Rural

HOME-BASED TREATMENT COORDINATOR

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Home-Based Treatment Coordinator is an individual level intervention designed to link HIV+ individuals in rural areas to medical centers in urban areas and to help them navigate the complexities of the acting health care system. The key characteristics of the Home-Based Treatment Coordinator are: staff acting as a medical advocate for clients; client's home as the location for the activity; high level client rapport and comfort with staff; client-centered identification of general health care needs; client involvement in the development of suitable treatment plan; and coordination with other social and mental health resources.

CURRENT ACTIVITY SETTING
AIDS Service Organization, Family and Medical Services

- ✔ Directly links the client to medical care
  Gets the client in a conversation about starting medical care
- ✔ Brings the agency closer to where HIV+ people are so that the conversation can begin

I. Description

OBJECTIVES

- To identify and close gaps in HIV treatment and other medical care for clients
- To serve as a bridge between people in rural areas and medical centers in urban areas

POPULATION SERVED

- Clients who qualify for Ryan White CARE Act (RWCA) Title IV services, HIV+ individuals and affected family members, particularly African American women of all ages
- Clients who qualify for RWCA Title II services, predominantly African American men, 25 years and older, with no family in the home

ACTIVITY DESCRIPTION

The treatment coordinator reaches out to HIV+ clients in rural areas, providing information on HIV and available care services and help in managing and overcoming obstacles to care, largely due to living far from major care centers.

QUICK NOTES:

"I'm somebody who cares about the people around me. I'm here for them . . . to help them navigate though a difficult process."

— REGISTERED NURSE

- The treatment coordinator meets with clients who have just started HIV care, are having problems with their care, or have dropped out of care.
- The treatment coordinator receives a referral from the case manager and they discuss together the client's needs, how to best approach the client, and where the client is currently receiving care.
- The treatment coordinator then contacts the client, introducing him or herself as someone who works with the case manager.
- S/he offers to help the client solve specific problems or identify current care needs. If the client consents, the coordinator schedules a time to meet at a place that is convenient for the client.
- In preparation for the meeting, the treatment coordinator gathers relevant forms for the client to complete during the first visit.

Client Scenario

- During the first meeting (usually in the client's home), the treatment coordinator takes time to establish rapport.
- S/he guides the conversation to HIV care by asking about the client's last medical visit, current medications and, if the client is female, gynecological care. Then s/he asks if the client knows their CD4 count and its significance.
- The client is encouraged to talk about other health care issues that interest them, and the treatment coordinator continues to assess the client's understanding of, and engagement in, health care.
- If the client is receiving medical care for HIV infection, the coordinator may ask what they think is missing from their current health services.
- If the client has limited or no engagement in their health care, the coordinator tries to gain a clearer, factual picture of the client's situation. Depending on the client's knowledge of HIV, the treatment coordinator may begin informing the client of the basics of HIV infection and treatment.
- The treatment coordinator may ask questions about mental health status and the client's experience with counseling or mental health care.
- Once rapport has been established between the treatment coordinator and the client, a formal intake screening and assessment is completed in which the client's demographic information and relevant medical and mental health history are covered.
- After the intake, the treatment coordinator describes his/her role, the services of the agency, and the confidentiality policy with specifics on how the client's information will be used.
- S/he explains why the client's medical records are important for their work together and fills out a medical information release form for the client to sign. The coordinator also discusses with the client sources of funding for health care.
- Then the treatment coordinator discusses the client's rights and responsibilities, the importance of keeping appointments, and the reasons adhering to treatment is important.
- The treatment coordinator asks the client to inform the agency of any changes to their living situation, health status, etc.
- S/he completes a Health Maintenance Assessment, a personalized document reflecting the client's specific HIV care information.
- The client and treatment coordinator review the client's needs, develop a treatment plan, and identify next steps.
- The treatment coordinator gets confirmation of the client's desire for counseling or resource coordination services from the agency. If there is a strong need for these services, the coordinator may even bring appropriate staff members to the client's home for an in-person introduction.
- The treatment coordinator closes the meeting by reminding the client that s/he will review the medical records, treatment plan, and next steps. S/he then goes over the client's responsibilities and expectations for care.
- The treatment coordinator's role may end here, or it may continue with periodic visits. The frequency of meetings is determined by the client's needs and individual ability to manage their treatment and health care.
- Once back at the agency, the treatment coordinator begins or updates the client's file and schedules for the client medical appointments discussed during the meeting. S/he also may contact the client's health care providers to resolve any conflicts or difficulties the client is having.

