

New York HIV Research Centers Consortium 2007 Scientific Conference

“Living with HIV: Challenges for Interdisciplinary Research”

Terri D. Jackson, MA
Gay Men’s Health Crisis, Inc.
Managing Director of Program Services
and Program Evaluation
Panel II. Access to Primary Care

Tuesday, November 27, 2007
Kimmel Center, New York University



Structural Models of Entry and Maintenance in HIV Care

“An Illustrative Example of How Partnership Between a Community Based Organization and Primary Care Medical Setting Can Ensure the Delivery of Integrated, Wrap-Around Services to Vulnerable and Under-served Populations”



Structural Models of Entry and Maintenance in HIV Care

- I. Provide a brief overview of research findings related to the provision of coordinated care and health outcomes
- II. Review the programmatic mechanisms and coordinating procedures at Gay Men's Health Crisis, Inc. (GMHC) for ensuring that clients, once diagnosed, enter and are maintained in primary medical care
- III. Elaborate on the challenges to implementing coordinated care models in partnership with medical providers, utilizing GMHC's collaborative relationship with New York Presbyterian, Center for Special Studies (CSS)



Structural Models of Entry and Maintenance in HIV Care

Part I. Research Findings: Coordinated Care and Health Outcomes



Research Findings: Coordinated Care and Health Outcomes

What is coordinated care?

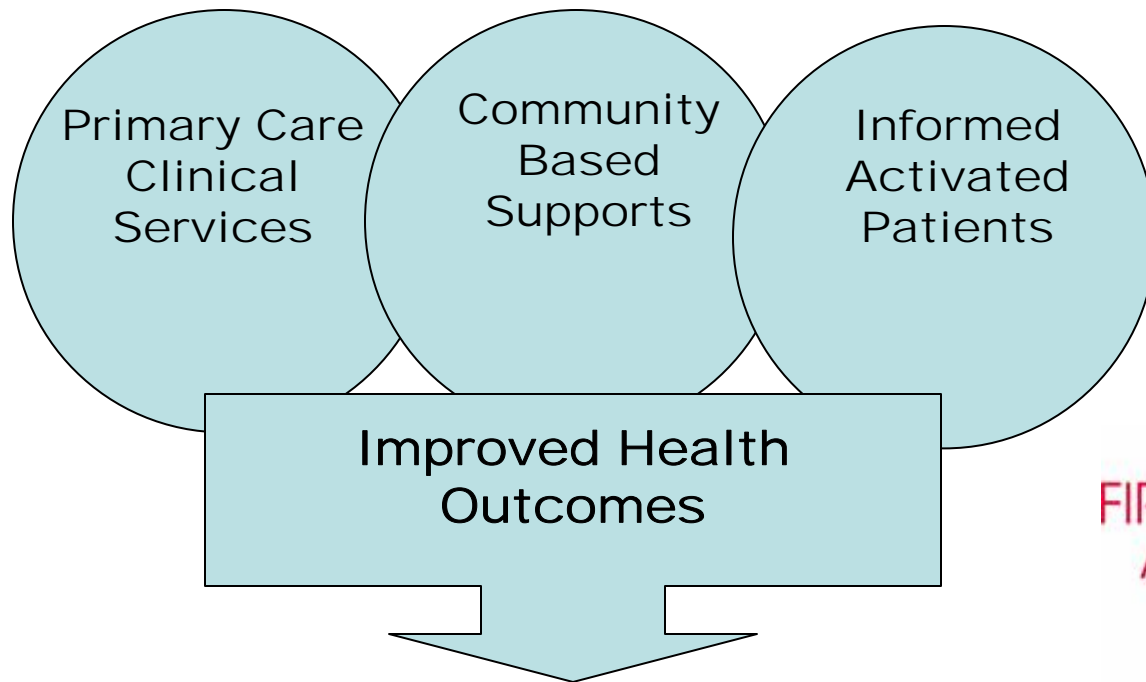
The systematic integration of core primary medical care, psycho-social and other support services that enhance patients self-management skills, enabling them to access and maintain linkages to care for chronic diseases such as HIV.

