

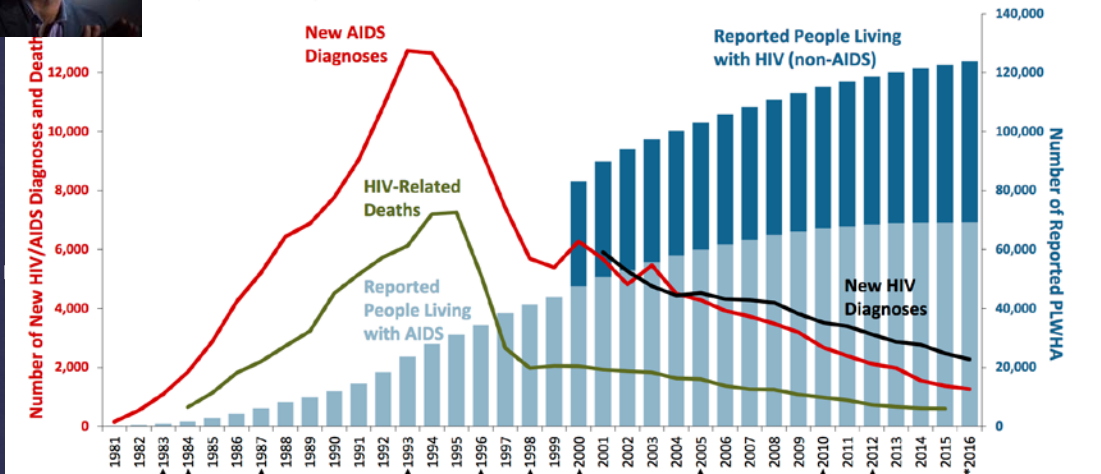


Models of Care for an Aging Population

<http://agrayingpandemic.org>

History of the HIV epidemic, NYC 1981-2016

HIV Surveillance Annual Report 2016 NYCDHMH



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The Graying of HIV:
A Changing Landscape
March 14, 2019
Baltimore, MD



Weill Cornell Medicine

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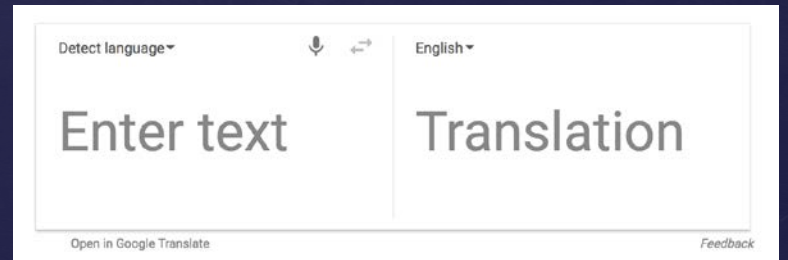
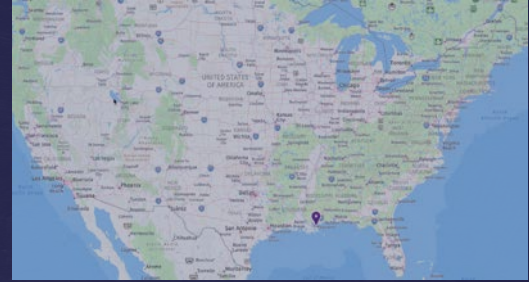
JOHNS HOPKINS
SCHOOL of NURSING

THE REACH INITIATIVE

Research • Education • Advocacy • Community • Health

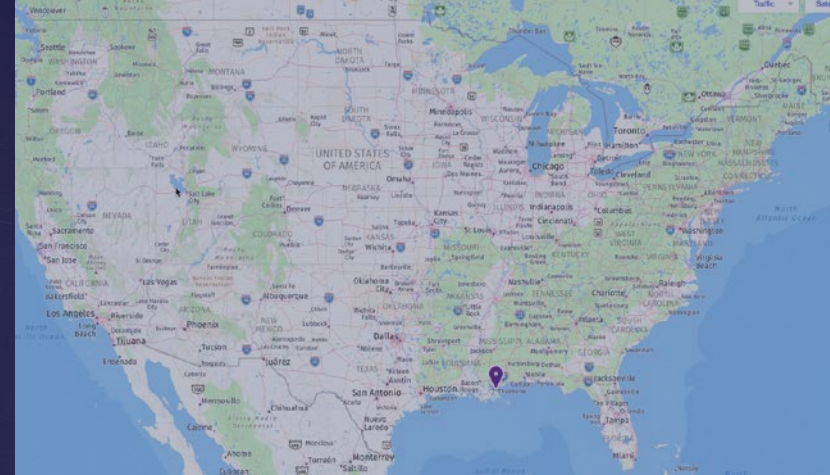
Objectives

- Understand different models of care and barriers to creating clinical programs for OPH
- Learn about a geriatric consultation model for OPH in NYC
- Recognize the challenge of applying geriatric principles to diverse needs of OPH



