

Models of Care for an Aging Population (Geriatric Assessments in HIV Clinic)

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Disclosures

- Gilead HIV-Age Positively grant funding

Overview

- Overview of Geriatrics & Comprehensive Geriatric Assessment
- Experiences in San Francisco clinic

What is Geriatrics?

- “Geriatrics” often used interchangeably with “Geriatric Medicine”
- “Gerontology” often defined as study of aging across lifespan
- Can be for any age but often “65 +”

Still a newer field:

1988-Geriatric Medicine board certification

Geriatric Perspective



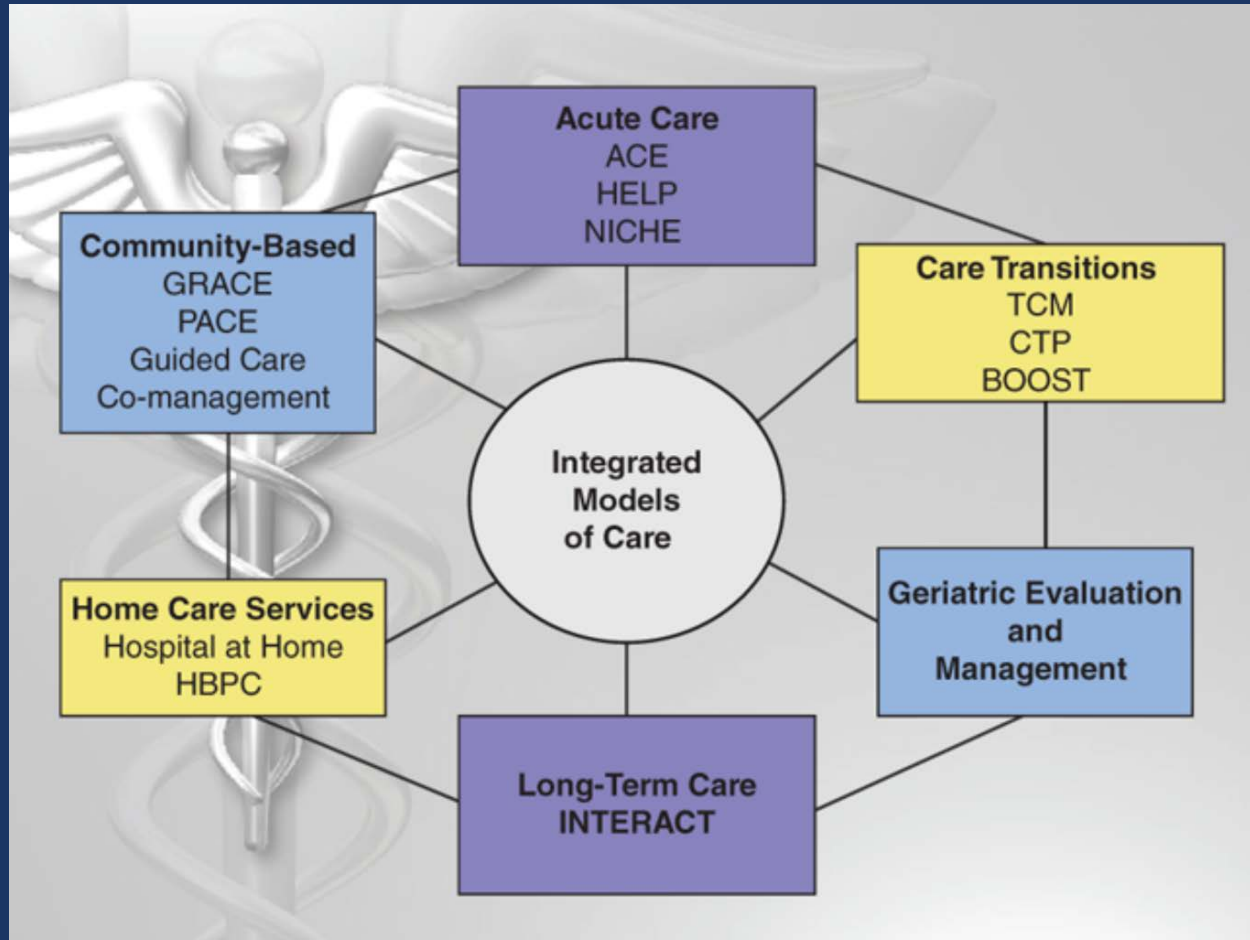
- Focus on function
 - How do diseases impact social, emotional, and physical functioning?
 - How can the environment (physical, social) support function?
- Focus on quality of life and goals of care
- Working across different settings
 - Home, RCFE, Clinic, Hospital, SNF

Geriatrics Perspective

- Dealing with Complexity:
multimorbidity, polypharmacy,
complex social situations
- Working in interdisciplinary teams
- Emphasis on social context of care

Similarities with HIV models of care

Geriatric Models of Care



Source: J.B. Halter, J.G. Ouslander, S. Studenski, K.P. High, S. Asthana, M.A. Supiano, C. Ritchie, W.R. Hazzard, N.F. Woolard: *Hazzard's Geriatric Medicine and Gerontology*, Seventh Edition, www.accessmedicine.com Copyright © McGraw-Hill Education. All rights reserved.

