



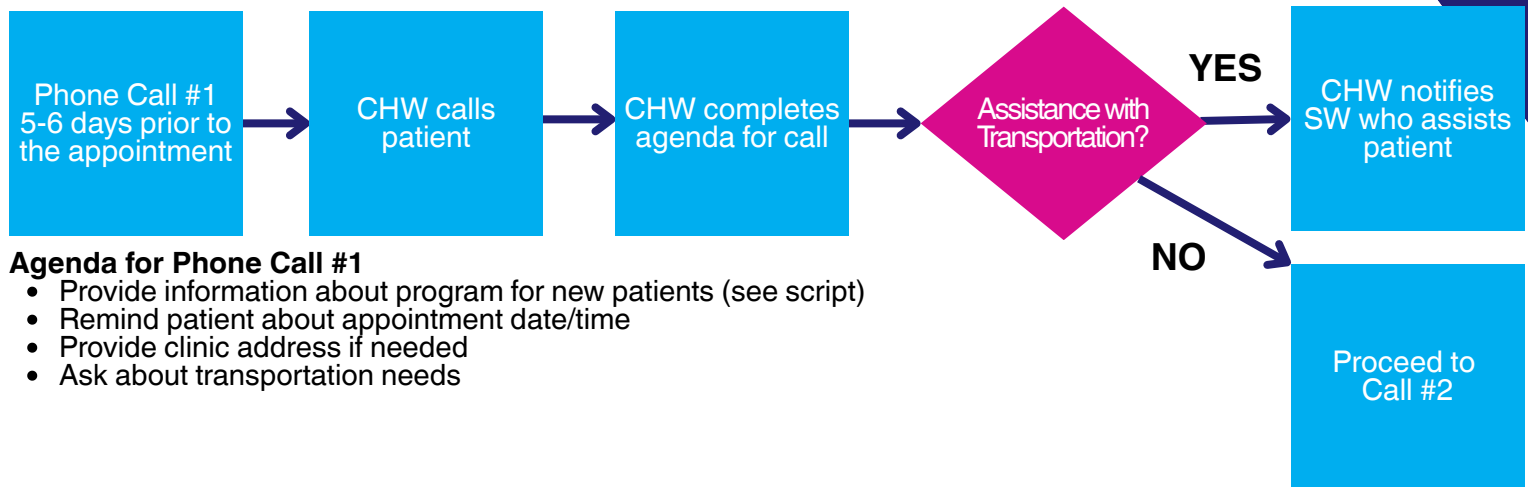
# COMPREHENSIVE CARE FOR Older Adults with HIV

## PRE-VISIT INTEGRATION OF CHW

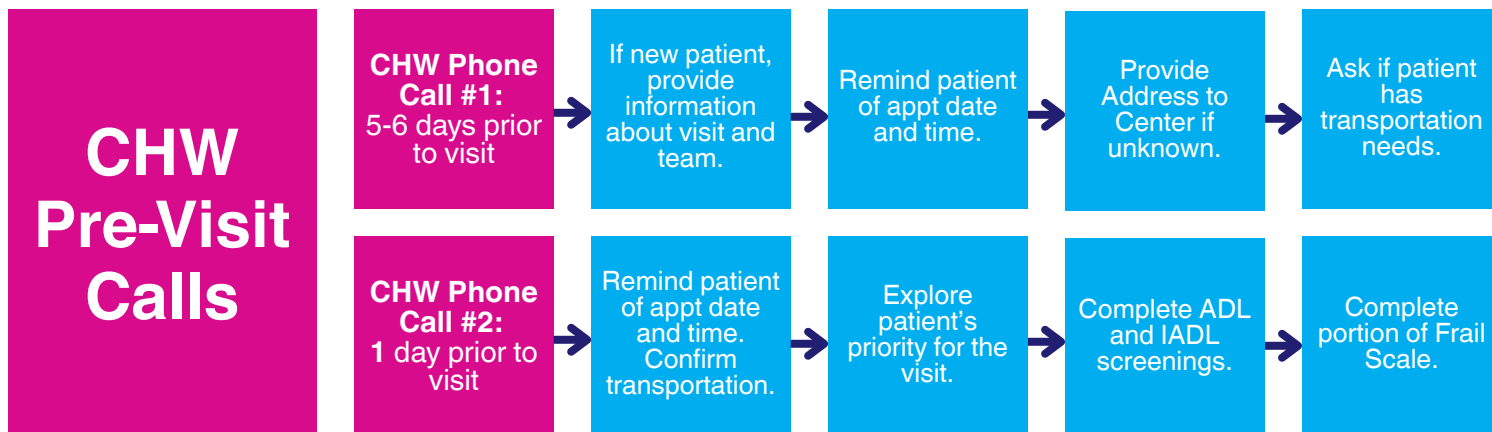
The Comprehensive Care for Older Adults with HIV program utilizes an interdisciplinary team consisting of a geriatrician, nurse, social worker, pharmacist, and community health worker (CHW), all of whom are embedded into the HIV primary care service. The team sees patients one day a week. Patients are self- or provider-referred for comprehensive geriatric assessment and care planning. A new patient visit typically lasts 60 minutes, and follow-up visits typically last 30 minutes. The CHW serves a critical role in this program before, during, and after patient visits. Opportunities for CHW integration prior to the patient visit are described here.



