

## Referring clinic turn-aways to GetCheckedOnline to increase capacity for timely STI/HIV testing

Haag D, Bondyra M, Hottes TS, Wong S, Doupe G, Buchner C, Holgerson N, Grennan T, Fairley CK, Shoveller J, Ogilvie G, Gilbert M

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## Disclosure

No conflicts of interest to disclose

## Demand on STI clinic services

- Increasing demands on STI clinical services, coinciding with reductions in capacity and infrastructure<sup>1</sup>
- Wait times for scheduled or drop-in appointments are a known barrier to testing<sup>2</sup>
- Need for novel strategies to meet demand:
  - Streamline clinic flow:
    - Computer-assisted self-interviewing<sup>3</sup>
  - Triage asymptomatic or low-risk patients:
    - Express specimen collection (including self-collection)<sup>4</sup>

<sup>1</sup>Wong et al, 2010; <sup>2</sup>Hottes et al, 2012; <sup>3</sup>Vodstrcil et al, 2011; <sup>4</sup>Rukh et al 2014. 3

## British Columbia is no exception



- Increasing rates of STI
- Closures of STI clinics in some regions
- STI clinics operated by the BC Centre for Disease Control (BCCDC):
  - Operating at maximum capacity
  - Increasing number of drop-in clients are turned away
- Pressures led to development of an online STI testing service as extension of BCCDC
- Could online testing be an option for drop-ins who are turned-away?

## Purpose

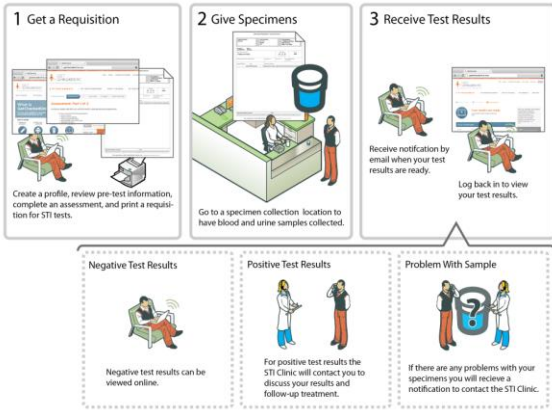
- Assess the feasibility of referring STI clinic clients who drop-in but can't be seen to the new online STI testing service
- Pilot program to establish proof-of-concept → incorporated into current clinical practice



## GetCheckedOnline (GCO)

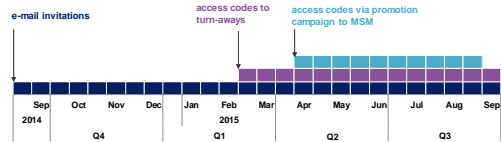
- Testing for Chlamydia, gonorrhoea, syphilis, HIV & hepatitis C
- Integrated with current STI clinical practices at BCCDC
- For clients who are asymptomatic and not contacts
- Six specimen collection sites in Vancouver
- Launched September 2014

Getcheckedonline.com



### GetCheckedOnline access points

- 2 ways to access testing:
  - email invitation to STI clinic clients that sign-up during clinic visit
  - access code which can be used to create an account
- Unique access codes created for different types of promotion (e.g., print or online) → can track uptake across channels



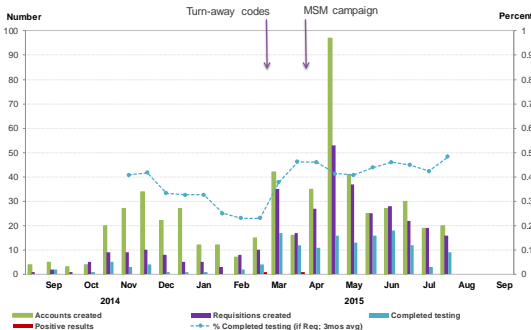
### Piloted in three clinic settings

	Provincial STI Clinic	Outreach STI Clinic	Health Initiative for Men Clinic (HIM)
Annual volume	>10,000 clients	>9,000 clients	> 5000 clients
Demographics	60% Male	80% Male	99% Male
Type of visits	Appointments Drop-in	Drop-in	Appointments Drop-in
Referral to GCO	Brochure Code over phone	Brochure	Brochure
How made aware	Active (clerical, nursing staff)	Passive (displayed in waiting room)	Active (staff and volunteers)
Referrals documented?	Yes	No	No

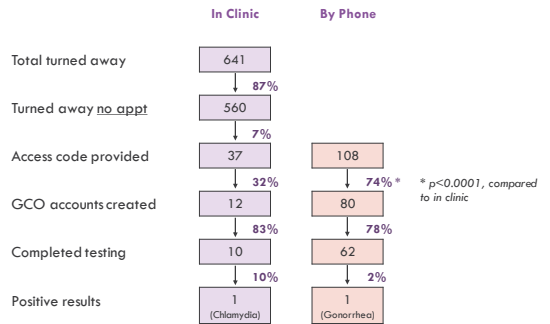
### Methods

- Data sources:**
  - Referral logs (Provincial clinic only)
  - GCO program data, by access code (all pilot clinics)
  - Common electronic medical record (total tests)
- Analysis:**
  - March 1 to July 31, 2015 (five months)
  - Creation of accounts and requisitions, testing and results
  - Comparison of uptake at Provincial Clinic (clinic vs phone) and across clinics
  - Fisher's exact test or Chi-square test,  $p < 0.05$

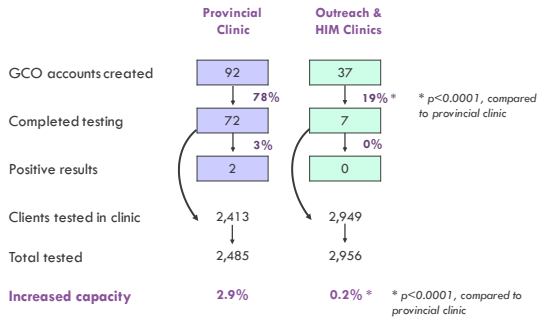
### Trends in uptake



### Referrals to GCO – Provincial STI Clinic



## Referrals to GCO – By clinic



13

## Summary – Key findings



- Referring to GCO was feasible and led to new STI diagnoses – proof of concept established!
- Clients provided access code over phone were more likely to create accounts than drop-ins turned away
- Lower use of access codes / completion of testing by clients in outreach/HIM clinics:
  - Passive versus active referral;
  - Prefer to wait or return another time (satisfied with services)
- Small increase in capacity at the provincial clinic

14

## Limitations & next steps



- Operational proof of concept only:
  - Add-on to usual operations, relied on existing procedures
  - Generic codes, not able to link to specific clinic clients in EMR
- Do not know whether intervention led to earlier diagnosis:
  - Time from access code given to completed testing
  - Comparison to other turn-aways who booked appointments
- Promising results and more rigorous evaluation needed:
  - Consistent offer of referral codes
  - Unique codes linked to client records and testing history in EMR
  - Client survey of turn-aways
  - Compare characteristics of turn-aways to other clients
  - Controlled study designs

15

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16