Mmuta Team: Sustainability is not guaranteed

Ruiz et al. J Int Assoc Phys AIDS Care. 2010;9(3):157-61. PMID: 20530469



Expertise

Screening process

Criteria for referral

Specific therapy for identified needs

Formal program ended when providers left, but it has left a legacy

Most Common Model is Consultative Clinic

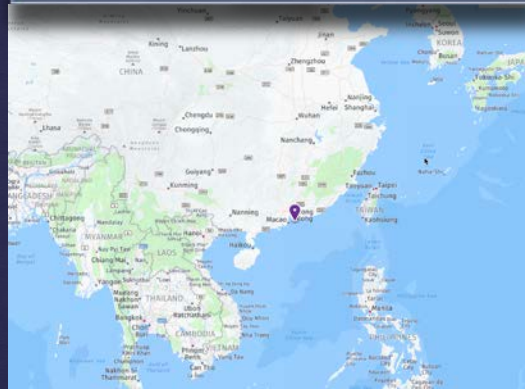
| Location | Clinic/name | Resource | Venue | Comment |
|--------------------|--|-----------|---|---|
| Boston (US) | Mass General Hospital/ Aging Positively | Fitch | Biweekly in ID clinic | Providers may refer anyone over 50 NP sees patients; develops plan with rest of team |
| Brighton (UK) | Brighton and Sussex U Hosp Silver Clinic | Vera | Monthly clinic sessions | Referral criteria: >50, difficulty coping at home, multimorbidity, polypharmacy; HIV MD, geriatrician, HIV Clin NS, Pharm |
| Denver (US) | University of Colorado | Erlandson | Outside consultation | Geriatrician, pharmacist see complicated patients 1-3 times – refer back to 1° care |
| London (UK) | Chelsea/ Westminster | Waters | Separate multidisciplinary clinic | Referral criterion: age Consultant, HIV NP, trainee; supported by specialist pharm and dietician |
| Montreal (CA) | McGill | Falutz | In HIV Clinic | Geriatrician sees referrals as needed as needed; planning pharm, CGA for >60 |
| New York (US) | CSS at WCM/NYPH | Siegler | Geriatrician weekly visit w/in HIV clinic | No fixed referral criteria Geriatrician follows longitudinally Sponsors arts, support groups, inservices |
| Salem, VA (US) | SAVI | Oursler | VA clinic | Assess multimorb, sarcopenia, frailty, cognition; Staff: Pharm, neuroψ, RD, endo |
| San Francisco (US) | Ward 86/ Golden Compass | Greene | Geriatric HIV clinic: pharm, screen, geri consult | Referral >70, falls; “navigation”: heart/ mind; strength/bones; screening/link to dental, vision, etc; SW, CBSS, support groups <small>J Int AIDS Soc. 2018 Oct;21(10):e25188. doi: 10.1002/jia2.25188</small> |

Metabolic programs have evolved by expanding from comorbidity to geriatric syndromes

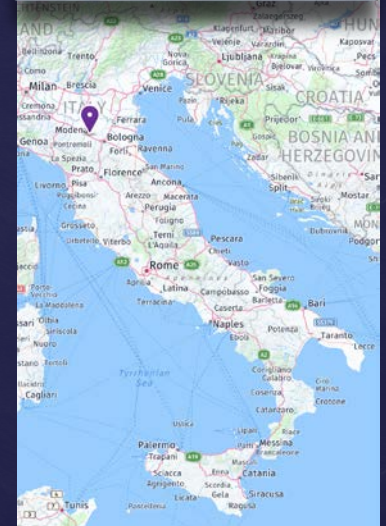
Hoy:
Alfred Hospital/Monash
University, Melbourne



Lui:
Chinese University of Hong
Kong



Guaraldi:
University of
Modena and Reggio
Emilia, Modena,
Italy



Some developing programs are starting with screening; some grow from cohorts



<http://myantarlife.blogspot.com/search/label/sprouting%20seed%20resources>

J Int AIDS Soc. 2018 Oct;21(10):e25188. doi: 10.1002/jia2.25188

| Location | Director | Program | Focus |
|------------------|--------------------|---|---|
| Barcelona | Negredo | Germans Trias I Pujol University Hospital | Comprehensive geriatric assessment of all patients 60+ |
| Bronx | Sharma | Center for Positive Living, Montefiore Hosp | Plan to test an integrated model of care |
| Cleveland | Kalayjian Van Epps | Metrohealth VA Hospital | VA: screen for cog impairment, frailty Metrohealth: screen for depression |
| Durham, NC | McKellar | Duke University | (cohort) to add physical function assess. |
| Kampala, Uganda | Castelnuovo | Mulago Hospital | Building simultaneous cohort/geri assessment program |
| Mexico City | Ávila-Funes | Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán | (cohort) MD to receive training abroad; will start specialized service in 2020 |
| Philadelphia | Krain | U. of Pennsylvania | Will have embedded dual trained geri/ID |
| Porto Alegre, BR | Sprinz | Universidade Federal do Rio Grande do Sul | Age specific screening/exams; referral to subspecialists; pharmacy consultation |
| San Diego | Karris | Univ. California SD | Screening for IADL impairment; referral to geriatrician |

