

NO WRONG DOOR



FUNDING STREAMS REMAINED SEPARATE. CARE DID NOT.

Turning separately funded services into one coordinated system of HIV care for people with complex needs.

INTRODUCTION

Multidisciplinary care in HIV is well established; however, implementing truly integrated, person-centred models within resource-constrained services remains challenging.

People living with HIV (PLHIV) experiencing intersecting complexities — including housing instability, substance use, and socioeconomic disadvantage — often face fragmented care and barriers to sustained engagement.

The problem is that separate funding streams, program requirements and service structures can unintentionally fragment care. .

OUR SOLUTION

All disciplines connect with one another, not just with the client.

The client isn't passed between services, rather the services work around the client. Leadership, flexibility, shared responsibility and organisational permission are the conditions that enabled this.



HOW THE MODEL WORKS



WHAT CHANGED?

FOR CLIENTS

Fewer hand-offs, stronger continuity and more responsive care.

FOR THE ORGANISATION

Existing resources worked together more effectively without creating a new standalone service.

FOR THE TEAM

Shared responsibility, better communication and less duplication.

CASE STUDY

Jordan had lived with HIV for more than a decade and had previously managed treatment well. Following a relationship breakdown and job loss, their mental health deteriorated and several health concerns emerged. Jordan approached a GP for help but was directed back to their HIV specialist. The specialist advised that the broader concerns required primary care. Another service required a new GP referral before offering support.

Jordan repeatedly explained the same story, received another phone number and remained responsible for coordinating the next step. Eventually, they stopped trying. Clinical monitoring became overdue and HIV medication was being taken only four or five days each week.

A WAAC peer worker recognised the change and, with Jordan's consent, connected them with case management and HIV Connect+. The team took responsibility for coordinating the pathway. An s100 GP completed a whole-person assessment, a nurse developed a manageable medication plan, counselling was arranged, and the case manager coordinated specialist care through supported referrals. The peer remained Jordan's trusted point of contact throughout.

Within three months, Jordan was taking HIV medication every day, attending clinical monitoring and receiving appropriate care for their physical and mental health needs.

The turning point was a wraparound service that stayed with the client until care was in place. **One point of contact. One shared plan. Every referral followed through.**

This fictional scenario combines recurring service themes. All personal, clinical and circumstantial details have been created for illustration and do not describe any individual client.

CONCLUSION

Funding agreements establish accountability, eligibility and service deliverables. The needs of people living with HIV rarely align neatly with these administrative boundaries. Effective integrated care depends on strong governance, clear professional roles and the capacity to coordinate a whole-person response across programs.

Through HIV Connect+, case managers, peer workers, counsellors, nurses and clinicians contribute their distinct expertise to one shared plan of care. Client consent, clinical leadership, documented actions and allocated follow-up allow teams to work flexibly and safely. This approach makes better use of existing resources, identifies unmet needs earlier, reduces fragmentation and protects continuity of care before a client reaches crisis or disengages from treatment.

The case study demonstrates what becomes possible when teams are trusted to exercise professional judgement and respond to the person in front of them. Funding requirements guide accountability; shared clinical responsibility expands what the system can achieve.

Any door becomes the right door when the person who opens it knows how to connect the client with the rest of the system.

AUTHORS

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