

Supporting people living with HIV; a shared-care model in Regional New South Wales.

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BACKGROUND/AIMS & METHODS:

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- ❖ People living with HIV (PLHIV) in regional NSW face unique challenges
- ❖ CHiRN = over 350 participants from Port Macquarie to Tweed Heads since December 2016.
- ❖ CIRS (Cumulative Illness Rating Scale) used to identify multimorbidity.
- ❖ Polypharmacy
- ❖ Number of chronic conditions
- ❖ Communication with GPs

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OUTCOMES:

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- High CIRS
 - more likely to have shared care with a GP (71.7% vs 48.1%, $p = 0.001$)
 - More letters to GP in previous year (1.3 vs 0.5, $p < 0.001$)
- Other activities
 - Care Co-ordination Meetings with Clinic staff and relevant NGOs
 - weekly review of hospital visits
 - monthly Complex Case Meetings
 - Lost to follow up reviews

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CONCLUSIONS/IMPLICATIONS:

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- Sexual health services can contribute significantly to shared HIV care
- Highlights the benefit of CIRS – prioritise workloads and service access
- Monitoring of multimorbidity in changing models of care over time
- Multidisciplinary teamwork is essential
- Integrated services
- Most importantly – consumer engagement and reference groups

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