(Human Resources and Services Administration-HRSA)



Research Findings: Coordinated Care and Health Outcomes

According to this definition, three factors converge to impact the clinical health outcomes of chronic disease management:



FIRST IN THE FIGHT
AGAINST AIDS



Research Findings: Coordinated Care and Health Outcomes

- ❑ HRSA Special Projects of National Significance (SPNS) Studies—Health outcomes for HIV-positive individuals who received HIV care within a CBO setting with coordinated care, as compared to a medical setting that lacked the full array of coordinated care services—found:
 - ❑ Medical Indicators—CD4 counts—were lower
 - ❑ Had greater positive changes in health-related quality of life (QOL) measures
 - ❑ Self-rated barriers to receiving medical and other needed services dropped



Research Findings: Coordinated Care and Health Outcomes

- ❑ Psychological distress (depression) significantly decreased
- ❑ Self-reported levels of unmet service needs significantly decreased
- ❑ Were more satisfied with overall service quality
- ❑ Were more likely to remain in care, especially those who were recently diagnosed

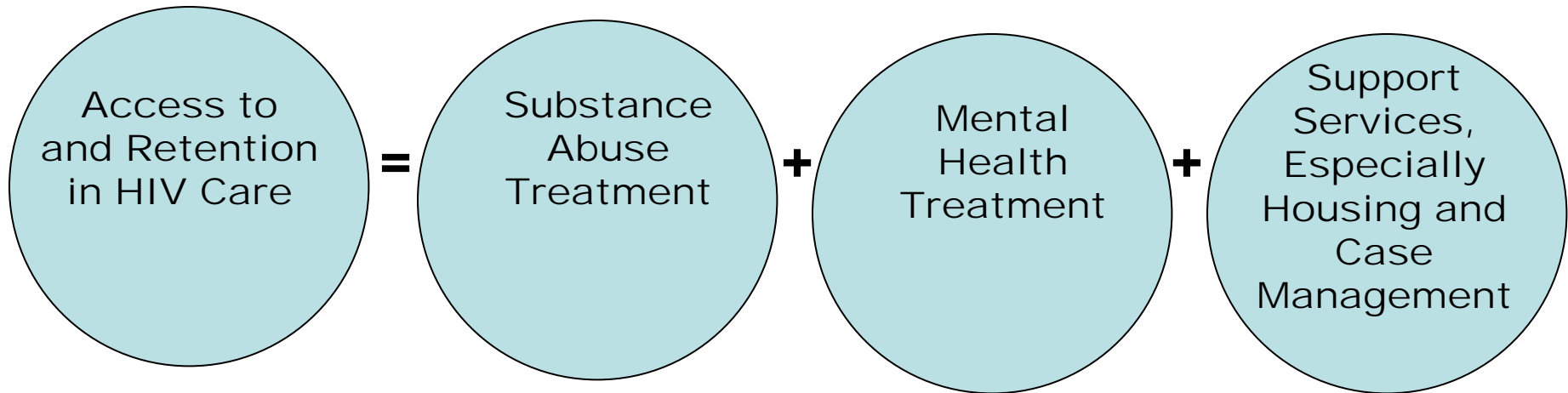


Research Findings: Coordinated Care and Health Outcomes

After almost a decade of research and evaluation, Per the Special Projects of National Significance (SPNS), the following equation holds true regarding core services...



Research Findings: Coordinated Care and Health Outcomes



FIRST IN THE FIGHT
AGAINST AIDS

GMHC

Research Findings: Coordinated Care and Health Outcomes

- ❑ HRSA, through the SPNS project, commissioned a 10-site cross-site study of the efficacy of enhanced outreach models to increase engagement and retention in HIV care for underserved, disadvantages populations (Bradford, 2007) .
- ❑ Though the model was found to promote equitable access to HIV care, gains related to health promotion and access to care were not significant for substance abusers, those with mental health conditions and individuals who were unstably housed.



Research Findings: Coordinated Care and Health Outcomes

- ❑ Substance abusers were 5 times more likely to remain out of care.
- ❑ Those with mental health conditions were 7 times more likely to remain out of care.
- ❑ Those who were unstably housed were 12 times more likely to remain out of care.
- ❑ Most studies conclude that effective intervention with these individuals requires coordination of primary care, substance abuse treatment and mental health services (Harris et al, 2003; Rajabiun, 2007).