Citation: Geriatrics Models of Care, Halter JB, Ouslander JG, Studenski S, High KP, Asthana S, Supiano MA, Ritchie C. *Hazzard's Geriatric Medicine and Gerontology*, 7e; 2017. Available at: <https://accessmedicine.mhmedical.com/content.aspx?bookId=1926§ionId=144619262>
Accessed: March 08, 2019

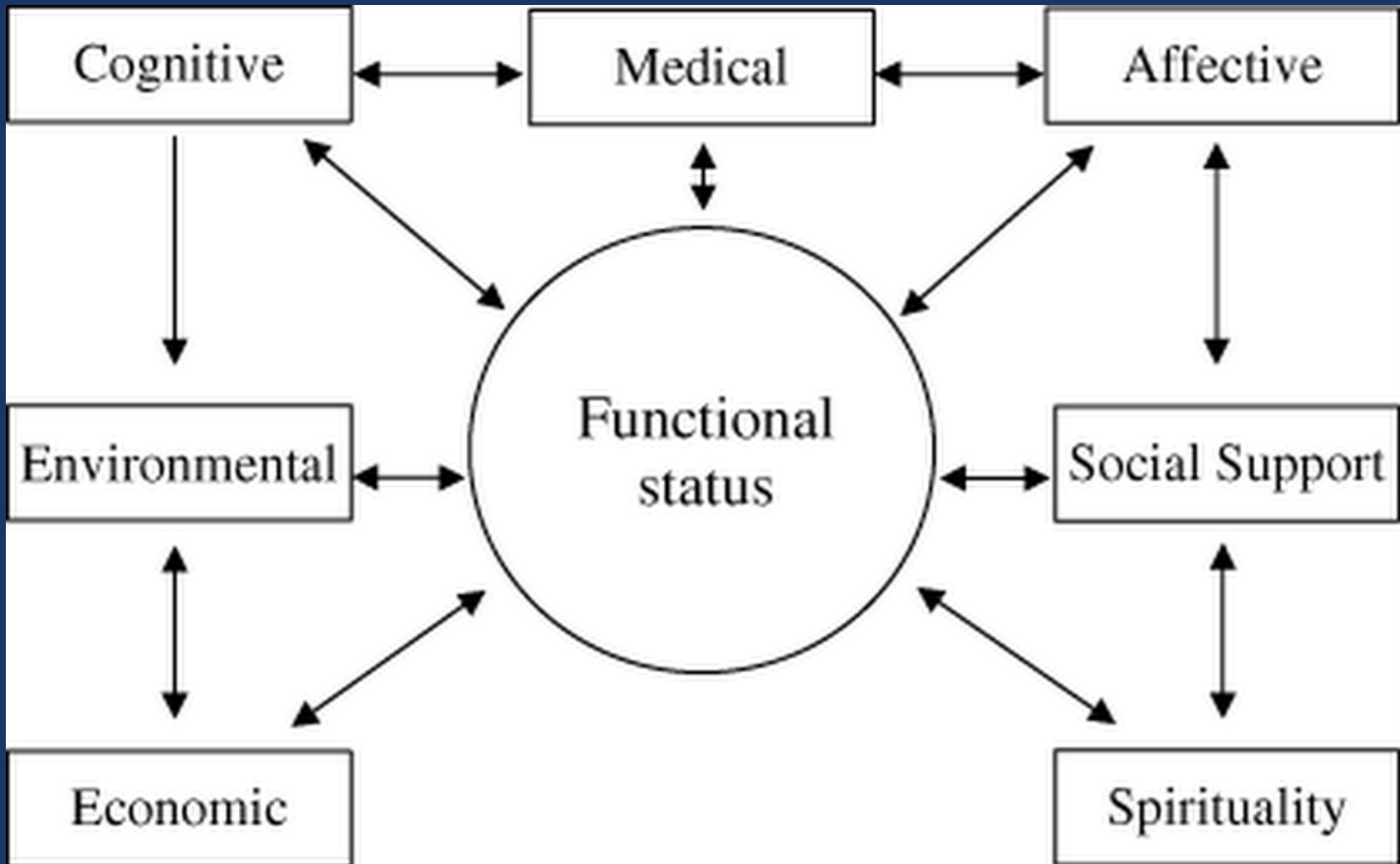
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What is Comprehensive Geriatric Assessment

- "multidisciplinary evaluation in which the multiple problems of older persons are uncovered... need for services assessed, and a coordinated care plan developed to focus interventions"
- Team: MD, NP, SW, pharmacist, PT/OT
- Different models but 3 key steps:
 1. Screen/target
 2. Assessment/develop recommendations
 3. Implementation

National Institute of Health Consensus Development Conference Statement. 1987

Comprehensive Geriatric Assessment



Functional Status

Activities of Daily Living (ADLs)

