



Aging Institute: Session 201

Integration of Geriatric Services into Ryan White HIV/AIDS Programs

2022 National Ryan White Conference on HIV Care and Treatment
Thursday, August 25, 2022 11:15 am - 12:45 pm

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Division of Policy and Data
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



Health Resources and Services Administration (HRSA)

Overview



Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged



HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities



Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

HRSA's HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.
- Funds grants to states, cities, counties, and local community-based organizations to improve health outcome and reduce HIV transmission.
 - Recipients determine service delivery and funding priorities based on local needs and planning process.
- Provided services to nearly 562,000 people in 2020—more than half of all people with diagnosed HIV in the United States.
- 89.4% of RWHAP clients receiving HIV medical care were virally suppressed in 2020, exceeding national average of 65.5%ⁱ.



Disclosures 1

Tracey Gantt and Nicole Viviano have no relevant financial or non-financial interests to disclose.



Learning Objectives

By the end of this session, participants will be able to:

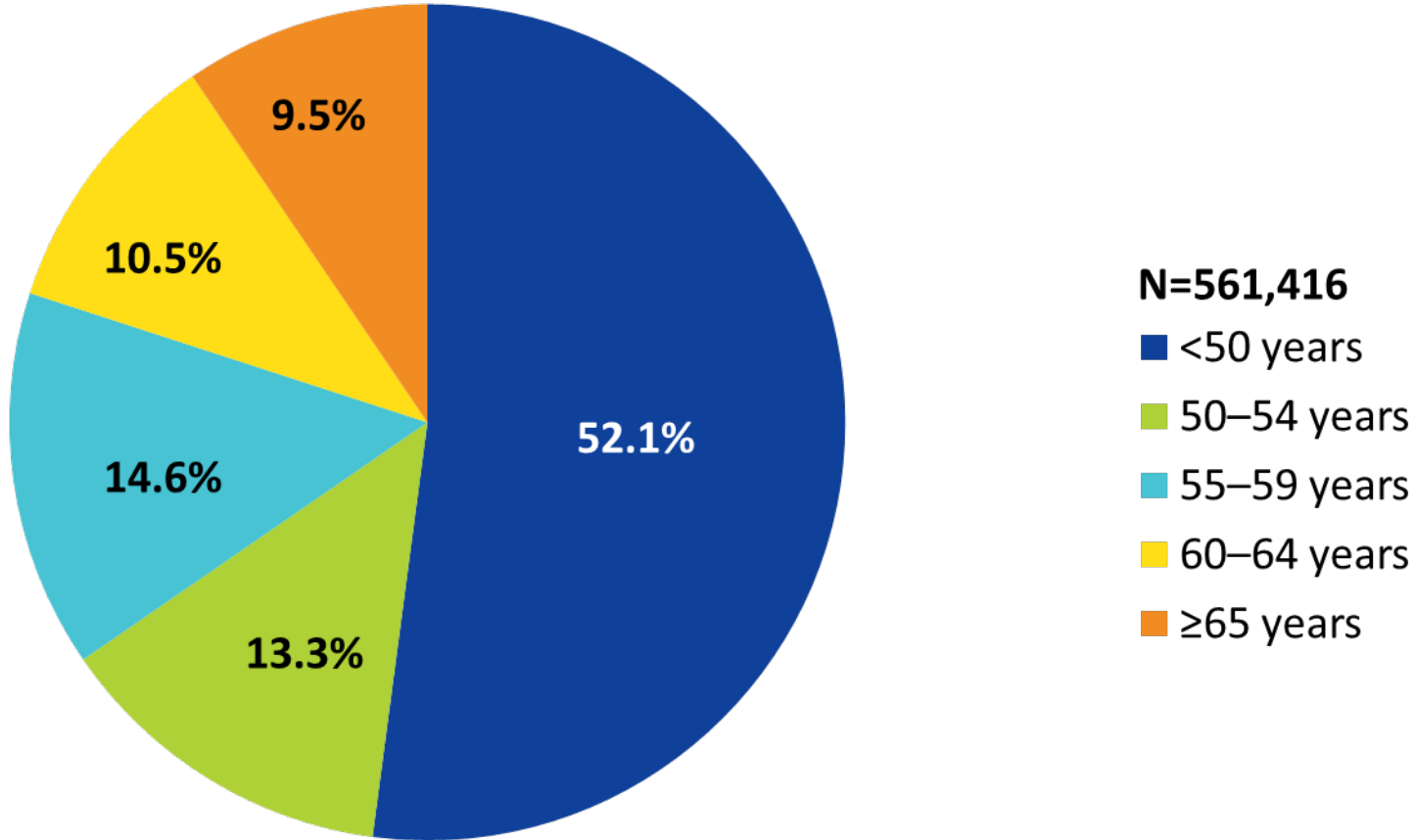
- Describe the multidisciplinary approach and factors to geriatric care that help to achieve the successful integration of geriatric services into routine HIV care
- Identify geriatric care and treatment recommended for persons with HIV age 50 years and above that are integrated into the RWHAP
- Describe the models to integrate geriatric services into the RWHAP

Brief Aging Data Review

HRSA's Ryan White HIV/AIDS Program



Clients Served by the Ryan White HIV/AIDS Program, by Age Group, 2020—United States and 3 Territories^a



^a Guam, Puerto Rico, and the U.S. Virgin Islands.



HRSA Aging Initiatives (August 1, 2022-July 2025)

Emerging Strategies to Improve Health Outcomes for People Aging with HIV

HRSA-22-027: Capacity-Building Provider (1 Recipient)

- Provides technical assistance and capacity development to the demonstration sites within the context of the RWHAP and develops a communication plan to create, replicate, and disseminate products.

HRSA-22-028: Demonstration Sites (10 Recipients)

- Supports 10 demonstration sites to identify, demonstrate, refine, and assess emerging strategies to comprehensively screen and manage comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people 50 years and older with HIV.

HRSA-22-029: Evaluation Provider (1 Recipient)

- Develops and carries out a multi-site evaluation that includes a customized site-specific evaluation for each of the 10 demonstration sites.



Integrating geriatrics into the RWHAP

Expert Guest Introduction: Dr. Jacob Walker



Dr. Walker is a geriatrician and HIV specialist at the University of Colorado, having recently moved to Denver from Chicago. Through the Ryan White program at the University of Chicago, Dr. Walker oversaw one of the few HIV & Aging clinics in the Midwest. The program provides integrated HIV-primary care for adults over 50, a model he will be replicating in Colorado. Dr. Walker's academic work focuses on the integration of geriatrics into HIV care and on preparing nursing homes for a new era of HIV care. He recently completed an HIV-Implementation Science Fellowship through the Johns Hopkins Center for AIDS Research (CFAR) and has been an investigator on multiple HRSA-funded grants focused on guiding the nursing home workforce through the COVID-19 pandemic using tele-education.

20
22

Jacob Walker, MD
Assistant Professor
Geriatrics and HIV Medicine
University of Colorado

NATIONAL
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

Disclosures 2

Jacob Walker receives consulting fees from Janssen/Simpson Healthcare

We will not be discussing any specific products or investigational/experimental treatments

Disclosure will be made when a product is discussed for an unapproved use.