Structural Models of Entry and Maintenance in HIV Care

Part II. Coordinated Care at GMHC



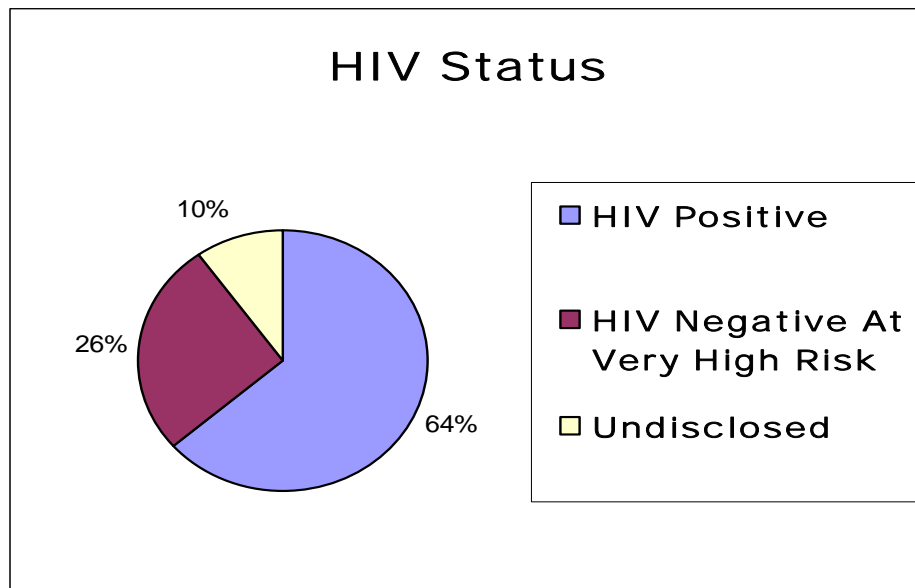
Coordinated Care at GMHC

- ❑ In Fiscal Year 2007 (FY '07) GMHC had over 15,000 actively enrolled clients.
- ❑ Increasingly, service delivery has moved beyond the walls of GMHC. In FY '07, almost 42,000 outreach engagements occurred in high seroprevalance communities of Manhattan, the Bronx, Brooklyn and Queens.



Coordinated Care at GMHC: Client Profile Data

64% of GMHC clients are HIV-Positive; however, about a quarter are HIV-Negative at “Very High Risk” for HIV transmission, per CDC’s definition.

