

Department of Human Services response to '*Integrated Service Model for the Provision of HIV Services in Victoria*' paper

Victoria's HIV sector has developed over the past 20 years to the current combination of clinical services, community based care and support agencies, and health promotion and prevention interventions provided by peer and community agencies. Over this time, there have been multiple changes to the demands on such services.

The clinical care needs of people with HIV/AIDS have changed considerably over the past 10 years. Notably, the demand for inpatient care has declined significantly and the need for community based care and support has increased, especially in mental health and the management of people with complex care needs. The advent of effective treatment means people with HIV are living longer and are facing the additional challenges of aging and chronic conditions. The gender, cultural, linguistic, age, disability and sexual diversity of people with HIV continues to grow and requires an appropriate response; and HIV sensitive services need to be accessible for people living in regional and rural Victoria.

The demand for effective primary prevention initiatives is high, especially given increases in people diagnosed with HIV during the period 2000-2007. Focused effort is needed on people at high risk as outlined in the *Victorian HIV/AIDS Strategy 2002 – 2004 and Addendum 2005-2009* (see www.health.vic.gov.au/ideas). The department established a HIV Taskforce in 2007, to draw on the expertise of key agencies, services and stakeholders to guide the response to increasing notifications. A number of recommendations were made and supported through additional funding (\$2.5M). In May 2008, the Victorian Government announced a commitment of \$16.6M over four years to reduce the transmission of HIV and other sexually transmissible infections.

Models of health promotion in clinical settings are needed to assist clinicians to provide beneficial interventions for the 4780 Victorians estimated to be living with HIV/AIDS (as at 31 December 2007). Coordinated prevention and health promotion initiatives that span community environments and clinic settings are needed to maximise the health and well being of people with and at risk of HIV.

There is a need and opportunity to realign HIV clinical services to ensure they are integrated and responsive to changing needs; that services are provided through sustainable organisations that are relevant to their communities; and that there are systems in place to ensure strong integration along the prevention-testing-treatment-and-care continuum. Equally, generalist health services need training and support to respond to the primary health care needs of the increasing number of people with HIV/AIDS.

In recognition of these changing clinical demands and in response to recommendations of previous reviews of the specified grant provided to The Alfred hospital for HIV services, the department appointed consultants to deliver *The Project to Develop an Integrated Service Model for the Provision of HIV Services in Victoria*. The purpose of the review was to inform a reorganisation and realignment of HIV/AIDS care and treatment services, where needed, to improve health outcomes for people with HIV/AIDS. The report – *Integrated Service Model for the Provision of HIV Services in Victoria (Dec 2007)* - provides a summary of the current HIV service system and recommends a number of changes to improve service integration and coordination.

This document summarises the department's response to those recommendations. Further development of HIV services will be in line with relevant Victorian government policy and service directions, including:

- *Growing Victoria Together* (www.dpc.vic.gov.au) – articulates ten shared goals, including high quality accessible health and community services, which provide the focus for government's priority setting
- *A Fairer Victoria* (www.dvc.vic.gov.au) – recognises that many Victorians continue to experience disadvantage and commits the government to strengthening communities and increasing opportunities for all Victorians
- *Care in your community* (www.health.vic.gov.au/ambulatorycare/careinyourcommunity) – which documents the commitment to increasingly deliver person and family centred health care in community-based settings, reducing the need for inpatient care and improving the health outcomes of Victorians.

The department will continue to work in partnership with HIV sector agencies and mainstream service providers to develop and progress integration, coordination, quality, responsiveness; and improve sustainability, accountability, reporting, and service planning.

SERVICE DELIVERY MODEL

The Victorian response to HIV includes efforts in prevention, health promotion, testing, and treatment and care services.

Prevention initiatives include actions aimed at maximising individual and community capacity to prevent infection (primary prevention); maximising testing and treatment (secondary prevention or preventive medicine); and efforts to minimise the impact of long-term disease and maintain the health and well being of those with HIV (tertiary prevention).

Clinical HIV services in Victoria include primary health care providers (such as general practitioners and community health services), supported by secondary (focussed, funded programs) and tertiary (hospitals, specialist HIV and statewide) services. In relation to HIV care, specialist tertiary services in HIV will continue to provide direct client services with a focus on patients with complex needs; and will increasingly focus on providing support and consultation services to primary and secondary health providers as they respond to the needs of people with HIV/AIDS.

Pathology services, research, and training and development services provide critical support to the HIV sector.