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There was no commercial support for this activity.

Learning Objectives 1

At the conclusion of this activity, participants will be able to:

1. Learn about the role of a geriatrician and aspects of geriatric care that can be integrated into the RWHAP clinic
2. Identify common geriatric screenings and assessments
3. Explain models to integrate geriatric services into the RWHAP

How To Claim CE Credit

If you would like to receive continuing education credit for this activity, please visit:

ryanwhite.cds.pesgce.com

Geriatrics 101, 1

- Geriatricians specialize in the medical care of older adults
 - Age is just a number!
 - Often “older” means >65
 - ≥50 is commonly used in HIV care
- Geriatrics is...
 - Highly focused on Function
 - Physiologically complex
 - Multidisciplinary
 - Multi-site (home, hospital, nursing home...)
 - Grounded in person-centered care

- Geriatric specialization
 - Physicians - Internal medicine or family medicine MD/DO + fellowship
 - Geriatric pharmacy (BCGP)
 - Geriatric social work (ASW-G)
 - Geriatric advance practice nurses (AGNP)
- *Any* care team member can be trained in basic geriatric screening and assessment
- Care team education is a *primary* role of geriatric specialists

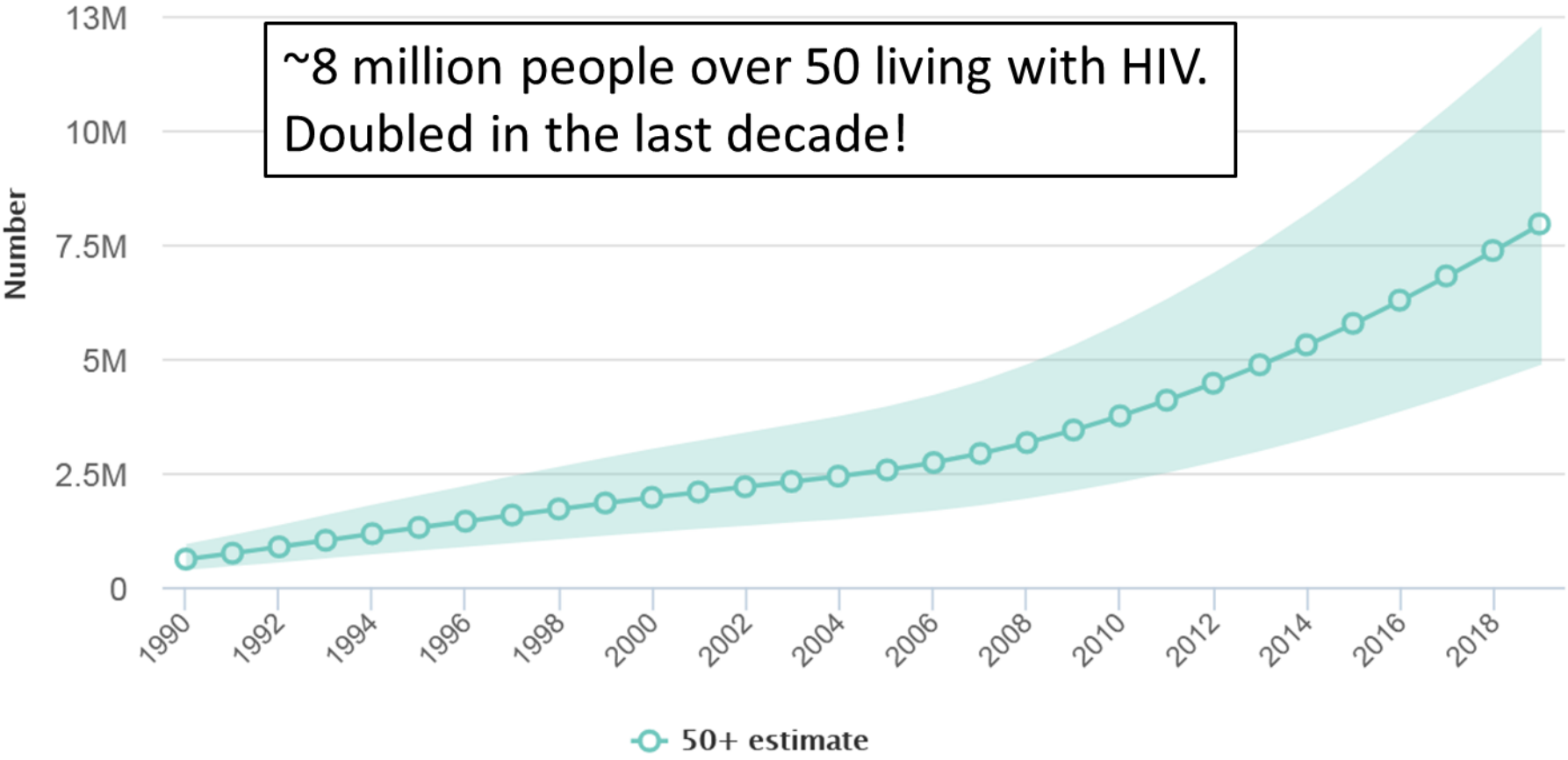
Geriatrics 101, 3

Table 1 Fellowship Match Summary, 2022 Appointments

Specialty	No. of Applicants+		Positions Offered	No. of Pgms+++	No. of Matches		% Filled		Unfilled Pgms
	U.S. MD Grads++	All Apps			U.S. MD Grads	All Apps	U.S. MD Grads	All Apps	
Internal Medicine									
Adult Congenital Heart Disease	12	14	22	18	12	13	54.5	59.1	8
Advanced Heart Failure & Transplant Cardiology	33	72	121	70	33	69	27.3	57.0	40
Cardiovascular Disease	653	1,620	1,120	254	568	1,118	50.7	99.8	2
Clinical Cardiac Electrophysiology	59	135	130	77	56	123	43.1	94.6	6
Critical Care Medicine	98	367	160	54	68	157	42.5	98.1	2
Endocrinology, Diabetes, and Metabolism	119	457	348	158	110	342	31.6	98.3	4
Gastroenterology	446	974	616	220	371	614	60.2	99.7	2
Geriatric Medicine*	94	246	411	153	84	210	20.4	51.1	96
Hematology	75	90	14	3	12	14	85.7	100.0	0
Hematology and Oncology	412	894	663	168	352	657	53.1	99.1	6
Hospice and Palliative Medicine	244	428	430	180	213	367	49.5	85.3	46
Infectious Disease	166	387	436	172	165	358	37.8	82.1	52
Interventional Pulmonology**	19	51	47	41	18	44	38.3	93.6	3
Nephrology	97	382	484	178	96	335	19.8	69.2	85
Oncology	12	69	8	3	3	8	37.5	100.0	0
Pulmonary Disease	9	111	25	13	4	23	16.0	92.0	1
Pulmonary Disease and Critical Care Medicine	452	1,182	721	205	351	718	48.7	99.6	3
Rheumatology	125	371	272	125	112	266	41.2	97.8	5
Sleep Medicine*	87	217	193	95	78	179	40.4	92.7	13

