New York Post, Tuesday, March 22, 2011 nypost.com

Looking at the big picture

Care management program takes holistic approach to client wellness

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TEAM PLAYERS: Social worker Elizabeth Ilnitzki and nurse Vladimir Kotelnik (standing) assist Brooklyn resident Jamie Baker through Partners in Care's Geriatric Care Management program.

IN JAMIE BAKER'S sun-filled Park Slope apartment on a recent morning, social worker Elizabeth Ilnitzki shows the assisted-living retiree some papers. They have information about various outings that might interest the former runner — like a newly formed walking group that meets in nearby Prospect Park.

"You used to go to this one a lot," she prods, pointing to a Friday evening "rap session" hosted by Services and Advocacy for GLBT Elders.

Baker laughs, "It depends on what time I'm due for dinner."

Baker — 59 and HIV-positive — has a social life as active as a teenager's. When not going to dinner at the Gay Men's Health Crisis or seeing movies with friends, he is pursuing an engrossing bridge habit accompanied by his home health aide, Mariam Diarra.

All in all, he's only alone about two hours of the day.

This kind of social integration is one goal of Geriatric Care Management, a private-pay program by Partners in Care, an affiliate of the not-for-profit Visiting Nurse Service of New York. A social worker like Ilnitzki is paired with a registered nurse — Vladimir Kotelnik — to not only care for clients' medical needs, but to tend to personal and psychosocial issues ranging from home upkeep and money management to connecting clients with community centers and support groups.

"A client's state of mind is imperative to their well-being," says Ilnitzki, "and we try to make sure our clients don't suffer from isolation when choosing to remain at home."

Together, the duo constitute the entire program, caring for about 35 clients citywide. Not everyone is as active as Baker. Kotelnik stresses the individuality of each of their clients, whose needs range from at-home hospice care to short-term post-operative assistance.

"With a patient like Jamie, there's not much [for me] to do," Kotelnik admits. "He really benefits more from the social working aspect."

The program facilitated Baker going to group meetings, found him a psychiatrist, organized his prescriptions and arranged care from home aide Diarra.

As part of her twice-monthly visits, Ilnitzki helps Baker go through his benefit forms, meal plan and bills. Afterward, Kotelnik begins a bimonthly checkup by walking Baker through the apartment, a quietly elegant walkup with carved wood moldings. Hunting for trip wires and inaccessible light switches, Kotelnik helps him move furniture for easier passage, suggests grab-rails and ensures his slippers have backs to avoid slips.

With other clients, he might reevaluate their nutrition, counsel them on medications or declutter their living spaces. His mission, he says, is "not to tell someone that something is 'not a nursing problem,'" whether that means changing a catheter or buying a printer cartridge.

Ilnitzki and Kotelnik's initial contact with a client involves an assessment — often requested by an adult child unsure about what care is needed. The two come to clients' homes and, for $200, delve into their medical and psychosocial history. They follow up with a letter offering recommendations about community services, advice about safety and lifestyle risks and an assessment of how much and what types of home care are needed. Then they'll provide ongoing services for those who opt for them.

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Clients don't necessarily leap to follow their recommendations, say the pair, who often face resistance. There's a reluctance to admit to needing help, and worry that accepting services is the "first stage of transition to a nursing home," says Kotelnik. They begin to relax, he says, once they realize the goal is the opposite — that "we're trying to keep them at home as long as possible."

Baker's road to the program began when he hit a health-care spiral that started with a hospital stay that led to a viral infection, which, combined with his HIV, sent him to the ICU. From the hospital, he went to a live-in facility on the Lower East Side. Although he was able to play the piano and socialize with other patients, he needed a pass to leave the grounds — an untenable position for a life-loving man who hasn't yet seen his 60th birthday.

"However friendly it may be, it's still an impersonal atmosphere," he remembers. "The nurses might be having a bad day . . . you can't count on consistency."

He still needed daily assistance, though, and when he heard about the Partners in Care program, he made the call. Soon he was back in his home of 19 years.

Initially, he wasn't sure about being so intimately involved with a team of strangers. Now, he says, "It adds stability to my life. We are all on the same wavelength, so I feel a loss of the burden on me."

A natural jokester, Baker's blue eyes light up like the sun hitting the blue topaz pendant he wears. They only rarely gaze into the distance, one of few indications he gives that his health is imperfect. Leaning back in his chair, he smiles.

"It's great to be home," he says.