Some are reaching outside the office to engage OPH

Case management

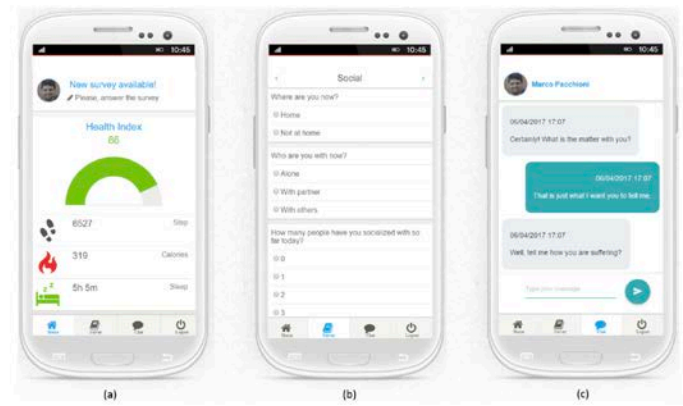
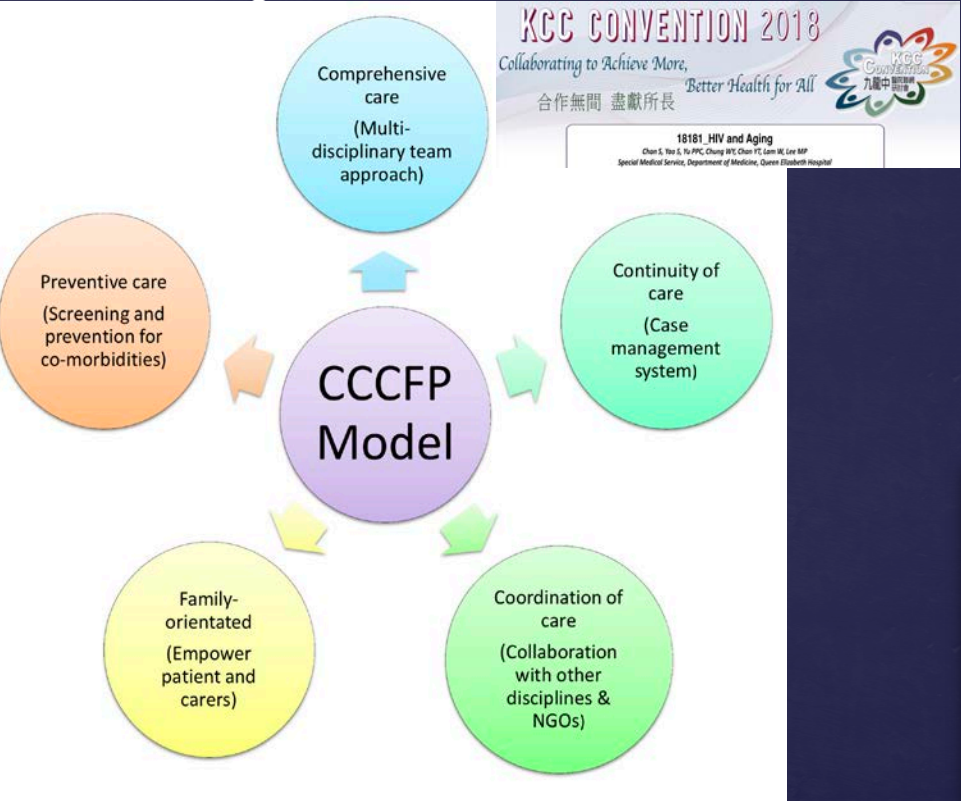


Fig. 4. My Smart Age with HIV App. (a) The homepage of MySAWH App. (b) A sample of questions sent to the patient. (c) Integrated chat system of MySAWH App.

Mobile technology
<https://www.mysmartage.org/>
 Orsini et al. 2018. <https://zapdf.com/my-smart-age-with-hiv-an-innovative-mobile-and-iiomt-framework.html>

Are we too focused on comorbidity and screening at the expense of effective social interventions?

Our HIV and Aging program is consultative, embedding geriatricians in an HIV clinic

Conferences

How to create and sustain community linkages?

2012

2015

2019

Foundation support



Tell your story and share your memories through art

Study with a professional artist

No experience necessary, and it's FREE!

Contact Chelsea: 202.740.1417
CCH22@cornell.edu

LEGACY ARTS
LIFE COLLAGE PROGRAM

STARTING September 22nd, 2017
FRIDAYS 11AM - 1PM

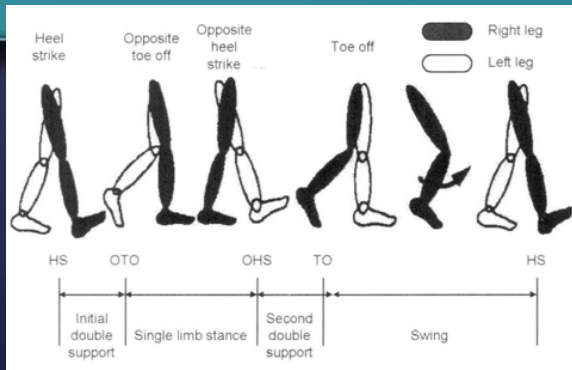
During this course you'll learn about collage, painting and drawing. You'll create visual artworks inspired by your stories, memories and life experiences. At the end of the ten-week course, your work will be featured in a social exhibition!

