

Similarities and Differences in Perceptions of Models for Online Partner Notification for Sexually Transmitted Infections: Potential Users Versus Care Providers

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BACKGROUND:

- In British Columbia, Canada, patients diagnosed with a sexually transmitted infection (STI) can notify their partners: themselves, with a health care provider present, by having public health notify on their behalf, or by using an electronic e-card service (inSPOT).
- Online partner notification (OPN) services have demonstrated acceptability to a subset of patients, but less is known about their perception by care providers.
- We compared opinions of potential users and providers with respect to different OPN models including email vs text, and **open** (anyone can access with no restriction) vs **closed** models (health care provider controls access via e-mail invitation or access code).

OBJECTIVE:

- To understand the opinions of potential users and health care providers regarding different models for online partner notification.

METHODS:

- We conducted five focus groups with potential users based in Vancouver (youth, men who have sex with men (MSM), STI clinic clients) and care providers from across BC (community agencies, public health nurses). We also conducted eight individual interviews with primary care physicians.
- During the focus groups, participants were shown visual depictions of OPN models (Figure 1) and examples of existing services.
- Opinions were elicited using discussion guides probing acceptability, advantages, and challenges of differing models.
- Notes taken were supplemented by review of audio recordings and analyzed thematically.

RESULTS:

- We spoke with 16 potential users (6 youth, 6 MSM, 4 clients), 4 community agency staff, 11 nurses, and 8 physicians.
- Users preferred to notify partners themselves or with provider present. Many saw a need for OPN, particularly with casual or multiple partners. Preferences for e-mail or text varied with age, with younger users perceiving text to be more private and secure.
- Providers preferred open models (anyone can access), perceiving closed models to create barriers for clients and difficult to integrate into clinical practice.
- Points of convergence, divergence and key challenges are described in Table 1.

