



UNSW
SYDNEY



UNSW
Kirby Institute



Flinders
University

International Centre for
Point-of-Care Testing

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

Rob Monaghan and Louise Causer
on behalf of the First Nations Molecular POC Testing Program

Australasian Sexual and Reproductive Health Conference
Adelaide Sept 16-18, 2025

Artwork Titled:

Walking Together for Infectious Disease

Artist: Mel Fernando, a proud

Wiradjuri/Kamilaroi/Yuwaalaraay/Euahlayi Woman
from Dubbo in Western NSW, currently living and
working on Birpai Country.



Australian Government

Department of Health and Aged Care



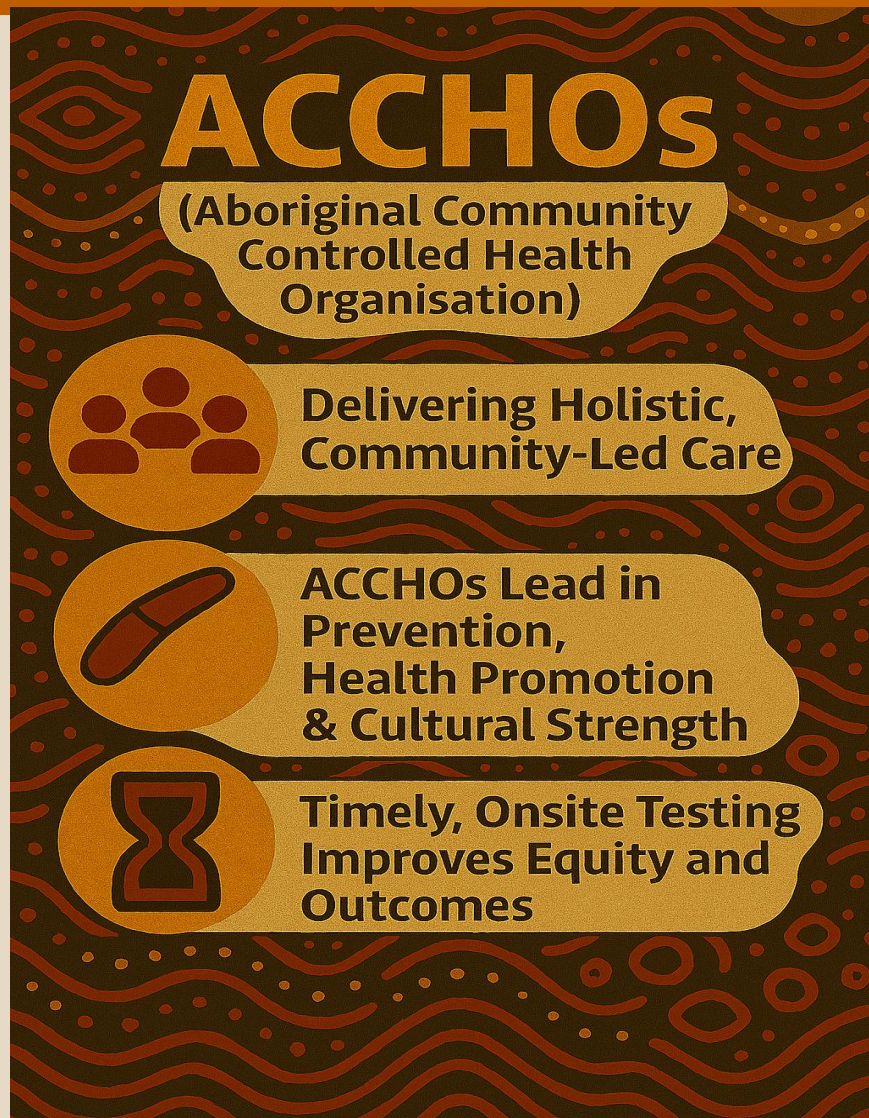
We would like to acknowledge and pay my respects to the traditional custodians of the lands on which we are meeting today. We would like to extend that respect to all the lands we are all living and working on, to their elders past, present, and future and to all first nations people joining us today.



We have no conflicts to declare



Health That Heals: Community, Culture, and Country



- Provide culturally safe, comprehensive, holistic care
- Tailored to community needs
- Primary health care, allied health, child health, public health
- Staffed by doctors, nurses, First Nations health workers and practitioners
- ~150 ACCHOs nationally
- In remote, ACCHOs are often sole provider of healthcare
- Play critical role in infectious disease control



STIs in remote Australia

- Aboriginal and Torres Strait Islander people experience unacceptable burden of STIs
- Some of the highest incidence rates of STIs globally¹
- Highest in young people, women of reproductive age
- Highest in remote and regional areas²
- Hospitalisations for pelvic inflammatory disease and ectopic pregnancies are high³