GERIATRICS & PALLIATIVE MEDICINE
205 EAST 65th STREET
BAKER 14
CONFERENCE ROOM

Well Cornell Medicine

We start with comprehensive geriatric assessment

- History and PE
- BADL and IADL
- PHQ-4 (depression, anxiety)
- Frailty screen
- Bone health
- Hearing, vision problems
- QoL, pain
- MoCA
- Prognosis



1/27/2016 visit with Eugenia L. Slegler, MD for Office Visit

Time taken: 0053 | 1/28/2016

Values By: PHQ-4 Scale

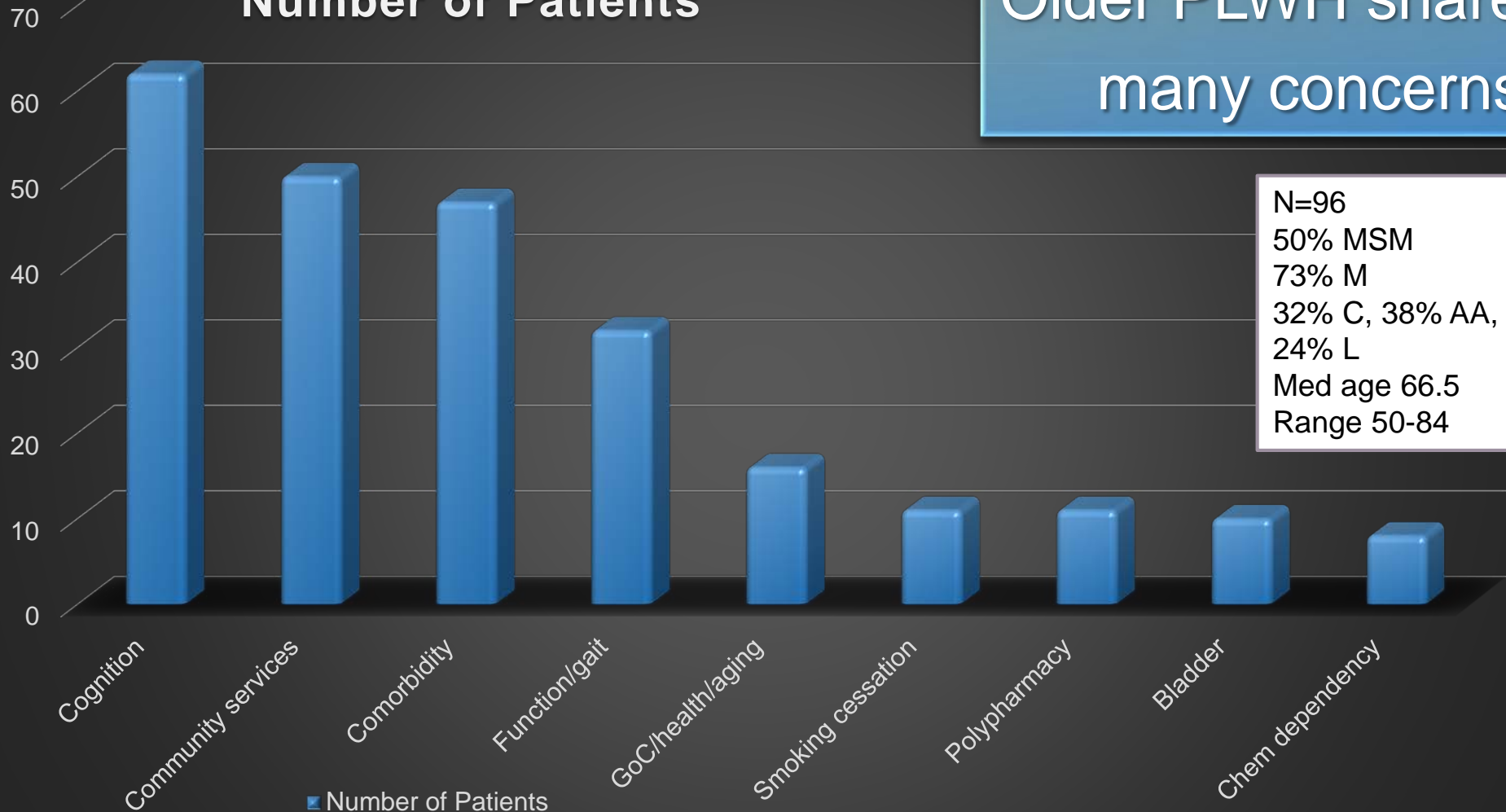
| | | | | |
|---|--------------|----------------|---------------------------|--------------------|
| Feeling nervous, anxious or on edge | 0=Not at all | 1=Several days | 2=More than half the days | 3=Nearly every day |
| Not being able to stop or control worrying | 0=Not at all | 1=Several days | 2=More than half the days | 3=Nearly every day |
| Anxiety Sub-Score | 3 | | | |
| Little interest or pleasure in doing things | 0=Not at all | 1=Several days | 2=More than half the days | 3=Nearly every day |
| Feeling down, depressed or hopeless | 0=Not at all | 1=Several days | 2=More than half the days | 3=Nearly every day |
| Depression Sub-Score | 1 | | | |

Gerontopole Frailty Screening

| | | | |
|---|-----|----|-------------|
| Does your patient live alone? | Yes | No | Do not know |
| Has your patient involuntarily lost weight in the last 3 months? | Yes | No | Do not know |
| Has your patient been more fatigued in the last 3 months? | Yes | No | Do not know |
| Has your patient experienced mobility difficulties in the last 3 months? | Yes | No | Do not know |
| Has your patient complained of memory problems? | Yes | No | Do not know |
| Does your patient present slow gait speed (i.e., >4 seconds to walk 4 meters)? | Yes | No | Do not know |
| If you have answered YES to one or more of these questions. Do you think your patient is frail? | Yes | No | |

