

Bringing It All Together

What HIV Clinicians Need To Know About Integrated Treatment

The current healthcare system is fragmented and often fails to meet client needs. In today's healthcare system, services for HIV, mental health disorders, substance use disorders, and other medical conditions are usually delivered by different providers in different systems. As a result, patients have trouble accessing the treatment they need, services are poorly coordinated, and care is less holistic.

Healthcare that is not integrated is problematic for clients living with HIV. Patients living with HIV often have complex service needs. Nearly half of people living with HIV meet diagnostic criteria for anxiety or depression, 25-45% have substance use disorders, and approximately a quarter of them are infected with hepatitis-C.¹⁻² If these conditions go untreated, they lead to decreased adherence to antiretroviral therapy, lower CD-4 cell counts, lower quality of life, increased risk of HIV-related health complications, and a higher probability of premature death.³⁻⁸ It is critical to provide services to address these other health needs of clients living with HIV.

Patients need care for more than just HIV, but there are barriers that prevent them from accessing services:

- System requirements that clients need to be highly symptomatic or lack financial resources in order to access mental health or substance use disorder treatment
- Restrictions on sharing health information
- Provider reluctance to ask personal questions
- Providers not knowing where to send clients for specialty treatment
- Poor coordination of services by providers in different systems
- Stigma and misinformation about mental health and substance use disorders

Integrated HIV care can help overcome many of these obstacles. Integrated care combines HIV care with other mental health, substance use disorder, and medical services into a single coordinated treatment plan that addresses all patient health needs simultaneously.⁹ Integration strengthens the organizational linkages between providers, facilitates access to services, improves the identification of patient needs, and leads to more coordinated services.¹⁰ Most importantly, it allows providers to treat the patient *as a whole person*, instead of just treating isolated symptoms or disorders. Research shows HIV patients benefit from integrated care. Integrating services improves patients' mental health, reduces their drug and alcohol use, increases their retention in medical care, improves adherence to anti-retroviral therapy, reduces viral loads, increases CD-4 cell counts, improves health related quality of life, and lowers the risk of premature death.^{3-4,6,10-11}

Integration requires change at many levels.

Integration requires health systems, service delivery organizations, and individual providers to make changes to the way they do business. At the health system level, it requires the creation of integrated records and billing systems, funding sources for integrated services, and ways for providers to share client information without violating privacy regulations. At the clinic level, it requires organizations to establish partnerships with outside treatment providers, set up protocols for clinical collaboration and consultation, find space for co-located staff, and set up effective referral and linkage protocols. For integration to happen, providers need to learn screening and brief intervention methods, how to communicate with providers from different backgrounds, and how to deliver integrated services.

Barriers exist to the provision of integrated care, but there are ways around those barriers. Even though it may not be possible to fully integrate services right away, there are steps that providers can take to begin the integration process. By starting small and using flexible sources of funding, providers can work around some of the systemic barriers to integration. By reaching out to potential partners, organizations can begin the process of establishing integration protocols and providing integrated services. And through the use of case managers, organizations are able to provide care that is more coordinated and integrated than before.

Healthcare reform will benefit HIV clients, and encourage integrated care. The 2010 Affordable Care Act (healthcare reform) will expand health insurance to many people living with HIV, and it will make it easier for many HIV clients to afford their medications. The ACA also has several provisions that will encourage the integration of services, both for HIV clients, and for the rest of the patient population.

The following resources can help your organization as you begin the process of integration:

For information on **integrated services**, please refer to:

- Integrated Behavioral Health Project: <http://www.ibhp.org/>
- Milbank Memorial Fund Report “Evolving Models of Behavioral Health Integration in Primary Care”: <http://www.milbank.org/reports/10430EvolvingCare/10430EvolvingCare.html>
- SAMHSA-HRSA Center for Integrated Health Solutions: <http://www.integration.samhsa.gov/>

For information on **clinical tools** that are useful when providing integrated services, please refer to:

- SAMHSA TIP 42, Appendix G: <http://www.ncbi.nlm.nih.gov/books/NBK64190/>
- Substance Abuse and Mental Illness Symptoms Screener (SAMISS): <http://www.hivresourcegroup.org/hcmdocs.htm>
- HRSA’s “Use of Client Diagnostic Questionnaire”: http://www.ask.hrsa.gov/detail_materials.cfm?ProdID=4325
- AETC National Resource Center Mental Illness & Health Page: <http://aids-etc.org/aidsetc?page=et-30-18>
- UCSF Database of Antiretroviral Drug Interactions: <http://hivinsite.ucsf.edu/inSite?page=ar-00-02&post=7>

For information on the **Affordable Care Act** and its potential impact on your organization, please refer to:

- Healthcare reform web site: <http://www.healthcare.gov>
- Target Center: <http://www.caareacttarget.org>

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This fact sheet was prepared and reviewed by: Howard Padwa, Ph.D., Beth Rutkowski, MPH, and Thomas Freese, PhD – Pacific Southwest Addiction Technology Transfer Center/UCLA Integrated Substance Abuse Programs; and Phil Meyer, LCSW, Jennifer McGee, MPHc, and Tom Donohoe, MBA – Pacific AIDS Education and Training Center/Charles Drew University of Medicine and Science/UCLA Department of Family Medicine.