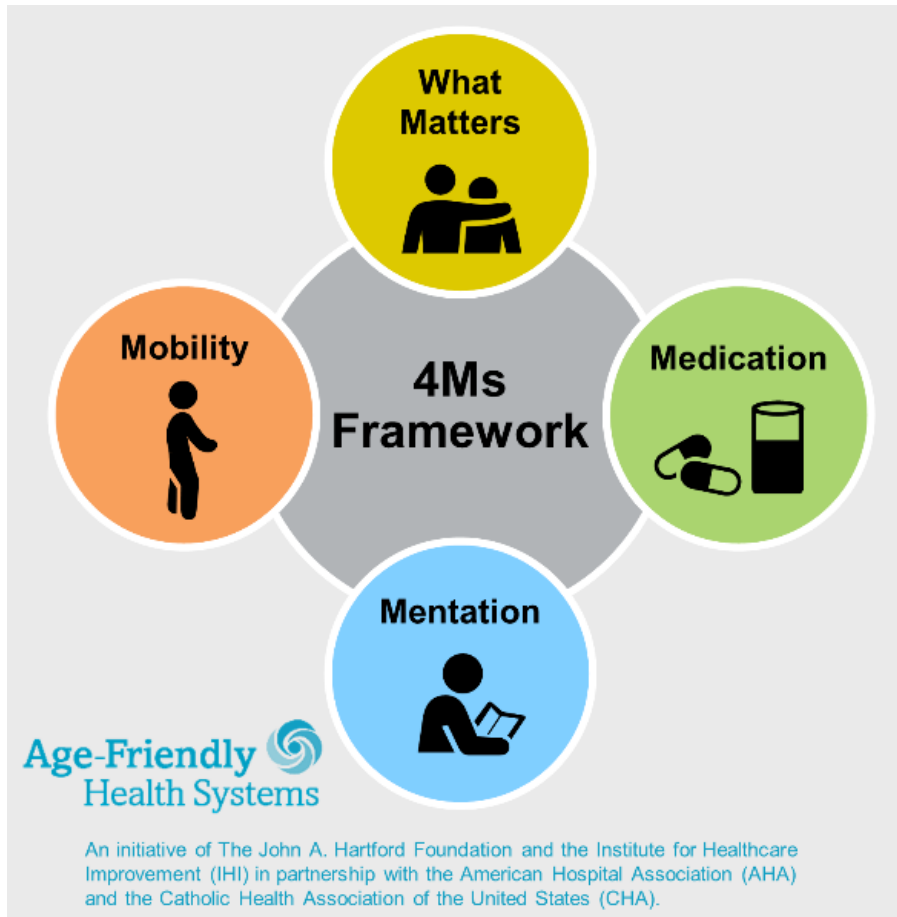
	No. of Matches	% Filled	Unfilled Pgms
Geriatric Medicine*	210	51.1	96

Geriatrics 101, 4



Source: UNAIDS epidemiological estimates, 2020

The 4M's, 1



The 4M's are useful as both:

- Larger health system framework
- HIV-specific implementation framework

May need some additions...

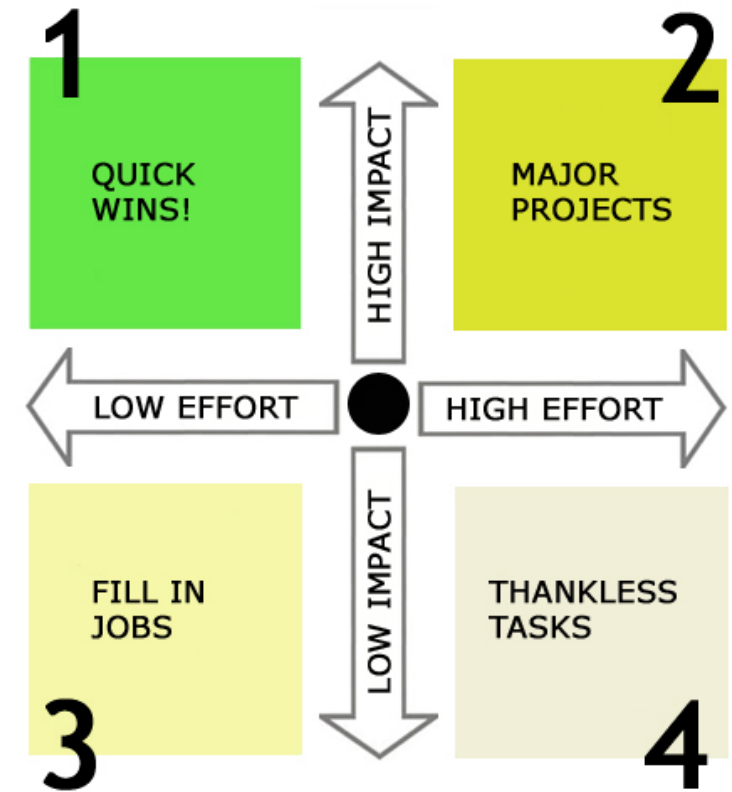
Multi-complexity

Modifiable

M-osteoporosis?

The 4M's, 2

- Comprehensive Geriatric Assessment (CGA)
 - Detailed, multidisciplinary diagnostic and therapeutic assessment designed to create a comprehensive care plan
 - High cost / High value
 - Better for highly complex patients
- Targeted geriatric screening
 - Adaptable to unique populations
 - Low cost / High value
 - Applicable to all patients

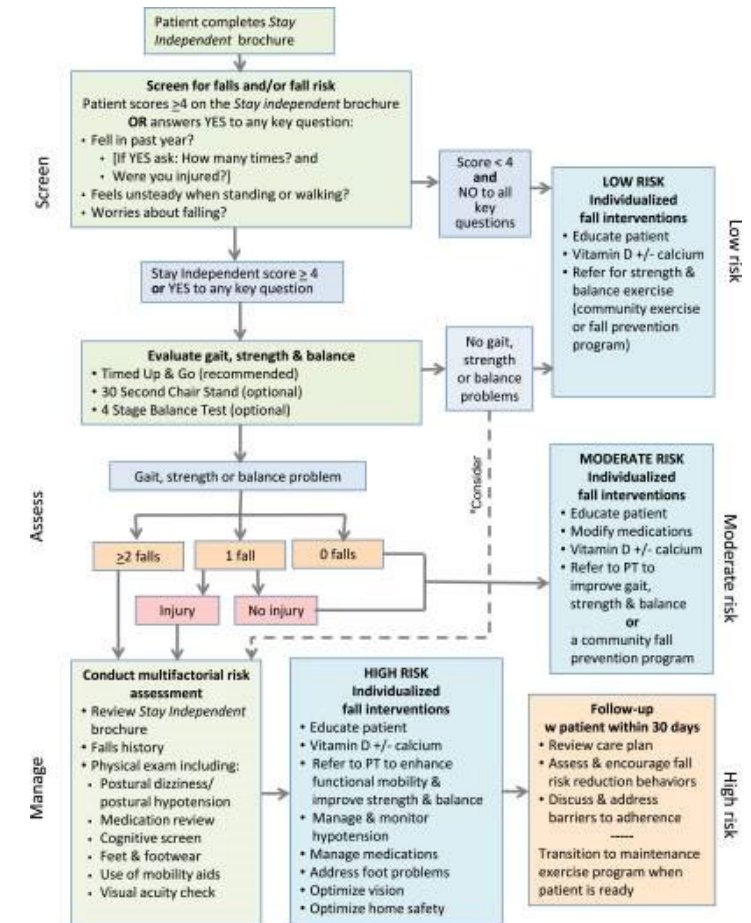
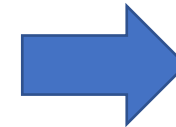


