Navigating Digital Health Systems for Sexual Health: A Case Study of Consensual Non-Monogamy

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Disclosure of Interest

Acknowledgement of Country

I would like to acknowledge the Traditional Owners of the land on which we meet today, the Kaurna People, and the Traditional Owners of the land on which I live and work, the Wurundjeri People of the Kulin Nations.

This land was never ceded. I pay my respects to elders past and present and to any Aboriginal and Torres Strait Islander people with us today.

Background

What are the digital and data practices guiding clinical sexual health service provision?

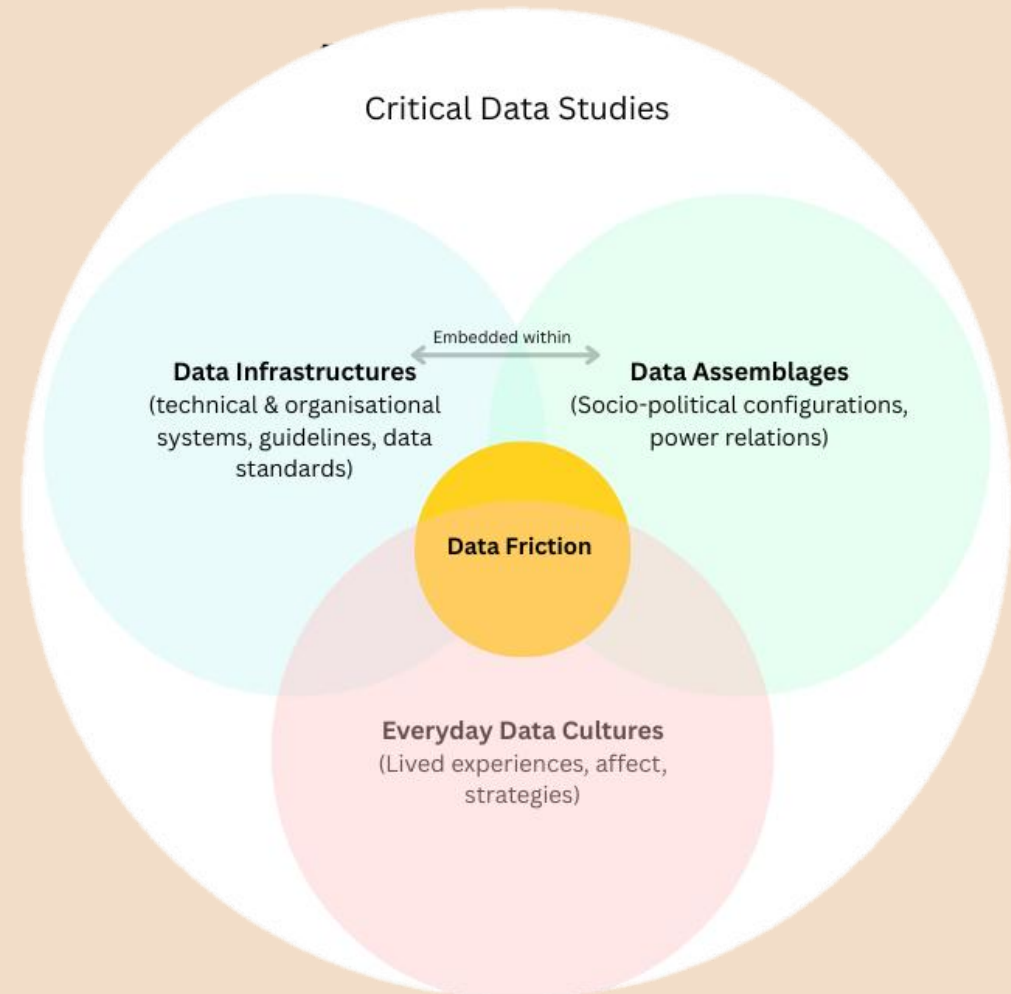How do CNM sexual health consumers challenge these practices?