RESPONSE TO RECOMMENDATIONS

RECOMMENDATION	DHS RESPONSE
<p><i>Recommendation 1</i></p> <p>We recommend that an existing specialist HIV service be resourced to become a central HIV contact, support and advice service (referred to as the 'contact service') for diagnosing doctors outside the HIV service systems and for their patients.</p>	<p>RECOMMENDATION PARTIALLY SUPPORTED</p> <p>The department recognises the need of doctors outside the HIV service system to have access to quality information, support and advice regarding the management and referral of people with HIV. To this end, the department has funded the "local HIV information and testing system" (HITS) project which will provide training, secondary consultation and support services to general practices that have minimal experience with diagnosing HIV infection. Outreach support will be provided to ensure clients recently diagnosed with HIV have been appropriately referred for HIV treatment and care.</p> <p>The department will coordinate key agencies and practitioners in the development of an information sheet to be included in HIV positive laboratory result sent to practitioners. Contact details of key statewide HIV tertiary services as sources of information and secondary consultation regarding local referral options for treatment and care. Linkages will be made with existing resources such as <i>GP Assist</i> provided by Melbourne Sexual Health Centre to ensure such resources are maintained.</p> <p><i>Timeline: The HITS Pilot Project is due to be completed by June 2009.</i></p> <p><i>The department will convene a working group to develop HIV information to be provided with all HIV positive pathology results (September 2008).</i></p>
<p><i>Recommendation 2</i></p> <p>We recommend that every person with HIV be offered a comprehensive assessment of their needs by a high or medium-caseload GP (or GP/nurse team, where possible), or an HIV physician, within a month of diagnosis, with a particular focus on ensuring referral for people who have been diagnosed outside the HIV care system.</p>	<p>RECOMMENDATION PARTIALLY SUPPORTED</p> <p>As noted above, the department has funded the HITS project which will pilot support for GPs outside the HIV sector to ensure clients diagnosed with HIV are managed and/or referred to appropriate services.</p> <p><i>Timeline: As above.</i></p>

RECOMMENDATION	DHS RESPONSE
<p><i>Recommendation 3</i> We recommend the establishment of a formal Intensive Care Coordination Program for people with HIV, and that it be piloted for up to 18 months.</p>	<p>RECOMMENDATION SUPPORTED PRIORITY</p> <p>The need for coordination of care for people with HIV with chronic and complex needs is recognised. The department has established and trialled the Hospital Admission Risk Program (HARP) which aims to provide more appropriate care for individuals known to have a high risk of potential health deterioration and to prevent avoidable hospital use in the future. The department will pilot the effectiveness and appropriateness of the HARP model for HIV chronic and complex care during 2008/2009. An internal evaluation of the model will take place to inform ongoing service planning.</p> <p><i>Timeline:</i> A pilot HARP model will be established and evaluated in 2008/2009.</p>
<p><i>Recommendation 4</i> We recommend funding be provided for the expansion of the Victorian HIV Consultancy (VHIVC).</p>	<p>RECOMMENDATION NOTED</p> <p>The department will work with the Victorian HIV Consultancy to clearly define the breadth and scope of services provided, the expectations of the funding source, and the relationship with the Victorian HIV/AIDS Service (The Alfred) to further clarify demand, models of care and, possible links with the proposed HARP model (see Recommendation 3 above).</p>
<p><i>Recommendation 5</i> We recommend the establishment of a statewide community-based therapeutic counselling service for people with HIV in Victoria.</p>	<p>RECOMMENDATION SUPPORTED PRIORITY</p> <p>The department supports the establishment of a community based statewide HIV counselling service. Such a service would provide accessible and responsive HIV counselling services from multiple sites; training and secondary consultation to existing counselling and mental health providers to increase their capacity to respond to the needs of people with HIV; and be involved in research and evaluation. Clear links and referral pathways would exist between the statewide counselling service and the Victorian HIV Mental Health Service (see Recommendation 6), and other key primary service providers.</p> <p>The department will establish and support a time limited working group with representatives from each of the HIV counselling services to develop an appropriate service delivery model.</p> <p>The department will explore ways to further support research and evaluation of counselling interventions and training.</p> <p><i>Timeline:</i> Statewide HIV Counselling Service working group to be established to progress the establishment of a statewide service (September 2008).</p>