Figure 1: Open vs closed models of online partner notification

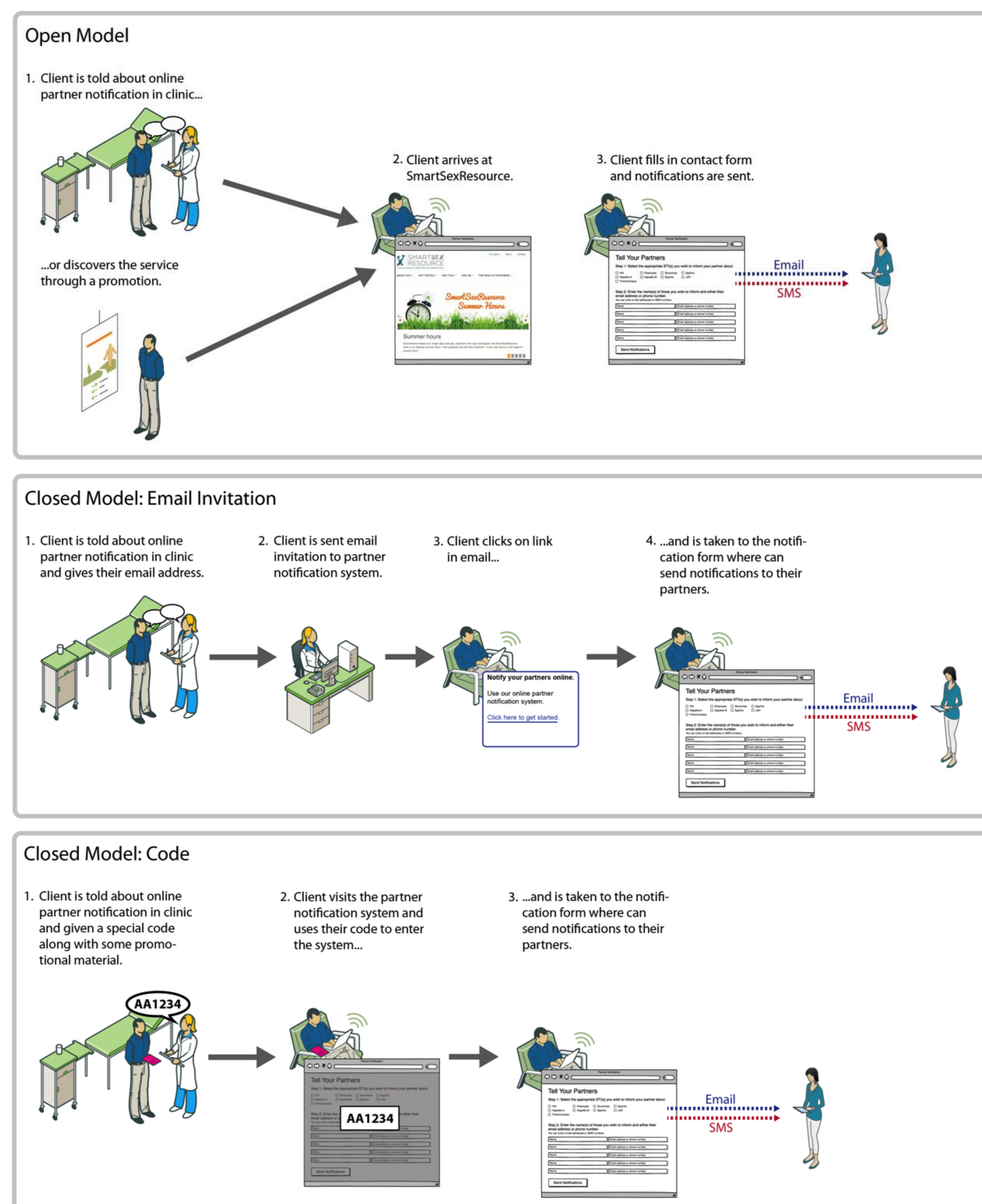


Table 1: User and provider perceptions of OPN services

Points of Convergence	Points of Divergence	Key Challenges
<ul style="list-style-type: none"> Positive perception of OPN: Perceived as beneficial by all participants, as complementary method. Person-to-person contact is generally the preferred route. Two-stage messages: To protect privacy, the initial contact (text or email) should be brief and not mention STI or sexual health, with link to more information. Message tone: Messages should be serious and convey a sense of urgency, but also be reassuring (e.g., talk about treatment) Supports available: Messages should include a phone number for information and support when receiving the message. Low misuse: Generally participants perceived the risk of misuse of the system to be low. Adding security features such as a statement regarding recording Internet Protocol addresses of users of the service was not seen as a deterrent. 	<ul style="list-style-type: none"> Open vs closed: Users preferred closed models which were perceived as more serious and secure. Providers generally preferred open models, perceiving closed models as posing barriers to clients and difficult to integrate into practice. Community agency providers supported a hybrid model with both open and closed features. How much information on the STI to provide: Physicians supported providing comprehensive information, while other providers and users had mixed reactions - some supporting generic messaging (e.g., get tested) others preferring details as would cause less anxiety. Which STIs to include: Users preferred comprehensive lists of STI, while providers preferred a focus on reportable, testable or treatable STI only. Provider involvement in closed models: While some providers reported not being able or willing to be involved with closed models of OPN, others felt that this would be consistent with their practice. 	<ul style="list-style-type: none"> Special consideration for HIV: While participants were supportive of HIV being included, most expressed a need for special messaging due to potential anxiety and to reduce HIV stigma. Treatment before testing: If closed models require a confirmed diagnosis, this may delay treatment of cases, or delay notification (and treatment) of partners based on symptoms. Challenge of online sex partners: OPN would not alleviate existing challenges with partner notification when notifying sex partners met online. Guidelines for providing online care: Given the rapid pace of technology and changing health care requirements regarding communicating with patients by email/text, guidelines/resources for providers would be beneficial.

CONCLUSIONS:

- Overall, OPN was supported by all groups, with opinions on the nature of messages and low potential for misuse similar across all groups.
- We found key differences between client and providers that may pose challenges to uptake and design of OPN services, including which STI to cover and how much information to provide.
- Users preferred closed models, while most providers preferred open models.
- Ongoing challenges with OPN include how to handle HIV, notifying online sex partners, and impact on time to partner treatment.
- This study provides valuable information on the perceptions of health care providers on online partner notification (OPN) services.
- As the primary connection between patients with a new STI diagnosis and OPN services, designing OPN services with providers in mind is key.
- A hybrid model permitting both open and closed access may be the ideal model for OPN services.

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