- Bathing
- Dressing
- Toileting
- Transferring
- Feeding

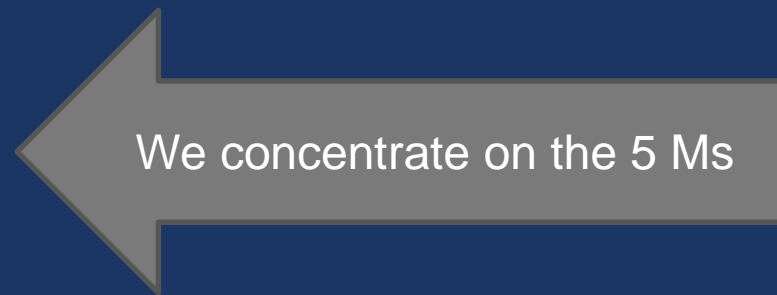
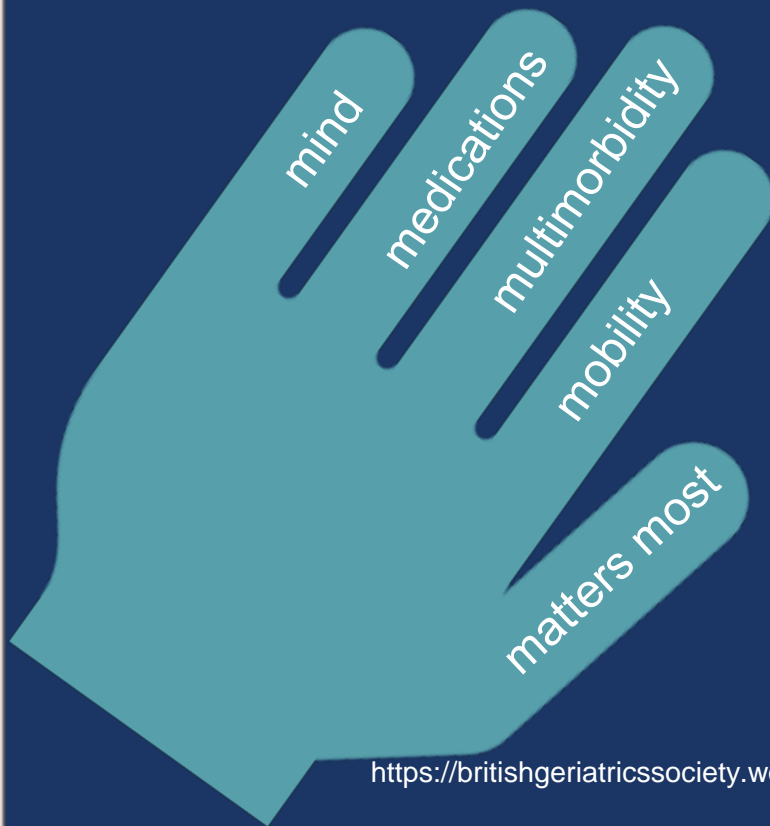
Instrumental Activities of Daily Living (IADLs)

- Telephone
- Finances
- Transportation
- Laundry
- Housekeeping
- Shopping
- Meal preparation
- Medications