Requires

**CULTURALLY SAFE,
COMMUNITY-LED
INTEGRATED
RESPONSE**

**Equitable access to
timely STI diagnosis
and treatment**





First Nations Molecular Point of Care Testing Program

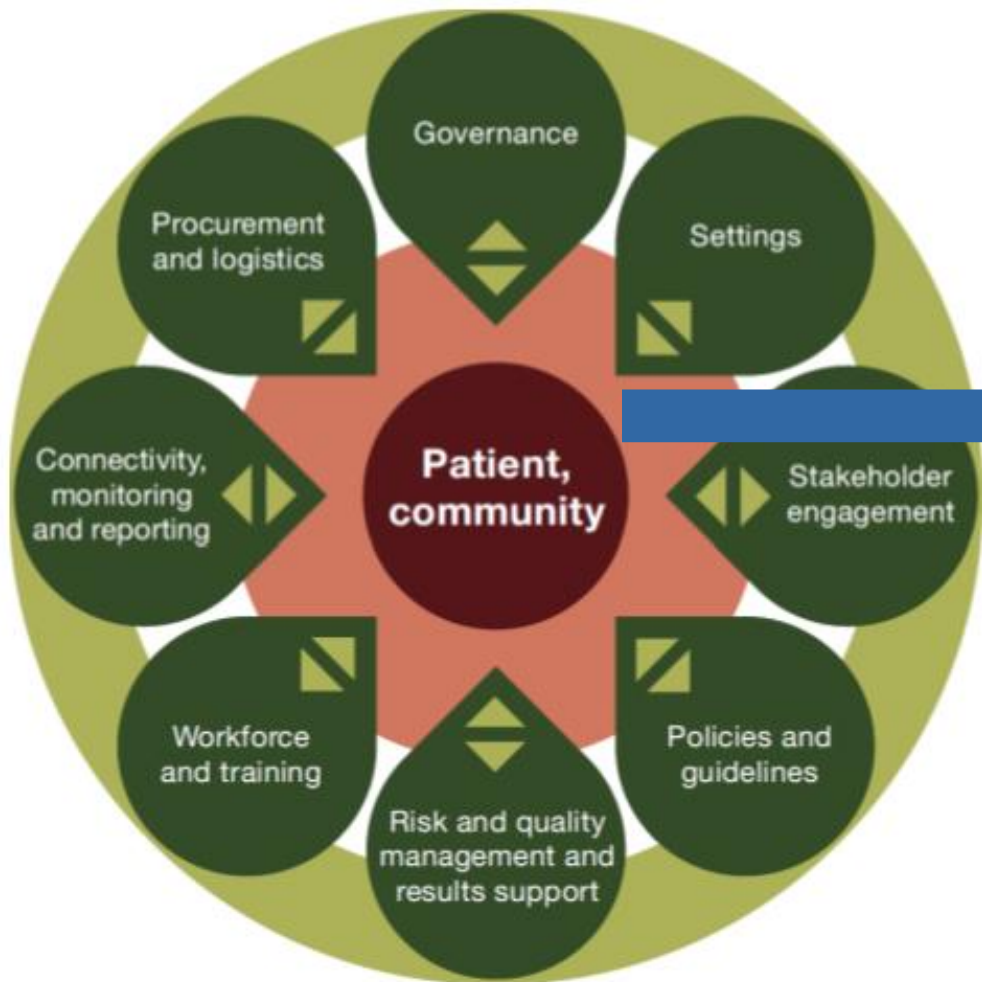
Community-led, regional and remote primary health care



