

Enhancing Care and Support in the GP Setting

for Clients with Complex Needs

Presented By

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Case Study

Tom a 52 yr old gay male, Australian

Presenting issues:

- Living with HIV
- Living with Chronic Hep C
- Depression & anxiety
- History of poly drug use
- History of Chronic Alcohol Abuse

Who we are

- GP Enhanced Primary Care (EPC) a project of ACON
- Staffed by social workers
- EPC works alongside the GP and adopts a bio-
psychosocial framework
 - enhancing the client's physical, mental, emotional and social wellbeing.

Our Clients

- We work with clients at risk of, affected by or living with HIV and / or Hepatitis C (irrespective of sexuality) and
- Gay, lesbian, bisexual and transgender clients, irrespective of HIV / Hep C status
- Most of our clients live with a chronic disease
- Clients access EPC via their GP's referral

Our Surgeries

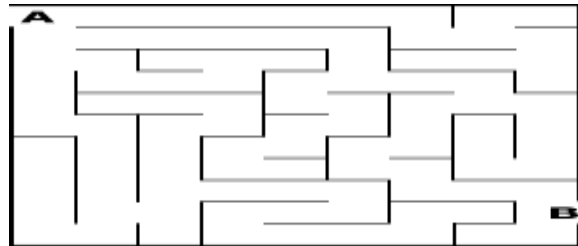


- 3 GP surgeries located in the Darlington area
- All surgeries are S100 prescribers
- 1 is a methadone prescriber
- Thus EPC works with a very diverse client base and captures at risk groups

Multiple needs

- EPC works collaboratively with clients that have multiple and complex issues
- The more chronic nature of the health condition the greater GP time = less time for other health & psychosocial needs
- Compounding effects

Negotiating the maze of service provision



- The more complex the issues greater potential for service gaps
- EPC captures clients at primary point of care & assists with access to services / supports
- Clients have often been banned from other services
 - viewed with “anger management” issues
- Have a history of accessing services without having their needs met
 - resulting in frustration
 - leading to apathy



Tom

- GPs Concern was liver damage due to alcoholism
- Poor HIV medication adherence
- TOM'S concerns-alcohol/drugs
- Grief /Loss
- Depression/anxiety/isolation

How we work

- Collaboratively – client, GP, other health &/or social services
- Narrative theory leads into a client centred and solution focus approach
 - elicits strengths
 - increases motivation
 - enhances resilience
 - reduces resistance
 - reduces stigma

Tom

What worked well

Secure environment (GP surgery) Tom and EPC worker felt safe – Tom has long term trust with GP, familiarity of environment

GP saw Tom fortnightly, EPC weekly for an hour.

GP prescribed medication for anxiety and depression.

Length of EPC involvement – change can takes time, EPC was ongoing, tom felt very secure with this.

TOM

- EPC used a narrative approach, which elicited Toms story, his strengths and his motivations for change.
- Service provision.
- Solution-focused approach.

2009-10 client evaluation of EPC

- 100%: overall service rated 'excellent/good' & would definitely recommend EPC to others
- 100%: felt treated with dignity & respect and could talk freely and openly
- 95% felt confident in worker's ability to offer practical and emotional support
- EPC has made a difference to medical care – 86% agreed

TOM a year on

- Tom now stable on anti-depressant medication, irregular use of sleeping tablets and anti-anxiety medication.
- Alcohol consumption down to 2 glasses wine night with dinner, twice week.
- Weight gained 9kgs

Tom's outcome

- Improved functionality in day to day living
- Abstinence from any drug use
- Increased adherence to treatment (HIV ART)
- Social and Community engagement
- Ability to self-manage anger issues
- Reduction in
 - Depression and Anxiety
 - Abstinence from drugs
 - Moderate drinking

Tom's evaluation of EPC

- I felt safe and able to be honest with EPC worker.
- I was treated with dignity even when I presented drunk or relapsed.
- I had my eyes opened to what was going on around me and pointed in the right direction.

Conclusions

- Length of involvement
- Tom self exited
- Open door policy
- Partnership Tom/GP/EPC

Thanks

- Questions