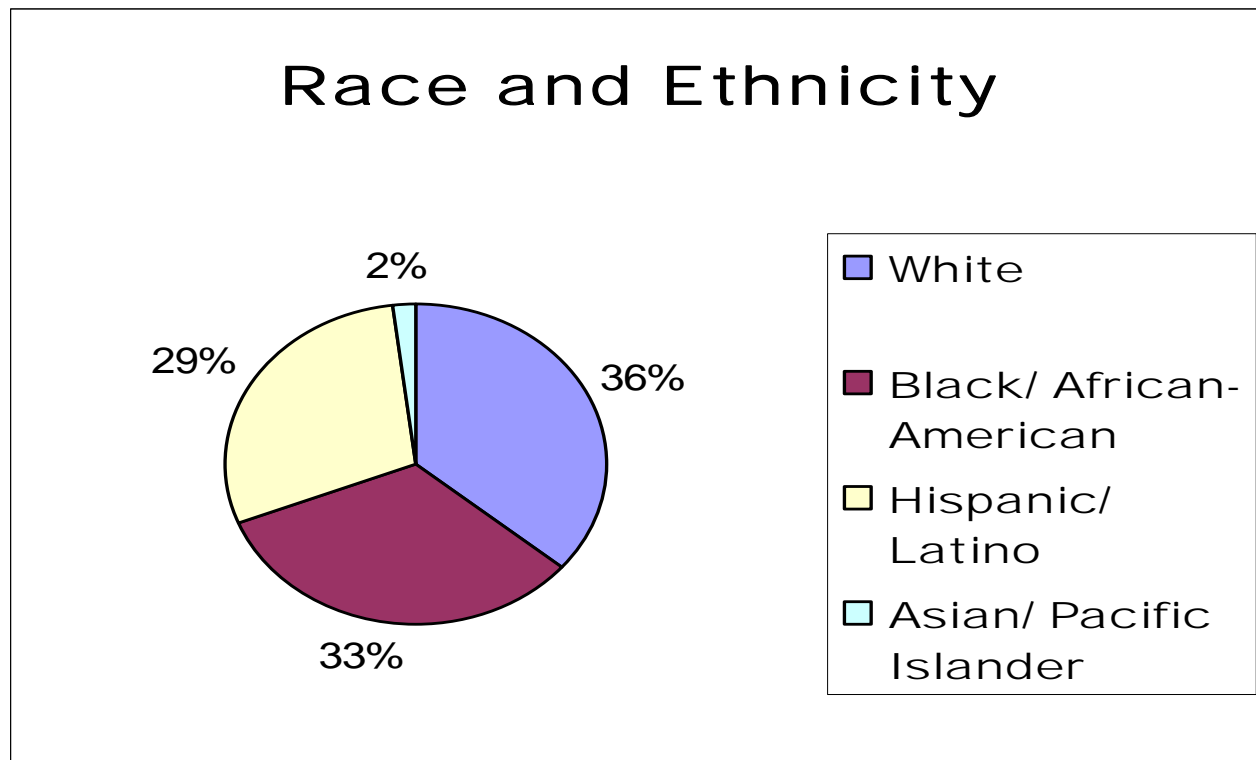


An individual at “very high risk” for HIV infection is someone who, within the past 6-months, has:

- Had unprotected sex with a person who is living with HIV
- Had unprotected sex in exchange for money or drugs
- Had multiple (>5) or anonymous unprotected sex or needle sharing partners or
- Been diagnosed with a sexually transmitted disease (STD)

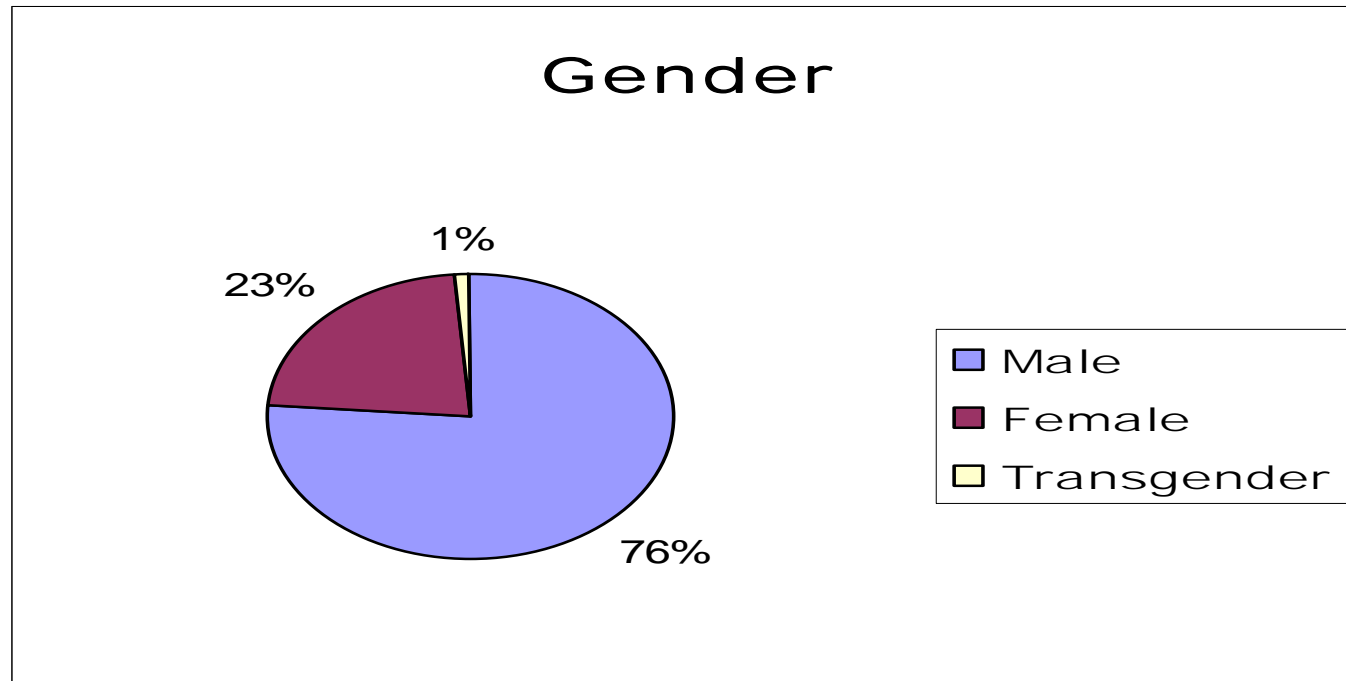
Coordinated Care at GMHC: Client Profile Data

