

IDENTIFYING AND RESPONDING TO CLINICAL COMPLEXITY IN HIV: AN INTERDISCIPLINARY CARE MODEL

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Background:

Non-AIDS medical and psychosocial multi-morbidities can compound 'complex' client presentations. Identifying this cohort is necessary to target resources and interventions and improve engagement in care. This study sought to quantify clinician assessment of clinical complexity, through the development of the Clinical Complexity Rating Scale for HIV (CCRS-HIV), and modify clinical HIV services accordingly.

Methods:

This study expands on the earlier development of the CCRS-HIV. A risk prediction model, using a weighted scoring system, was developed to identify individuals with 'complex' presentations. Multivariable logistic regression analyses were conducted to determine the most influential factors in predicting complexity, and establish an algorithm. All PLHIV attending Albion for medical care were assessed using the CCRS-HIV to identify those most in need of an interdisciplinary care team approach; those scoring highly on the measure were referred for interdisciplinary care and support.

Results:

Among the factors considered, problematic crystal methamphetamine use [adjusted Odds Ratio (aOR):7.05, 95%CI:1.25,39.65], financial instability (aOR:14.78, 95%CI:2.62,83.51), social isolation (aOR:10.78, 95%CI:2.47,47.14) and mental health/other problematic substance use (aOR:4.22, 95%CI:1.45,12.27) were identified as significant predictors of complexity. In addition, current problematic hepatitis C (HCV) or cancer, other physical health concerns, polypharmacy, and poor cognitive/neurological functioning were also identified as complexity risk factors. Higher scores on the CCRS-HIV were associated with increased complexity, and served as the platform for a targeted interdisciplinary care team approach. Scores of 40 (out of 152) or higher distinguished a high complexity group with a sensitivity of 80%.

Conclusion:

This study provides foundation findings to inform the development of a simple, validated rating scale for non-AIDS multi-morbidities that predict clinical complexity. Early identification of complexity increases opportunities to support clients in managing multi-morbidities, and improving retention in care and quality of life. The introduction of this model will enhance the existing multidisciplinary model, moving to interdisciplinary and integrated client-centred care. Key outcomes and a review of the clinical redesign process will be reported. Enhancing an interdisciplinary integrated care model, with client care as central, has significant implications for the optimal management of complex presentations.

Disclosure of Interest Statement:

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