

OPTIMISING HIV & HEP C CARE & PREVENTION



TOWARDS OPTIMISING CARE AND PREVENTION FOR PEOPLE WHO INJECT DRUGS, LIVING WITH HIV & VIRAL HEPATITIS IN MELBOURNE, AUSTRALIA - EVALUATION OF AN INTEGRATED HIV & HOMELESSNESS NURSING SERVICE

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Background

1985: The HIV Nursing Program (HIVP) at Bolton Clarke (BC) in Melbourne, Australia was established to care for people living with HIV (PLHIV).

HIVP clients include long-term survivors, refugees/asylum seekers, people who inject drugs (PWID), those newly diagnosed, and experiencing homelessness.

2015: HIVP was integrated with BC's Homeless Persons Program (HPP) to support and enhance the model of care and to extend its reach

HPP provides health care & harm reduction to people experiencing homelessness and includes a needle & syringe program. HIV and HPP integration aims to increase access to care for PWID & PLHIV/HCV co-infection. Services are free to clients. **We conducted an outcome evaluation** of the integration of the two programs as a quality improvement project.

Results

HIVP's reach has extended significantly since integration. Average number of clients (2007- 2014) – 241/year. Since integration (2015 – mid-2018) – 351/year.

43/58 staff responded to the survey (74%). Respondents indicated **Program integration improves client outcomes** through flexible, holistic models of care, primary health care & shared resources. There is increased capacity to engage marginalized clients through outreach, & high staff satisfaction.

Case study reviews demonstrate effective HIV viral suppression, HCV cure & effective harm reduction education by nurses.

What works:

- Assertive outreach
- Health services that recognise rights & needs of clients
- Services that understand the impact of homelessness



- Engagement
- Service delivery & nursing care at point of contact
- Flexible holistic response
- Navigating health system with clients
- Practical support
- Persistence



Methods

In 2018, we undertook an internal outcome evaluation using mixed methods. Data were collected from:

- HIVP numbers of yearly admissions (2007-18)
- Staff survey. We designed a questionnaire using Survey Monkey© to evaluate client and staff outcomes
- Case studies of clients living with HIV and HCV

We analyzed survey data using Survey Monkey's in-built tools. Qualitative data were thematically analyzed

Conclusion

The HIVP and HPP integration demonstrates positive client and staff outcomes

We found increased access to and engagement in clinical care for people from marginalized backgrounds including PWID living with HIV/HCV.

Development of, and research into the model needs to link with the broader scientific research community through additional Partnerships with the viral hepatitis sector.