A story of opportunity, strength and genuine partnerships



STI POC Testing Program building blocks

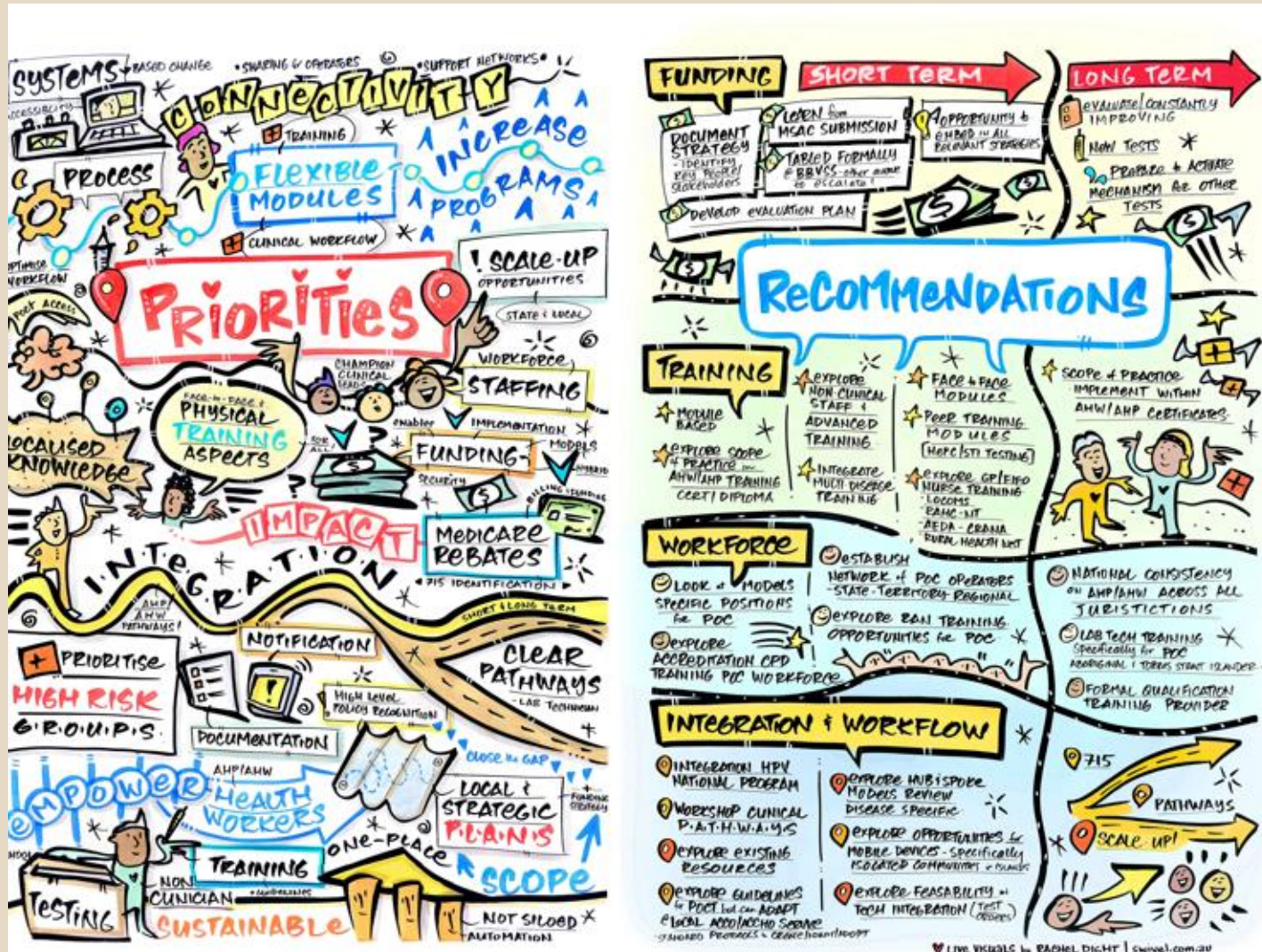


- People and community at the centre



- Integrating POC testing to meet local needs

Stakeholder engagement and co-design

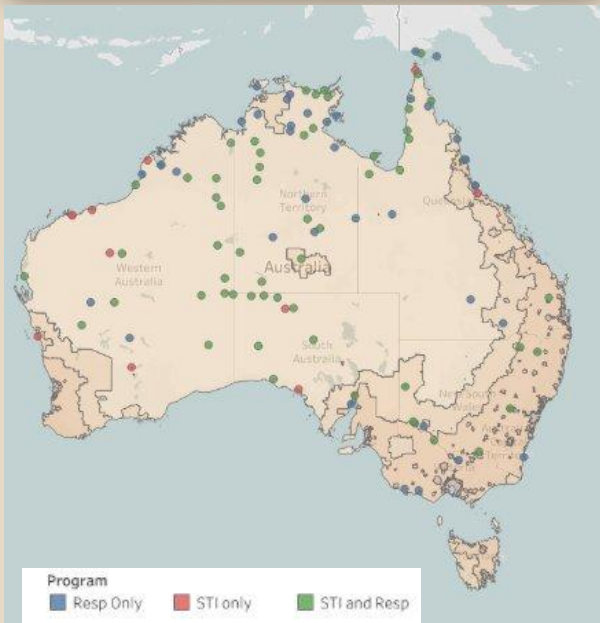


- Co-design workshops
- Cross-sector partners and collaborators
 - ACCHO Peak Bodies
 - State and Territory Health Departments
 - Public Health laboratories
 - Industry
- Jurisdictional meetings (~500 meetings, 120 organisations)



First Nations Molecular Point of Care Testing Program

STI POC testing



Clinics enrolled

- 92 current (126 ever)
- 16 STI only
- 63 both STI and respiratory
- 13 respiratory only
- >1000 clinical staff trained



Patient STI POC tests

- >69,500 tests
- >60% in women
- >95% First Nations people
- >90% in remote/very remote



STI POC test quality

- >99% concordance with lab
- >95% successful tests
- >98% EQA concordance



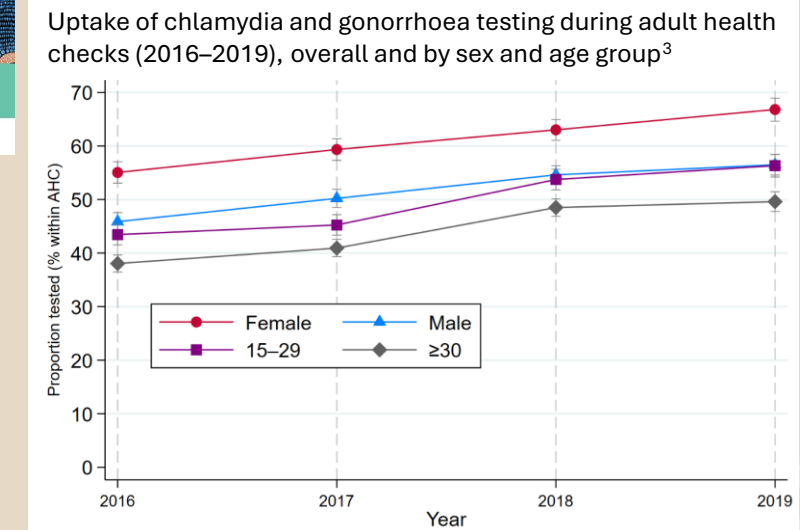
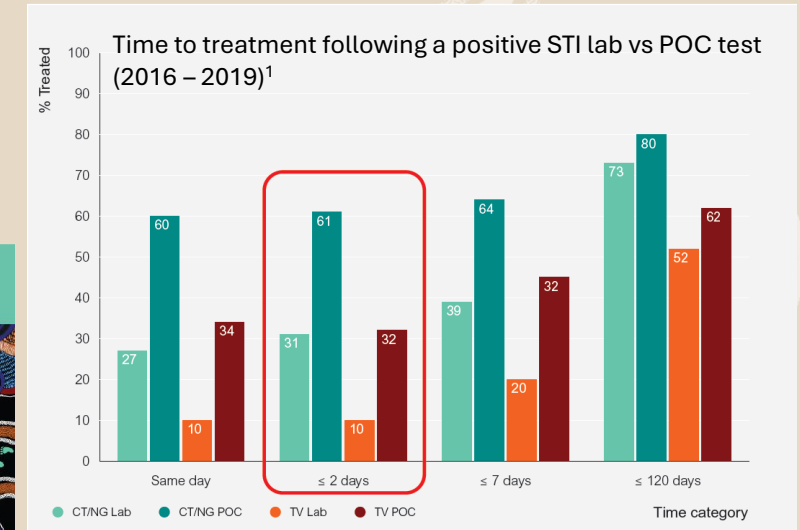
Artwork "Walking together for infectious disease"
Artist: Mel Fernando, a proud Wiradjuri / Kamilaroi/Yuwaalaraav/Euahlayi woman
from Dubbo in Western NSW