Aging= Heterogeneity



Another Way to Remember: 5Ms of Geriatrics

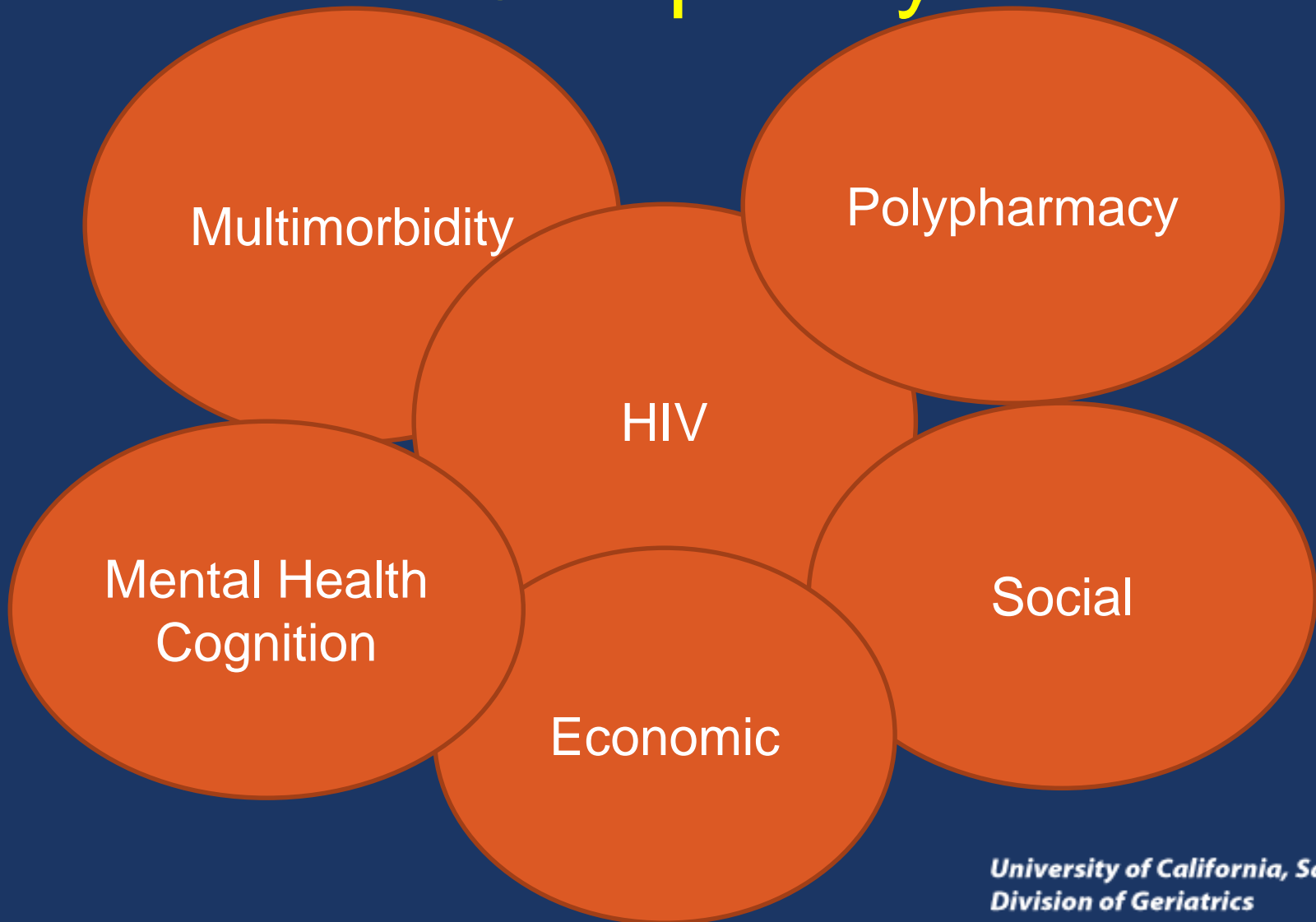


<https://britishgeriatricsociety.wordpress.com/2017/10/13/the-geriatric-5ms-the-5-simple-words-every-geriatrician-needs-to-know-the-new-mantra/>

Evidence for Comprehensive Geriatric Assessment

- Always identifies geriatric problems
- Some studies have shown reduction in hospitalizations, improvements in quality of life,
- -GEM and GRACE models shown improvements in quality of life, depressive symptoms, may show cost savings

Aging with HIV: Medical Complexity



Geriatric Assessment Revealed Concerns

≥1 Fall in past year	145 (40.4)
Dependent in ≥1 ADL	43 (12.2)
Dependent in ≥1 IADL	136 (38.9)
At least Mild Sx Loneliness	207 (57.9)
MOCA < 26	121 (33.7)
At least mild Depressive Sx	198 (55.1)

How Geriatric Perspective Can Help



Golden Compass Program



Helping People Living with HIV Navigate their
Golden Years

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Patient and Provider Perspectives on Assessments

Patients

- Depression
- HIV Med Adherence
- Social Support
- Falls
- Memory
- Function
- Anxiety
- Gait speed
- Chair Stands
- Loneliness

Providers

- Falls
- Memory
- Depression
- Function
- Loneliness
- HIV Med Adherence
- Social Support
- Gait speed
- Substance Use
- Chair Stands

Themes from Focus Groups

Northern Point: Heart and Mind

Themes: Provider concerns about cardiovascular disease; patients' desire for self-management of other co-morbid conditions, dual concerns of mental health and cognitive changes



Western Point: Dental, Hearing, Vision

Themes: Need to address aging concerns, link to ancillary services

Eastern Point: Bones and Strength

Themes: aging concerns of importance in HIV: falls, frailty, bone density, neuropathy, need for access to low cost exercise options

Southern Point: Network and Navigation

Themes: loneliness, isolation, wanting to form new connections with other older adults with HIV, navigating healthcare system

Golden Compass Program

NORTH:

- HIV Cardiologist on site in clinic
- Brain Health classes
- Cognitive evals & Resources

EAST

- Exercise Classes
- Proposal for DEXA
- Fall & Balance evaluations



Golden Compass Program

WEST:

- Ensure age appropriate screening
- Link to low cost eyeglasses, hearing aids, dental

SOUTH:

- Support groups
- Partnerships with community agencies
- Social work services



Current Operations



Friday afternoon Geriatric HIV Clinic:

- Meet with clinic pharmacist
- MA does hearing/vision/dental screen, MOCA, mood symptoms
- Geriatrics consult (general and focus on specific concerns)

Snapshot: Reasons Referrals

- >80% of providers have referred
 - General Assessment
 - Cognition
 - Falls
 - Polypharmacy
- 119 unique referrals:
- Age 49-81 (Avg. 63)
 - 90% male
 - 42% White, 20% Black, 19% Latino

General Challenges

- Whom do you target?
 - We have built in auto (opt out) referrals (>70 years, falls)
- One time consult? (role consultant)
 - Many want to come back for follow-up, some providers want co-management
- Demonstrating value (& general perception geriatrics)

Substance
Abuse
Centers

Outpatient
Clinic

Home
based
medical
care

Correc-
tional Health
System

Patient

Assisted
Living

Homeless
shelters

Hospital

Nursing
Home

Thank you!



Golden Compass Team

Clinic Leadership Monica Gandhi, MD, MPH &
Diane Havlir, MD



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Screening of People with HIV: Who Might Benefit From Geriatric Assessment?

- Over 60(?)
- Want to discuss aging
- Falls/functional impairment
- Cognitive impairment
- Multimorbidity
- Polypharmacy
- Incontinence
- Isolated
- Other

Geriatrics Workforce Challenges: Similar to HIV Medicine?

