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DECEMBER 2008

VOL. 23, NO. 12

ASO's collaborate with medical providers

Services help patients improve adherence

With HIV/AIDS medical providers and AIDS service organizations (ASOs) all making do with less federal money these days, there is a new model for how the two groups can help more HIV patients with medical treatment adherence through collaboration.

"We understand the relationship between programs with different expertise and similar consumers, and we want to ensure a full access to our range of services," says **Sharen Duke**, MPH, chief executive officer of AIDS Service Center New York City (ASC) in New York, NY.

"So ASC has numerous partners with medical providers, homeless shelters, drug treatment programs, parent-teacher associations (PTAs), and other community organizations," Duke says. **(See brief story about collaboration with homeless shelters.)**

ASC's collaborations with medical providers enables health care organizations to preserve their resources and expand access to services for their HIV/AIDS patients, Duke explains.

Some of these collaborations already help patients with medication and treatment adherence, although that soon will become a bigger priority, Duke notes.

"Medication adherence is the next level for us to incorporate into these collaborative models," Duke says. "Right now we're focused on case management."

For example, ASC works with New York Presbyterian Hospital in a way that includes having ASC's case managers involved with the hospital's discharge planning process, Duke says.

"This is unprecedented for an outside entity to be part of the inpatient discharge planning process," she adds.

"When patients are admitted as inpatients from the emergency room, and when they're identified as not connected to outside medical programs, ASC is called in," Duke explains. "We go into the hospital and, with the client's permission, we conduct an intake at the bedside."

On the day of discharge, an ASC professional will be present to escort the client home.

"Then we will pick the client up from his home and bring him to his first outpatient medical appointment post-discharge," Duke says.

"It's a phenomenal service for medical providers," she says. "And for people who are at risk of falling out of care, it's the additional support and social connection that is the difference between getting the continued medical care and falling out of medical care."

While the collaboration with New York Presbyterian Hospital works very well for ASC, patients, and the hospital, it's not a one-size-fits-all type of model, Duke notes.

ASC works with eight or nine hospitals and health centers, and each collaboration is adapted to fit well for that particular medical provider.

"The collaborations are the results of several months of meetings, identifying mutual benefits, designing service models tailored to each site's specific patient needs and administrative needs," Duke says. "Each hospital and health center is different, so the way we work with each of them has to be tailored to fit their culture, structure, and patients."

For example, on Manhattan's Lower East Side, there is a primarily Hispanic population. So ASC provides bilingual staff to support the medical providers there, she says.

In another unique model, ASC works with Harlem East Life Plan (HELP) in East Harlem at HELP's methadone maintenance clinic, Duke says.

ASC has a case management team who works at the site from 7 a.m. to 3 p.m., which are the hours that work best for HELP, she notes.

"We catch folks who are coming in for their methadone appointments, and if someone misses a methadone appointment, we are notified and will go out and find them and bring them in," Duke says. "At HELP, our case managers have expertise in addiction issues because the work there is centered around the methadone clinic."

Another model is one employed in the collaboration with Beth Israel Medical Center.

ASC pays rent to locate case managers in the Beth Israel AIDS clinic, where they work with HIV clients when the clinic's HIV services identify people who would benefit from additional support, Duke says.

Also, the case managers are part of the hospital's social work team.

"While patients are at the AIDS clinic for medical visits, they meet with ASC case managers, who help them identify their needs related to taking their medication," Duke explains. "We do case conferencing and function as a part of the social work team within the medical clinic, and we can provide wrap-around support at our agency."

In yet another example of the collaborations, ASC has a partnership with St. Vincent's Hospital in which the hospital initially had posted an HIV counselor to ASC for the purpose of conducting HIV testing, Duke says.

"When we identify someone as HIV positive, we bring the person back to St. Vincent's Hospital for medical care," Duke says. "This partnership has increased ASC's capacity and taught us how to do HIV testing, so we now have our own HIV testing program."

St. Vincent's still does the confirmatory testing for clients who are identified as HIV positive through ASC's program, she adds.

From the medical providers' perspective, these collaborations enable them to extend their social work departments through ASC's outpatient staff, saving providers hundreds of thousands of dollars in staff time, Duke says.

"We provide home-based services and escort patients to entitlements advocacy and housing assistance," she explains. "The health systems' staff cannot meet the full demand [on their own] because of their limited resources."

"Health systems can't do everything on their own," Duke notes. "The collaboration with a community-based agency that has expertise in providing services within the community and within patients' homes adds value and consistency to sustaining patients in their care." ■

Working with homeless shelters to expand reach

Model works in other settings, as well

The **AIDS Service Center New York City (ASC)** in New York, NY, teams up with the city's homeless shelters to expand its reach into high-risk communities.

"People residing in homeless shelters are marginalized and are often outside the health care delivery system, and they often have issues of mental illness and drug addiction," says Sharen Duke, MPH, chief executive officer of ASC.

"So all of those behaviors place them at very high risk for HIV," Duke says.

Since homeless shelters typically do not have services related to HIV prevention, ASC has targeted the shelters for collaborative educational services.

ASC sends peer educators, who have had similar life experiences as the people found in homeless shelters, to the shelters to talk about HIV testing, Duke says.

The peer educators often have been homeless and have pasts that include drug abuse and prostitution, Duke notes.

"They can say, 'I've walked your walk, and you can do something different,'" Duke says.

This program is a good example of how ASC targets organizations that cater to high-risk populations, but which do not directly provide HIV services, she notes.

"We also go into PTAs in East and Central Harlem in collaboration with public schools, and we target women through coffee klatches and do educational workshops on HIV prevention, women's anatomy, reproductive health, and how to talk with your children and disclosure issues," Duke explains. It's taking the model of HIV prevention and bringing it to people who don't have the expertise, but who would benefit from it."

ASC provides HIV testing and counseling to those people in homeless shelters, and provides wrap-around support that connects homeless clients to medical care and treatment when they are diagnosed as HIV positive, Duke adds.

"The beauty of this collaboration is that everyone wins," she says. "And this is consistent with the New York City Health Department's goals of identifying people who are living with the virus but are unaware of their HIV status."

Unfortunately, the city's funding shortfalls have forced it to cut some services that needed by HIV clients, including discontinuing harm reduction outreach in homeless shelters, Duke notes.

"This program is ending in June, and it's been successful for about 10 years," she says.

The health department has made it a priority to identify people unaware of their serostatus, Duke says.

"They say there are 4,800 New Yorkers who are HIV positive and don't know it," Duke says. "And this is a program that identifies them and connects them with care, so it's my hope they'll find other resources to sustain this kind of service because it's certainly needed." ■