## A New Digital Tool For Prompting Syphilis Testing In General Practice: Views Of General Practioners On The Tools Acceptability And Usebility

## Authors:

Goller JL,<sup>1</sup> Hunter B,<sup>2</sup> Jun Jung,<sup>2,3</sup> Wigan R,<sup>3</sup> Chen MY,<sup>3</sup> Boyle D, <sup>2</sup> Chidgey C,<sup>2</sup> O'Donnell H,<sup>4</sup> Hocking JS,<sup>1</sup> Manski-Nankervis J.<sup>2</sup>

<sup>1</sup>Melbourne School of Population and Global Health, University of Melbourne, <sup>2</sup>Department of General Practice, University of Melbourne, <sup>3</sup>Melbourne Sexual Health Centre, Alfred Health, Melbourne, Victoria, Australia, <sup>4</sup>Victoria Department of Health, Victoria

### Background

From 2011-2020 infectious syphilis rates in Australia increased >4-fold including for reproductive-aged women, and 58 congenital syphilis cases were diagnosed. Timely diagnosis and optimal management are crucial to reducing transmission and harms. Digital tools integrated with the electronic medical record (EMR) may offer a mechanism to support general practitioners (GPs) to identify patients for syphilis testing. We explored GP views on the usability and acceptability of a new digital tool for prompting syphilis testing.

### Methods:

We developed a syphilis module within an existing software (Future Health Today) comprising algorithms that query EMR data to identify at-risk patients (defined as currently pregnant women and people recently tested for STI or HIV but not syphilis) for syphilis testing, pop-up recommendations and links to guidelines and patient information. Initial views on the syphilis module's usability and acceptability by GPs was assessed through four consultations with mock patients in a simulated general practice environment and semi-structured interviews.

## **Results:**

The syphilis module helped prompt GP participants to initiate a conversation about syphilis testing with mock patients attending for an unrelated reason. Linkage to Australian STI guidelines was viewed as an appropriate resource and helped some GPs identify that syphilis testing is recommended within an asymptomatic STI check. Time constraints, the patients presenting issue and a pre-existing GP-patient relationship were considerations influencing if GPs would/would not offer syphilis testing based on the pop-up recommendation, particularly for people tested for STI or HIV but not syphilis. For pregnant women, testing prompts were viewed as crucial and suggestions for minor modifications to linked resources were made prior to implementation in real world general practice.

## **Conclusions:**

GPs generally viewed a digital tool for prompting syphilis testing in a simulated environment positively. Next steps will involve use in operating general practices and interviews to understand the real-world experience.

# **Disclosure of Interest Statement:**

JLG is funded by a University of Melbourne Early Researcher Grant for this research, All other authors report no competing interests.