Impacts of molecular STI POC Testing



- Compared to laboratory testing, STI POC testing
 - ✓ Increased % treated and cured (2-3 fold)^{1,3}
 - ✓ Reduced median time to treatment (TTT)¹
 - CT/NG by 10 days
 - TV by 25 days
- >118,000 infectious days averted
 - Fewer onward transmissions
 - Fewer sequelae (modelled)
- Introduction of molecular STI POC Testing
 - Increased STI testing overall²
 - Increased STI testing in adult health checks³
- Over 10 years, molecular STI POC Testing is cost effective⁴





medicare

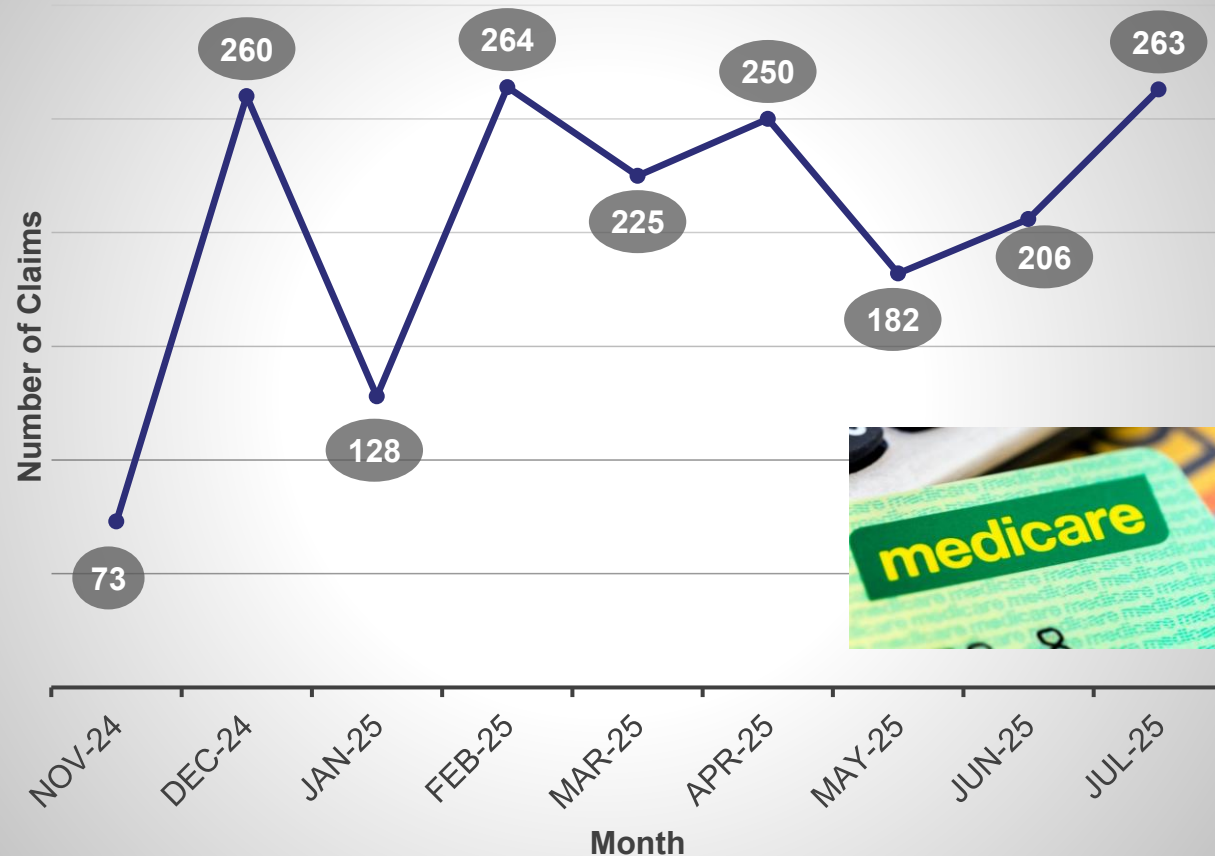
The program and cost-effectiveness evaluations, as well as letters of support from participating services and other stakeholders, were instrumental in the approval of a new Medicare item for STI POC testing in 2024.

This item is available to health services in remote and very remote regions (MM6-7) that are enrolled in the First Nations Molecular POC Testing Program. It is the first MBS item in Australia for an infectious disease POC test and includes reimbursement for staff time.

- Available 1 November 2024 (Item 73813/73825)
- Health services are eligible to claim if
 - ☐ located in MM6 or MM7
 - ☐ Aboriginal medical service
 - ☐ enrolled in First Nations POCT Program
 - ☐ meet training and quality management requirements
 - ☐ conduct both CT/NG and TV tests