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<p><i>Recommendation 6</i></p> <p>We recommend that The Alfred Hospital immediately increase the VHMHS's capacity to provide a statewide service, and that further research is undertaken as soon as possible to determine the extent and nature of services that will be required in the future.</p>	<p>RECOMMENDATION SUPPORTED PRIORITY</p> <p>The department appreciates the need for a specialist service working with people with HIV with cognitive impairment, challenging behaviours and (broad) mental health issues. The department plans to discuss with Victorian HIV/AIDS Service and Victorian HIV Mental Health Service:</p> <ul style="list-style-type: none"> • eligibility criteria used by the service, with the aim of ensuring inclusion of cognitive impairment and a broad definition of mental health; • involvement of Mental Health Branch in an advisory structure for the service to ensure links with and capacity building of public Mental Health services; • links with the proposed HARP pilot (see Recommendation 3 above); • the development of a performance monitoring and accountability framework for Victorian HIV/AIDS Service to ensure transparency of service delivery. <p><i>Timeline: The department will initiate discussions and negotiations with The Alfred Hospital regarding the Victorian HIV Mental Health Service as a matter of priority (September 2008).</i></p>
<p><i>Recommendation 7</i></p> <p>We recommend that DHS institute a process which has as its aim the strengthening of the positive voice in Victoria.</p>	<p>RECOMMENDATION SUPPORTED PRIORITY</p> <p>The department provides over \$690,000 to three HIV positive organisations – People Living with HIV/AIDS, Straight Arrows and Positive Women – to provide care, support and health promotion services to HIV positive people. The department will continue to regularly consult with HIV positive Victorians and include them in formal and informal departmental decision making processes.</p> <p>The department sees the benefits of strengthening the voice of positive Victorians which is currently divided across the three organisations (noted above). To this end, the department will support and work with the three funded agencies to establish joint planning, program development and delivery, joint reporting and other strategies that will strengthen the voice of HIV positive Victorians.</p> <p>The board of Positive Women has informed the department that they “will remain an independent autonomous organisation run by positive women for positive women”. The department will continue to actively involve Positive Women in all discussions, plans and activities that are implemented in the spirit of the department’s direction noted above.</p> <p><i>Timeline: Joint, regular meetings between the department and the three positive organisations to be established to establish joint planning, program development and delivery, joint reporting and other strategies that will strengthen the voice of HIV positive Victorians (September 2008).</i></p>

RECOMMENDATION	DHS RESPONSE
<p><i>Recommendation 8</i> We recommend that DHS foster the development within the service system of additional expertise in the area of HIV's impact on people from CALD backgrounds, through increased funding for work with these people.</p>	<p>RECOMMENDATION SUPPORTED IN PRINCIPLE</p> <p>Dedicated HIV funding supports two statewide services:</p> <ul style="list-style-type: none"> • Multicultural HIV Support Services based at North Richmond Community Health Centre which provides community education and development, and support to individuals within CALD communities in Victoria; and • HIV CALD Service was established by The Alfred's HIV/AIDS Service to provide individual clinical support and outreach to maximise clients' health outcomes. <p>The department favours the consolidation of expertise into one service that provides a continuum of HIV related community development, education and support, and individual support across Victoria.</p> <p>The department will also consider options to involve those services working with CALD and refugee communities in HIV awareness and support initiatives.</p>
<p><i>Recommendation 9</i> We recommend the articulation of a framework for the organisation of medical care for people with HIV in Victoria, incorporating clear pathways and referral protocols across three levels of medical care.</p>	<p>RECOMMENDATION SUPPORTED</p> <p>The department will develop a statewide HIV service level framework (see Recommendation 11) that will clearly document services provided, staffing, and quality assurance systems required at various levels of service.</p> <p>Pathways into hospital services and referral protocols could be included in the HIV service level framework, or referred to a clinical network should one be established in the future.</p> <p>The need for a clinical network will be reviewed after completion of the HIV service level framework.</p> <p><i>Timeline:</i> See Recommendation 11.</p>
<p><i>Recommendation 10</i> We recommend the setting up of a pilot program to engage nurses in some or all of the high-caseload GP clinics that provide HIV and primary care.</p>	<p>RECOMMENDATION SUPPORTED PRIORITY</p> <p>In consultation with the HIV Taskforce, the department has allocated \$500,000 over two years to pilot nurse outreach to high caseload general practices. Melbourne Sexual Health Centre will work closely with participating general practices to support them in enhancing their STI screening for MSM. This may include provision of a sexual health outreach nurse to support STI and HIV testing, document protocols and procedures, establish systems to support ongoing maintenance of high testing rates, and to evaluate the impact of practice nurses in relation to STI care for HIV positive and negative men who have sex with men.</p> <p><i>Timeline:</i> Project has begun and will continue for two years, for completion by 2010.</p>