PROMOTION OF ACTIVITY

- Information about the treatment coordinator's services is sent to case managers and home care providers within the greater community.
- Case managers distribute agency publications and brochures to home care patients.

II. Logistics

STAFF REQUIRED

Registered nurse working as treatment coordinator

TRAINING & SKILLS

- The treatment coordinator must have high-level knowledge of the local health care system and other local resources and a medical understanding of HIV. S/he must be able to frame questions that encourage frank and open responses about the client's situation and needs.
- Staff is trained to listen and respond to the client's needs, as described, and refrain from imposing their own professional or personal beliefs about appropriate care.

PLACE OF ACTIVITY

Places familiar and "safe" for the client (the client's home, case management office, hospital offices, and home care office) or over the phone

FREQUENCY OF ACTIVITY

Ongoing. Clients are re-enrolled in the program annually. Contact and visits throughout the year depend on clients' needs.

OUTSIDE CONSULTANTS

None

SUPPORT SERVICES

- Transportation
- Translation or interpretation
- Childcare services, when necessary

CONDITIONS NECESSARY FOR IMPLEMENTATION

State and local political support for comprehensive health and social services

III. Strengths and Difficulties

STRENGTHS

- The treatment coordinator acts as a medical advocate for the client.
- The treatment coordinator helps clients in rural areas navigate the urban health care system.

- Because the activity occurs in the homes of clients and other spots that are familiar to them, they often feel more "in control" and safe.
- Access to a wider range of services can lead to direct improvements in the client's quality of life.
- The activity is an expression of compassion in the community.

WEAKNESSES

The treatment coordinator is a "third party" added to the patient-health professional relationship. Health professionals sometimes respond defensively to third-party intervention, perceiving it as a criticism of their job performance.

DIFFICULTIES FOR CLIENTS

- If a client feels overwhelmed by the number of service providers, a treatment coordinator may be seen as "just another face in the crowd."
- Some clients are not ready to embrace the activity because they do not see HIV care as their primary need.

DIFFICULTIES FOR STAFF

- Because of the great distances that the case manager must travel to meet with rural clients, the caseload can be overwhelming.
- The car travel is time-consuming, and gas is expensive.

OBSTACLES FOR IMPLEMENTATION

- Lack of awareness about the program
- Not enough coordination among hospitals, medical providers, and social service programs

ACTIVITY NOT SUITED FOR

Children six to 18 years-old who are affected by but not infected with HIV

IV. Outcomes

EVALUATION

- The staff tracks the client's attendance at medical appointments and monitors CD_4 counts.
- The agency logs the number of women clients who have pap smears each year.
- The agency offers a client-survey questionnaire.
- Clients call the treatment coordinator to self-report their medical appointments and how they are feeling.

EVIDENCE OF SUCCESS

- Client progress reports show that health care needs identified by the clients are met.
- Client logs show that after participating in the activity, clients are less likely to miss medical appointments.
- The staff reports an increase of CD_4 counts in clients receiving this service.

UNANTICIPATED BENEFITS

- The activity helps community health providers and allied organizations work together more closely to meet client needs.
- Helping adults get their health care on track also helps to meet their children's health care needs.

"CONNECTING TO CARE" ELEMENTS OF ACTIVITY

- Clients get personal attention from an individual dedicated to understanding the "big picture" and to helping clients overcome barriers in a fragmented health care system.
- The treatment coordinator is committed to the well-being and care of the whole person.
- Home-based care solves problem of rural clients' distance from centralized health care facilities.
- The personalized approach elicits better information and cooperation from clients.

KEEP IN MIND...

- HIV infection sometimes represents only one symptom of the many issues in a person's life.
- The service must be tailored to the client, and the staff must be willing to give clients control.
- The staff must develop a strong network of health care providers and social resources.
- Set realistic expectations for your client's treatment. Try not to over-promise.
- Be mindful of the presence of others in the client's home at the time of the visit. Remember that other people in the household may not be aware of the client's HIV status or other health issues.

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