Over 60% of GMHC clients are People of Color.



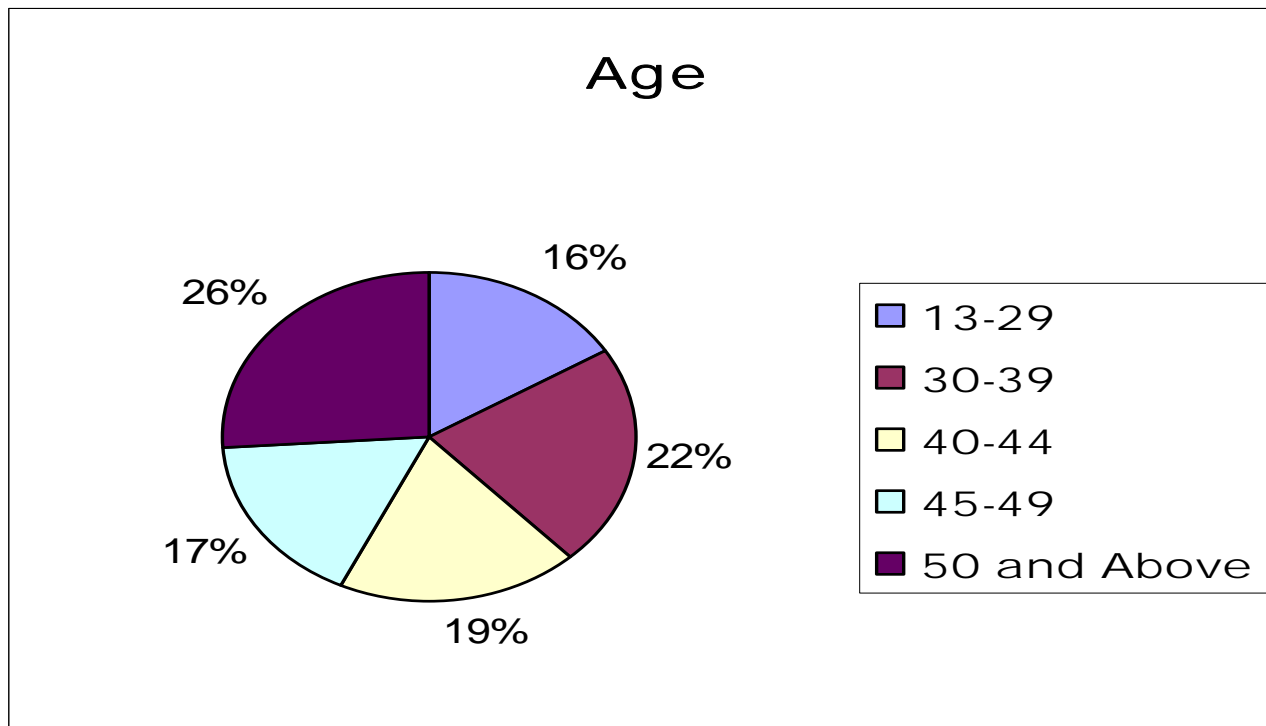
Coordinated Care at GMHC: Client Profile Data

While historically thought of as serving men, almost a quarter of GMHC clients are women.



