

RESEARCH BASED TEMPLATE

Title:

Return on investment to health services from The *Check it Out, Check it Off (COCO)* study - a codesigned initiative integrating STI and BBV screening within Aboriginal and Torres Strait Islander 715 health checks.

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Background

The COCO study aims to increase uptake of Aboriginal and Torres Strait Islander annual health assessments (Medicare Benefits Schedule [MBS] Item 715) with embedding sexually transmitted infection (STI) and blood-borne virus testing through co-designed, service-led strategies implemented by staff at six Aboriginal Community Controlled Health Services (ACCHSs) across Australia.

Methods

Across six participating ACCHSs, service-specific strategies including workflow, systems changes, staff education, and incentives were identified through co-design workshops and refined through regular staff–researcher engagement to capture changes and inform interpretation of economic outcomes. A before-after design compared costs and outcomes from the 12-month pre-COCO baseline period with post implementation data. Costs were estimated from a health-service perspective, using routinely collected clinical data, and resources use related to implementing COCO (e.g. staff time and materials). Outcomes included STI testing uptake and consultation type (715 or standard). Multivariable logistic regression assessed

factors associated with chlamydia/gonorrhoea (CT/NG) testing as a marker of sexual health screening.

Results

To illustrate health-economic outputs generated across COCO, results from one participating ACCHS are presented. In this example service, the cost to start-up and implement COCO including systems changes, staff education and incentives was A\$9,963 over 12 months with an estimated 1,800 CT/NG tests conducted.

Preliminary data indicate a ~50% increase in STI testing following implementation (pre n=1,210; post n =1,800). The proportion of STI tests conducted concurrently with a 715 decreased slightly from 49% to 44%. Voucher receipt was strongly associated with testing (adjusted OR 9.1, 95% CI 3.6–23.1). For this service, COCO resulted in an estimated return on investment of \$2.90 for each additional \$1 spent related to STI testing.

Conclusion

Across COCO, health-economic analyses support ACCHSs to refine service-led strategies promoting STI testing within and around 715 health checks. Preliminary example data indicate increased testing activity and beneficial STI-testing-related returns with multi-site analysis ongoing.

Disclosure of Interest Statement:

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