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Title

Community and provider preferences for STI testing interventions for sexual minority men in Toronto, Canada

Priority 1 (Research Category)

Community based participatory research

Presenters

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Abstract

Context: Canadian clinical guidelines recommend at least annual and up to quarterly testing for bacterial sexually transmitted infections (STI) among sexual minority men (SMM). However, testing rates are suboptimal.

Objective: To build consensus regarding interventions with the greatest potential for improving local STI testing services for SMM communities using a web-based “e-Delphi” process.

Study Design and Analysis: The e-Delphi used successive survey rounds, with feedback in between rounds, to determine priorities among groups using a panel format. We recruited 2 expert panels: (1) community members/SMM who sought/underwent STI testing in the preceding 18 months (09/2019-11/2019); and (2) healthcare providers who offered STI testing to SMM in the past 12 months (02/2020-05/2020). Experts prioritized 6-8 interventions using a 7-point Likert scale from ‘definitely not a priority’ to ‘definitely a priority’ over three survey rounds.

Setting or Dataset: Toronto, Canada

Population Studied: Gay, bisexual and other men who have sex with men

Intervention/Instrument: Web-based “e-Delphi”

Outcome Measures: Consensus was defined as $\geq 60\%$ within a ± 1 response point. We report the percentage agreeing that an intervention is ‘somewhat a priority/a priority/definitely a priority’ at the final survey round.

Results: For the Community Experts, 43/51 (84%) completed all rounds; 19% were living with HIV, 37% HIV-negative on Pre-Exposure Prophylaxis (PrEP), 42% HIV-negative not on PrEP. We reached consensus on six interventions: Client reminders (95%), Express testing (88%), Routine testing (83%), Online booking app (83%), Online testing (77%) and Nurse-led testing (72%). Community Experts favored

interventions that were convenient yet maintained a relationship with their provider. For the Provider Experts, 37/48 (77%) completed all rounds; 59% were primary care physicians. Consensus was reached on the preceding six interventions (range 68%-100%), but not for Provider Alerts (19%) and Provider Audit and Feedback (16%). Express, Online and Nurse-led testing were prioritized by >95% of Provider Experts because of streamlined processes and less need to see a provider.

Conclusions: Both panels were enthusiastic about innovations that make STI testing more efficient. However, Community Experts preferred convenient interventions that involved their provider, while Provider Experts favored interventions that prioritized reduced patient-provider time.