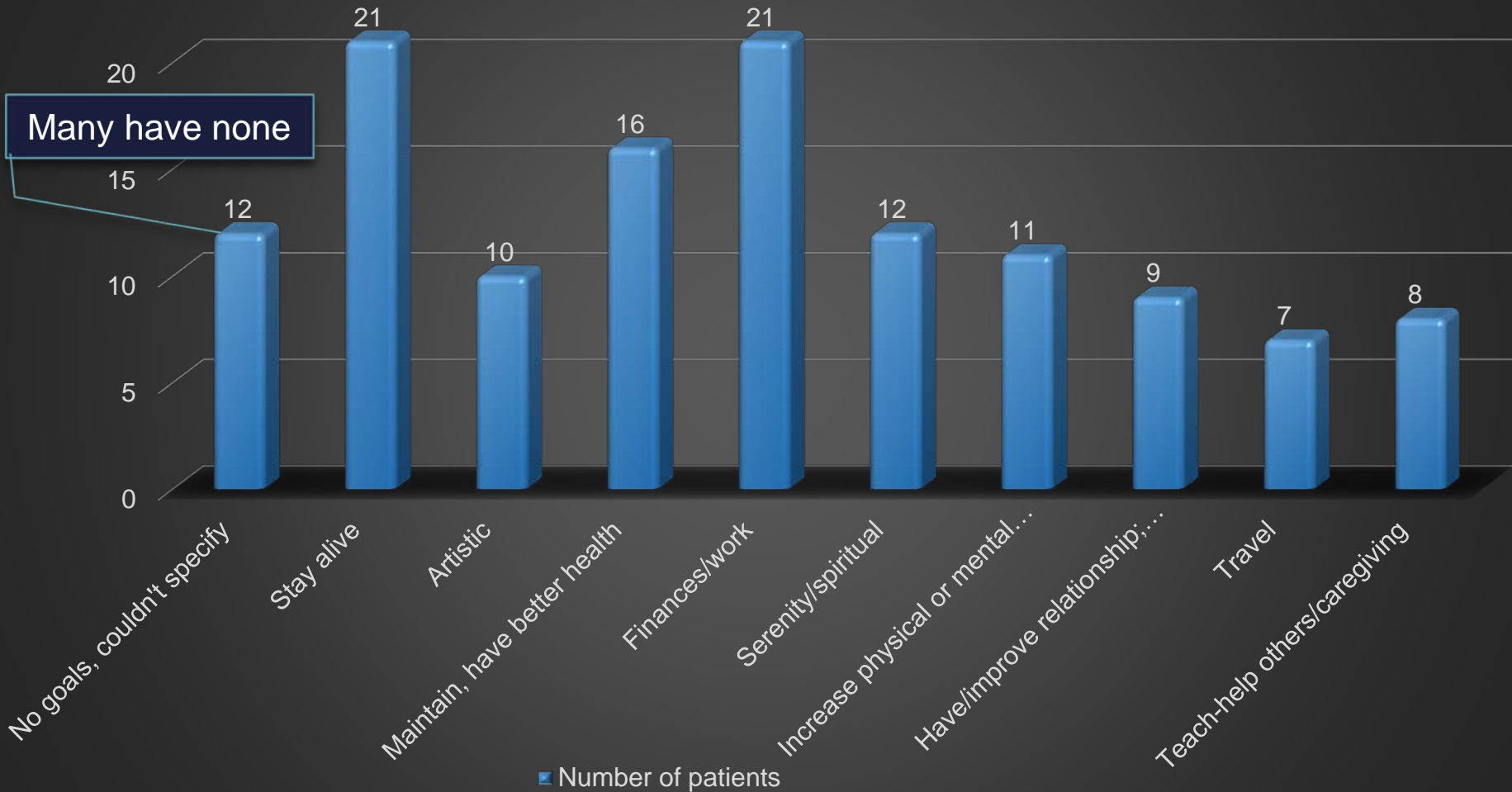
Number of Patients

Older PLWH share
many concerns



N=96
50% MSM
73% M
32% C, 38% AA,
24% L
Med age 66.5
Range 50-84

Older PLWH have a range of goals



A retrospective chart review suggested limited effectiveness

| Recommendation type (n=76) | Patient directed adherence (%) | Provider directed adherence (%) | Total Adherence (%) |
|--------------------------------|--------------------------------|---------------------------------|---------------------|
| Medication | 2/9 (22%) | 20/59 (34%) | 22/68 (32%) |
| Follow-up or referral | 7/15 (47%) | 10/21 (48%) | 17/36 (46%) |
| Physical (e.g. exercise, diet) | 3/10 (30%) | n/a | 3/10 (30%) |
| Psychosocial | 4/14 (29%) | 0/2 (0%) | 4/16 (25%) |
| Screening/diagnostic test | n/a | 6/28 (21%) | 6/28 (21%) |
| Home services | n/a | 2/10 (20%) | 2/10 (20%) |
| Behavioral | 5/14 (36%) | n/a | 5/14 (36%) |
| Procedure | 1/1 (100%) | n/a | 1/1 (100%) |
| Total | 22/63 (35%) | 38/120 (32%) | 46/183 (33%) |

Results of internal poll: Positive but not unanimous

- Respondents: 9 SW, 6 internists, 4 psychiatrists
- 17/19 said they implemented recommendations usually or always
- 16/19 said consultations were extremely or very useful
- 13/19 said very or extremely likely to refer again

WHY?

What went wrong?