HEALTH

As Population Ages, Where Are the Geriatricians?

By KATIE HAFNER JAN. 25, 2016

- 7000 geriatricians in US
 - 1 for every 10,000 people age 65 or older
- 385 geriatric fellowship slots, 50% filled
- Role as primary care, specialist

Bad News to Worse News: 2015 Infectious Diseases Fellowship Match Results

- 335 ID fellowship slots, 65% filled

HIV Infection: Still a Disease for Experts

Joel E. Gallant

Southwest CARE Center, Santa Fe, New Mexico

(See the HIV/AIDS Major Article by O'Neill et al on pages 1871-7.)

THEMES FOR GOLDEN COMPASS

- Need for support/overcoming isolation
 - Invisibility/Needing to be Heard, stigma
- Self-management/ proactive with own health-especially around other chronic conditions
- Want of holistic services– which includes CAM but also exercise, mental health
- Desire specific space for older adults
- Knowledge of aging issues and HIV by providers

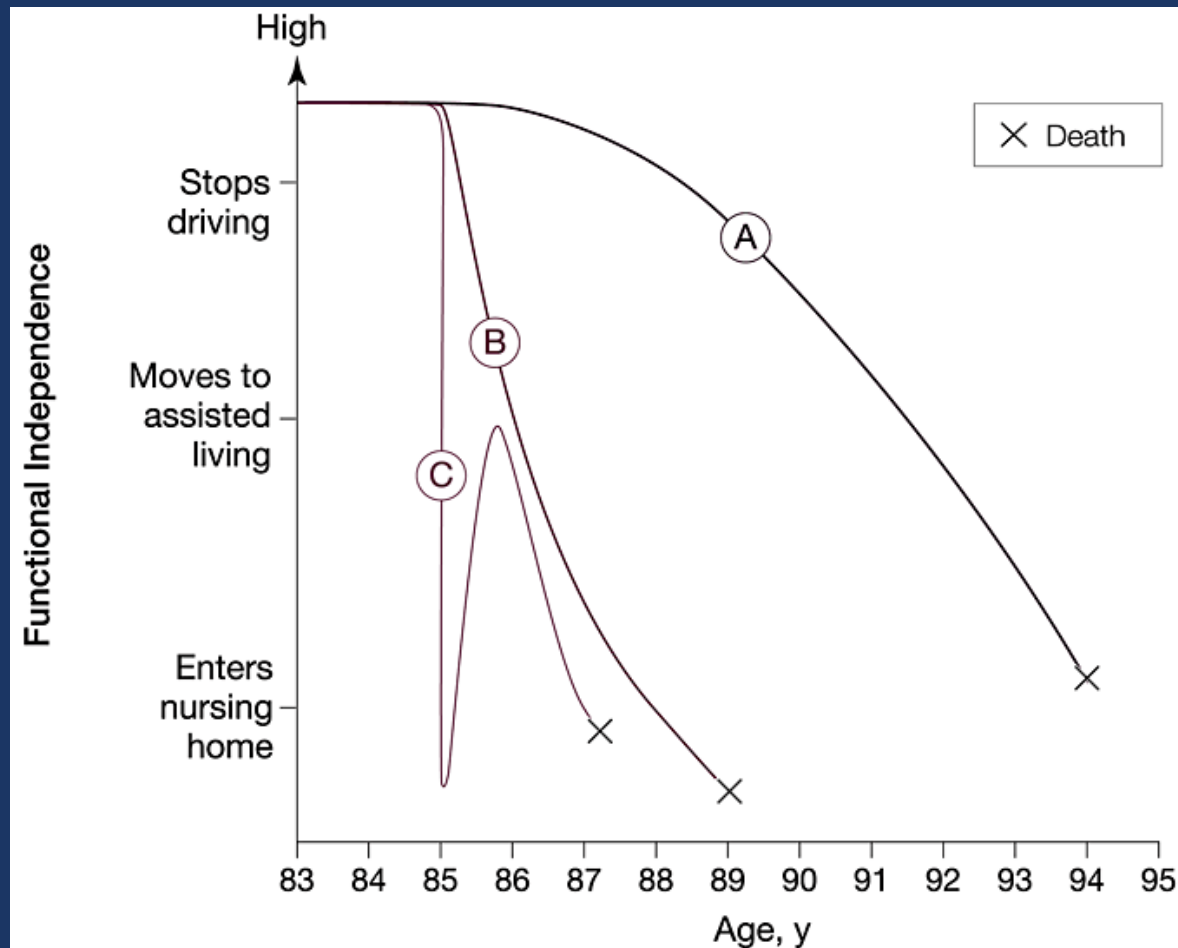
What Is Aging?

