INTRODUCTION

Frequent hospital utilization is a major contributor to the costs of healthcare. Despite a vast body of literature, there remains great uncertainty about the characteristics and care needs of individuals with frequent hospitalizations. In the movement to reduce the need for hospitalizations, care management programs have garnered wide attention and support. Of the many studies that exist on the efficacy of care management interventions, only a handful espouse the benefits of "continuous healing relationships." Fewer studies, if any, explain the role of affect between care providers and patients in the healing process and how to achieve a healing relationship.

To our knowledge, our study is the first to identify and define the specific attributes of what we term "authentic healing relationships." We draw from the voices of patients who participated in the care management intervention of the Camden Coalition of Healthcare Providers (CCHP) in Camden, New Jersey.

METHODS

A. Medico-social Complexity of Individuals with Multiple Chronic Conditions and Vulnerabilities

<table>
<thead>
<tr>
<th>Top Chronic Conditions Reported at Enrollment (n=25)</th>
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<tbody>
<tr>
<td>Diabetes</td>
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<tr>
<td>Chronic Kidney Disease</td>
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<tr>
<td>Cardiovascular Disease</td>
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<tr>
<td>Congestive Heart Failure</td>
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<tr>
<td>Renal Disease</td>
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<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Hypertension</td>
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<td>Hypothyroidity</td>
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<td>Diabetes</td>
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B. Characteristics and Role of the Authentic Healing Relationship

- Familiarity: People don't pay attention to doctors, because they don't see them every day.
- Genuineness: I’ll work with her any day of the week, she was normal to me, she talked to me as a person, not as a patient.
- Continuity: [CCHP] stuck to their word A lot of people say they going to do this and going to do that and they sell you a dream that is not true.

C. Authentic Healing Relationships Found in Family and Friend Networks

- Familiarity: My daughter is always making sure that I am ok health-wise. If I've got to get a doctor or something and I can't get there she helps me get there.
- Genuineness: I don't have nobody to talk to. You know, even when I try to talk to my daughter or my son, she don't even come around like that. And my son, he says 'Oh mom, I don't want to hear that.'

RESULTS

- "I have congestive heart failure, I have diabetes, I have um, neuropathy, I have cellulitis. I have all of that."
- "[Pain] has made my life, where I have no life"

DISCUSSION

Three broad policy implications can be derived from the study participants’ experiences:

1. There need to be concrete mechanisms for identifying, teaching, providing, and sustaining authentic healing relationships in health care delivery.
2. There need to be stronger initiatives designed to expand services and assistance for family and friend caregivers, as well as direct-care workers (nurse aids, home health aids, and personal care aids).
3. Care management programs must move away from a central focus on individual behavior change, and begin to include family and friends as essential players in care planning and delivery.

STUDY LIMITATIONS:

Only former clients of CCHP were interviewed
Only 25% of previous CCHP clients called were interviewed
Only English-speaking clients and clients with a home were interviewed
The interviewed subset significantly underrepresents individuals who were part of but did not graduate from CCHP

SUMMARY

The data presented in this paper sheds new light on previous studies regarding the importance of a continuous healing relationship in decreasing hospitalizations and improving access to care. CCHP care management participants identified three core elements of an authentic healing relationship: familiarity, genuineness, and continuity, which was linked with motivation to engage in and sustain active health management. Since authentic healing relationships are not currently readily or reliably found in the traditional health care system and beyond, policymakers, administrators, providers, and care management programs must change this reality.

1) LaVeist TA, Rotrosen F, and others. Care of emergency departments, the right, the rule, and the policy implications. Annals of emergency medicine. 2010;56(3):24-33.