1. We need better geriatricians
2. It takes a while to develop trust
3. We can't change what we don't control
4. What works in a geriatric clinic doesn't work for OPH
5. The doctor's office is not where health care happens

We don't yet know how to adapt geriatrics to HIV care

HIV -



HIV +

Geriatric
perspective

Comprehensive
assessment for OPH

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[Feedback](#)

We don't yet know how to adapt geriatrics to HIV care

Observations



Comprehensive
assessment of OPH

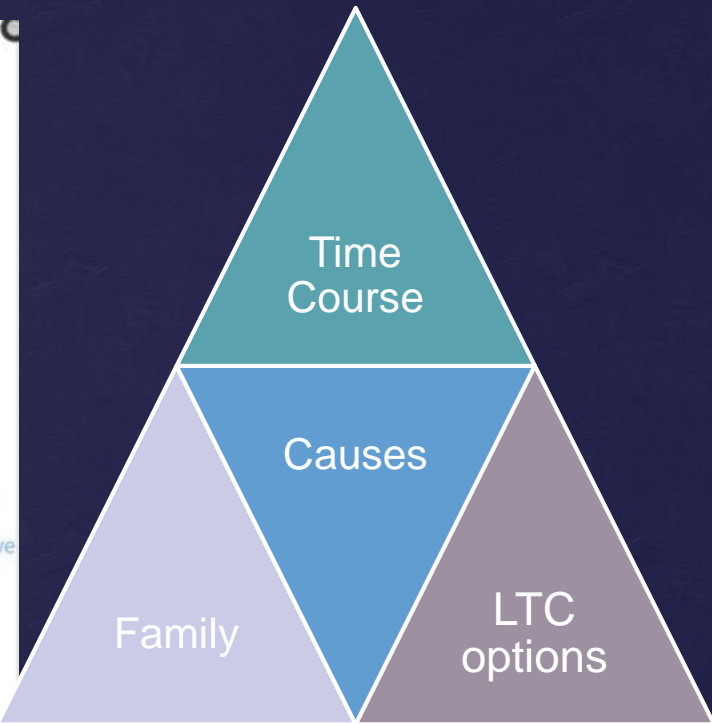
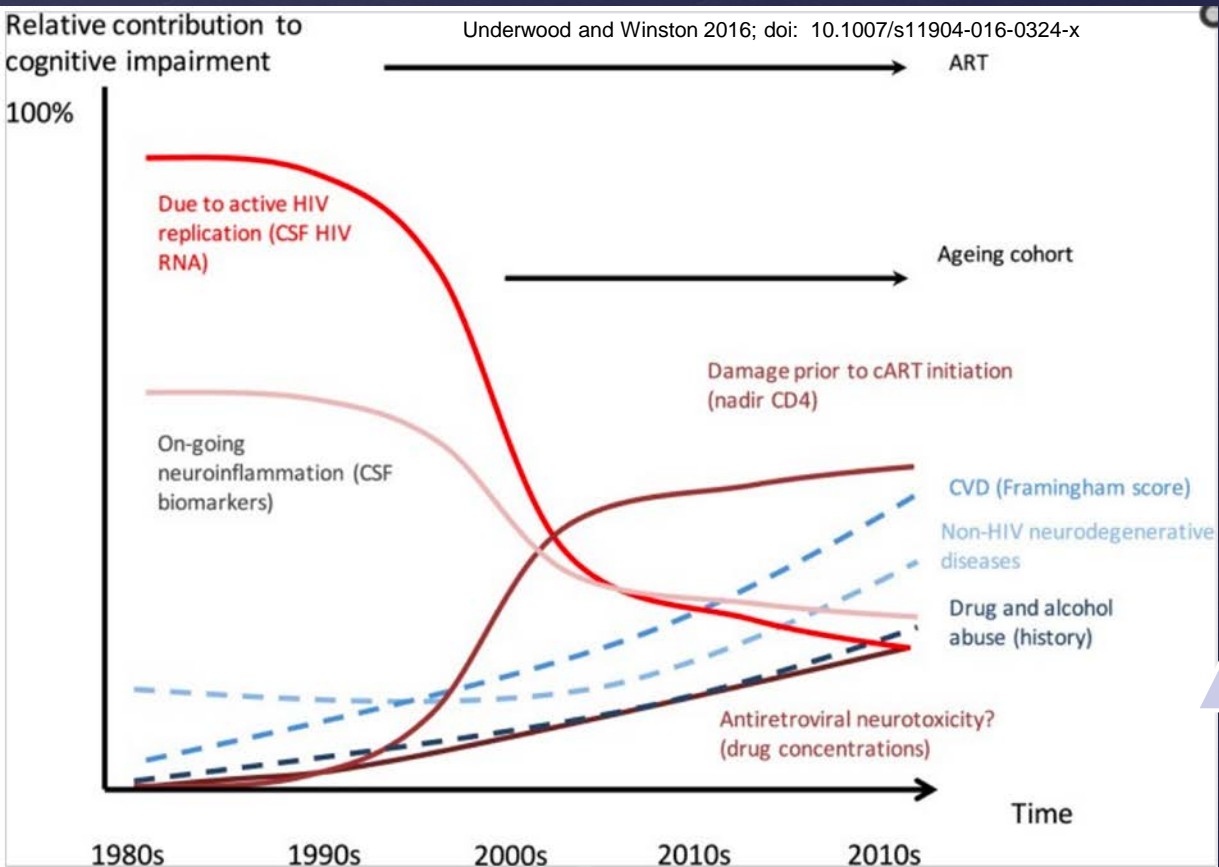
Action