Gradual change in an organism that leads to increased risk of weakness, disease, and death

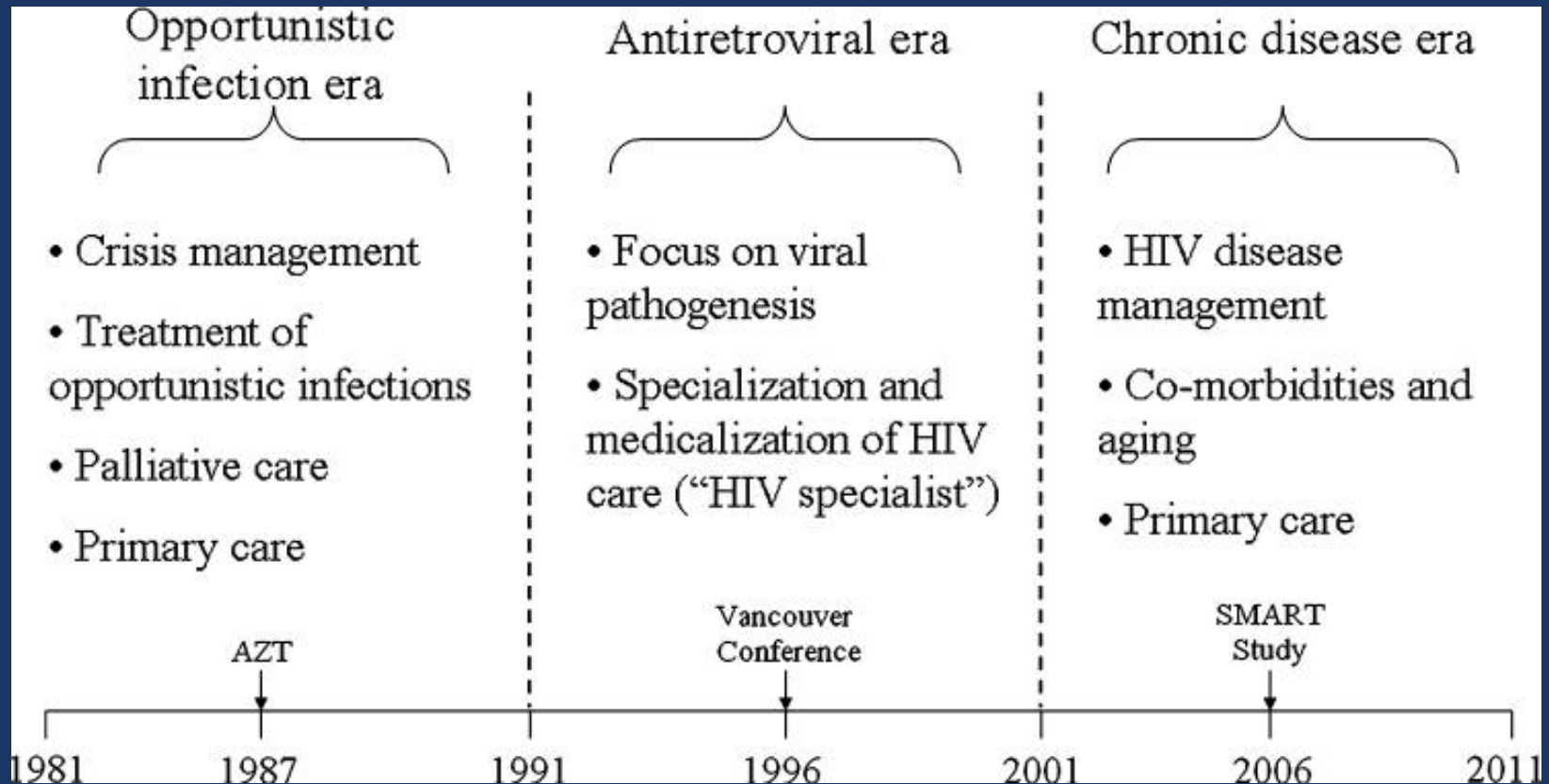
Aging is not a disease!

