

An overall working definition of integrated service delivery:

“The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system.”

INTEGRATED HEALTH SERVICES

– WHAT AND WHY ? Technical Brief No.1, 2008 WHO 2008

Service integration provides persons with seamless services from multiple programs or areas within programs without repeated registration procedures, waiting periods, or other administrative barriers.

Service integration has two main goals:

- To make it easier for persons to access needed services by providing them with a single point of entry (such as a community health center in an inner-city area that also provides services such as welfare assistance, economic development assistance, and adult education); and
- To increase staff members' knowledge about available resources that are shared with other programs or agencies, and thereby minimize duplication of services while allowing each program or agency to continue specializing in its own area of expertise.

Five Principles of Effective Program Collaboration and Service Integration

1. Appropriateness

The integration of prevention services must make epidemiologic and programmatic sense and should be contextually appropriate. Not everyone is at risk for all diseases, and not all settings have a high prevalence of all conditions. For example, CDC currently recommends that all patients initiating treatment for TB should be screened routinely for HIV infection.²¹ However, integrating comprehensive STD services with TB treatment may be neither desirable nor feasible for all TB patients. In complex outbreaks, such as that involving HIV-infected TB patients with unnamed, potentially HIV-positive contacts, collaboration among STD, HIV/AIDS, and TB programs, including activities related to contact investigation and cross-matching of databases, would clearly be appropriate.

2. Effectiveness

Prevention resources are far too limited to be wasted on ineffective or unproven interventions or settings. Routine HIV testing and provision of hepatitis A and B vaccinations are examples of interventions that have proved to be effective and should be expanded. Additionally, offering of vaccination services may be used as an incentive to increase uptake of HIV testing or behavioral interventions. Programs should monitor effectiveness and yield of new diagnoses resulting from service integration. As disease conditions evolve, changes are continually needed in the combination or structure of services to optimize yield. Such integration of services and monitoring would improve effectiveness and enable local providers to leverage the investments they have already made through efficiencies in service delivery.

3. Flexibility

Health organizations need the ability to respond to changes in disease epidemiology, demographic changes, advances in technology, and policy/political imperatives. Effective PCSI initiatives would help health organizations to consistently examine and revise how integration of services could best meet their populations' needs. If an integrated service is no longer effective in maximizing opportunities for prevention, flexibility is needed to identify more effective settings or services to accomplish this requirement. Operational changes can be made faster, more cheaply, and with a higher degree of quality when processes and services can be adapted by making minor modifications to existing programs.

4. Accountability

Prevention partners need the ability to monitor key aspects of their prevention services and gain insight into how they can optimize operations to maximize opportunities for prevention. NCHHSTP views PCSI as a means by which to improve the quality of prevention services. By tracking appropriate indicators that reflect operational performance and comparing them against previously defined key performance standards, NCHHSTP's partners can create a continuous feedback loop that facilitates iterative process improvement.

5. Acceptability

To be effective, PCSI must be accepted by program staff members and service providers, as well as by the persons they serve. The objective of PCSI is not to provide additional disjointed services that needlessly burden the provider. Rather, PCSI should empower the provider to provide all the services that are needed, thereby increasing the health and satisfaction of service recipients. For example, there is evidence that offering hepatitis vaccination may increase acceptance of STD and HIV testing and other prevention services

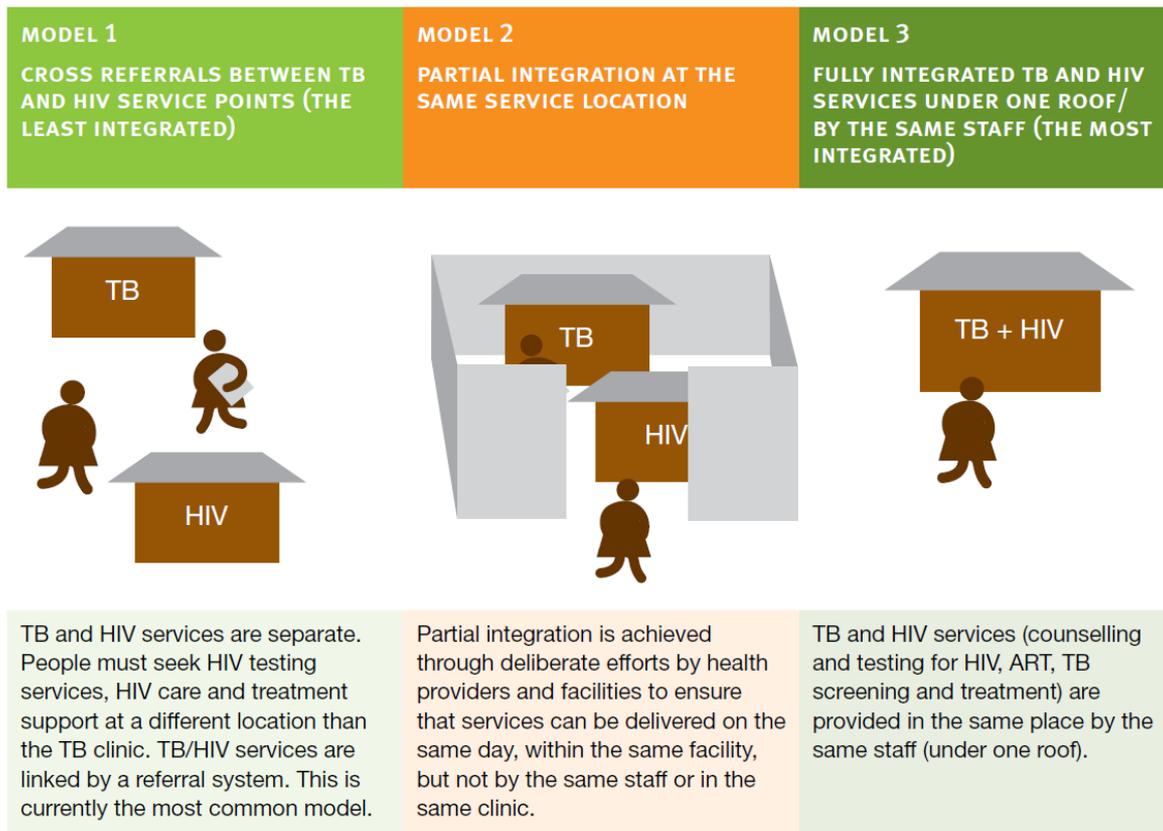
What does integration HIV/TB services really mean?