What are the digital and data capabilities demonstrated by healthcare providers, and consumers to navigate sexual health services?
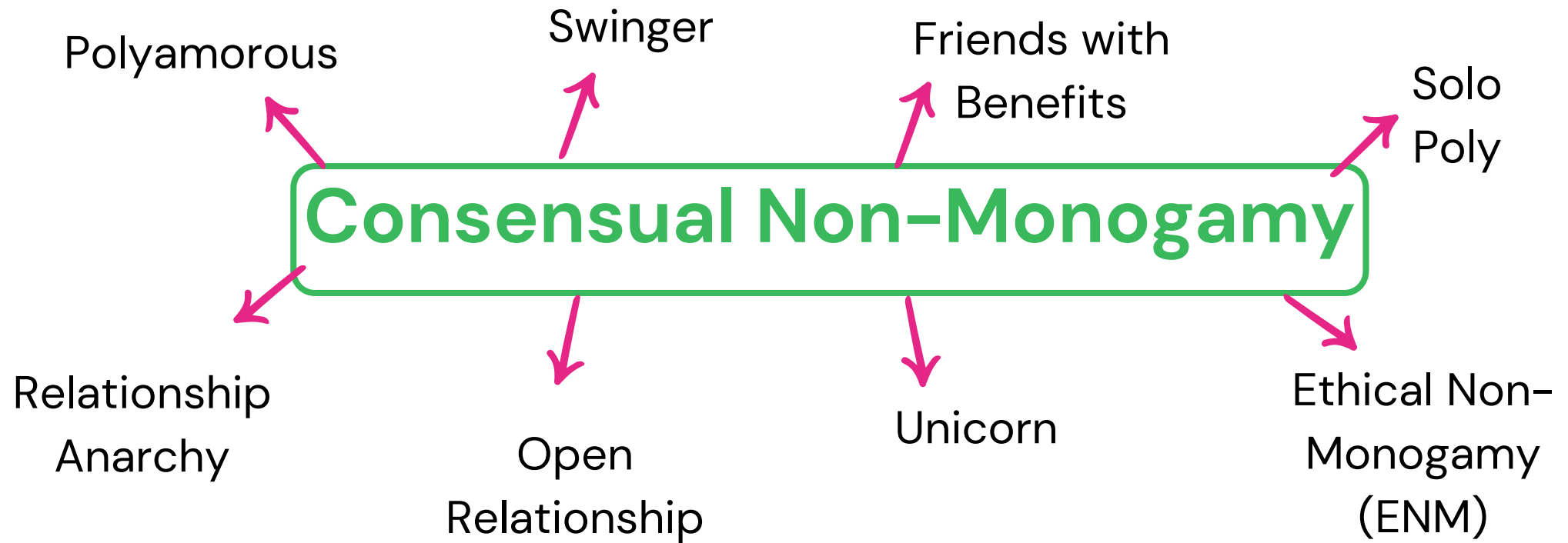
Methods

Data Collection

1. Policy Review
2. Interviews with CNM adults (N=17)
3. Sense-checking interviews (N=4)
4. Workshops with healthcare stakeholders (N=11)

Theoretical Framework

Critical Data Studies

Data Infrastructures
(technical & organisational systems, guidelines, data standards)

Embedded within

Data Assemblages
(Socio-political configurations, power relations)

Data Friction

Everyday Data Cultures
(Lived experiences, affect, strategies)

