

## **Adahps case management service in rural and regional settings with limited HIV support services**

### **Authors:**

ALEKSANDROW ANGELO<sup>1</sup>, GIEWALD HEIDI<sup>1</sup>, HAMPTON GARY<sup>1</sup>, HAN DERYA<sup>1</sup>, HOLLAND DEE<sup>1</sup>

<sup>1</sup>*Adahps, Sydney, Australia*

### **Background/Purpose:**

Adahps provides co-case management for people living with HIV in NSW who have HIV related neurocognitive disorder and complex health needs. Adahps implemented a new model of care for a 12-month test period from February 2019 to February 2020.

The new model expanded the eligibility criteria so that primary case management could be provided in four local health districts (LHD) that have no access to case management services. The aim was to ensure equitable and sustainable provision of specialist HIV case management.

To be eligible, clients in these four LHD must be living with HIV, have complex psychosocial needs and be receiving health care in NSW.

### **Approach:**

The four LHD were: Southern NSW, Murrumbidgee, Far Western NSW and Western NSW. An independent consultant was contracted to undertake an evaluation of the service and to assess the health benefits to clients.

### **Outcomes/Impact:**

As a result of the new model of care people living with HIV in the four identified LHD now have access to specialist outreach case management. In total 35 clients were referred. Case management included linkage to services, information and advice, psychosocial and practical support, accessing the NDIS and housing.

As clients living in rural NSW often reported poor internet and mobile coverage, telehealth and internet access can be a challenge. This increases social isolation for many and emphasises the need for outreach interventions such as this one.

Interviews with key stakeholders and analysis of service expenses suggest that the new model of care was successful and cost effective.

### **Innovation and Significance:**

The Residential distribution of people living with HIV in NSW has changed, with more people living in regional and rural NSW. Therefore, there is a need to evenly distribute HIV services from high resource areas to low resource areas and avoid duplication of services.

### **Disclosure of Interest Statement:**

Adahps is a NSW Health funded service and was established by the Ministry of Health in 1997. It is provided by South Eastern Sydney Local Health District (SESLHD). Adahps have no conflicts of interest and did not receive any grants from pharmaceutical companies for this project.