Mobility 1

Fall screening:

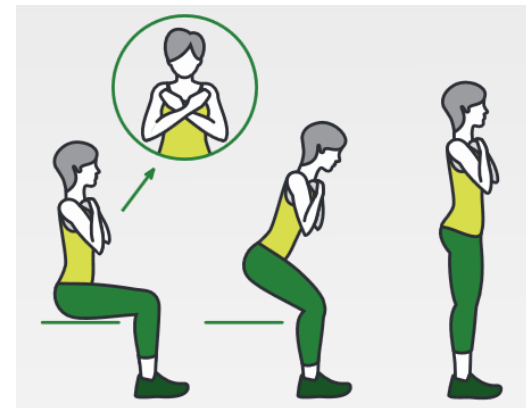
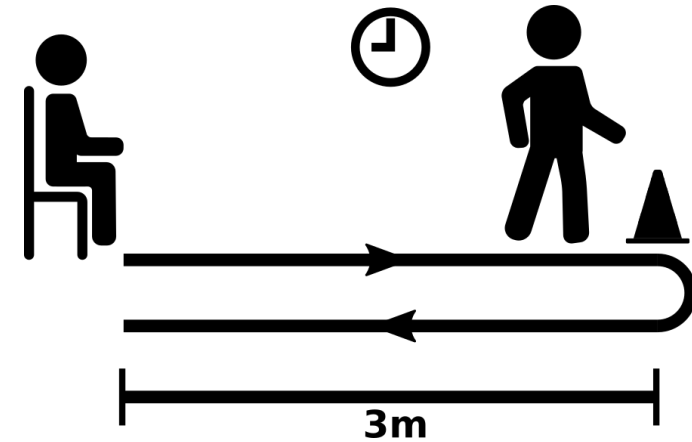
Have you fallen 2 or more times in the last year?
Do you have trouble with balance?
Are you afraid of falling?

YES to any question indicates high fall risk and should trigger further evaluation.



Mobility 2

- Mobility screening
 - Timed-Up-and-Go (TUG)
 - 30-second chair stands
 - Grip strength
 - Short Physical Performance Battery
- CDC's STEADI Program compiles screening tools and resources
 - <https://www.cdc.gov/STEADI/>



Mobility 3

- Create accessible clinic spaces
 - High contrast lighting
 - Hallway hand rails
 - Bathroom grab bars
 - Armrests for exam tables & waiting room chairs
 - Wheelchair-accessible scale
 - Accessible parking
- Create pathways for durable medical equipment ordering



Mobility 4

- Exercise is critical
- Resistance-based exercise, tai chi, and mixed-modality exercises are likely best
- Stigma and finances may limit access
- Create strong relationships with physical/occupational therapy
- Identify local low-cost programs
- “Prescribe” exercise plans

IMPROVE YOUR STRENGTH,
BALANCE, AND FLEXIBILITY!

SAIL



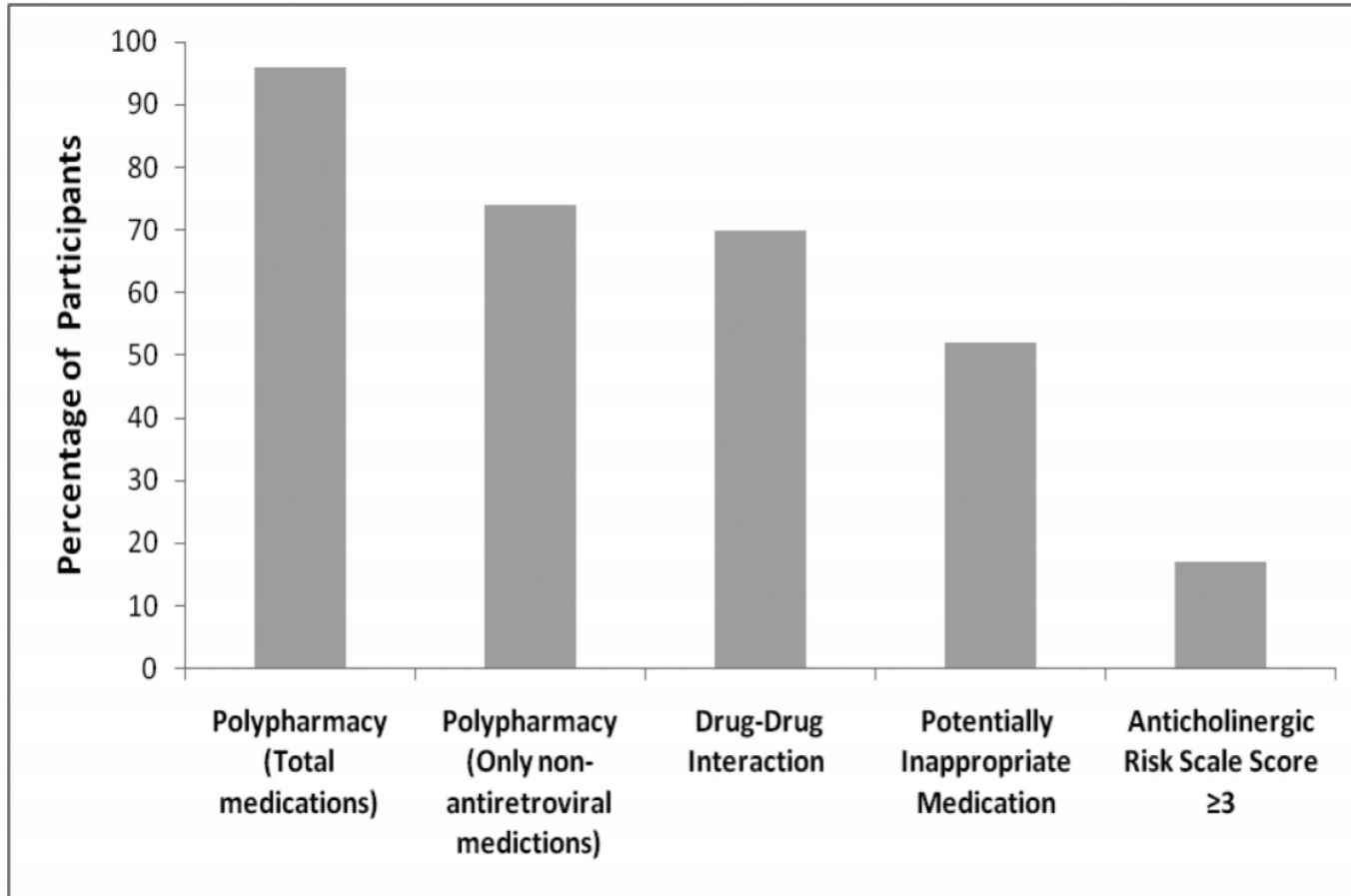
Classes are designed for those 50+ and focus on strength and balance exercises which are modifiable for all fitness levels

JOIN TODAY!