Feasible, useful
recommendations

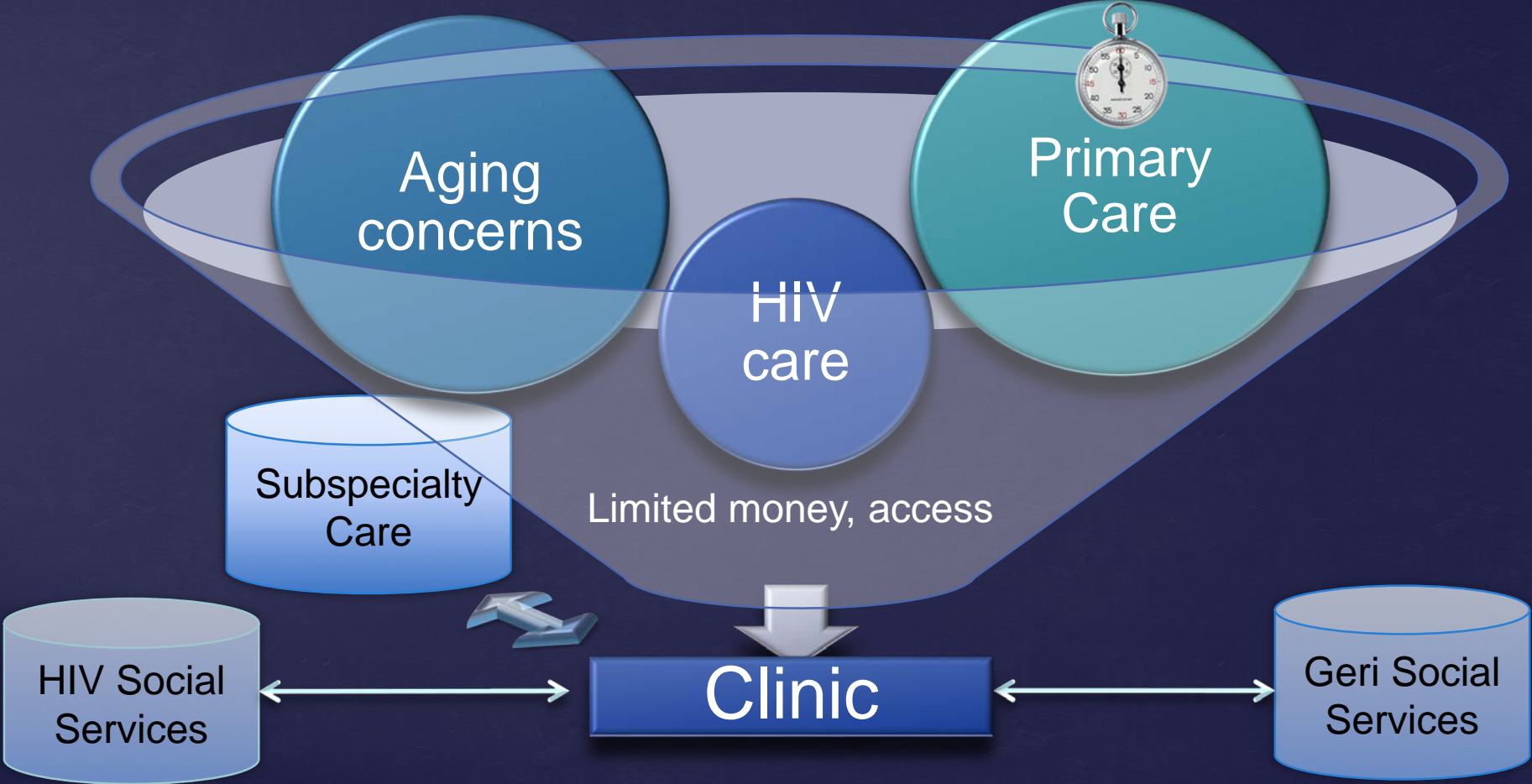
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[Feedback](#)

Example: Cognitive impairment



How should the components of care be combined?



Programs for OPH share common and challenging barriers to success

Tenuous finances
Lack of expertise
Inexact targeting
Insufficient buy-in
Unclear outcomes
Inadequate social resources



<http://www.nreionline.com/finance-investment/firpta-changes-herald-increased-real-estate-investment-funding>



<https://goo.gl/images/iwZSD8>

Referral Criteria/Prescreen

- Age? Social Supports
- Frailty/function
- Comorbidity (specific or number)

Assessment

- Tools
- Length
- Referral

Staffing/Location

- Embedded or freestanding
- Geriatrician or other specialist
- Nursing, social work, pharmacy

