

**CASE STUDY:**  
**BROOKLYN HOSPITAL CENTER – PATH**  
**PROGRAM**  
*New York City*



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## **Background**

The BHC-PATH (Brooklyn Hospital Center Program for AIDS Treatment and Health) program is a multidisciplinary HIV primary care and case management program located at Brooklyn Hospital in New York City. Brooklyn is the largest borough in New York City--if it were a city in its own right, it would be the fourth largest city in the United States! Approximately 24% of all of the total number of individuals living in New York City's who are HIV-infected live in Brooklyn.

Brooklyn Hospital used to be two hospitals, six miles apart. The two hospitals have merged into what is now the Brooklyn Hospital Center. The number of people diagnosed with AIDS in the four zip codes surrounding the two hospital sites (3,769 as of March 2000) is larger than the total number of diagnosed AIDS cases in Oregon, Minnesota, or Kentucky.

Prior to 1997, both hospital campuses had infectious disease departments, where they had been providing HIV care since 1985. These infectious disease departments included physicians, nurses, and residents through an academic affiliation with New York University Medical Center. However, despite the strong medical focus, they offered no counseling or support services for patients. In 1997, the Hospital was successful in obtaining a Title III Ryan White CARE Act grant for HIV services. The following year, the hospital became a designated AIDS Center by the New York Department of Health. The designation has allowed the hospital center to establish the BHC-PATH program, a multidisciplinary, full-service model of care for individuals living with HIV and AIDS.

During the year prior to the site visit in the Summer of 2001, Brooklyn Hospital served over 700 people with HIV/AIDS. Approximately 25-50% were also substance users. Over 70% of the hospital's client population is Black, and 26% is Hispanic, with much smaller populations of White and Asian/Pacific Islander clients. The smaller of the two campuses also serves a growing Haitian and African immigrant population, with most of their patients come from the same zip code. The larger campus serves people from all over Brooklyn.

The largest referral sources to BHC-PATH are: 40% from other medical clinics in the surrounding Brooklyn area; 20% from the Brooklyn Hospital emergency department; and 15% from counseling and testing. The remained come from a variety of other sources, including the prison system, community-based organizations, and word of mouth comprise. An outreach coordinator teams with outreach workers from other agencies to go to the beaches to bring in new patients. The BHC-PATH program has grown substantially every year since 1997, leaving the clinic with no more capacity to accommodate new patients at the time of the site visit.

Brooklyn Hospital Center receives funding from Title III of the CARE Act, state funds, Medicaid, Medicare, private insurance, and patient self-pay. The BHC-PATH program accepts individuals without insurance; approximately 7% of new patients have no insurance. These individuals usually obtain Medicaid benefits as a result of working with the case managers at BHC-PATH. Sixty-six percent of their patients have Medicaid, 7% have private insurance and 3% have Medicare. Their detoxification program accepts only individuals with insurance coverage.

## **Service Delivery Model**

Since 1997 the BHC-PATH program expanded model has evolved to include physicians, residents, nurse practitioners, physician assistants, nurses, social workers, case managers, an adherence counselor, a nutritionist, a psychiatrist, an outreach worker, an HIV counselor, and peer educators. Each patient is assigned to a medical panel, a case manager and a social worker. One of the campuses houses a medical detoxification program that is directly adjacent to the HIV clinic. Outpatient substance abuse counseling, methadone maintenance and mental health treatment (beyond that available from BHC-PATH staff) are available through external providers with BHC-PATH case managers providing the linkage to and coordination of services. According to the medical director, this full complement of services has made a significant difference in their ability to engage substance users in effective treatment.

The first HIV clinic visit for a new patient includes nursing, social work, case management, and medical assessments which take approximately two hours. In addition, new patients are informed of the services available from the nutritionist, the eye clinic, the dental clinic, and peer educators; and are often scheduled for later visits for these services.

