

## CASE STUDY ON CROSS FUNCTIONAL CARE

### Context

Venhälsan, the infectious disease clinic at Stockholm South General Hospital, is Sweden's second-largest HIV clinic. To improve its care quality and make its patient work more efficient, Venhälsan now has a psychiatrist, a venerologist, a general practitioner and a conversational therapist integrated as part of the clinic's expertise.

### Introduction

Currently, Venhälsan has close to 1500 patients with HIV, making it Sweden's second largest clinic by patient numbers. It was established as a sexually transmitted infection clinic specifically for men who have sex with men (MSM) in 1982, shortly before the identification of HIV and AIDS in the country. Today, Venhälsan welcomes all categories of people living with HIV (PLHIV). Advances in antiretroviral therapy (ART) have changed the core needs of HIV patients, creating an updated perspective of HIV as a chronic condition where long-term health and well-being need to be prioritised. PLHIV require access to a range of health services reaching beyond their HIV treatment. In Sweden, it has been challenging to have administrators stop viewing specialisations in isolation and to understand that care for PLHIV needs to be provided across specialisations. Venhälsan, an early adopter of this updated perspective has, for the past decade, allocated resources from its own budget to provide this cross-functional care.

### Aims

By adopting this updated perspective of PLHIV, Venhälsan aims to:

- Manage its large patient group efficiently
- Improve care quality for PLHIV, in line with their needs and reflecting advances in ART
- Use its leading role as one of Sweden's largest HIV clinics to champion a cross-functional, patient-centric approach

### Method

Operationally, the approach at Venhälsan has been realised by employing a part-time psychiatrist, a venerologist and a part-time general practitioner with specific knowledge in STIs, along with three full-time and two part-time conversational therapists to complement its existing complement of 11 clinicians and nursing staff. The general practitioner is a relatively new addition to the clinic, while a psychiatrist has been integrated for the past ten years. While they all are specialists in their area, they also maintain a specific interest in patients with communicable diseases.

## Results

This approach has improved care quality for patients, providing significant support. The Venhälsan clinicians are able to quickly share notes on patients with the integrated specialists and have their input factored into the patient's care. This increases efficiency and greatly reduces the need for referrals. Mental health concerns among patients are becoming more evident and psychiatric care can be delivered quickly where necessary. Often, patients simply need to talk and they can meet with conversational therapists. These conversations can also reveal potential mental health concerns, which the psychiatrist or general practitioner can then address.

This cross-specialisation approach has helped create knowledge bases – for example, on how to combine HIV-treatment and anti-depressants for the best outcomes while minimising comorbidities. Broadly, the approach has sharply reduced clinicians' workload, allowing them to focus on viral suppression while other chronic aspects are served by the integrated specialists.

## Recommendations

The approach and results at Venhälsan provide a working model and case study for other infectious disease clinics in Sweden and Europe. The knowledge bases it has created can feed into studies on the long-term health of PLHIV and increase awareness among policymakers and administrations on the benefits of working across specialities. However, the approach requires a critical mass of patients to be feasible; providing more personalised, cross-functional care sustainably at smaller clinics will require further investigation.

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