

Determinants of access to general practice in a shared care model for people living with HIV: A qualitative study of patients' perspectives in an Australian rural community

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Background

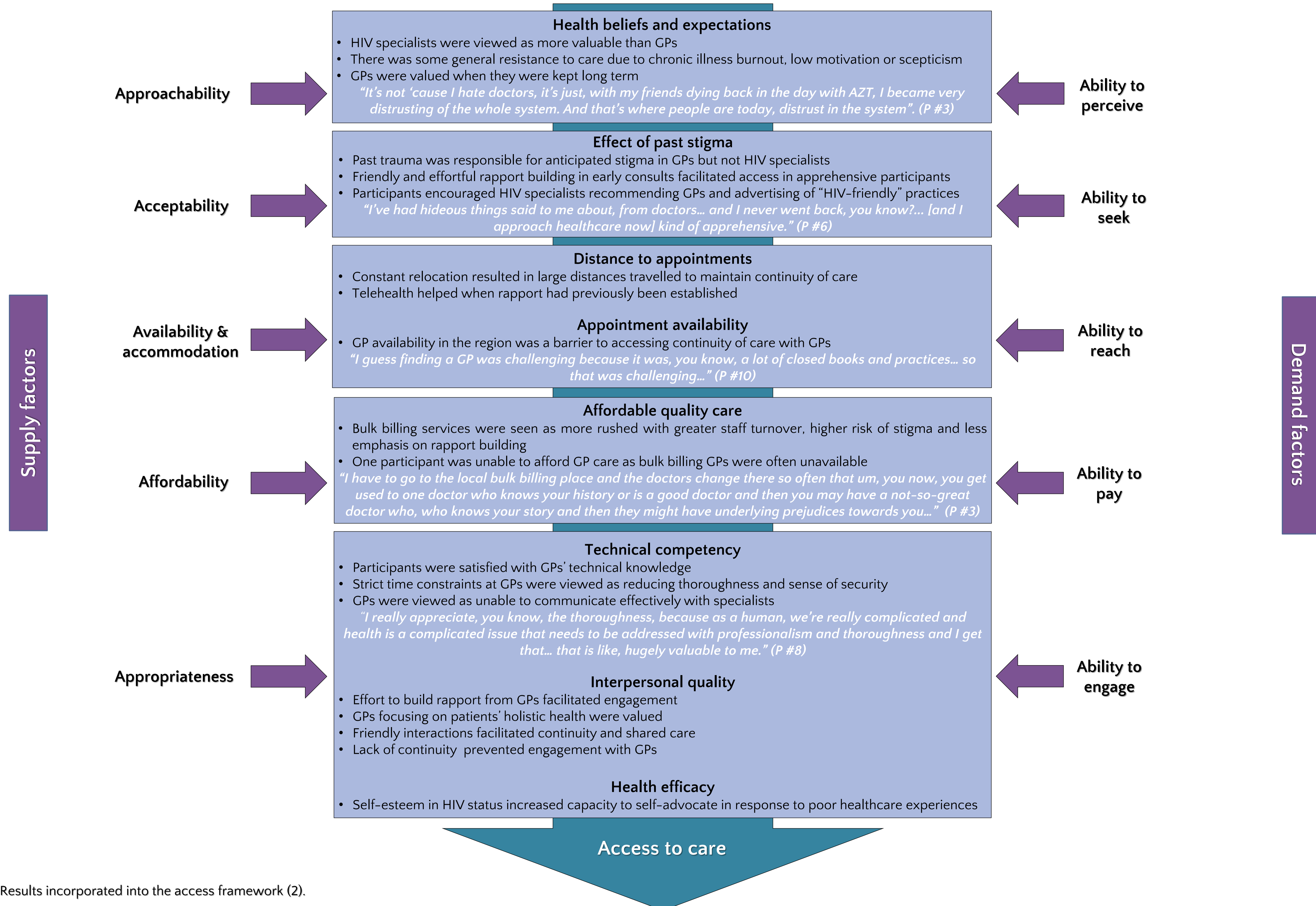
- The NSW HIV Strategy has encouraged the use of shared care between HIV specialist and GPs to maximise health outcomes(1).
- While urban Australian centres have high volumes of s100 GPs (GPs certified in prescribing antiretroviral therapy), PLWH in rural Australia rely on a specialist-led care model with varied involvement of GPs.
- To best implement a shared care model, it is important to understand the barriers and enablers of access faced by rural PLWH.
- This study utilised the access framework conceptualised by Levesque et al.(2) to model the determinants of access to shared care experienced by PLWH in Northern NSW.

Methods

- We conducted a qualitative study investigating perspectives on shared care in Northern NSW.
- Participants were recruited from Northern NSW Sexual Health Services and social media.
- Semi-structured interviews were conducted February to March 2022, face to face, in person or on video conferencing and transcribed.
- Thematic analysis was conducted on NVivo and codes were applied in a deductive approach based on the Levesque framework.
- Themes were derived from the data in consultation with co-authors and healthcare professionals in the field.

Results

- 13 participants were interviewed (5 face-to-face, 4 video conferencing and 4 via phone call).
- The majority of participants were male and all over 50 years old. Most participants had long term HIV diagnoses and had been residing in Northern NSW for over 10 years.



Conclusions and Implications

References

- NSW HIV Strategy 2021-2025. Sydney: NSW Ministry of Health; 2020. ISBN 978-1-76080-536-3.
- Levesque J-F, Harris MF, Russell G. Patient-centred access to health care: Conceptualising access at the interface of health systems and populations. International Journal for Equity in Health. 2013;12(1):18-.

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Perceived value of care

- More GP involvement and less specialist input was seen as a loss of value
- Strong interpersonal relationships with healthcare providers was highly valued and was strengthened by continuity of care, effortful rapport building from the provider and longer appointments

Reinforce the value of GPs in patients' health outcomes

- Educate patients on expertise of GPs in provision of primary care and the potential health outcomes of shared care
- Actively involve HIV specialist in the transition phase of shared care implementation

Effect of anticipated stigma on current healthcare engagement

- Fear of stigma was greatly related to participants' resistance to shared care
- Anticipated stigma was greater with GPs, particularly new GPs, and not evident with HIV specialists
- Trust and continuity of care were the most important facilitators for those with anticipated stigma. Time constraints at GPs was a barrier to this.

Maximising trust of GPs continuity of care

- HIV specialist role in linking PLWH with anecdotally "HIV-friendly" GP practices
- Strengthening interdisciplinary networks with early communication between specialist and GP
- Training against institutionalised stigma in current and future healthcare professionals
- Establishing an advertising and certification system for HIV-friendly GPs and practices

Compromise between quality care and logistical challenges

- Participants felt there was low availability of quality bulk billing services
- Constant relocation of GPs restricted continuity of care

Addressing the availability of affordable, quality care

- Subsidies for non-bulk billing practices to provide GP care for PLWH in rural areas
- Subsidies for extended initial consultation times with PLWH for early rapport establishment to encourage continuity
- Potential benefit of voluntary patient registration