RECOMMENDATION	DHS RESPONSE
<p><i>Recommendation 11</i></p> <p>We recommend that work be undertaken to develop a framework for the delivery of HIV care services in hospital settings in Victoria. Once that has been done, work should be done on defining which Victorian hospitals are expected to provide Level 3 HIV care and on how they will be appropriately resourced.</p>	<p>RECOMMENDATION SUPPORTED PRIORITY</p> <p>The department will develop a statewide HIV Service Level Framework for Victorian hospitals. The framework will clearly document services provided, staffing, and quality assurance systems required at various levels of service. Individual hospitals and the department will use the framework in planning an adequate spread of HIV clinical services across Victoria.</p> <p>The department will establish and support a time limited working group to develop the framework.</p> <p><i>Timeline:</i> <i>An HIV Service Level Framework working group will be established in June 2008 with a view to completing the framework by early 2009.</i></p>
<p><i>Recommendation 12</i></p> <p>We recommend that DHS takes steps to enhance its capacity to provide leadership in reshaping the HIV service system along the lines proposed in this paper.</p>	<p>RECOMMENDATION NOTED</p> <p>The department has and will continue to work in close partnerships with service providers, advocacy and community agencies, researchers and others involved in providing HIV related care.</p> <p>The department will progress priority recommendations as outlined in this response and work with the sector to reshape the service system to respond to the current and changing needs of people with HIV.</p>
<p><i>Recommendation 13</i></p> <p>We recommend a process to reinvigorate the partnership, beginning with a package of externally facilitated meetings between DHS and Victorian AIDS Council/Gay Men's Health Centre (VAC/GMHC) that seek to promote more effective collaboration between them.</p>	<p>RECOMMENDATION NOTED</p> <p>The department's relationship with the VAC/GMHC has been strengthened through collaboration on projects such as the HIV Taskforce in 2007. Significant capacity and prevention campaign grants were provided to the VAC/GMHC as part of the government's five point plan to respond to rise in HIV notifications.</p> <p>The department actively collaborates with sector agencies (including VAC/GMHC) and will continue to do so. Multiple points of partnership exist including Ministerial Advisory Committees, Taskforce committees, forums, and regular meetings with funded agencies (also see <i>Recommendation 15</i> below).</p>
<p><i>Recommendation 14</i></p> <p>We recommend the prompt and collaborative development of a Victorian HIV Services Plan, to be supported through more localised implementation planning.</p>	<p>RECOMMENDATION NOTED</p> <p>The department has established various clinical planning frameworks and systems, including <i>Care in your community</i> which focuses on ambulatory care. The department will explore ways to more effectively use these planning processes to promote local attention to the needs of people with HIV. Once completed, the HIV service level framework (see Recommendation 11 above) will also contribute to statewide and local planning.</p>

RECOMMENDATION	DHS RESPONSE
<p><i>Recommendation 15</i> We recommend that the members of the partnership make a renewed commitment to evidence-based planning and decision making, and that on that basis, DHS institutes a process, in collaboration with all partnership members, to determine and pursue the additional evidence it requires to ensure that its planning and decision making are evidence-based.</p>	<p>RECOMMENDATION SUPPORTED IN PRINCIPLE</p> <p>The department recognises the need for accurate and complete data about client service utilisation, service activity and outcomes in HIV across Victoria. Such information is needed to inform statewide planning, development and review; and can also assist funded agencies to review their services, plan in partnership with other services, and maximise coordination and minimise duplication of effort.</p> <p>The <i>BBV/STI Program Guidelines for Funded Agencies 2006–2009</i> outlines reporting requirements for all BBV/STI funded services. Resolution of concerns with related data collection will be expedited. All funded agencies are required to provide data which is also a key element of ongoing performance monitoring.</p>
<p><i>Recommendation 16</i> We recommend that work be undertaken to build the number and capacity of doctors and nurses in Victoria to work in HIV care.</p>	<p>RECOMMENDATION SUPPORTED PRIORITY</p> <p>Workforce development is a key element in building the capacity of primary and secondary health services to respond to the needs of people with HIV. The capacity of clinical and community based services and workers needs development to ensure sufficient capacity to respond to the needs of HIV positive Victorians.</p> <p>To this end, the department has initiated the development of a Workforce Development Strategy that will identify the workforce needs across the HIV sector (prevention, treatment and care) and related sectors.</p> <p>The department will also continue to work with GP and clinical training organisations (General Practice Victoria and Australasian Society for HIV Medicine) to ensure adequate training and support programs are in place for clinicians; and to trial new training and ongoing support strategies.</p> <p><i>Timeline:</i> <i>The project has already begun and is expected to be completed by the end of 2008.</i></p>

FURTHER INFORMATION

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