Class meets Monday through Thursdays
12:15 - 12:45 central time



Medications 1



- Non-HIV meds dominate pill burden
- More meds = worse adherence, cost, toxicity
- Across studies ~30-70% of patients are prescribed meds with at least moderate interaction

Greene et al 2014, Holtzman et al 2013

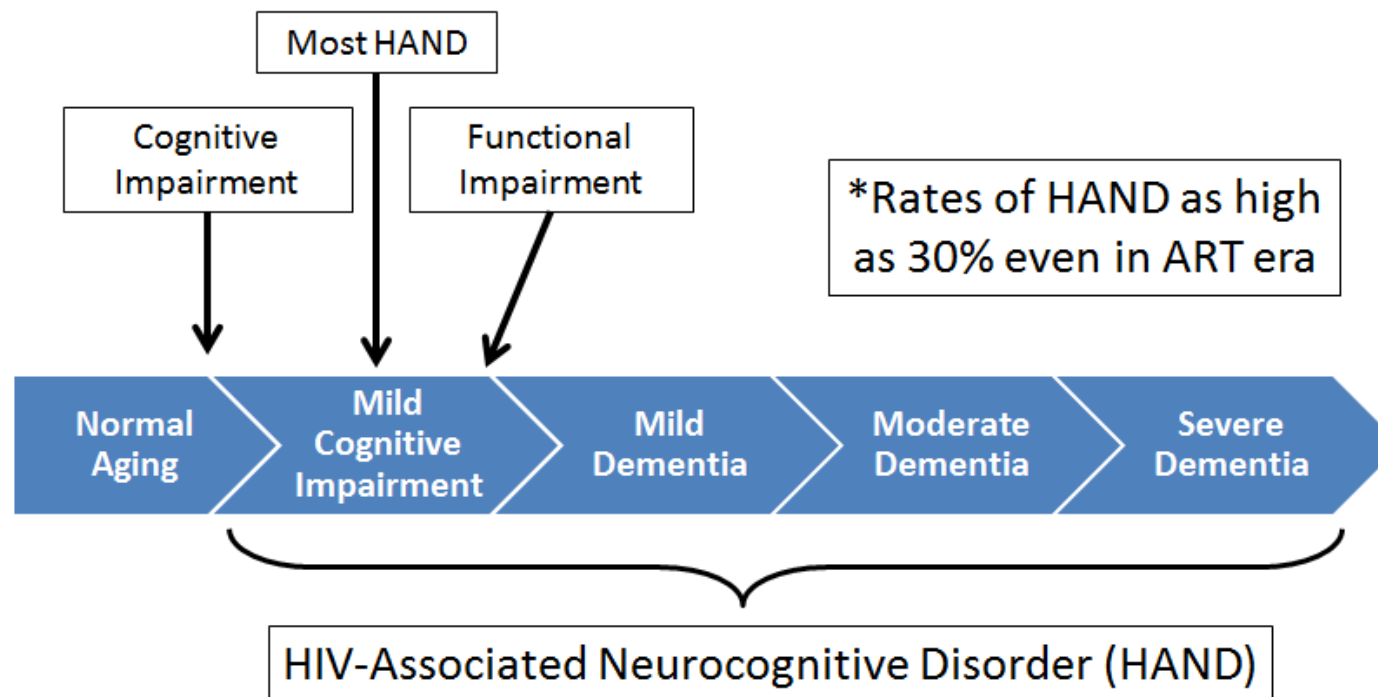
Medications 2

- “Brown Bag” review
- Assess medication risk
 - Beers List
 - Anticholinergic Risk Scale
- Drug interaction checker
 - HIV-druginteractions.org
- Standardize med reviews
- Involve a pharmacist!

HIV Drugs	Co-medications	Drug Interactions
<input type="text" value="Search HIV drugs..."/>	<input type="text" value="Search co-medications..."/>	<input type="checkbox"/> Check HIV/ HIV drug interactions <input type="button" value="Switch to table view"/> <input type="button" value="Reset Checker"/>
<input checked="" type="radio"/> A-Z <input type="radio"/> Class <input type="radio"/> Trade	<input checked="" type="radio"/> A-Z <input type="radio"/> Class <input type="radio"/> Trade	
<input checked="" type="checkbox"/> Darunavir/Cobicistat/Emtricitabine/Tenofovir alafenamide (DRV/c/FTC/TAF) ⓘ	<input checked="" type="checkbox"/> Omeprazole ⓘ	<div style="background-color: #f9a825; padding: 5px;">Potential Interaction</div> <p>Darunavir/Cobicistat/Emtricitabine/Tenofovir alafenamide (DRV/c/FTC/TAF)</p> <p>Atorvastatin</p> <div style="background-color: #007bff; color: white; padding: 5px; display: inline-block;">Look for alternatives →</div> <p>More Info ▾</p>
<input type="checkbox"/> Abacavir (ABC) ⓘ	<input checked="" type="checkbox"/> Atorvastatin ⓘ	
<input type="checkbox"/> Abacavir (ABC) ⓘ	<input checked="" type="checkbox"/> Warfarin ⓘ	<div style="background-color: #f9a825; padding: 5px;">Potential Interaction</div> <p>Darunavir/Cobicistat/Emtricitabine/Tenofovir alafenamide (DRV/c/FTC/TAF)</p> <p>Warfarin</p>
<input type="checkbox"/> Albuvirtide (ABT) ⓘ	<input type="checkbox"/> Abacavir (ABC) ⓘ	
<input type="checkbox"/> Atazanavir alone (ATV) ⓘ	<input type="checkbox"/> Abemaciclib ⓘ	
<input type="checkbox"/> Atazanavir/cobicistat (ATV/c) ⓘ	<input type="checkbox"/> Abiraterone ⓘ	
<input type="checkbox"/> Atazanavir + ritonavir (ATV/r) ⓘ	<input type="checkbox"/> Acalabrutinib ⓘ	
<input type="checkbox"/> Bicitgravir/Emtricitabine/Tenofovir alafenamide (BIC/FTC/TAF) ⓘ	<input type="checkbox"/> Acamprostate ⓘ	
	<input type="checkbox"/> Acarbose ⓘ	

Mentation 1

- Cognitive and mood disorders are a *very* common barrier to viral suppression and reason for geriatrics referral

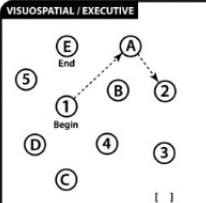



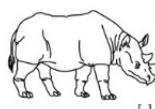



Mentation 2

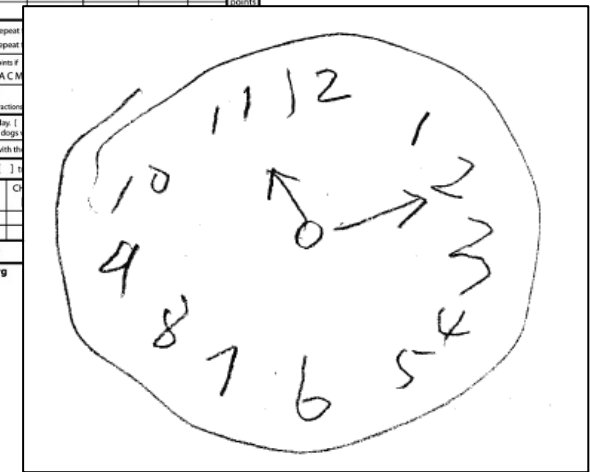
- Testing for cognitive impairment warranted only if there are signs/symptoms
- Mini-Cog
 - Clock draw + 3-item recall
 - Prompts further testing
- MoCA
 - Takes ~10-15min
 - More sensitive for HAND than MMSE, SLUMS, etc.
- Any staff member can be trained to screen