*<https://medicarestatistics.humanservices.gov.au/>

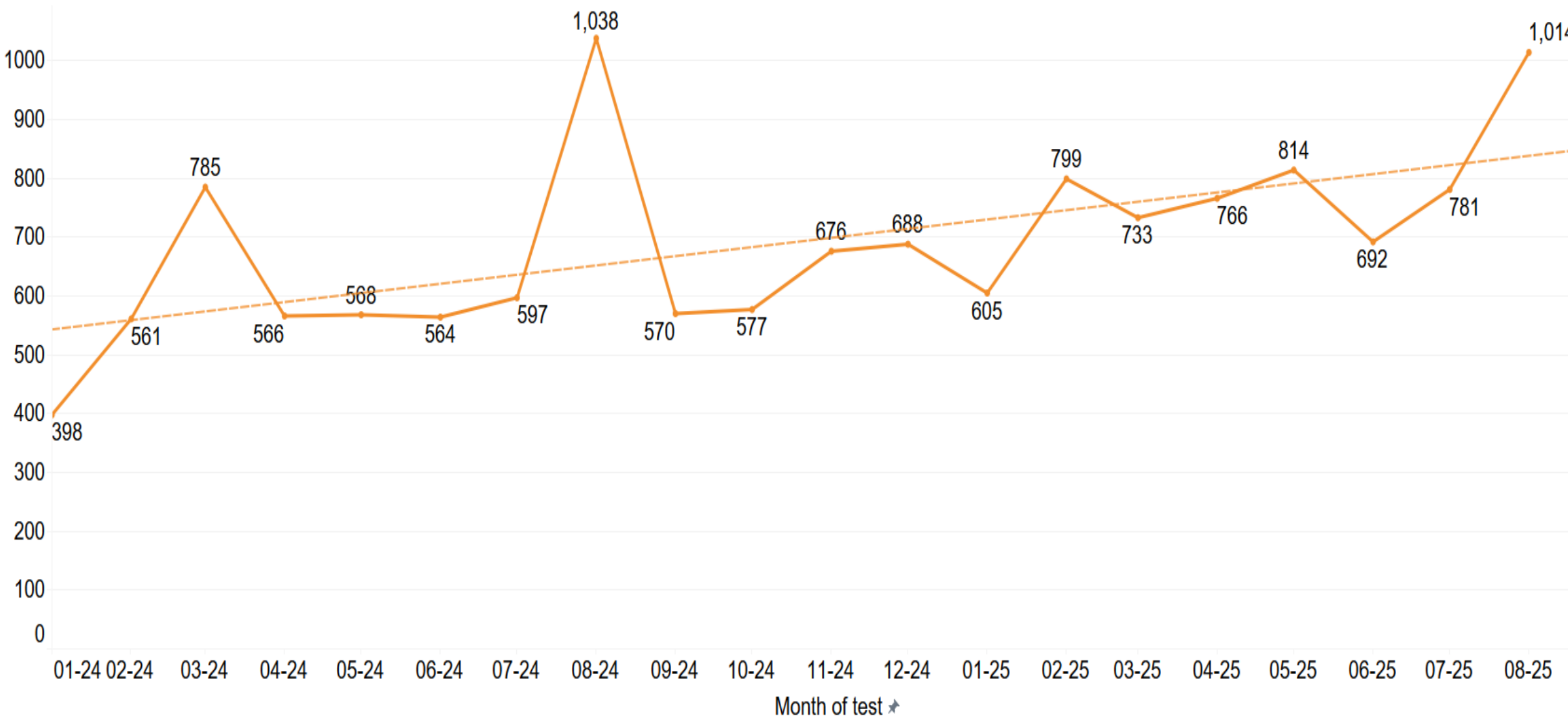
Medicare item claims processed*



Nov 24 – Jul 25: 1851 Medicare claims processed

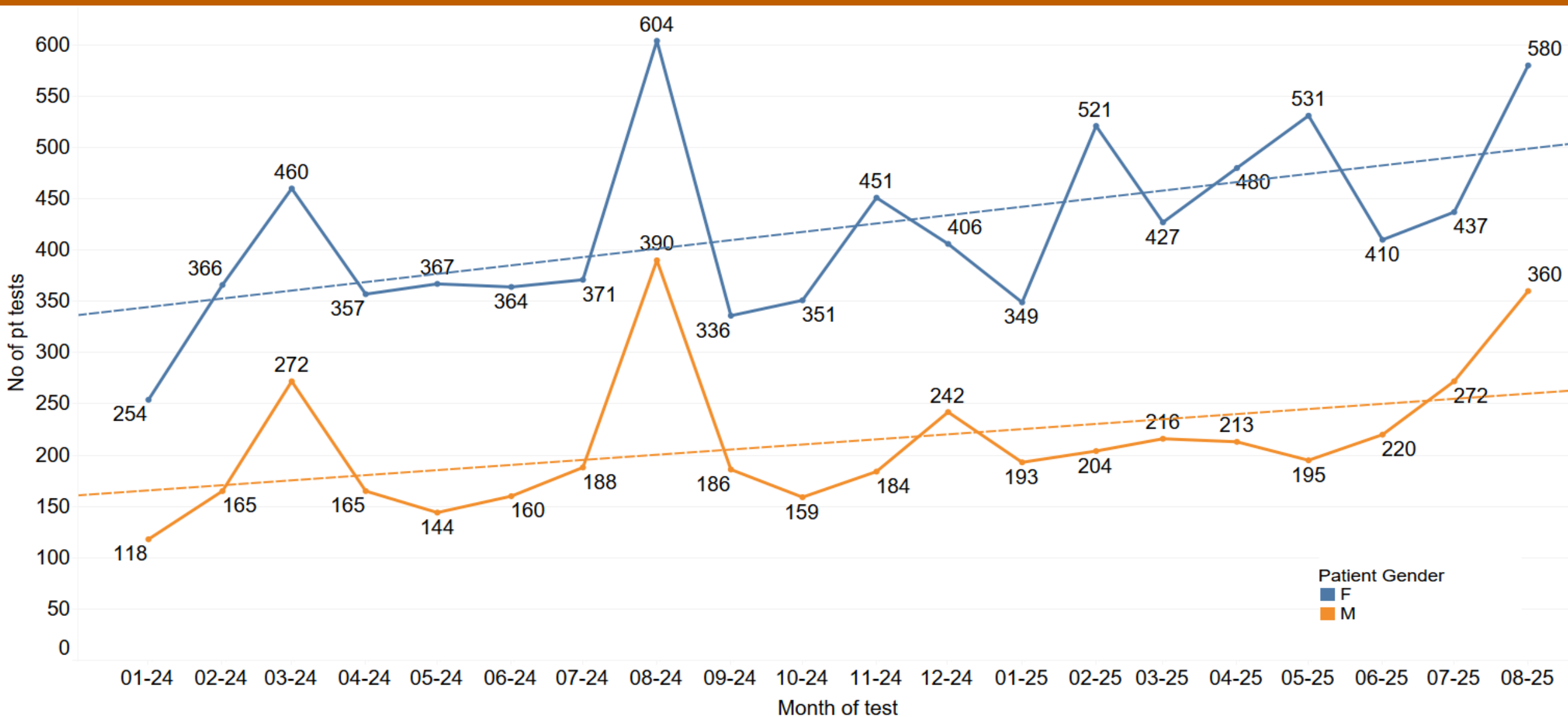


Monthly patient STI POC testing



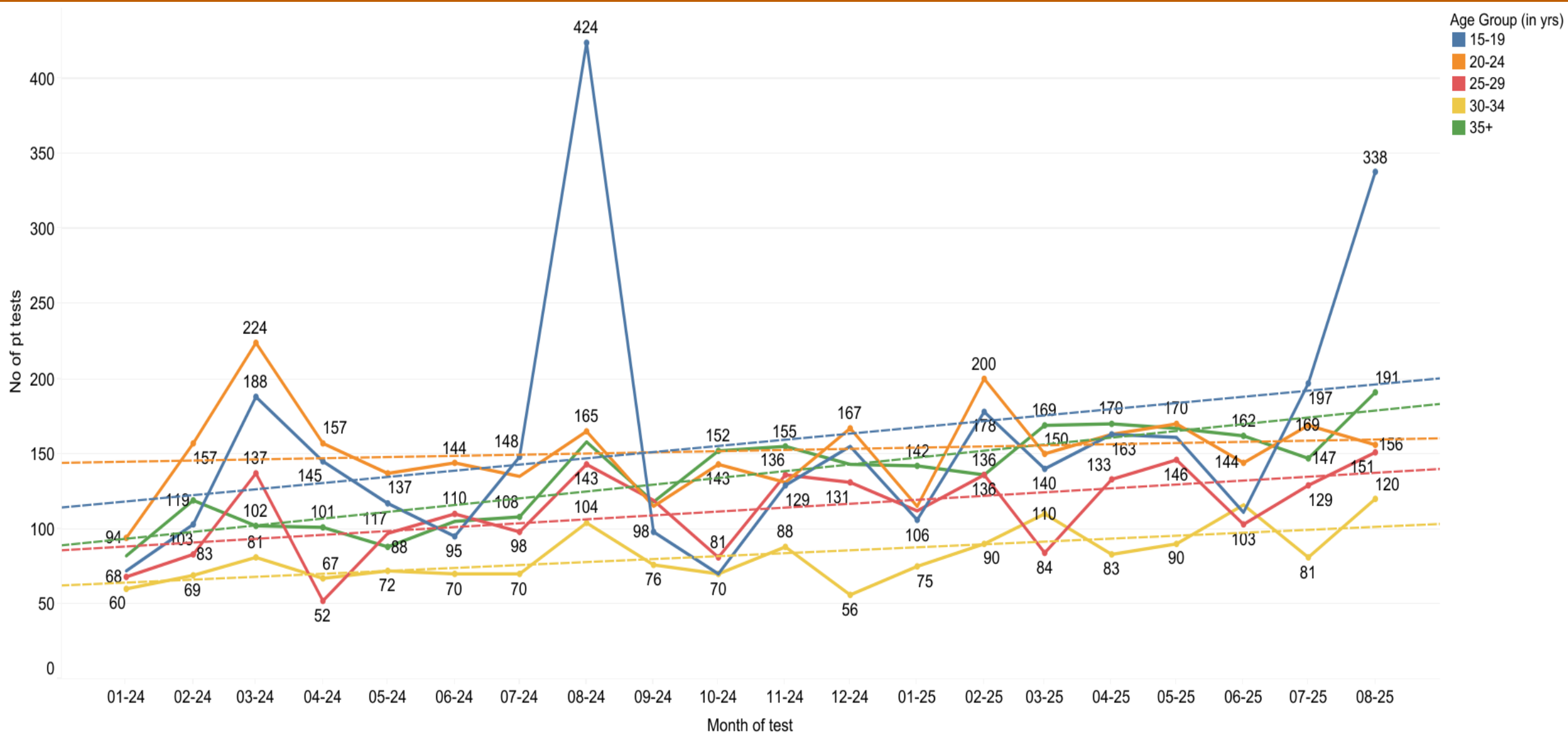


Monthly patient STI POC testing, by sex



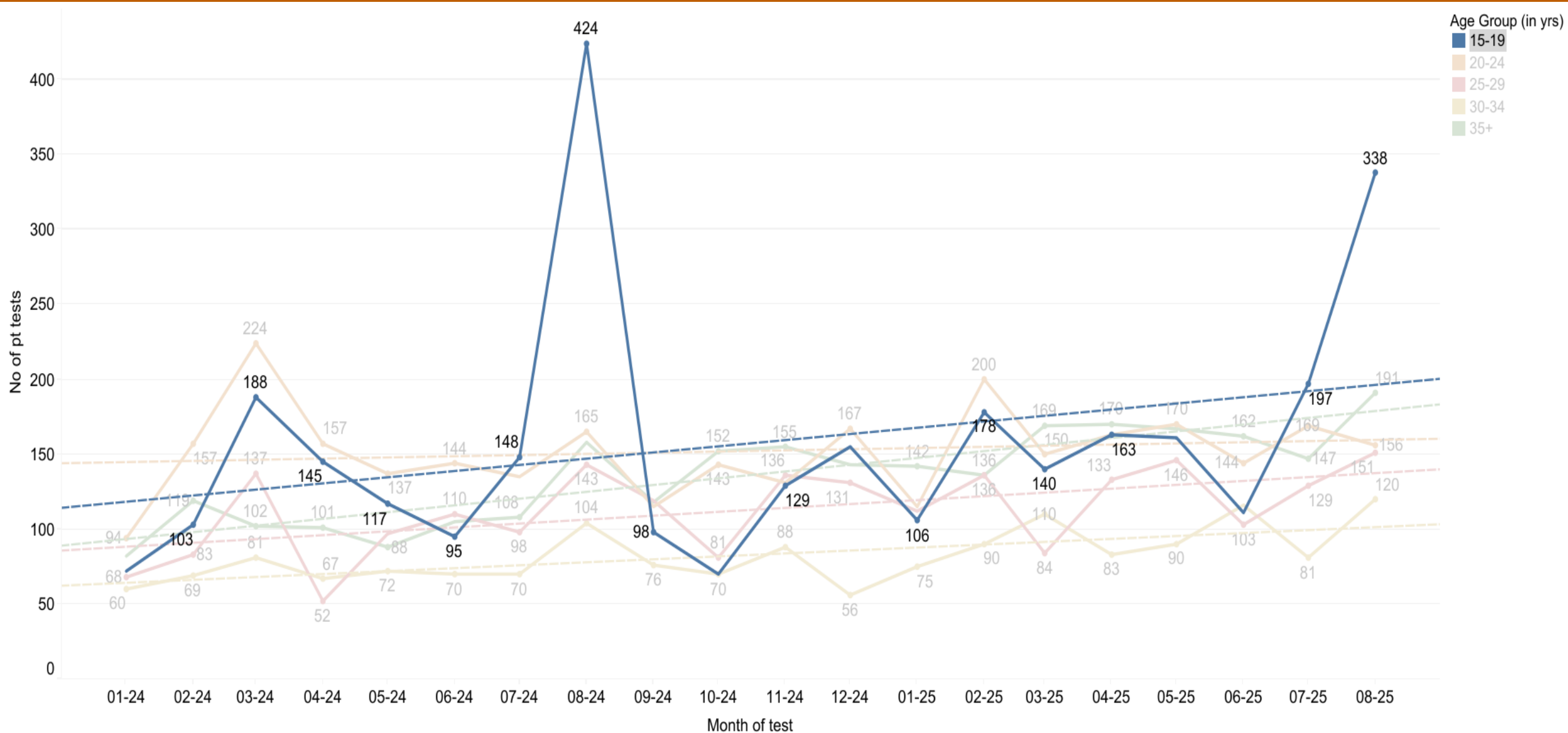


Monthly patient STI POC testing, by agegroup



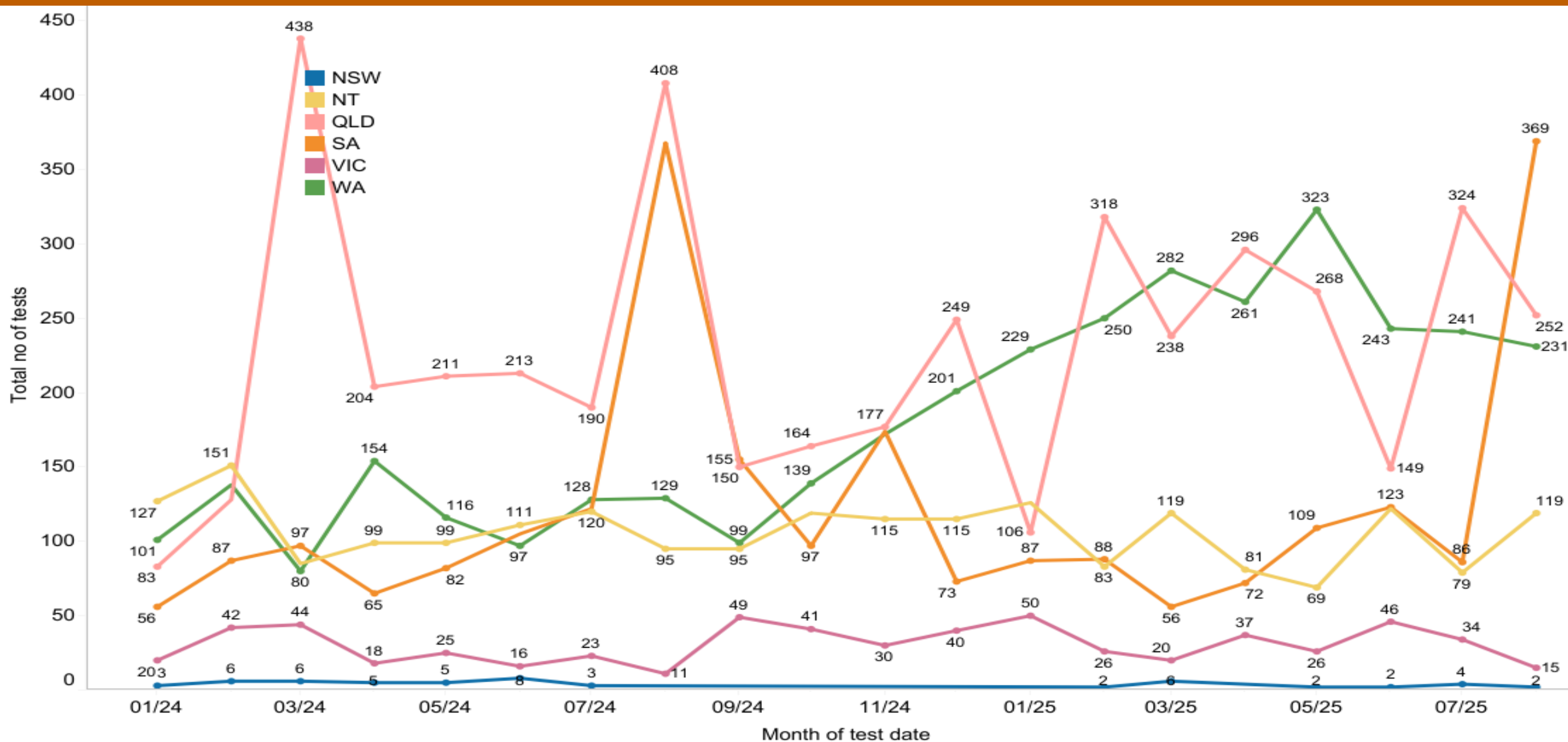


Monthly patient STI POC testing, by agegroup



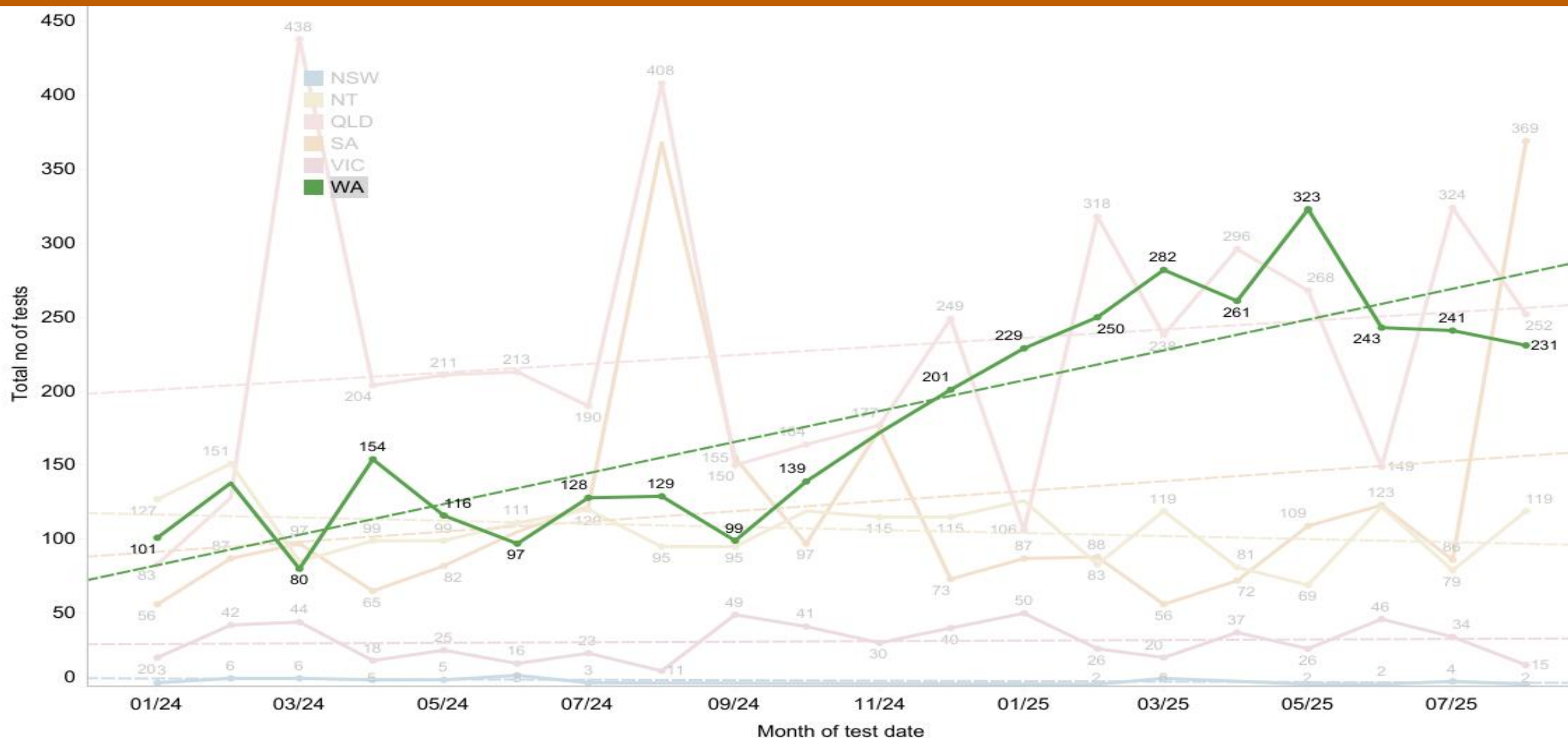


Monthly patient STI POC testing, by jurisdiction





Monthly patient STI POC testing, by jurisdiction





- Sustained increase in STI POC testing over past 18 months
 - More timely treatment and cure
 - Fewer onward transmissions and complications of infection
- Medicare claims may be encouraging the STI POC testing trend