A unique aspect of the BHC-PATH model is the movement of multidisciplinary provider teams between the two hospital campuses for separate HIV clinic sessions. Patients at both sites have full access to medical and mental health care, case management, peer education, nutrition, and other support services. While the core of the team is conducting clinic at one site, a social worker, case manager, and front desk staff remain at the other site to address psychosocial and administrative issues that arise out of and between clinic sessions.

## **Service Integration**

The multidisciplinary team members meet as a group three times monthly: once for a patient flow meeting, once for a journal club and once for a case management meeting. In formal case conferences, the staff discuss the most difficult patients – those who present the greatest challenges for any one of the providers – medical, mental health, case management, peer educators, or adherence specialist. In addition, informal conferencing occurs during and after each clinic session, when the multidisciplinary needs of each patient are discussed.

Another innovative aspect of the program model is the partnership between the BHC-PATH program and the detoxification program. Although the detoxification unit serves a diverse population, including many individuals who are not HIV-infected, and its length of stay is only five days, BHC-PATH program staff work with the detoxification unit to ensure that all clients receive the full spectrum of HIV-related services. These include ongoing medical monitoring and maintenance of HIV medication protocols if the client is known to be HIV-infected; HIV education and risk reduction; and the opportunity to access HIV counseling and testing services. The detoxification unit also allows people to remain on methadone, Xanax, and other psychotropic medications if clients have prescriptions for these medications. Staff at the Detoxification program work closely with the BHC-PATH staff, especially the psychiatrist, to determine doses and usages of drugs such as Xanax.

Peer educators from BHC-PATH visit the detoxification unit weekly to talk with detoxification clients about their own experiences as former addicts. They encourage people to get tested, or if they are already HIV positive, to reveal their status and enter care. Above all, they let people know they are available to talk and listen. Every Thursday, the HIV counselor goes to the detoxification unit to provide counseling and testing to anyone who wants to participate. Some individuals have returned for counseling and testing after their discharge from the detoxification unit.

### Treatment and Adherence

The medical providers assess every patient's readiness for treatment regardless of substance use. The assessment begins at the first visit, but treatment is rarely initiated at that time for any patient unless there is a crisis. For many patients, laboratory values are not available until the second visit. Therefore, the need to treat or the specific treatment necessary is still uncertain at the time of the first visit.

The clinicians report that there are no specific criteria for assessing HIV treatment readiness, as research demonstrates that physicians are not good predictors of an individual's ability to adhere to treatment. However, the medical team at BHC-PATH suggested the following guidelines and strategies for substance users in initiating and maintaining treatment:

- If an individual returns for the second visit it is a good sign that he or she may be able to initiate treatment;
- At the first or second visit, the provider may start someone on medications such as a multivitamin or opportunistic infection prophylaxis. From this, they get an indication if the individual will fill the prescription and begin to take the medicine;
- Provide education. Among active substance users, ongoing education about the disease process and the effect of substance abuse with the disease helps treatment adherence.

The clinicians believe that some injecting drug users are very successful with adherence because they find it is something they can control in their lives. They are proud to achieve this control, even if other parts of their lives are out of control. The clients also enjoy reviewing their T-cell counts and viral loads every few months with their primary care provider. People will sometimes time their drug use around their medications. They have found this to be more difficult with alcoholics who often black out and miss their medications or forget if they have taken them.

The BHC-PATH program is one of twelve sites participating in an adherence study sponsored by the New York AIDS Institute. Any HIV-infected patient who is an active substance user, homeless, or recently incarcerated is referred to BHC-PATH's adherence program. They have received their first feedback results, which include measures CD4 count, viral load, and self-reported adherence. All indicators have improved.

## Approach to Care

BHC-PATH program staff are chosen very carefully. In addition to reflecting the demographic composition of their patient population, staff attitudes, beliefs and approach to care are very important hiring considerations. BHC-PATH will leave positions vacant for months until they find the right person. The entire program has adopted a harm reduction approach to care. As the medical providers put it, they “will use anything they can find to work with.” The clinicians educate patients about safe sex, where to get clean needles, and how to clean their works. They also give clients contact information for the detoxification program to put in their wallets.

