

# THE UNDERSTANDING OF PEOPLE LIVING WITH HIV IN NORTHERN NSW ABOUT ‘SHARED CARE’: A QUALITATIVE STUDY

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## BACKGROUND

- Medical care for people living with HIV (PLWH) is provided by a specialist, an s100 GP, or by shared care, where care is co-ordinated between a GP, HIV specialist and other care providers
- Regionally there is limited access to s100 GPs
- Greater reliance on specialists or shared care in Northern NSW
- HIV has become a chronic condition in an ageing population with increased comorbidities
- GP involvement is vital for the best patient outcomes. This is best managed with a co-ordinated approach between a GP and HIV specialist, known as shared care

## SETTING

- This project was one of four subprojects studying the patient perceptions of healthcare for PLWH in Northern NSW
- 532 people were prescribed HAART in 2012 in Northern NSW
- Most PLWH access care at the 3 Sexual Health Clinics in the area

## METHODS

- Qualitative study using semi-structured interviews (Feb-Mar 2022)
- Recruitment via convenience sampling and snowballing
- Interviews, transcription undertaken by 4 trained medical students
- Inductive analysis and theme development conducted on NVIVO
- Constructivist epistemology informed data collection and analysis

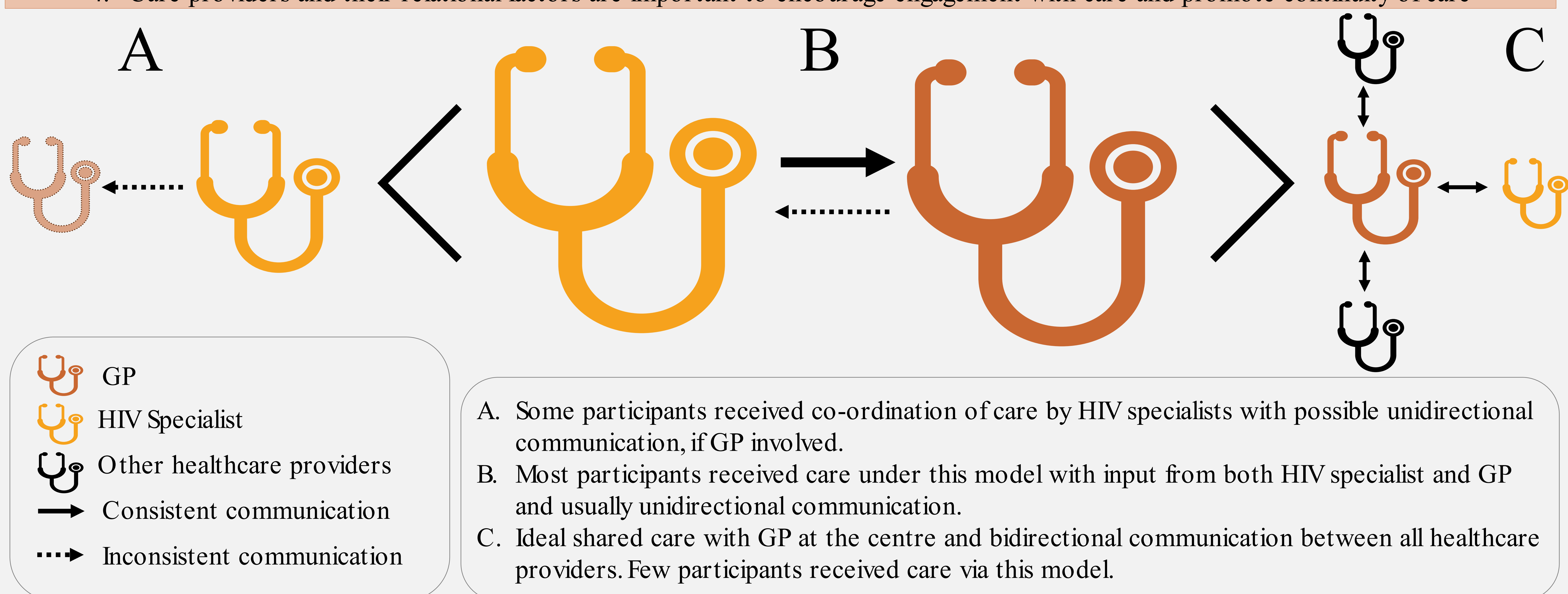
## OBJECTIVES

To collect and analyse the perspectives of PLWH in Northern NSW regarding shared care, including their understanding of their own care and what shared care entails to inform and improve delivery of HIV care, particularly in the development of a state-wide model of shared care as prioritised in the 2021-25 NSW HIV Strategy.

## RESULTS

13 PLWH were interviewed. Most participants identified as male (11), all were over the age of 50 and none were Indigenous.

1. Overall poor knowledge of the term ‘shared care’. The below figure depicts the models of care participants described by participants.
2. Participants demonstrated an understanding of the need for multiple practitioners
3. Effective communication between all healthcare providers was identified as necessary for optimal delivery of care
4. Care providers and their relational factors are important to encourage engagement with care and promote continuity of care



## IMPLICATIONS

- Alternative terms such as ‘team care’ or ‘integrated care’ should be considered
- Patient education on the role and benefit of GPs would improve care for PLWH
- GPs should undergo training to better address issues of stigma, mental health, and historical trauma of HIV diagnosis pre-2000
- The unique experiences of this population should be actively acknowledged to enhance patient relationships and optimise care for PLWH

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