MONTREAL COGNITIVE ASSESSMENT (MOCA)
 Version 7.1 Original Version

NAME: _____ Education: _____ Date of birth: _____
 Sex: _____ DATE: _____

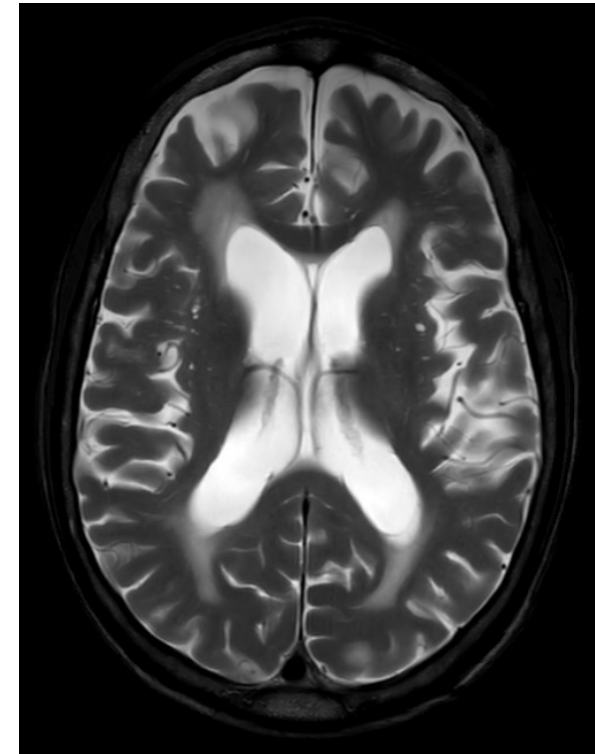
VISUOSPATIAL / EXECUTIVE	Copy cube	Draw CLOCK (Ten past eleven) (3 points)	Score
			____/5
NAMING			
	[]	[]	[]
MEMORY	Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.	FACE	VELVET
	1st trial	CHURCH	DAISY
	2nd trial	RED	No points
ATTENTION	Read list of digits (1 digit/sec). Subject has to repeat.		
	Read list of letters. The subject must tap with his hand at each letter A. No points if [] F B A C M		
	Serial 7 subtraction starting at 100 [] 93 [] 86 [] 79 [] 72 [] 65 [] 58 [] 51 [] 44 [] 37 [] 30 [] 23 [] 16 [] 9 []		
LANGUAGE	Repeat: I only know that John is the one to help today. The cat always hid under the couch when dogs.		
	Fluency / Name maximum number of words in one minute that begin with the		
ABSTRACTION	Similarity between e.g. banana - orange = fruit []		
DELAYED RECALL	Has to recall words WITH NO CLUE	FACE	VELVET
	Category cue	[]	[]
Optional	Multiple choice cue		
ORIENTATION	[] Date [] Month [] Year		

© Z.Nasreddine MD www.mocatest.org
 Administered by: _____



Mentation 3

- Dementia workup and management requires complex network of support
 - Neuroimaging
 - Neuropsych testing
 - Neurology/geriatrics/geripsych referral
 - Cognitive therapy (SLP/OT)
 - Driving Assessments (OT)
 - Area Agency on Aging
 - Adult Protective Services
- Do you have an access point for dementia care services?



“Several patchy foci of T2/FLAIR hyperintensity are seen in the bilateral subcortical and periventricular white matter, which are nonspecific, but compatible with chronic small vessel ischemic changes”

Mentation 4

- Depression and anxiety screening very similar to younger adults
 - PHQ-2/9
 - GAD-7
 - Geriatric Depression Scale
 - Electronic versions available
- Older adults may present with more somatic complaints or with memory impairment
- Ensure access to counseling and psychiatry services

TABLE 2

PHQ-2 Screening Instrument for Depression

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

Scoring: A score of 3 or more is considered a positive result. The PHQ-9 (Table 3) or a clinical interview should be completed for patients who screen positive.

PHQ = Patient Health Questionnaire.

Adapted from Patient Health Questionnaire (PHQ) screeners. <http://www.phqscreeners.com>. Accessed February 8, 2018.

“I hid my anxiety for a long time. I was ashamed, I was afraid of talking about it... And it was not easy to open up to a doctor, so if I were to do it through the chart and know that I’m going to get the right help, it will probably be a lot easier for me to do so.”

What Matters Most 1

- Widely variable advance directive use among adults with HIV (8-47%)
- Prioritize *early* advance care planning (ACP), especially designation of a medical power of attorney
- Make your state's forms easily accessible
- Rely on the entire care team!
 - In most states power of attorney only requires a witness
 - Social workers, nursing, MA's can all perform ACP
 - Physicians, NP's, PA's, and clinical nurse specialists can bill for ACP

What Matters Most 2

ePrognosis

HOME ABOUT CALCULATORS▼ CANCER SCREENING DECISION TOOLS▼ COMMUNICATION

COVID-19 Prognosis Information

WHAT WOULD YOU LIKE TO DO?



- More complex goals of care conversations take time and physician input
- Hard to create workflows
- **Eprognosis.ucsf.edu**
 - Compilation of tools to guide conversation

What Matters Most 3

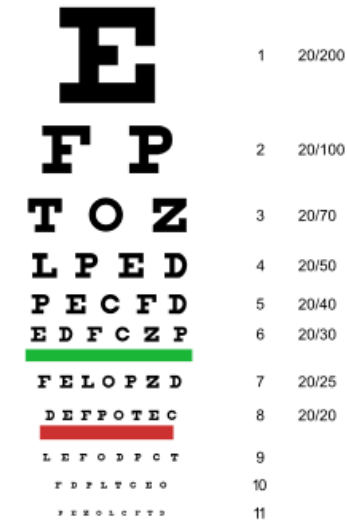
- Functional screening can quickly identify...
 - The most “important” medical condition
 - Low-hanging fruit for intervention
 - Patients at high risk for poor outcomes
- Activities of Daily Living (Katz index)
 - Easy to perform checklist
 - Patients can self-complete
 - Consider inclusion in new patient visits, annual reviews

ADLs	IADLs
Eating	Cooking
Dressing	Cleaning
Bathing	Shopping
Toileting	Finances
Transferring	Medications
Moving around	Transportation

What Matters Most 4

- Vision loss
 - Screen!
 - Identify local eye care providers
 - Know your state Agency for the Blind

- Hearing loss
 - Screen!
 - Provide hearing amplification devices during visits
 - Ear cleaning protocol for medical assistants/nursing
 - Identify local audiology services