There is more variety among older people than any other age group

Trajectories of Function

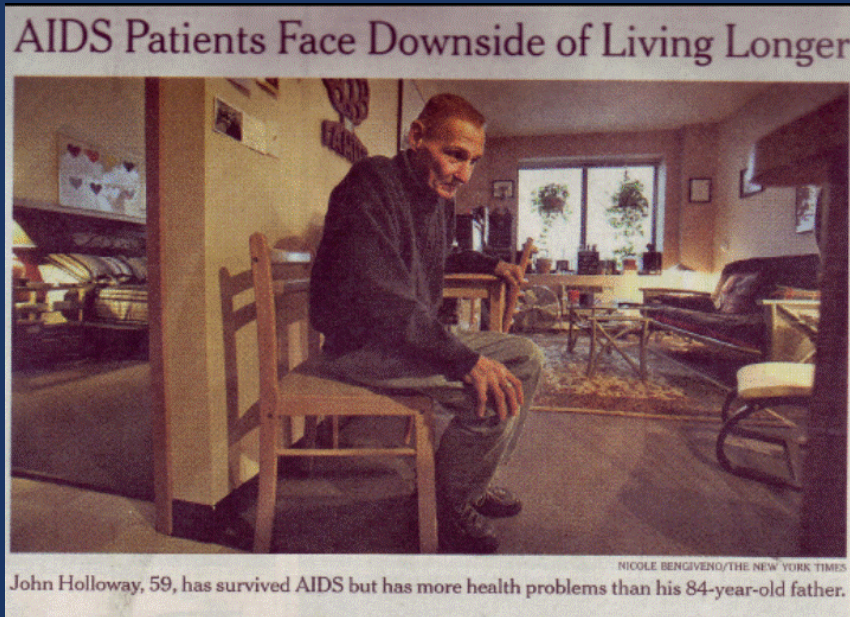


Models of HIV Care



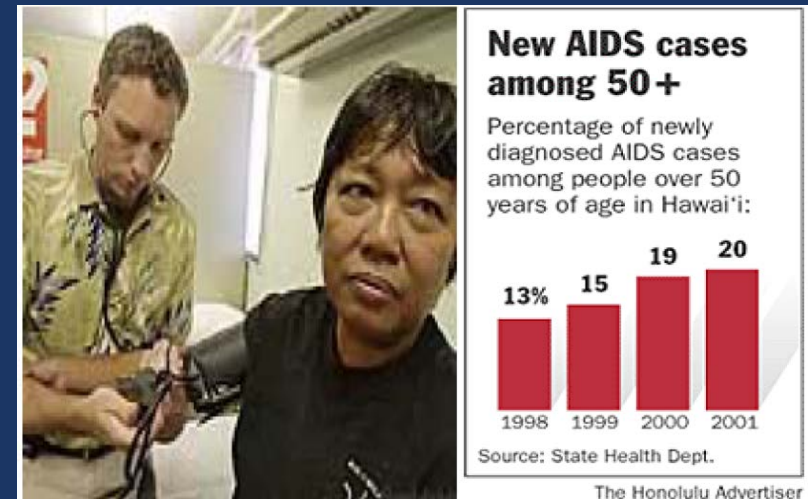
Heterogeneity Older HIV+ Adults

Aging with HIV



The New York Times 2007

Infected with HIV at older age



 HonoluluAdvertiser.com

Posted on: Wednesday, June 26, 2002

Gray wave of AIDS puzzles Hawai'i

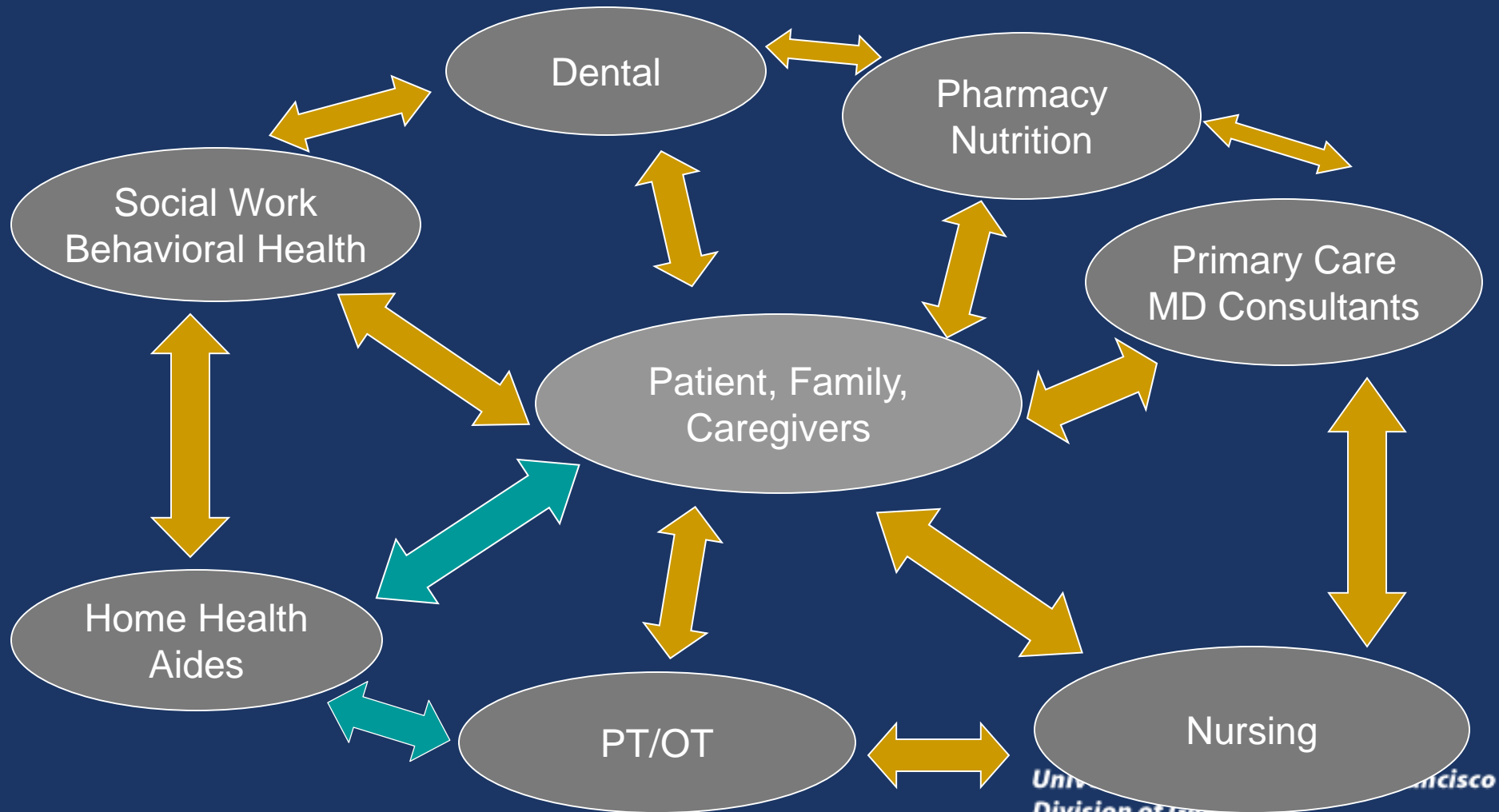
The Honolulu Advertiser 2003

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Medication Review: Polypharmacy