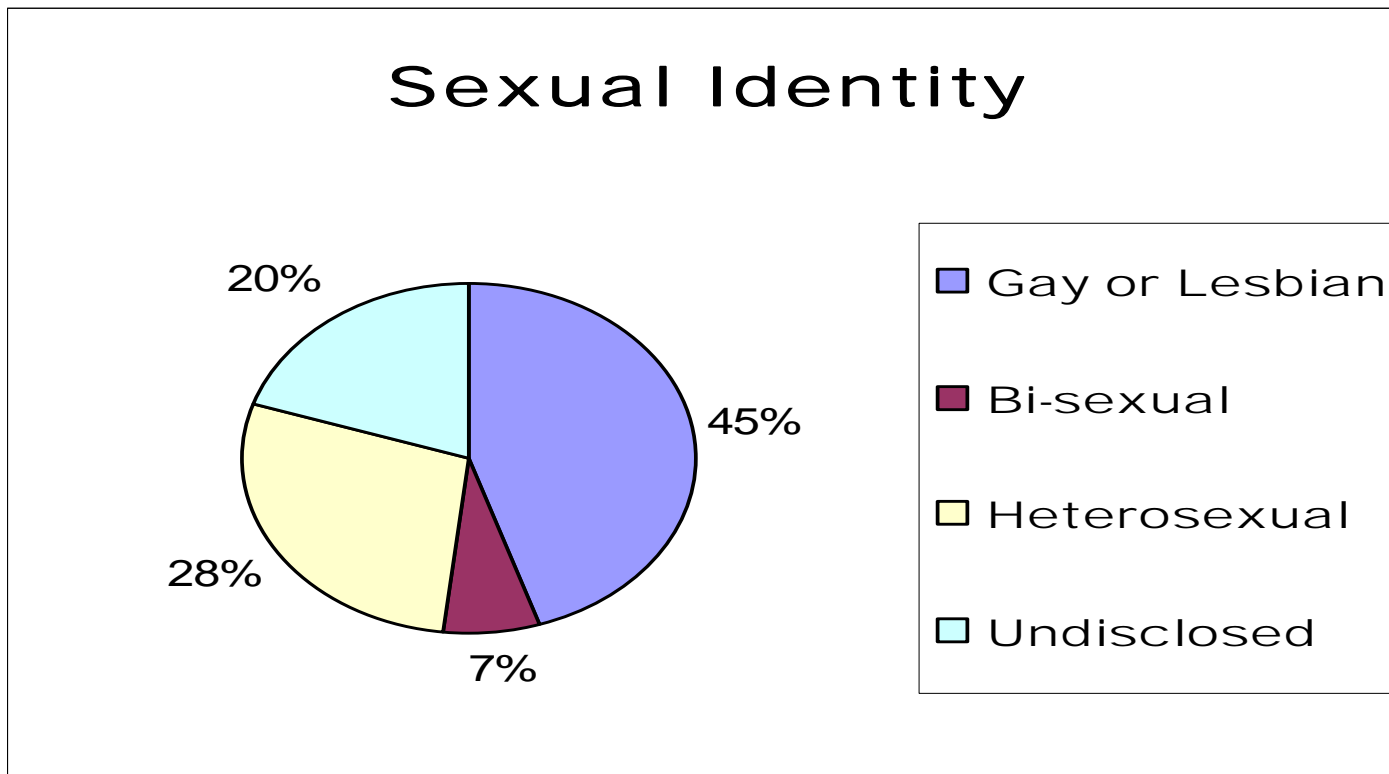
Coordinated Care at GMHC: Client Profile Data

Over three quarters of GMHC clients are adults; however, increasingly youth 13-29 are accessing prevention, care and support services.