There are different degrees of integration of TB and HIV services, and different

models may work better in certain settings, so there is no one right answer about

how services are best integrated. An important consideration is what model the clients of these services prefer. It is essential to involve them in discussions about this issue before an approach is decided.

Models of TB/HIV integration in the health system



When Does It Make Sense to Consider Integrating STI and HIV Services with Family Planning Services?

- Family planning services whose clients are at high risk for STI and HIV infection should consider integrating only STI and HIV services whose delivery requirements can easily be met by existing capacity at the delivery site. In clinical settings such as health centers and polyclinics, integration may be achieved by immediate referral to another provider in another location within the same facility, as long as the client is not required to return on another day.
- Family planning services whose clients are not at high risk or that cannot accommodate STI and HIV delivery requirements within existing capacity should build relationships with appropriate services to which clients can be referred.
- Focusing exclusively on integrating STI and HIV services into family planning services is short-sighted and will not by itself resolve the problem of expanding access and coverage for either service—particularly for men. Therefore, consideration should also be given to integrating family planning into STI and HIV service sites, especially STI clinics, voluntary counseling and testing centers and pharmacies.
- Because sexually active, unmarried young people are at disproportionately high risk both of unplanned pregnancy and of STI and HIV infection, youth-friendly services in settings with a high prevalence of STIs or HIV should consider offering the full range of reproductive health services, with the clear understanding this is likely to increase operating costs.

CDC recommendations:

Level of Integration	Definition	Examples/ Features(s)
Nonintegrated Services (Level 1)	Prevention, treatment, or care services provided for a single condition (HIV/AIDS, viral hepatitis, STD, or TB) by a single program.	<ul style="list-style-type: none"> • Persons are provided tests or services for a single condition at the point of access (e.g., HIV testing site). • Referral to allied prevention services may or may not be provided. • Health information on HIV/AIDS, STD, viral hepatitis, and TB, including locations of local services, may or may not be readily available.
Core Integrated Services (Level 2)	Integration of two or more CDC-recommended prevention, treatment or care services across HIV/AIDS, STD, viral hepatitis, or TB infections.	<ul style="list-style-type: none"> • Services that integrate routine HIV screening into clinical care (e.g., local health departments, TB clinics, emergency departments, STD clinics) are provided. • Routine screening is conducted for TB and STDs, and hepatitis A and B immunization provided for persons who are HIV positive. • Integrated population and individual risk factor assessment data are systematically collected each time a person receives health services to prevent missed opportunities for prevention.
Expanded Integrated Services (Level 3)	Integration of multiple prevention, treatment, and care services for HIV/AIDS, viral hepatitis, STD, and TB into general health and social services. CDC guidelines, standards, or recommendations for the delivery of these services may or may not exist.	<ul style="list-style-type: none"> • Comprehensive HIV/AIDS, viral hepatitis, STD, TB screening, diagnosis, treatment, and social services are offered in clinical or community health settings (i.e., community health centers, LGBT health centers). • Social services and case management are used to address housing needs, Medicaid problems, and/or drug addiction among persons diagnosed with HIV/AIDS, viral hepatitis, STD, and TB.

Program Collaboration and Service Integration:

Enhancing the Prevention and Control of HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis in the United States

An NCHSTP White Paper, 2009

Note: Healthcare settings refer to all settings where healthcare providers work.