CLIENT-LED CARE IN HIV:

Perspectives from community and practice

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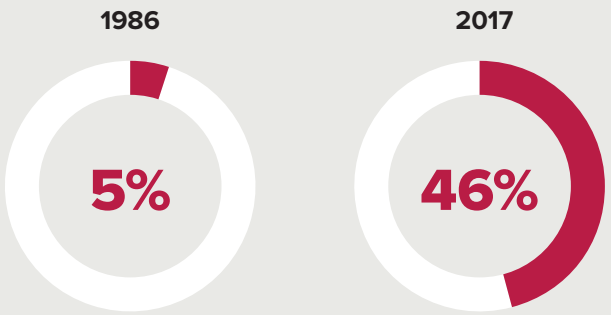
Background

Due to effective antiretroviral therapies and advances in care, newly diagnosed asymptomatic people living with HIV (PLHIV) now have a life expectancy similar to HIV-negative peers. As a result, the proportion of PLHIV aged >50 years is increasing and will continue to increase in developed countries for at least the next decade.

Despite improvements in life expectancy for most PLHIV, many challenges remain.

Proportion of PLHIV in Australia aged >50 years:



PLHIV have lower quality of life (QoL) than the general population due to HIV-related factors:

- **Depression, fear and anxiety**
- **Sleep disturbances**
- **Neurocognitive and functional difficulties**
- **Poverty, homelessness and social isolation**

Furthermore, age-related comorbidity occurs at an earlier age/higher incidence in PLHIV than in HIV-negative people, including:

- Cardiovascular disease
- Metabolic disorders
- Osteoporosis
- Renal disease

HIV-related inequality, stigma and discrimination also remain pervasive barriers to PLHIV living a fulfilling and productive life.

Models of care:

Client-centred:
recognised model that acknowledges the care experienced by a person is influenced by the way their health is managed

Client-led:
less well-defined model of care that goes beyond client-centred care for PLHIV who can and want to lead their own care

Objective:
to propose a definition of client-led care in the Australian context and its supporting principles.

Methods:

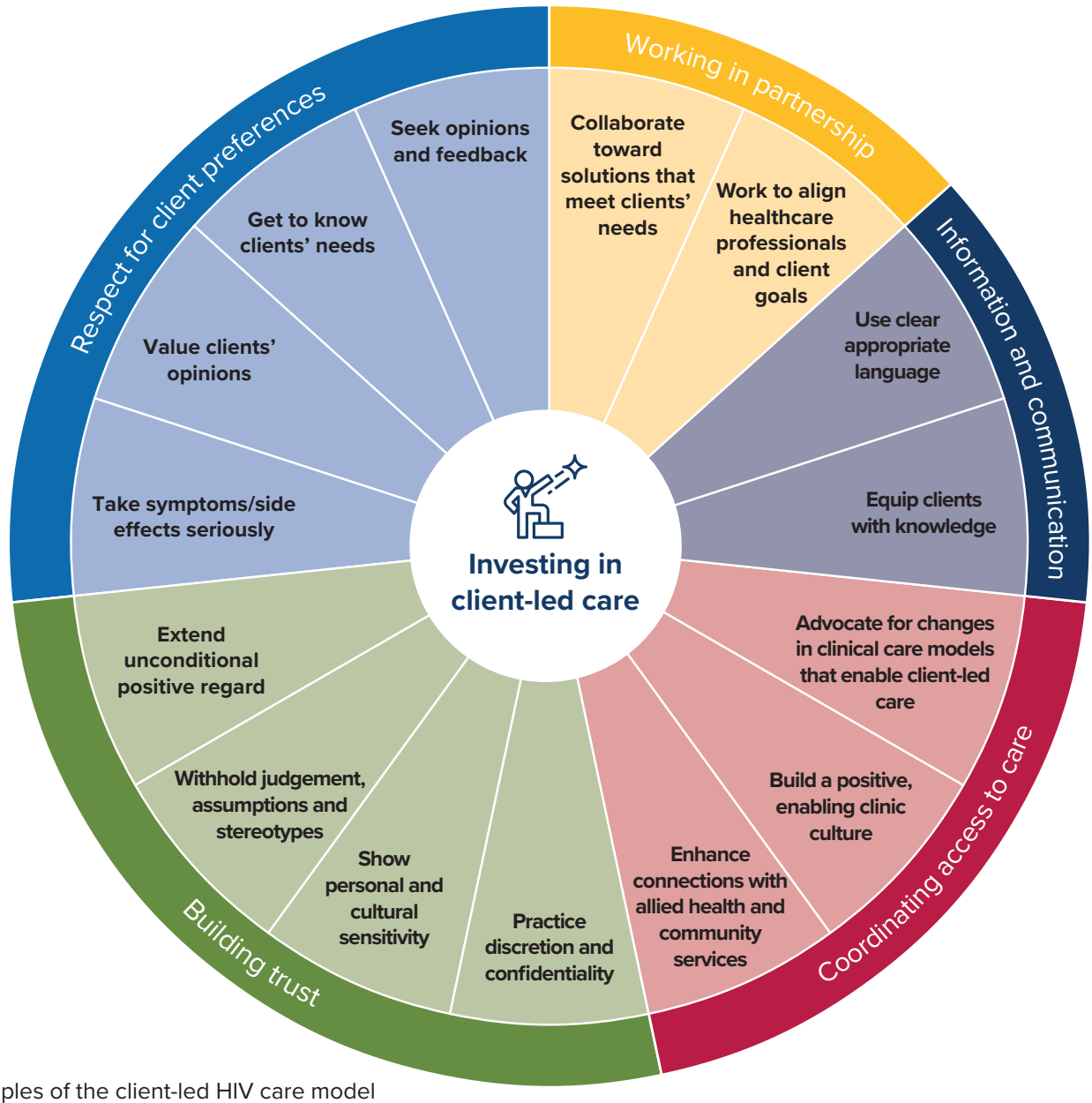
In this commentary, the authors proposed a definition of client-led care in the Australian context and identified principles for best practice based on their HIV community experience and professional opinion.