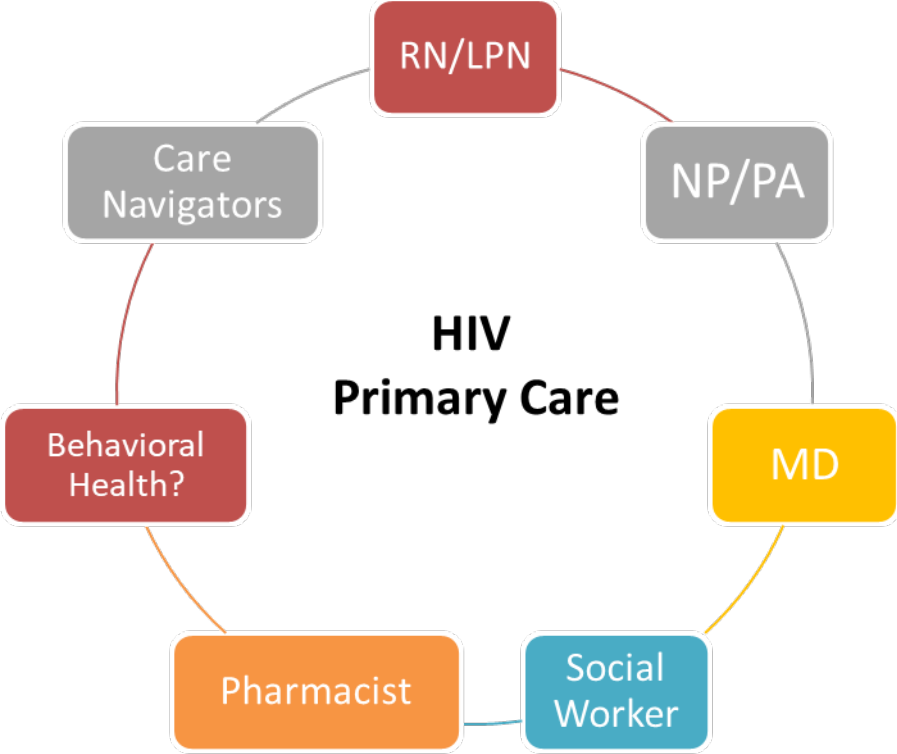
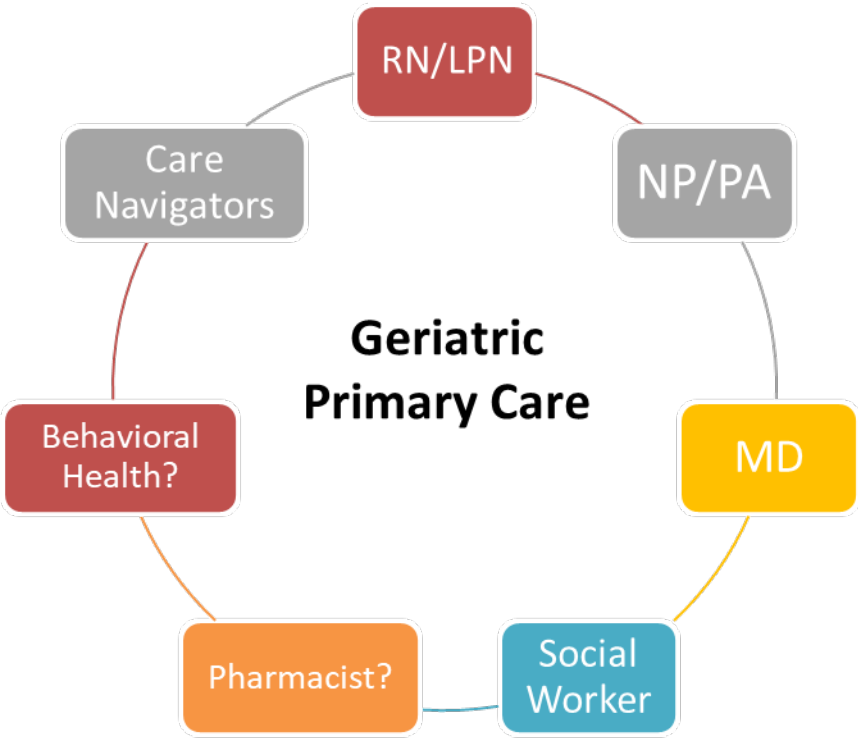
Osteoporosis Screening

Risk of fracture may **double** with HIV infection

- Screen at age 50 for women *and* men
- Sooner if early menopause or fragility fracture
- Replace Vitamin D, offer bisphosphonates
- May require ART switch
- Incorporate into health maintenance tracking systems
- Ensure access to endocrinology

The screenshot shows the FRAX Fracture Risk Assessment Tool interface. At the top, there is a red header with the text "FRAX® Fracture Risk Assessment Tool". Below the header is a navigation bar with links for "Home", "Calculation Tool", "Paper Charts", "FAQ", and "References". The main content area is titled "Calculation Tool" and contains a questionnaire. The questionnaire asks for the user's country (US (Caucasian)), name/ID, and answers to 12 questions. The questions are: 1. Age (between 40 and 90 years) or Date of Birth; 2. Sex; 3. Weight (kg); 4. Height (cm); 5. Previous Fracture; 6. Parent Fractured Hip; 7. Current Smoking; 8. Glucocorticoids; 9. Rheumatoid arthritis; 10. Secondary osteoporosis; 11. Alcohol 3 or more units/day; 12. Femoral neck BMD (g/cm²). The interface includes input fields for age, date of birth, weight, height, and BMD, and radio buttons for "No" and "Yes" for the remaining questions. There are "Clear" and "Calculate" buttons at the bottom right of the questionnaire.

Models of Integrated Care 1



Models of Integrated Care 2

- Who is the Primary Care Provider (PCP)?
 - Extreme variability between health systems
 - Patients often identify HIV specialist as PCP
 - Quality metric performance varies based on who is managing chronic non-HIV conditions like hypertension and diabetes
- Patients assign high value to HIV specialist and a preference for integrated chronic disease management

Models of Integrated Care 3

- Geriatric consultation
- Geriatric/HIV co-management
- Dually-trained providers
- Integrated geriatric assessments
 - Medicare Annual Wellness Visit
- Primary care/HIV clinics
- Embedded champions?
- Telehealth?