Five clients work as peer educators in the clinic. Two recovering peer counselors are available to provide individual counseling and encouragement to substance abusers or those in early recovery. In an effort to build trust and bridges to HIV care and substance abuse treatment, the peer educators engage individuals in talking about themselves and they explore every opportunity to express their caring for the whole person, rather than just focusing on their HIV virus.

The initial and ongoing case management assessments are also critical aspects of the harm reduction strategy. Case managers look for indicators of harm in order to introduce new services, programs or strategies. Finally, if people do not keep mental health appointments, the BHC-PATH social worker spends extra time with them to build trust and find an appropriate mental health treatment match.

Because Brooklyn is a teaching hospital, many patients are seen by medical residents assigned to an attending physician. However, if the patient has a serious mental health problem or an active substance abuse problem, he or she will often be transferred to the physician assistant or nurse practitioner as a more consistent source of care; more closely connected to the multidisciplinary team.

## **Working with Other Agencies/Referral Relationships**

Since the BHC-PATH program only has two case managers and one case manager technician for over seven hundred patients, they work very closely with community-based agencies to support their patients. The BHC-PATH program has formal linkages with 20 agencies for supported housing and community-based case management. Case managers from three of the community-based agencies attend clinic sessions at the Brooklyn Hospital Center to provide case management services for patients. The Haitian Women’s Program, African Service Committee, and Church Avenue Merchants Block Association provide specialized assistance to monolingual patients and work hand-in-hand with clinic staff. The clinic clusters West African patients on one day so that they can see the case manager from the African Service Committee.

The agencies with whom BHC-PATH has a formal linkage are invited to be part of the hospital’s fifteen-member Community Advisory Board and play an active role in shaping the program operations. In addition to formal linkages, informal relationships are also important, particularly for mental health and substance abuse treatment. Because the detoxification program only accepts individuals with insurance, the BHC-PATH program works closely with King County

Hospital and its substance abuse treatment programs, as well as other outpatient counseling and residential programs in Brooklyn. Many community-based mental health clinics will accept BHC-PATH patients for ongoing therapy. Although the social worker at the clinic does some therapy, she often refers out to other community-based providers, especially those with serious mental health disorders or those who are having a difficult time coping with their HIV. All of the external services needed are identified and coordinated through the initial case management assessments and at six month follow-up assessments thereafter.

### **Retention in Care**

The BHC-PATH program monitors retention closely. They have very good retention and kept appointment rates, attributable to the following features of the program:

- Reminder phone calls and letters prior to scheduled appointments;
- Systems to identify and follow-up on missed appointments;
- Clinical care for active substance users that meets the highest standards;
- The high quality of their staff and their approach to harm reduction.

Before each clinic session, case managers review the cases of everyone scheduled to come in. If an individual does not keep an appointment, the case manager immediately sends out a letter. At the end of the session, they write notes on every individual--including those who did not attend clinic in order to initiate follow-up activities. Then all members of the team will begin looking for the person – the medical provider, the case manager, and the peer educator. They will call, go by the person’s house or places he or she hangs out, and/or call the pharmacy to see if the person is picking up medications. If someone is not reached, it is usually because they are incarcerated, have moved away or died. If an individual develops a habit of missing frequent appointments, i.e., every second or third, the case manager will connect them with an agency that does home visits.

### **Cultural Issues**

The Brooklyn Hospital Center addresses many cultural issues through their hiring practices, staff training, and work with community-based organizations. Two thirds of their staff are non-white – Latino, Caribbean, African American and Asian. Their primary approach to cultural issues has been to build a staff reflective of the community. Yet, as one Haitian staff clinician expressed, “having the same cultural background does not necessarily eliminate cultural barriers.” She says that through her education, training and life experiences she has become more “Americanized,” and struggles with some of the cultural and religious beliefs of her countrymen that run counter to treatments she believes effective.