### Pre-Visit Calls



- Agenda for Phone Call #2**
- Remind patient about appointment date/time
  - Explore patient's priority for the visit
  - Complete ADL/IADL screen if time allows
  - Complete questions 1-3 of Frail Scale if time allows



## Pre-Visit Phone Call #1

*5-6 Days Ahead of Visit*

The CHW makes the first phone call to provide an orientation to the Comprehensive Care for Older Adults with HIV program and to determine if there are any transportation needs.

### 1. Provide orientation to the program and assure patient understanding.

*My name is [\_\_\_] and I'm a community health worker at [\_\_\_]. How are you? I currently work with Dr. [\_\_\_] who is a geriatrician, a doctor that works with older adults. She specializes in evaluating memory problems, for example some people have trouble remembering appointments or taking their medications. She also evaluates balance issues such as feeling unsteady on your feet or possible falls. She will review all your medications as many older adults are taking too many medications. She talks about how you are functioning and whether you need assistance with day-to-day activities. She also talks to family members to get a sense of how you are doing with memory issues. She also talks about other medical issues like high blood pressure or diabetes or other conditions. Our goal is to help you navigate through all these concerns and hopefully feel more stable and stronger. We talk about what matters most to you and try to help with any additional problems or concerns. We work in a team. I am the community health worker. We also have a nurse, pharmacist, and social worker that you will meet with if needed. The initial visit with the doctor is about one hour. Does that sound ok? Is there anything else you would like to discuss regarding your health and aging?*

### 2. Determine transportation needs to attend clinic visit.

*Are you able to come to the clinic for your scheduled appointment on [\_\_\_]? Do you have a means of transportation to get here?*

### 3. If transportation is needed, refer to clinic social worker for transportation assistance.

### 4. Document conversation in electronic medical record and route to MD and social worker if transportation assistance is needed.

## Pre-Visit Phone Call #2

### 1 Day Ahead of Visit

The CHW makes the second phone call to remind the patient of the appointment date and time, identify patient's priority for the visit, and complete the functional screenings.

#### 1. Remind patient of appointment date/time.

*My name is [\_\_\_\_] and I'm a community health worker at [\_\_\_\_]. I currently work with Dr. [\_\_\_\_] who is a geriatrician, a doctor that works with older adults. I am calling to remind you about your scheduled visit with our team on [\_\_\_\_]. Does this appointment date and time still work for you?*

- If appointment needs to be cancelled**, CHW inquires as to reason for cancellation and offers to have the appointment rescheduled.
- If patient is interested in rescheduling the appointment**, CHW sends a message to the front desk staff to reach out to patient to rescheduled appointment.

#### 2. Identify the patient's priority for the visit.

*What is most important for you to discuss at your visit with Dr. [state name of geriatrician]?*

#### 3. Document as free-text in EMR.

#### 4. Complete Activities of Daily Living (ADL) screening.

- Provide the following instructions:** Please answer the following questions about how well you can do each activity: as independent [3], partially able with help [2] or unable to do it without full assistance [1].
- CHW to read off each activity (column 1) and its description (column 2)**, and ask the patient to respond with his/her ability to perform that activity.
- Scoring Instructions:** add scores (1, 2, or 3) for each activity. (See page 4.) Maximum score is 21. There is no cut off; this is used to identify where additional assistance is needed to guide the geriatrician's care plan.

