



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

Building a True One Stop Shop

- 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

An Angel Arrives....

- 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

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- 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