The Triumphs and Challenges of Integrating Caring

Harlem United Community AIDS Center
A Single Goal

Create a healthy and healing community to improve physical, emotional and social health
Comprehensive Care in a Community Setting

- Slide with program depictions (circles)
Clients served

- Demographics i.e. clients’ AIDS diagnoses are complicated by histories of homelessness, mental illness and/or substance use (Philip may have these demographics or we can use ADSA demographics)
- Or insert slide with number of clients served
Adult Day Health Care

- Designed for individuals living with AIDS and other co-morbidities in order to reduce barriers to care, improve treatment adherence and reduce hospitalizations
- Article 28 licensure, Medicaid reimbursed
- Comprehensive Care Planning to coordinate medical, mental health and substance use services every 90 days
- Clients attend an average of 3 days per week for 3 hours at a time usually sharing breakfast and lunch
True Healing Dynamic

Integration of socially isolated into a healthy and healing community thereby enabling clinicians to intervene more effectively
In January of 1999, when daily census averaged 30 per day an effort was made to expand beyond traditional Adult Day Health Care:

- Primary care to expand beyond treatment education, adherence support and medication management
- Individual and Group Psychotherapy beyond case management and support groups
- Art Therapy, Music Therapy and other expressive therapies beyond structured socialization and activities therapy
- Result: In January of 2000, average daily census of 55; in January of 2001, 75 per day
In Spring of 1999, Dr. Zabos offers to provide oral health education and preventive dentistry in a then under-utilized exam room.

Clients respond positively.

An informal survey at intake reveals that dental services are among the three most attractive services offered.
Keys to a Successful Partnership

- Integration, not mere co-location of services
- Consistency of Provider
- Equal Partners
- Not driven by $$$$$$$_$$$$$$$_$$
- Not conceived by lawyers
Integration, not mere co-location

- Integration into model of integrated (not dis-integrated) care through providers in relationship with each other and their clients
- Dental providers participate in morning rounds, community events, share lunch with clients etc.
- **ONE CHART:** rapid access of dentists to medical and social information and vice versa
- Goal=participation of dentists not just in rounds, but also care planning
Consistency of Provider

- Critical to overcoming barriers to care
- Important not just to clients, but to building rapport with colleagues in other disciplines
- Not merely renting space, but integrating into community
Equal Partners

- All Four: partnering institutions, providers AND clients
- Mutual Appreciation of what each brings
- Mutual Trust
- Non-Judgmental: understand first, suggest change later
Partnership driven by congruence of mission, not economic necessity

Example of lucrative primary care contracts denied in favor of contract offering consistency of provider
Lawyers

- Neither conceived by nor driven by lawyers
- Attorneys must be presented with partnership where details are already thought through
- If not, they will fill the void and tell you how it must be done
Improvements

- Better orientation to model
- Fuller integration into care planning