All of the staff acknowledge the challenges in bringing an essentially western model of medical care to people from multiple and diverse backgrounds. Their community is changing and, most recently, there has been a large influx of African immigrants (50 new patients in the past two years). Staff from the African Services Committee has come to staff meetings to help them understand the cultural issues.

## **Consumer Involvement**

The BHC-PATH program has several strategies to involve consumers at different levels. A Consumer Advisory Board meets quarterly and the BHC-PATH program also conducts quarterly satisfaction surveys. Consumers also make use of a program suggestion box to drop off anonymous or signed comments. In addition, the BHC-PATH program employs five peer educators, two of whom have histories of addiction in addition to their HIV. The peer educators help people open up and communicate with the providers. They also conduct some groups and refer people to activities in the community. The peer educators report that AIDS is usually “the bottom” for an addict. The peer educator’s approach is to look at the whole person and help him or her deal with problems and issues overall. All of the peer educators have received harm reduction training through a program called Exponents.

## **Quality Improvement**

The BHC-PATH program participates in HIVQual, a HRSA-sponsored HIV quality improvement program, and also has its own internal CQI goals. One of their CQI indicators is to monitor adherence at least three times per year for each patient. To monitor adherence they use patient self-reporting, pill counts and pharmacy records. As part of HIVQUAL, they also monitor and report CD4 counts, viral loads and other indicators. Other current CQI goals include:

- Increasing the rate of GYN exams;
- Increasing the number of patients with whom Do Not Resuscitate and health care proxies have been discussed;
- Increasing case management follow-up at one of the health centers;
- Increasing the percentage of patients keeping dental appointments. (They recently received a grant to hire a hygienist and to establish an on-site dental clinic);
- Increasing the number of patients receiving eye exams;
- Improving the documentation of staff efforts to follow up on patients who have not returned for post-test results.

## **Summary**

The BHC-PATH program is a rapidly evolving HIV service center that is very much in touch with its client base and uses its continuous quality improvement program to identify new areas for program development and expansion. From the staff’s perspective, program strengths include:

- The quality of the staff;
- Their ability to engage and retain people in care; and
- Their peer educator program.

BHC-PATH would like to hire a substance abuse counselor to be part of the team. This would clearly enhance their capacity to serve HIV-infected substance users. Several other program strengths are particularly noteworthy. The BHC-PATH program multidisciplinary team is

mobile and moves between two clinic settings, leaving behind a back-up case management team. This allows them to see a broader range of patients and respond to a multiple needs. The collaboration between the detoxification unit and the BHC-PATH program is also exemplary. Peer educators and the HIV counseling staff make regular visits to the detoxification unit in order to encourage people to get tested or to reveal their HIV status if they already know it. From there it is a relatively easy bridge to HIV medical care because the peer educators and counselors are connected with the BHC-PATH program clinicians and are located in the same building.

In addition, the adherence program is designed to address the needs of the most difficult-to-serve clients, including active substance users, the homeless and those with mental health disorders. Over the past three years, the BHC-PATH program has seen important positive improvements in the health status of these three groups of individuals. Finally, the BHC-PATH program has been very successful in leveraging community resources, particularly in immigrant communities, to support their efforts to provide case management services and culturally sensitive care. Their active collaboration with Latino, Haitian, and African community-based organizations helps clients to receive case management and support services from these organizations. It also serves as a resource for BHC-PATH program staff training in cultural issues and relieves some of the burden on the BHC-PATH program case managers, who have extremely high caseloads.

***For further information, you may contact:***

Dan Sendzik, Director  
BHC-PATH Center, Brooklyn Hospital Center

Phone: 718-940-5934

Email: [dps9001@nyp.org](mailto:dps9001@nyp.org)