- Limited clinical workforce capacity remains a priority challenge
 - High staff turnover
 - Competing priorities in primary care
- Embedding STI POC testing into routine care is critical and may represent a practical and sustainable strategy to optimise its use



Recommendations and next steps

- Support greater sustained uptake of STI POC testing
 - Expand geographic coverage of the MBS rebate
 - Assessment of alternative workforce models including staff who do not have clinical qualifications
 - Embed STI POC testing into existing structured preventive health activities such as adult health check





International Centre for
Point-of-Care Testing



Australian Government
Department of Health and Aged Care

Acknowledging and presented on behalf of all past and present Program team members from the Kirby Institute and the International Centre for Point-of-Care Testing, Flinders University

Participating Aboriginal community-controlled health organisations and peak bodies including:

- National Aboriginal Community Controlled Health Organisation (NACCHO)
- Aboriginal Health Council of WA
- Aboriginal Health Council of SA
- Victorian Aboriginal Community Controlled Health Organisation
- Aboriginal Health and Medical Research Council of NSW
- Aboriginal Medical Services Alliance Northern Territory
- Queensland Aboriginal and Islander Health Council, QLD
- Apunipima Cape York Health Council, QLD
- Ngaanyatjarra Health Service, WA
- Nganampa Health Council, SA
- Kimberley Aboriginal Medical Services, WA

Industry partners including:

- Cepheid Inc
- Medical Communication Associates
- Health Link

State and Territory health departments and other government services

- Australian Government Department of Health and Aged Care
- VIC Health
- WA Country Health Service
- SA Health.
- NSW Health
- QLD Health
- NT Health

Pathology providers

- St Vincent's Centre for Applied Medical Research/NSW State Reference Laboratory for HIV
- PathWest
- Pathology Queensland, including Forensic and Scientific Services
- SA Pathology
- Territory Pathology
- NSW Health Pathology
- Peter Doherty Institute for Immunity and Infection
- Microbiological Diagnostic Unit Public Health Laboratory & VIDRL
- Royal College of Pathologies of Australasia Quality Assurance Program

Governing Bodies including:

- First Nations Lore and Governance Group
- POC Testing Working Group – NACCHO and Australian Govt Department of Health and Aged Care
- National Aboriginal and Torres Strait Islander Health Protection Sub-committee (previous)
- COVID-19 Clinical Advisory Group (previous)
- First Nations Infectious Diseases Point-of Care Leaders Group (previous)

The First Nations Molecular Point of Care Testing Program is funded by the Australian Government Department of Health and Aged Care