Retention in care is aided by case managers addressing the social determinants of health for PLHIV and complex health needs: a case series

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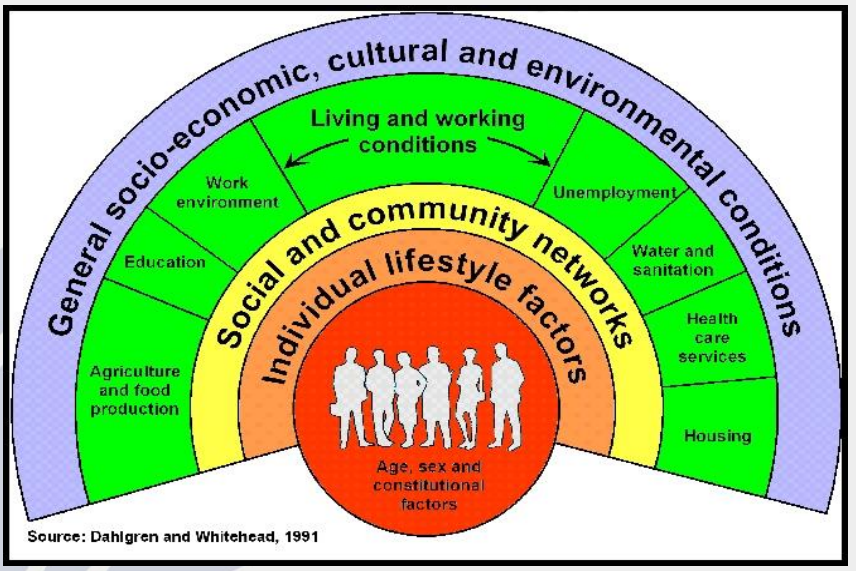
Social Determinants of Health



HIV Services

Clinicians are highly trained, experienced and qualified with degrees in nursing, psychology, counselling, occupational therapy, physiotherapy, dietetics and social work

The aim of this case series is to report on:

- the psychosocial, economic and medical complexities for PLHIV
- how these factors impact upon client health outcomes and engagement with health care providers
- the individually focused health interventions for PLHIV who have complex health issues
- the challenges faced by the front line health care providers

and examine the complexities of service utilisation to better understand service needs

Methodology

- Multi site project using a retrospective case series methodology
- Data collection
  - Individual Data Collection Tool
  - Care plans, progress notes, eMR, initial assessment
- Recruitment: January 2017 to December 2017 n=7
- Inclusion criteria: PLHIV, over 18yrs of age, existing client requiring intensive case management
- Exclusion criteria: HIV-, under 18yrs of age, no co-morbidities
- Participation consent
- Ethics (X16-221 & HREC/16/RPAH/272)

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Individual data collection tool

- Demographic and comorbid health details
- Life style behaviour, income and housing status
- Listings of other services involved in patient care
- Number of occasions of service (OOS) provided by case managers (CM)
- Outcome measures of VL, CD4, income, housing and medication adherence
- Reflective practice by CM on health complexities of their client and challenges in providing care

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Case #	Sex and age	Years living with HIV
1	Male, 64 years	9
2	Male, 36 years	2
3	Male, 46 years	28
4	Male, 34 years	9
5	Male, 58 years	27
6	Male, 58 years	30
7	Male, 51 years	15

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Situation
HAND, cognitive impairment
Homeless, lack of income
Lack of trust in services
Poor medication adherence
Low engagement in care
Socially isolated, no family
Low health literacy
Public health risk
Metabolic issues & double incontinence
Housing NSW or assisted living
Poor independent living skills

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Background

- Depression, anxiety
- Intellectual disability, brain injury
- Psychosis
- Chaotic level of function
- Squalor & risk of eviction
- NSW Trustee & Guardian
- Disability Support Pension, Newstart
- Drug and alcohol abuse
- HX of trauma and abuse
- Mental health issues
- Poor personal boundaries

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Intervention with

- HIV allied health
- Medical team
- Mental Health
- Centrelink
- Housing NSW
- HIV NGO's
- Legal services
- Disability Services
- Employment services
- NSW Trustee & Guardian
- Community nursing

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Intervention what
Advocacy
Manage medical, financial and housing appointments or support
Access income
Arrange housing
Interpret and explain medical results & meeting outcomes to clients
Meal planning
Exercise programs
Webster packing
Referral to services
Rapport & trust building
Initiate and plan case conferences

Outcomes for clients
Housed
Secure income
Undetectable VL
Improved CD4
Engaged in care
Engaged with services
Better mental health
Reduced hospital admissions
Improved hygiene
Reduced public health risk
Socially connected

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Results

- Clients all had multiple factors which impacted upon their ability to adequately care for themselves and required support to do so
- CM spent significant time working with Centrelink and Housing NSW
- CM work collaboratively across HIV specific and non specific services
- CM occasions of service per client often exceed 280 in a 12 month period

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The NSW HIV Strategy 2016-2020

"Strengthening models of care, including models that deliver access to psychosocial support, and build the capacity of the HIV workforce to support rapid treatment initiation, treatment adherence and retention in care over the long term for all people with HIV."

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Conclusion

Qualified and experienced staff provide intensive case management to assist PLHIV and complex needs to navigate the health system and government organisations

Patient centred and collaborative outreach model of care enables clients to:

- integrate within their local community.
- improve their psychological and physical health
- find stable accommodation and a regular income
- and be adherent with their HIV medication

Questions?

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