

Improving equitable access to STI diagnosis and cure: trends in POC testing and a new funding model in remote First Nations health services in Australia

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Background/Purpose:

For over a decade, the First Nations Molecular Point-of-Care (POC) Testing Program has supported decentralised, community-led testing for STIs in remote primary care health services nationally. A new Medicare Benefits Schedule (MBS) item became available in November 2024 which subsidises eligible STI POC testing and reimburses the remote health service claiming the rebate. We evaluated STI POC testing uptake in the context of this new funding approach.

Approach:

Using publicly available data from 1 November 2023 to 31 March 2025, we evaluated trends in (i) monthly STI POC testing for chlamydia, gonorrhoea and trichomonas (stratified by sex, age group, jurisdiction, service type) and (ii) MBS item claims processed for eligible tests (both CT/NG and TV POC tests, valid results, performed at health services enrolled in and adherent to Program requirements, located in MM6-7 settings).

Outcomes/Impact:

By March 2025, 73 clinics were able to perform STI POC testing (58 in MM6 -7 and 15 in MM2-5; 61 Aboriginal community-controlled and 12 government-managed). A total of 10,635 valid patient tests were performed over the evaluation period, with a significant increasing trend in monthly testing ($p=0.034$); most apparent in Western Australia ($p=0.0006$). Increasing trends were observed in women and men, and all age groups. There were 950 MBS claims processed from 1 November 2024 to 31 March 2025; 596 for women (62.7%) and 354 for men (37.3%). Most claims were in 15–34-year-olds (n=687; 72.3%). Monthly claims increased 3.1-fold (74 to 225) in initial 5 months.

Innovation/Significance:

Findings suggest a sustained increase in STI POC testing over past 18 months, particularly in some remote settings. Increasing numbers of Medicare claims is promising and may be encouraging the observed trend. Expanding claims eligibility to include testing conducted in peri-urban and regional settings would support more equitable access for all First Nations peoples.

Disclosure of Interest Statement:

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