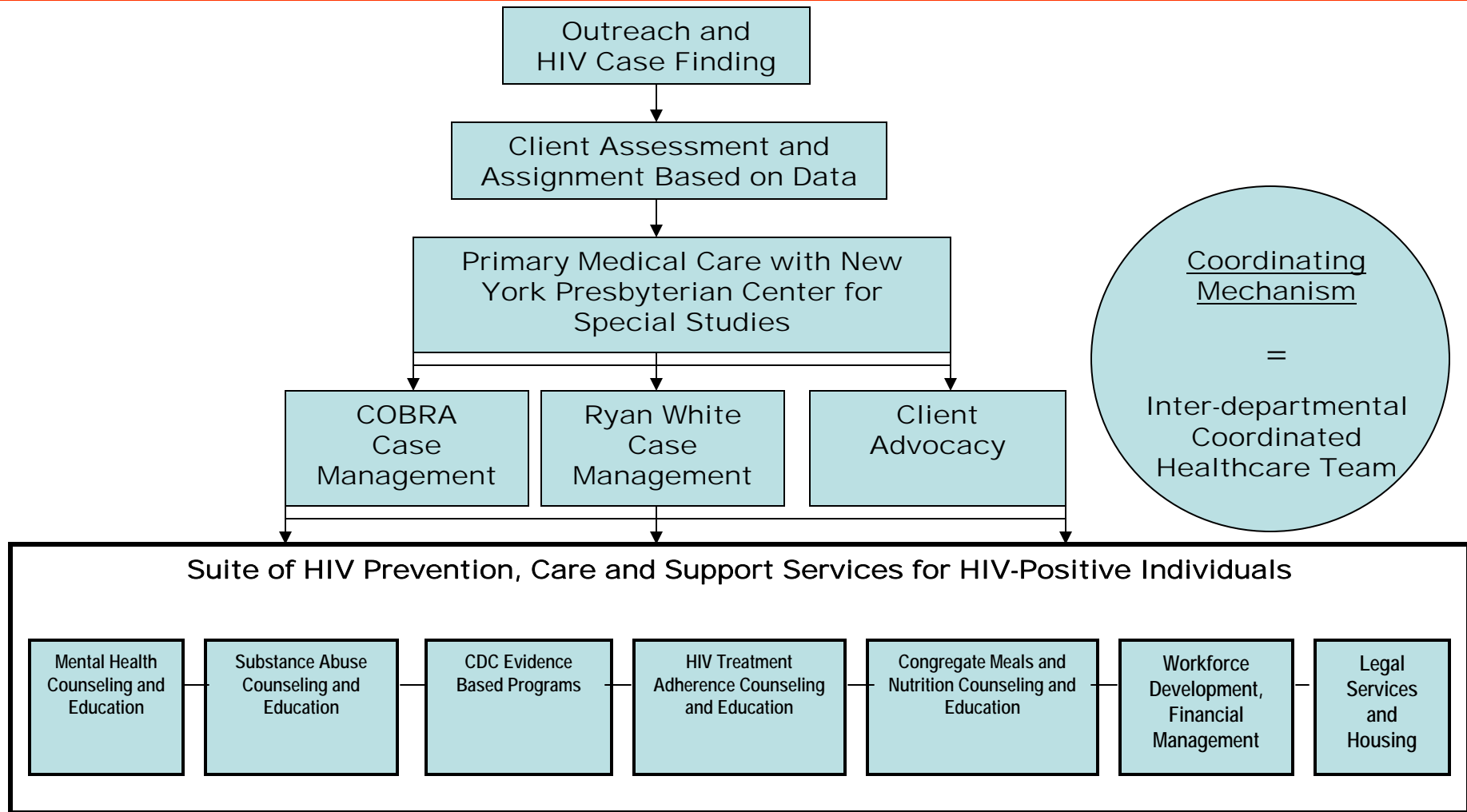
Coordinated Care at GMHC: Client Profile Data

While historically thought of as serving an a Lesbian, Gay, Bi-Sexual, Transgender (LGBT) population, over a quarter of clients identify as heterosexual.