CNM Case Study

Polyamorous

Swinger

Friends with Benefits

Solo Poly

Consensual Non-Monogamy

Relationship Anarchy

Open Relationship
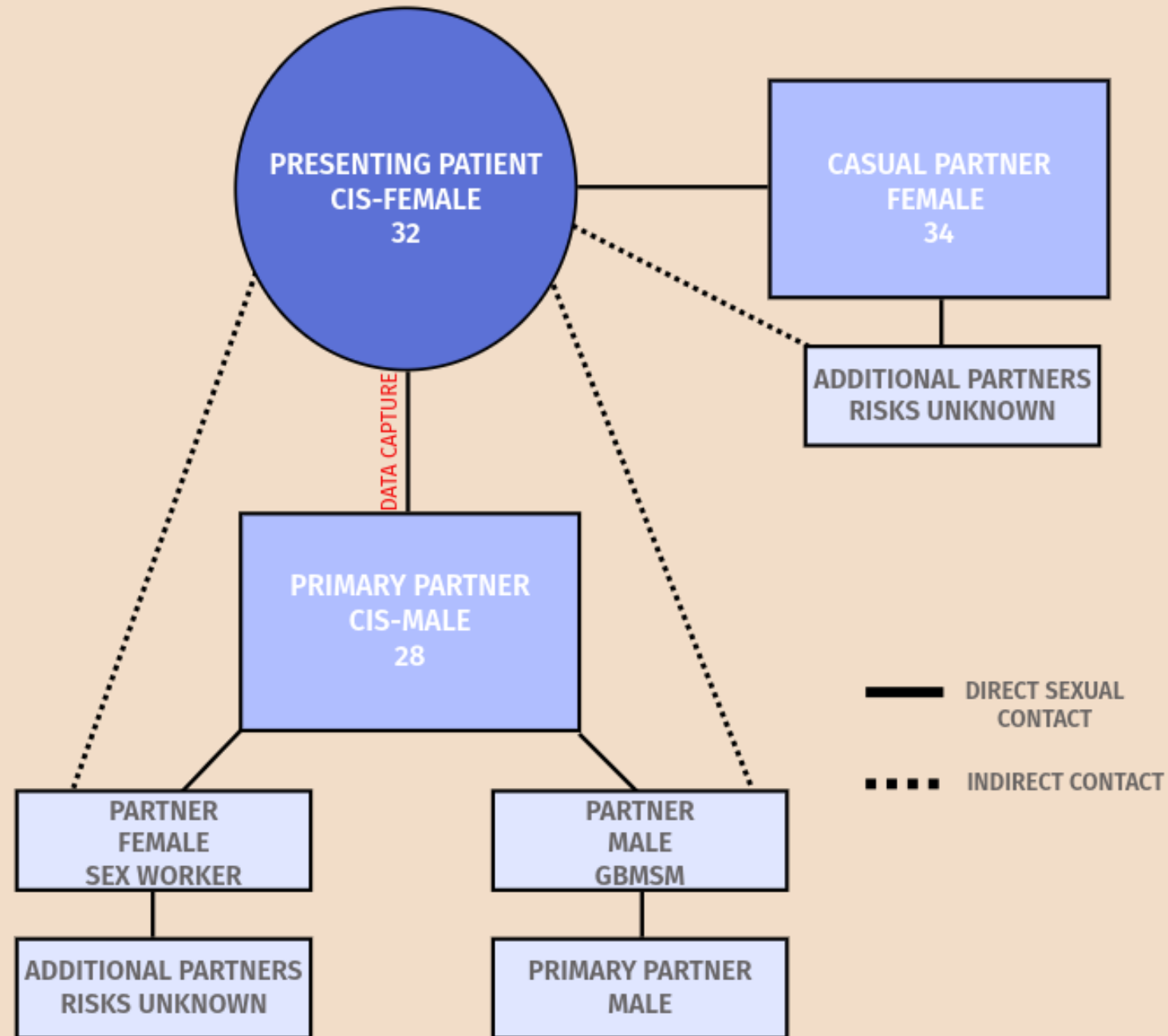
Unicorn

Ethical Non-Monogamy (ENM)

Testing needs:
- Frequent, asymptomatic
- Comprehensive

Digital and Data Frictions

- Clinical guidelines
- Public health rebates
- Digital health systems
  - Lack of interoperability
  - Inconsistent data practices
  - Varied Uptake
- Patient-provider communication
- Pre-screening - accounting for extended partnership networks

CNM Strategic Practices

- Multiple service use
  - Intentional data fragmentation
- Online services
  - Strategic form filling
  - Bulk testing
- Indication of higher risk

" But another reason why I go there [sexual health centre] as well as the GP is because I get tested more than is recommended and so I don't want the GP like getting annoyed, so if I alternate between the two then no one knows that I'm doing it more regularly than is warranted. **(Kim, 40, Polyamorous)** "

Data frictions for Healthcare Providers

- Implications for service targeting and funding when risk factors are misrepresented
  - Have to 'misrepresent' to process testing
- Varied digital and data capabilities between practitioners and organisations impacts patient continuity of care
  - Lack of interoperability
  - Contact tracing
- Fragmentation of patient data as a protective practice

" if they're not answering truthfully, then the data we're collecting is obviously not correct so we might be overestimating the number of sex workers out there for example. So it definitely does have a data implication and potentially how we treat them in the future as well. **(Clinician, Melbourne)** "

Implications

- Interoperability & Continuity of care
  - Interoperability for whom?
  - Efficacy of current risk assessment frameworks
- Service targeting and funding
  - Ensuring services aren't limited for high-risk populations
- Asymptomatic over-testing
  - Multiple service use
  - Role of online testing
- Equitable, patient-centred services

> " I think that agency for me is a more useful way to think about it than like a safe place where everyone can have all data in one place, I think that fragmentation is actually kind of okay as long as it's been driven by the person accessing the services **(Policy Manager, Sydney)** "

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Thank You!

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