

Client and staff perceptions of acceptability of an alternative telehealth testing pathway at Sydney Sexual Health Centre for bloodborne virus and sexually transmissible infections

Lafferty L^{1,2}, Rautenbach C¹, McNulty A³, Ryder N^{4,5}, Slattery C⁴, Houghton R³, Kenigsberg, A⁶ Murray C⁷, Carrington N^{6,7}, Patel P¹

¹The Kirby Institute, UNSW Sydney, ²Centre for Social Research in Health, UNSW Sydney, ³Sydney Sexual Health Centre, South Eastern Sydney Local Health District, ⁴STI Programs Unit, NSW Ministry of Health, ⁵The Pacific Clinic, ⁶NSW Sexual Health Infolink, NSW Ministry of Health, ⁷Centre for Population Health, NSW Ministry of Health

Background: Restrictions imposed by the COVID-19 pandemic led to several primary/healthcare settings adapting strategies including TeleHealth to manage patient care. NSW Sexual Health Infolink conceived and developed a testing pathway enabling patients to receive an electronic barcode and present directly at a convenient pathology centre of their choosing for bloodborne virus testing / sexually transmissible infections (BBV/STI) (without attending a clinic appointment). This alternative telehealth pathway (MyCheck) was trialed at Sydney Sexual Health Centre (SSHC). SSHC clients typically comprise higher risk population groups, such as gay and bisexual men who have sex with men, sex workers, and people who inject drugs. This qualitative study sought to understand SSHC client and provider perspectives of acceptability of the MyCheck intervention.

Methods: Semi-structured in-depth interviews were conducted with 11 clients who underwent the MyCheck pathway and eight staff members involved in implementing MyCheck. The seven components of Sekhon's Theoretical Framework of Acceptability informed this analysis.

Results: Participants broadly conveyed *affective attitude* toward the MyCheck pathway. The telehealth intervention reduced client *burden* and *opportunity cost* through enabling greater testing convenience at a location suitable to them and provided timely results. Issues of *ethicality* were raised by clients and staff as pathology centre staff were, on a few occasions, regarded as being judgmental of SSHC clients. *Intervention coherence* issues were largely attributed to pathology centre personnel being unfamiliar with the intervention, with billing issues being a recurrent concern. Participants perceived MyCheck as an *effective* testing pathway. SSHC staff were able to offer the intervention with ease through seamless IT integration (*self-efficacy*).

Conclusion: The MyCheck intervention was perceived by both SSHC clients and staff as an acceptable BBV/STI testing pathway. Although a majority of clients found the MyCheck pathway acceptable, further work is required to address stigma experienced by some clients when attending pathology collection centres.

Disclosure of Interest Statement: The Kirby Institute and Centre for Social Research in Health are partially funded by the Australian Commonwealth Department of Health and Aging. The Sydney Sexual Health Centre is funded by NSW Health. No pharmaceutical grants were received in the development of this study.