- 248 patients underwent medication review with pharmacist
- Average 14 medications
 - 11 non- HIV meds
 - 16% taking more than 20 meds
- 63% had at least one potentially inappropriate medication
- 9% had a contraindicated drug-drug interaction

Mrs. L is an Ideal World has an Interdisciplinary Team



What Should the Model of Care Be?

- Multidisciplinary team approach and coordination of care
- Active patient engagement
- Need geriatrics and HIV to work together and teach each other

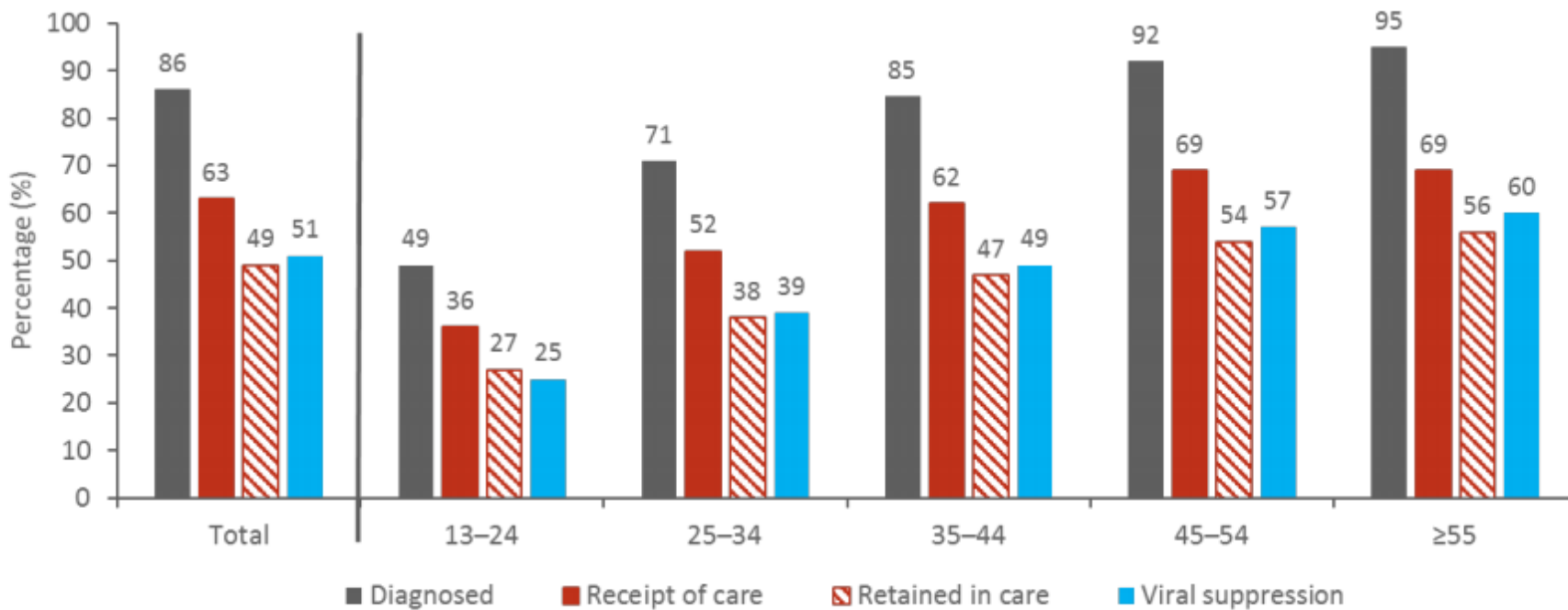
HIV clinics already have many of these components in place

How do we Apply Geriatrics Perspective for Older Adults Living with HIV

- Addressing Complexity- Ask about Function & Geriatric Syndromes
- Social Context of Care
- Goals of Care

Care Continuum by Age

Persons Living with Diagnosed or Undiagnosed HIV Infection
HIV Care Continuum Outcomes, by Age, 2015—United States



Note. Receipt of medical care was defined as ≥ 1 test (CD4 or VL) in 2015. Retained in continuous medical care was defined as ≥ 2 tests (CD4 or VL) ≥ 3 months apart in 2015. Viral suppression was defined as < 200 copies/mL on the most recent VL test in 2015.



Models Geriatric Care

- Geriatric Resources for Assessment and Care of Elders (GRACE)
 - Primary Care team meet with off site geriatrician
 - Reduced ER visits and hospitalizations high risk subgroup
- Program of All Inclusive Care for the Elderly (PACE)
 - “Belief that it is better for the well-being of seniors with chronic care needs and their families to be served in the community whenever possible”
 - Roots from San Francisco Bay Area 1970s : On Lok