PRACTICE BASED TEMPLATE

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"No Wrong Door": A Multidisciplinary Approach to HIV Care for Clients with Complex Needs

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Background/Purpose:

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. This project aimed to strengthen coordination between clinical and psychosocial supports using existing service structures.

Approach:

In late 2024, WAAC, in collaboration with M Clinic, established a multidisciplinary team (MDT) model integrating general practitioners, nurses, counsellors, case workers, peer workers, and service managers. Meetings are held every three weeks and are typically facilitated by case workers, reflecting their central role in care coordination.

The model intentionally leverages existing resources and relationships, enabling cross-disciplinary collaboration without additional service expansion. Any trusted provider can act as the client's "champion," ensuring care remains accessible through multiple entry points. The model is underpinned by a shared ethos of equity across disciplines, where all voices hold equal weight in care planning.

Outcomes/Impact:

This approach has strengthened care coordination within existing resource constraints. Early observations indicate improved communication between clinical and community-based providers, more cohesive and responsive care planning, and increased client engagement. The model has reduced service silos and supported continuity of care for clients with complex, multi-layered needs.

Innovation and Significance:

While multidisciplinary care is not new, this model demonstrates how existing systems can be reconfigured to deliver more integrated care in constrained environments. A key innovation lies in the intentional flattening of traditional hierarchies, with equal value placed on clinical, psychosocial, and peer perspectives. By centring client needs and enabling shared responsibility across disciplines, this model offers a practical and adaptable framework for improving HIV care delivery.

Disclosure of Interest Statement (example):

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