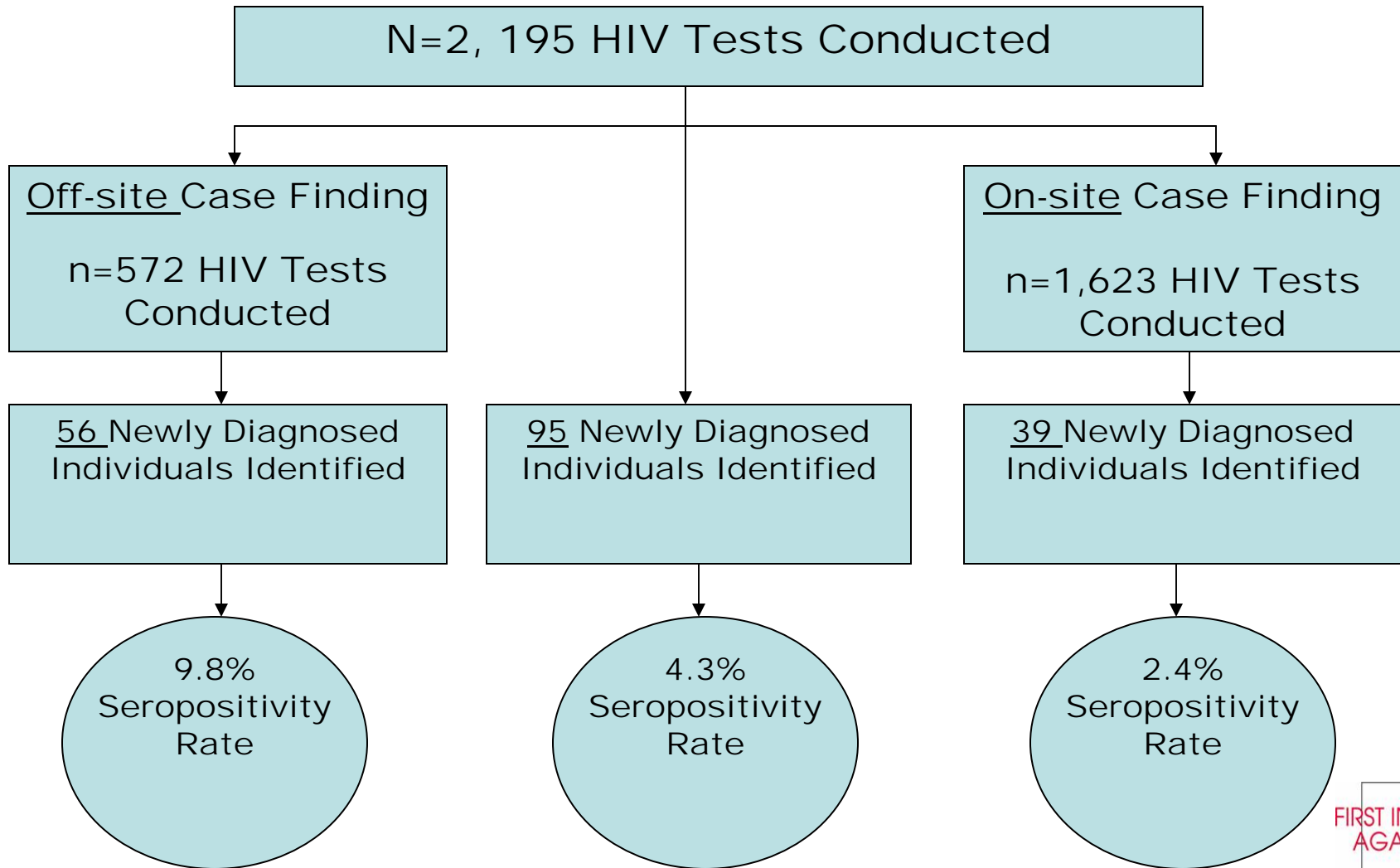


Presented at the NY HIV Research Centers Consortium 2007 Scientific Conference - "Living with HIV: Challenges for Interdisciplinary Research"

GMHC'S Structural Model of Coordinated Care: "The Service Home"



COORDINATED CARE AT GMHC: CASE FINDING IN FISCAL YEAR 2007



Presented at the NY HIV Research Centers Consortium 2007 Scientific Conference - "Living with HIV: Challenges for Interdisciplinary Research"

Structural Models of Entry and Maintenance in HIV Care

Part III. Overcoming Challenges to Collaboration between CBOs and Primary Medical Care Settings



Overcoming Challenges to Collaboration between CBOs and Primary Medical Care Settings

- ❑ Allow group to process differences and perceptions in a structured environment.
- ❑ Select inter-disciplinary staff from relevant prevention, care and support programs to participate in Coordinated Healthcare Team workgroup with primary care providers.
- ❑ Provide developmental opportunities for both groups to “experience” each others environments and learn about each others tradition of service delivery (e.g., tours, focus groups, educational tools explaining client flow and clinical service delivery). This “demystifies” the artificial division between CBO staff and medical staff.