#### 5. Complete Instrumental Activities of Daily Living (IADL) screening.

- Provide the following instructions:** Please answer the following questions about how well you can do each activity: as independent [3], partially able with help [2] or unable to do it without full assistance [1].
- CHW to read off each activity (column 1) and its description (column 2)**, and ask the patient to respond with his/her ability to perform that activity.
- Scoring Instructions:** add scores (1, 2, or 3) for each activity. (See page 4.) Maximum score is 27. There is no cut off score; this is used to identify where additional assistance is needed to guide the geriatrician's care plan per standard of care.

#### 6. Complete Frail Scale Questions 1-3.

- Provide the following instructions:** Please answer the following questions. (See table below.)
- CHW asks the first three questions** and marks in the following 0-1 range.
- CHW does not complete scale;** the MD will review questions 4-5 with the patient during their portion of the visit and determine Frail, Pre-Frail, or Not Frail.

#### 7. Document conversation and ADL, IADL, and Frail Scale screening results in EMR and route to MD.

**8. If ADL, IADL and Frail Scale screening cannot be completed by phone pre-visit, CHW will complete these screenings during the patient's visit.**

Morley Frail Scale		
Activity	Description	Score
Fatigue	How much of the time during the past 4 weeks did you feel tired? <i>1 = All of the time, 2 = Most of the time, 3 = Some of the time, 4 = A little of the time, 5 = None of the time.</i> <i>Responses of "1" or "2" are scored as 1 and all others as 0.</i>	
Resistance	By yourself and not using aids, do you have any difficulty walking up 10 steps without resting? <i>1 = Yes, 0 = No</i>	
Ambulation	By yourself and not using aids, do you have any difficulty walking a couple of blocks (e.g., several hundred yards?) <i>1 = Yes, 0 = No</i>	
Illnesses	Did a doctor ever tell you that you have illness? How many [from list]? <i>The total illnesses (0-11) are recoded as 0-4 = 0 and 5-11 = 1.</i>	
Weight	How much do you weigh? ____ One year ago, how much did you weigh? ____ <i>Percent weight change is computed as: <math>[(\text{weight 1 year ago} - \text{current weight}) / \text{weight 1 year ago}] * 100</math>.</i> <i>Percent change &gt; 5 (representing a 5% loss of weight) is scored as 1 and &lt; 5% as 0.</i>	

Activities of Daily Living Screen (ADL)					
Activity	Description	3	2	1	Notes
Physical Ambulation (going places)	Ability to walk, sit, stand, lie down and get up, and climb up and down stairs, both inside and outside your living space				
Feeding (feeding yourself)	Ability to feed yourself and use fork/knife/spoon				
Dressing (dressing yourself)	Ability to dress yourself properly, including using buttons and zippers				
Grooming (combing hair, brush teething, shaving)	All activities necessary to maintain personal hygiene, (e.g. brushing your teeth, bathing, shaving, hair and nail care)				
Bathing (taking baths and/or showers)	Getting into baths and/or showers and washing yourself				
Toileting (able to go to bathroom)	Ability to use the toilet safely and clean yourself after use.				
Incontinence (lack of voluntary control over urination or defecation)	Ability to control your bladder and bowels (continence)				

## Scale for ADL and IADL

**Independent:** Can do completely alone = 3  
**Partially Able:** Can do with help from someone else = 2  
**Unable:** Needs full assistance from someone else = 1

Instrumental Activities of Daily Living (IADL)					
Activity	Description	3	2	1	Notes
Telephone use (using your phone)	Using a cellphone or landline, dialing, making calls, texting, answering when someone calls				
Shopping (buying the things you need)	Shopping for groceries, house supplies, clothes, and other things you need				
Food Preparation (making meals and snacks)	Planning, shopping, and making meals for yourself				
Housekeeping (keeping your living space clean)	Keeping your living space clean, doing dishes, making your bed				
House Repairs (fixing small things in your living space)	Making small repairs in your living space that you don't need an expert to do				
Laundry (keeping your clothes and sheets clean)	Doing your laundry like clothes and sheets				
Transportation (going places)	Taking public transportation, arranging transportation if you have car service				
Taking medicine	Taking your medication at the correct dose and time, asking for refills				
Financial Management (managing your money and bills)	Managing your money, paying your bills/rent, and making day-to-day purchases				