

ON THE MOVE: EXAMINING SERVICE MOBILITY AND SHARED CARE AMONG PEOPLE LIVING WITH HIV IN NEW SOUTH WALES

Authors:

Vickers T¹, Feeney L², Costello J¹, Keen P¹, Holden J³, Hellard M⁴, Stooove M⁴, Baker D⁵, Prestage G¹, Bavinton B¹, Templeton DJ^{1,6}, Carr A⁷, Guy R¹, Callander D¹

¹ The Kirby Institute, UNSW Sydney, ² PositiveLife NSW, ³ New South Wales Ministry of Health, ⁴ Burnet Institute, ⁵ East Sydney Doctors, ^{1,6} RPA Sexual Health, Sydney Local Health District and Sydney Medical School, The University of Sydney, ⁷ St Vincent's Hospital

Background:

Australia's national HIV strategy calls to increase shared care for people living with HIV (PLHIV). While PLHIV in Australia have achieved levels of treatment coverage and viral suppression unseen anywhere else globally, little is known about if or how people access care in multiple services. This study assessed the use of multiple health services by a sample of PLHIV in NSW.

Methods:

For 2013-2017, data were extracted from two hospitals, three community-based testing services, seven sexual health clinics (SHCs) and eight general practices (GPs) in urban Sydney. Patients were linked probabilistically between services using anonymous identifiers. We calculated the proportion of patients who attended more than one service; multiple logistic regression assessed associated patient factors. Pathology testing was used to assess care for HIV and STIs.

Results:

A total of 6,772 PLHIV attended a clinic during the study period; 1,317 (20%) attended multiple services compared with 6% of HIV negative patients ($p < 0.001$). Of PLHIV who attended multiple services: 28% attended GP/hospital, 28% attended GP/SHC, 14% SHC/community service, 10% multiple GPs, 6% multiple SHCs, 5% SHC/GP/community service, 3% SHC/GP/hospital, 3% SHC/hospital, and 2% GP/community service. Most patients (87%) who attended multiple services only ever had viral load testing at one clinic, while 46% received STI testing from multiple services. Patients younger than 40 years (aOR=1.4, 95%CI:1.3-1.6), born in Australia (aOR=1.8, 95%CI:1.6-2.1) and gay men (aOR=2.4, 95%CI:1.9-2.9) were more likely than others to attend multiple services.

Conclusion:

PLHIV were more likely than HIV negative patients to attend multiple health services, although it was most common to restrict HIV-related care to a single clinic. Our findings suggest factors that might influence a person's capacity to attend multiple services (e.g., a lack of Medicare among those born overseas) but more work is needed to unpack these relationships and their impact on health outcomes.

Disclosure of Interest Statement:

ACCESS is funded by the Australian Department of Health. This analysis was supported by funding from an NHMRC Partnership Project grant (Grant #1092852), the NSW Ministry of Health, and UNSW Sydney. The Kirby Institute receives funding

from the Australian Government Department of Health and is affiliated with the Faculty of Medicine, UNSW Sydney. No pharmaceutical grants were received in the development of this study.