Similar models in other specialties:
Geriatric oncology
Geriatric surgery
Multi-disciplinary memory clinics

HIV & Aging at U of Colorado

- “Positive Aging Consultation”
- Geriatric consultation model
- Geriatrics clinic visit + pharmacist medication review
- Referral barriers despite proximity
- Provider billing barriers



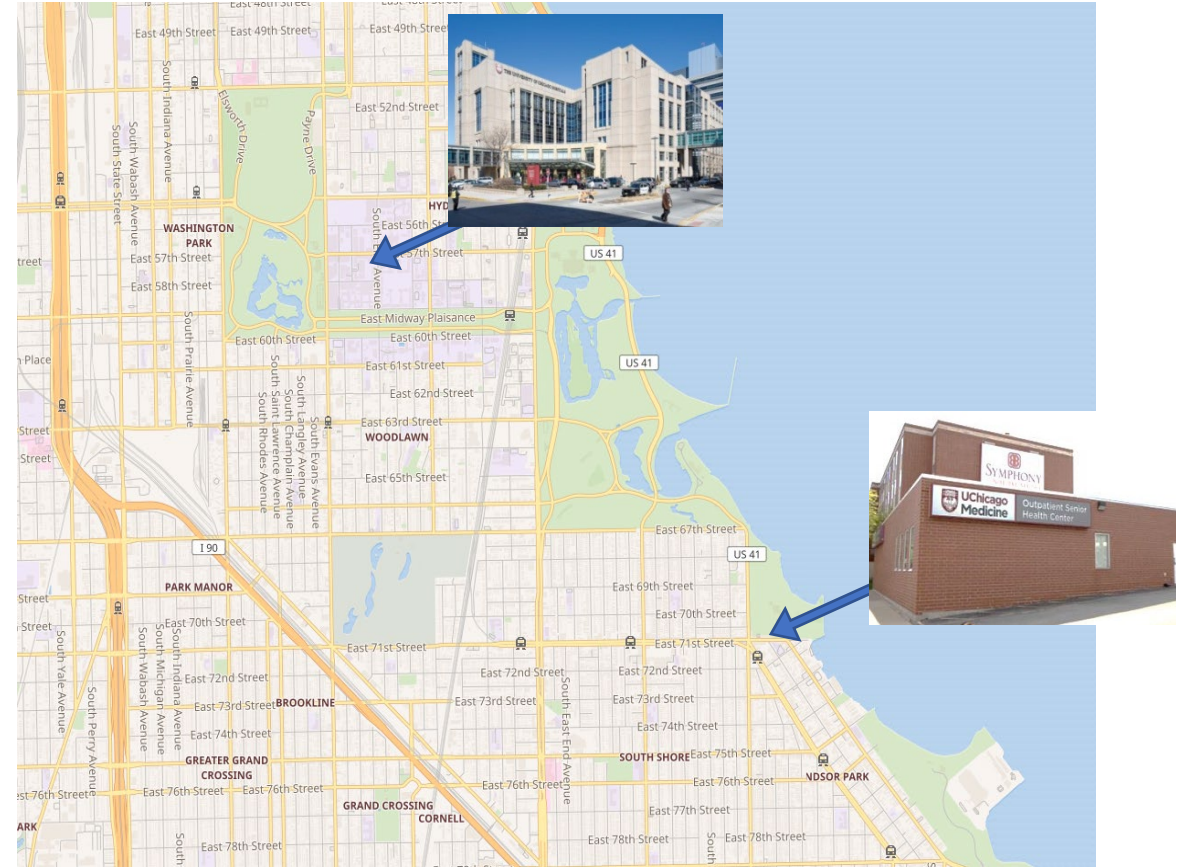
University of Colorado
Anschutz Medical Campus



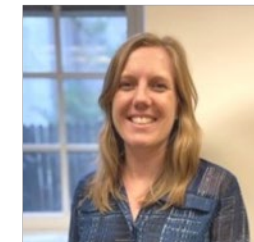
HIV & Aging at University of Chicago

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- ~250 adults with HIV ≥ 50 seen in UChicago's Ryan White clinic
 - ~50% of total patients
 - Majority Black/African-American
- High geriatric syndrome burden
- Historical efforts to incorporate geriatrics limited mostly by geography

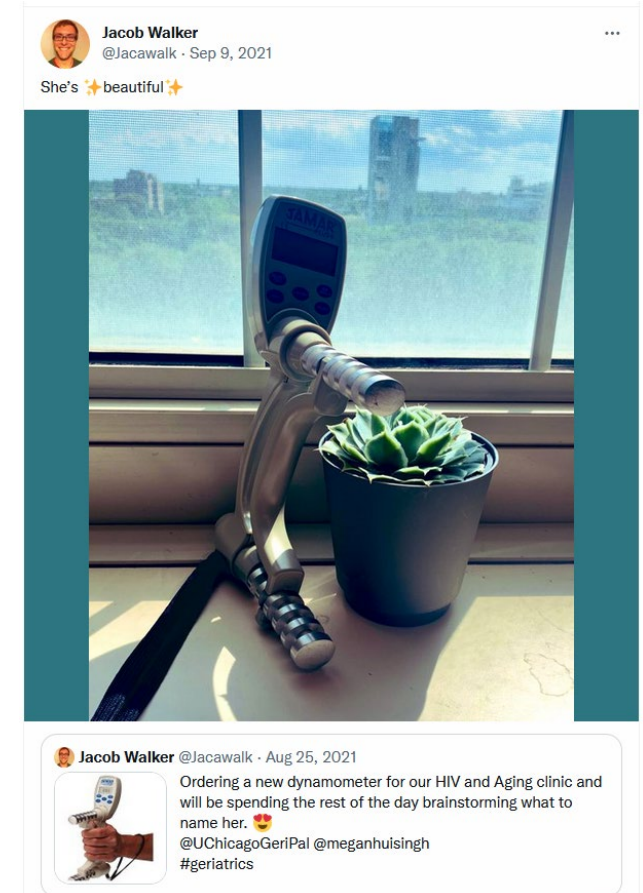


- HIV & Aging Clinic
 - Dually-trained provider model
 - Option of geriatrics consultation or transfer of HIV care
 - On-site ID pharmacist, SW, nursing
 - Open to any patient ≥ 50
- Median age 69
- High geriatric syndrome burden
 - Polypharmacy
 - Cognitive impairment
 - Functional decline / Falls
 - Osteoporosis



...and many more!

- Templated geriatric assessment on initial visit
 - Functional/Falls screening
 - Cognitive/Depression screening
 - Medication review
 - Frailty assessment
- Embedded in usual clinic workflow
 - 60 minute initial visit, 30 minute returns
 - MD-only unless additional services are needed
 - No special equipment (dynamometer optional)
- Funded as an extension of the geriatrics clinic



Successes

- High patient (What matters)
- Dementia diagnosis and management (Mentation)
- Excellent pharmacy support (Medications)
- Insurance and drug coverage support (What matters, Medications)
- Nursing home care coordination (What matters, Medications)

Barriers

- DME & home health care (Mobility)
- Referrals to dementia services (Mentation)
 - Driving evals, neuropsych testing, day programs...
- Getting patients to primary care/geriatrics (What matters)

Models of Integrated Care

- The Geriatric “Champion”
 - Team member with interest or experience in the care of older adults
 - Empowered to lead education and quality improvement efforts
 - Available for linkage to resources
- Similar models in dementia care
- Can be *any* team member or lay person



Conclusions

1. Dozens of high-impact geriatric screening and assessment tools are available for use and can be easily incorporated into routine HIV care.
2. The 4M's are a useful framework to guide geriatric care improvements at the clinic level.
3. Integrated geriatric specialty care can be achieved through a variety of innovative clinic models. Consider geography, existing resources, and funding sustainability.

Contact Information



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NATIONAL
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Questions



20
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Reminder: Continuing Education Credit

How to Claim CE Credit

If you would like to receive continuing education credit for this activity,
please visit:

ryanwhite.cds.pesgce.com



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