Disclosures

• Grant support from Gilead Sciences
• Grant support from NIA
Overview

In depth look at developing a program:
- Formative evaluation
- Current operations and evaluation
- Future directions
Context: San Francisco & Ward 86

- 67% of PLWH Age 50+

<table>
<thead>
<tr>
<th>Gender</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>9,953 (93)</td>
</tr>
<tr>
<td>Women</td>
<td>563 (5)</td>
</tr>
<tr>
<td>Trans Women</td>
<td>172 (2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>6,983 (65)</td>
</tr>
<tr>
<td>African American</td>
<td>1,283 (12)</td>
</tr>
<tr>
<td>Latinx</td>
<td>1,657 (15)</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>438 (4)</td>
</tr>
<tr>
<td>Native American</td>
<td>39 (0)</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>291 (3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transmission Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>7,994 (75)</td>
</tr>
<tr>
<td>TWSM</td>
<td>73 (1)</td>
</tr>
<tr>
<td>PWID</td>
<td>650 (6)</td>
</tr>
<tr>
<td>MSM-PWID</td>
<td>1,411 (13)</td>
</tr>
<tr>
<td>TWSM-PWID</td>
<td>97 (1)</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>333 (3)</td>
</tr>
<tr>
<td>Other/Unidentified</td>
<td>133 (1)</td>
</tr>
</tbody>
</table>

- Part of San Francisco Health Network Clinics (safety net system)

- Ryan White funding recipient

- 2400 publically insured and uninsured PLWH

  >1200 are age 50 or older
Development of a designated HIV & Aging care program in San Francisco

1) Literature review

2) Demonstration/pilot program (Silver Project)

3) Surveys and focus groups with patients and providers --- stakeholder engagement
Silver Project: 2012-2014

Silver Project Flow

Silver Project Visit

Clinic Visit Screening Assessments → Collect Data Using Electronic Tool & EHR → Relay Data to - Primary Care Provider - Multidisciplinary Team → Act on Data - Patient Referrals - Interventions

Screening Assessments
- Physical: Falls, Gait Speed, ADLs & IADLs, VACS Index
- Mental & Cognitive Health: Depression, Anxiety, PTSD, Cognitive Impairment
- Social: Physical & Perceived Social Support, Loneliness
- Behavioral: Antiretroviral Adherence, Health Related Quality of Life

Team
- Geriatrician, Psychiatrist, Silver Project MD/NP, Pharmacist, Dietitian
- Social Worker, Case Manager, Primary Care Provider

Follow Up
<table>
<thead>
<tr>
<th>Patients</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Falls</td>
</tr>
<tr>
<td>HIV Med Adherence</td>
<td>Memory</td>
</tr>
<tr>
<td>Social Support</td>
<td>Depression</td>
</tr>
<tr>
<td>Falls</td>
<td>Function</td>
</tr>
<tr>
<td>Memory</td>
<td>Loneliness</td>
</tr>
<tr>
<td>Function</td>
<td>HIV Med Adherence</td>
</tr>
</tbody>
</table>

Greene M, PLOS One 2018
Themes from Focus Groups

• Four overarching themes:
  1) Knowledge of HIV and aging topics
  2) Health/aging needs for Older HIV+ adults
  3) Importance of Social Networks
  4) Need for integrated services
     - consultative services

• Program name: theme of navigation healthcare systems;
  “golden years” acceptable term for aging

Greene M, PLoS One 2018
Golden Compass: Helping PLWH Navigate their Golden Years

NORTHERN POINT: Heart and Mind
Components: Cardiology clinic on-site, brain health and memory classes, cognitive assessment testing

WESTERN POINT: Dental, Hearing and Vision
Components: Medical assistant navigation to these three services

EASTERN POINT: Bones and Strength
Components: Frailty and fall assessments, chair exercise classes, DEXA machine on-site (coming)

SOUTHERN POINT: Network and Navigation
Components: Social support groups, link with community programs, peer navigators and helpers

Greene M, PLOS One 2018
Current Operations

• Northern Point (Heart & Mind)
  – Monthly cardiology clinic by HIV-cardiologist Dr. Hsue
  – Recurrent offerings Brain Health Classes
  – Cognitive screenings and assessments in geriatrics clinic

• Western Point (Dental, Hearing, & Vision)
  – Screenings & linkage to services to address sensory impairment
Current Operations

• Eastern Point (Bones & Strength)
  - Assess functional status geriatrics clinic
  - Weekly chair based exercise class “Wellness Club”

• Southern Point (Networking & Navigation)
  - Coordinate with community partners/services
  - Networking in classes
Geriatrics Clinic in Golden Compass

Common reasons for referral:

• General evaluation
• Cognition
• Falls

MA rooms patient, does MOCA and PHQ-9, asks about falls, asks about hearing, vision, dental concerns

Patient meets with pharmacist: med rec, discuss adherence-packaging & assess issues w/ current medications. Reviews with MD

MD visit – focus on primary consult question; include standard assessment of function, environment, questions about sleep, pain, incontinence, nutrition.
Initial Evaluation of Golden Compass

RE-AIM framework:

Reach: number/demographics participants
Effectiveness: satisfaction, acceptability
Adoption: referrals by providers
Implementation: fidelity to what proposed
Maintenance

Greene M, publication under review
Initial Evaluation of Golden Compass

Reach: >200 in 1.5 years

Effectiveness:
Acceptability: 96% would recommend to another person

Satisfaction with services: >90% very satisfied/satisfied

Meds, mobility, cognition (mind) appreciated
Initial Evaluation of Golden Compass

• Adoption - 85% of providers referred ≥ 1 patient to geriatrics clinic

• Implementation - implemented largely as intended
  – Co-location of services helpful
Southern Point- Fostering New Connections

On classes: “….helped me a lot because there’s a social aspect to it, I get to meet other people that are just like me, and that, I think, is very healthy, to connect to other individuals that are going through the same things that I'm going through.”
One story

- 62 y/o Latino male, long term survivor
  - Geriatrics clinic: dizzy; bp/prostate meds adjusted & dizziness resolved
  - Grieving loss family member; isolated : connected to volunteer who still meets with him weekly
  - Highly engaged in all classes

Reflecting on improvements in both physical and mental health: “I’m in a good place compared to how I was before I started in the program.”
Lessons Learned

• Framing still challenge—stigma of aging & geriatrics
  - Staying healthy as living longer with HIV

• Challenges for the field
  – Should everyone over 50 be seen/who benefits most
  – Role of consultant
Future Directions

Expand program reach
• E-consult/chart review
• Expanded screenings done by RNs

• Increasing knowledge providers & patients
  – Partnering with Geriatrics Workforce Enhancement Program
Summary

• Adapting services to meet the needs of aging HIV+ population critical

• Stakeholder engagement & local resources important in developing program

• Implementation science frameworks to help guide development and evaluation of programs
Acknowledgments

Patients, providers & staff at Ward 86
Monica Gandhi, MD, MPH
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Priscilla Hsue, MD
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Thank you!

Questions?