A small scoping review and consultations with colleagues were conducted to verify that the author's experience with client-led care was consistent with that in the literature and among their colleagues.

Results:

The authors identified the following key principles to supporting a model of client-led care based on their HIV community experience and professional opinion:

Working in partnership | **Information and communication** | **Coordinating access to care** | **Building trust** | **Respect for client preferences**



Principles of the client-led HIV care model

Results: (continued)

The scoping review search yielded

43 **articles**

of which

7 **met the criteria**

of inclusion in the qualitative analysis

None of the articles specifically explored client-led care as opposed to client-centred care.

Consultations were conducted with

5 **PLHIV advocates**

3 **HIV specialists**

from varying backgrounds and locations around Australia.

All colleagues were recognised experts in the HIV community.

The principles of client-led care identified by the authors were supported by those of the scoping review and colleague consultations.

Discussion:

The client-led model of care is increasingly recognised in the HIV community, but rarely considered in other health conditions and there is little guidance in the literature.

What is client-led care in HIV?

"A model in which care is client-centred and co-led by both the client and healthcare provider, negotiated with the intention of improving health and sharing responsibility for decision making with a deepening appreciation of the roles each other takes towards greater positive health outcomes."

Key features of client-led care:

- Educated peers are involved in care
- Helps to address imbalances in culture, gender and power
- Aspirations for client-led care are not withheld
- Client-led care is not an endpoint in and of itself
- Clients need to be aware that they are leading their own care
- Healthcare providers need to be comfortable with the client-led model of care
- Clients are empowered when they work with healthcare providers to reach shared decisions based on their life context, including how and when they take medication

The client-led model of care can complement conventional approaches to HIV treatment and care.

Discussion: (continued)

Client-led care is not for everyone

There are limits to the client-led care model, for example people in shock or who have minimal health literacy when diagnosed with HIV. Client-led care only works for PLHIV who both can and want to lead their own care.

Barriers to client-led care:

Lack of awareness or resistance from healthcare providers

Clients not trusting healthcare providers with sensitive information

Some healthcare providers assuming clients have more knowledge than they do

Lack of understanding in wider healthcare sector of key concepts of HIV

Peer supporters can help overcome many of these barriers

Conclusions:

1. **There is a growing need for health systems to become more client-centred and integrated to improve the care continuum experience.**
2. **In the opinion of the authors, a client-led approach can complement conventional HIV care strategies and enable empowerment and greater engagement with care, potentially improving the care continuum and overall QoL for PLHIV who can, and want to, lead their own care.**
3. **The collective experience in the Australian context is broadly relevant to healthcare settings in other developed countries with similar healthcare systems.**

This has been supported by an unrestricted grant from Gilead Sciences Pty Ltd