Focus/Feedback

- Management of diseases
- Reduction/ prevention of frailty
- Improving supports

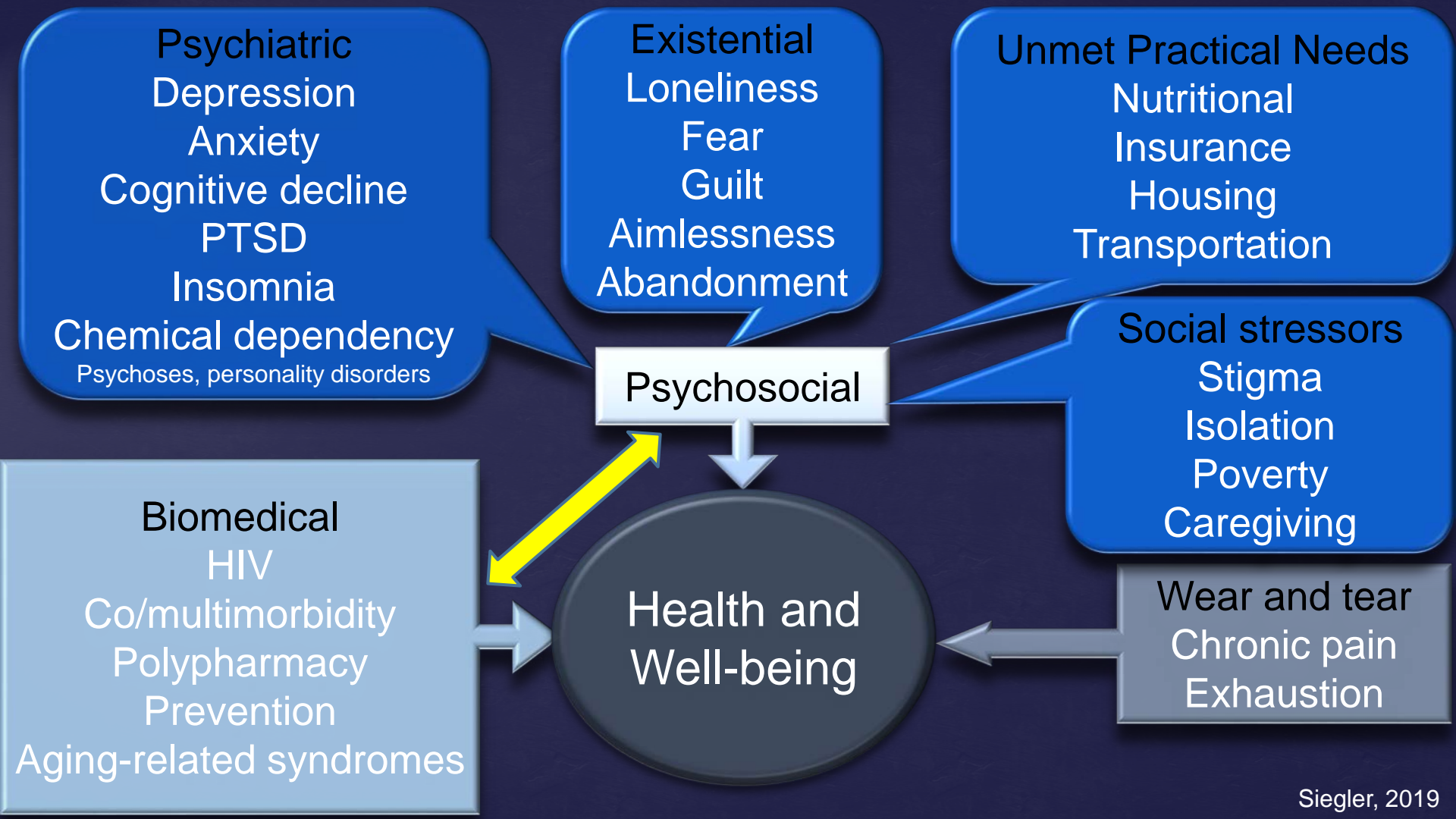
Outcome

- Criteria for success
- Financial viability

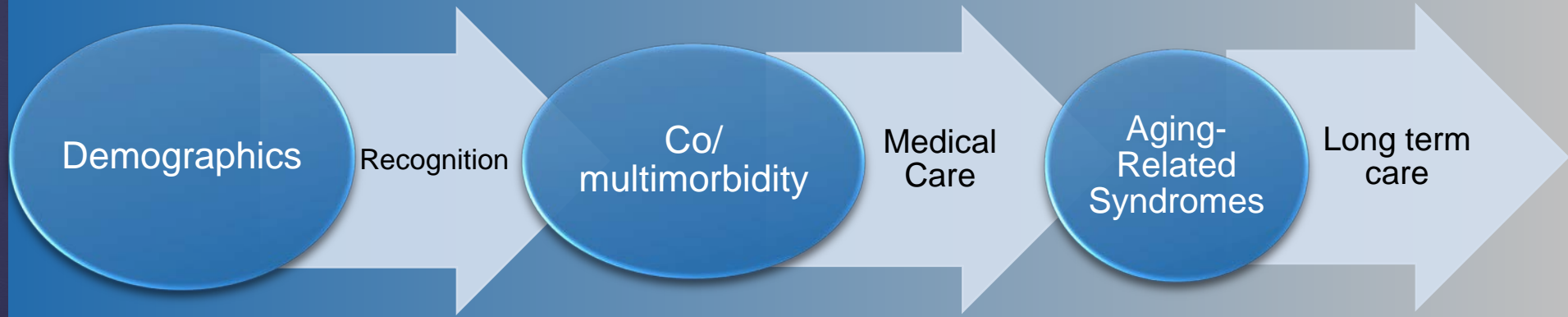
Linkages

- Relationship to primary care
- Community organizations
- Long term care

To Be
Determined



The field of HIV/Aging is evolving



We must also meet complex, changing social needs

Selected References

HIV and Aging Toolkit

<http://www.necaaetc.org/node/149>

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Visit [hivguidelines.org](https://www.hivguidelines.org) for clinical practice guidelines that address:



**HIV TESTING
AND ACUTE
INFECTION**



ART



**PRIMARY
HIV CARE**



**PERINATAL
HIV CARE**



PrEP



PEP



**HEPATITIS
CARE**



STI CARE



**SUBSTANCE
USE**

Questions?

