P044 REGIONAL DIFFERENCES IN USE OF GETCHECKEDONLINE AND CLIENT CHARACTERISTICS ACROSS BRITISH COLUMBIA, CANADA

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Background GetCheckedOnline (GCO) launched in Vancouver, British Columbia (BC), Canada, in September 2014, offering online access to sexually-transmitted infection (STI) testing. In February 2016, the program expanded to smaller urban, suburban, and rural communities in south central BC (Interior Health Authority) and Vancouver Island (Island Health Authority). Given regional differences in STI clinic service availability, we used GCO program data to compare socio-demographic and behavioural measures by region among clients completing testing through GCO.

Methods GCO test episode and client-level data were included from the first 23 months of regional expansion (February 2016 to December 2018). Variables were analyzed descriptively. Bivariate analyses comparing Vancouver with each of the expansion regions (Island and Interior) were conducted using chi-squared tests; significant results ($p<0.05$) are listed below.

Results During the study period, 6,329 unique clients completed testing, with 3,435 (54%) from Vancouver, 1,834 (29%) from Island, and 1,060 (17%) from Interior. In total, 10,953 test episodes were completed. STI positivity was higher in Interior compared to Vancouver (6.1% vs 4.8%). Vancouver testers were older and a higher proportion identified as men who have sex with men (35%) compared to Interior (14%) and Island (26%). Greater proportions of testers from the expansion regions were symptomatic and reported STI risk factors (contact with STI-positive partner, condomless sex with >1 partner) at time of testing. Higher proportions of testing events in expansion regions were reported as first-time STI tests (never tested before: 23% Interior and 15% Island vs 9% Vancouver).

Conclusion This study highlights important regional differences in socio-demographic and sexual risk behaviours among GCO clients. Further research describing predictors of STI positivity, repeat testing patterns, and differences in barriers to testing across regions will help contextualize the impact of an online STI testing service across urban, suburban, and rural environments.

Disclosure No significant relationships.

P045 IS CHLAMYDIA TESTING IN GENERAL PRACTICE SUSTAINED WHEN FINANCIAL INCENTIVES OR AUDIT + FEEDBACK ARE REMOVED: A CLUSTER RCT

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Background Financial incentives (FI) and audit+feedback (AF) are often used to improve general practitioner (GP) performance. In the Australian Chlamydia Control Effectiveness Pilot (ACCEPt), a cluster-randomised controlled trial (RCT), GPs in the intervention arm received a FI of $5-$8 per chlamydia test and a quarterly AF report of chlamydia testing rates for their 16–29 year old patients. The objective of this present study was to examine the effects of removal of these measures on chlamydia testing rates.

Methods At the end of the ACCEPt trial, we designed a new 2X2 factorial cluster-RCT. ACCEPt intervention clinics were re-randomised to four arms: remove AF/retain FI, remove FI/retain AF, remove both AF and FI, or retain both FI and AF. The main comparisons were: removal vs. retention of FI and removal vs. retention of AF. The primary outcome was the absolute difference in chlamydia testing rates (proportion of 16–29 year old patients tested for chlamydia within a 12-month period) at year 2 compared with baseline, estimated using mixed-effect logistic regression models accounting for clustering at the clinical level.

Results 55 clinics were re-randomised. Chlamydia testing decreased from 20.0% to 11.7% in clinics with FI removed and from 20.1% to 14.4% in clinics that retained FI, with no evidence of a treatment effect between arms (difference=2.6%; 95%CI: -0.1, 5.7). Testing decreased from 20.8% to 11.5% in clinics with AF reports removed and from 19.7% to 14.8% in clinics that retained AF, with a larger reduction for removal than for retention of AF (difference=4.4% (1.1, 7.8).

Conclusion Chlamydia testing rates declined in all clinics after the end of ACCEPt. Chlamydia testing rates fell more when quarterly audit+feedback reports were removed than when financial incentives were removed. Policy makers and clinicians should be aware of the challenge to sustaining chlamydia testing uptake in GP clinics.

Disclosure No significant relationships.