service may not be meeting the needs of equity-deserving populations.

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In a 2022 survey, most people said they needed to get tested when they created an account on GetCheckedOnline, with two-thirds (68%) going on to test through the service. Of those who didn't, many reported challenges with the ways the service was designed and implemented.<sup>22</sup>

On further analysis, people not testing through the service were more likely to find the website challenging to use, and to be concerned about the privacy and security of their personal information on GetCheckedOnline. People not testing were also more likely to agree that it wasn't easy to get to a laboratory location, that the STBBI tests on GetCheckedOnline did not meet their needs, and that they preferred to get tested through a mailed self-collection kit.<sup>23</sup>

In interviews we found that the transition between the GetCheckedOnline website and going to a lab to provide specimens was a common challenge. Not testing through GetCheckedOnline was also related to people's assessment of GetCheckedOnline's appropriateness for their own health and social circumstances (e.g., how they perceived their own risk for STBBI, the advantages of different testing options available to them, or the resources they would need to get tested).<sup>24</sup>

Continuing to tailor the design and implementation of the service to suit varying people's needs is required to further promote testing equity (e.g., more tailored education, adding options for testing such as self-collection kits).<sup>24</sup>

## 9. GetCheckedOnline avoids health system costs and improves sustainability.

By removing the need to see a healthcare provider to get tested, GetCheckedOnline avoids costs to the health care system. In a 2023 economic analysis, on average, a person testing through GetCheckedOnline cost the system \$38.93 less than testing at a STI clinic.<sup>25</sup> This translates into substantial costs avoided given the high rates of testing through GetCheckedOnline.<sup>26</sup> We roughly estimate that GetCheckedOnline allowed BC to avoid \$1.1 million in health system costs in 2023.\*

Because of its centralized model, GetCheckedOnline also removes operating and infrastructure costs by eliminating the need to expand clinical sites for testing, which results in an increased economy of scale over time. For example, the operational costs per GetCheckedOnline test visit decreased five-fold over the first five years of GetCheckedOnline's operation.<sup>27</sup>

Initial evidence also suggests that GetCheckedOnline is cost-effective. A 2018 model predicted that increasing GetCheckedOnline uptake would result in a small-scale but long-term impact on preventing new HIV infections among GBMSM in Vancouver.<sup>28</sup> A cost-utility analysis based on this model suggested scaling up GetCheckedOnline could be a cost-effective strategy for increasing HIV screening in this population.<sup>29</sup>

Finally, STBBIs have substantial costs to the health system and to society. By increasing uptake of testing, earlier diagnosis, and timely treatment, GetCheckedOnline helps to prevent new infections and the complications of untreated infections, thus reducing these costs.

*\* Based on a cost saving of \$38.93 per GetCheckedOnline test visit, 88% of GetCheckedOnline test visits would have been through a healthcare provider if GetCheckedOnline were not available, and 31,759 completed GetCheckedOnline test visits in 2023. Assumes tests would otherwise have been done through a STI clinic similar to BCCDC's provincial clinic, not accounting for the variety of settings in which STI testing may occur (e.g., walk-in clinics, primary care)*

# Conclusions

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The past ten years have clearly shown the success of GetCheckedOnline.

The findings in this report confirm that GetCheckedOnline has had important and positive impacts on STBBI testing in BC. The objectives for the program initially established for the service have been met, including increasing uptake of testing, reaching people at greater risk of infection who have barriers to testing, and improving the capacity of the health system to provide STBBI testing in BC.

The evidence generated to date supports further expansion of GetCheckedOnline to more communities in BC. Bringing GetCheckedOnline to more rural and remote communities, where testing barriers are greatest, may have the biggest benefit for BC. This effort has already begun with the addition of the first site in the Northern region of the province in 2024. Based on these findings, areas for future research include seeing how GetCheckedOnline may better meet the needs of populations not yet well engaged in the service, including Indigenous Peoples. Given that the health system benefits go beyond public health to reduce the burden on primary care, it is also important to examine how the provincial health and laboratory systems could better integrate GetCheckedOnline for optimal sustainability.

The context that GetCheckedOnline is operating in now is very different than it was ten years ago. The COVID-19 pandemic led to a rapid growth of new, digitally enabled health interventions and greater acceptability of digital health services including virtual care and greater access to one's own health information. New innovations in STBBI testing are also becoming more available that can also help reduce people's barriers to testing which may also affect how people use GetCheckedOnline (e.g., services that offer dried blood spot testing for STBBI outside of healthcare settings).

Charting the course of GetCheckedOnline for the next ten years will continue to require research that is integrated with the work of implementation, and informed by the perspective of the people and communities that use it to help understand, navigate, and adapt to these changing contexts.

## Contact us

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We hope that you found this report useful. You can find out more information about our research team and publications at our Digital & Sexual Health Initiative Website ([www.dishiresearch.com](http://www.dishiresearch.com)).

You can also contact us by email at [DiSHIresearch@bccdc.ca](mailto:DiSHIresearch@bccdc.ca). We look forward to hearing from you!

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