



COMPREHENSIVE CARE FOR Older Adults with HIV

CHW ROLES AND INTERVENTION STRATEGIES

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 during the patient visit are described here.

CHW Integration During the Geriatrics Visit

The Geriatrics Visit is comprised of patient assessment and interventions conducted by the interdisciplinary team (IDT), which is comprised of a geriatrician, a pharmacist, a nurse, a social worker, and a CHW. The encounters with the geriatrician, pharmacist, nurse, and social worker adhere to the standard of care in geriatrics practices. **The CHW serves as a key conduit to guide the patient's clinic visit between these IDT members.** In addition, the CHW obtains depression (PHQ4 and 9) and anxiety (GAD7) screenings if indicated. In this section, we will focus on the CHW's unique role in helping a patient navigate the Geriatrics Visit, and only highlight aspects of the geriatrician, pharmacist, nurse, and social worker evaluation and workflow that are unique to this program.

1. Meet with Nurse and CHW for Greeting and Triage: The RN, along with the CHW, greet the patient in the waiting room and introduce flow of the Geriatrics Visit. The RN plays an important role in this initial introduction because they are generally better acquainted with the patient than a CHW, who may be new to an implementation practice site. Introductions may extend to other IDT members, including meeting with the geriatrician, pharmacist, and social worker pending availability.

- The RN orients the patient to the role of the CHW by saying:
[Name] is the community health worker you spoke with this past week. He/she will help you navigate your clinic visit today, assist with your check-out if needed and help you coordinate care after today's visit.
- RN and CHW introduce program and flow of visit by saying:
Your visit will start with a nurse review of your health care proxy and screening for falls, mood, and other health factors. This will be followed by a screen for anxiety and depression as needed, the community health worker will do this with you. Then, you will meet the pharmacist to review your medications, followed by our geriatrician's comprehensive geriatric assessment to identify your care priorities and formulate a care plan. You will meet the social worker if any needs arise. The CHW will then help you make follow-up appointments and referrals if needed.



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- RN takes vitals, screens for falls, and reviews Healthcare Proxy (HCP).
 - The falls screening questionnaire is completed and documented in electronic medical record (EMR). If the patient answers yes to either question, this is considered a positive fall screening which is then addressed during the geriatrician's evaluation.

2-Question Falls Screening Questionnaire	YES	NO
In the past 12 months, have you had a fall?		
Have you been afraid that you would have a fall because of balance or walking problems?		

- Health Care Proxy (HCP) screening and completion if appropriate (based on checking if there is already a copy of HCP in the EMR, and document in EMR as necessary.

Health Care Proxy	Y/N?	On file at clinic? Y/N
Do you have a Healthcare Proxy? A Healthcare proxy is someone who you choose to make medical decisions for you if you're unable to make them for yourself.		

- If there is not a copy in the EMR, RN asks patient if they would like to fill out a form in the office or bring copy from home to the next visit with their primary care physician or geriatrics team. The HCP Form is witnessed by two members of the team and completed form is scanned into EMR. Patient receives a hard copy.
- Additional topics covered by RN and sent to geriatrician to include in their overall assessment, record in EMR and route to geriatrician:
 - Hospitalization or ED visits: *Have you had any recent ED visits or hospitalizations in the past year or since your last visit (if a follow-up visit)?*
 - Exercise/Physical activities: *Do you exercise? What do you do for exercise? How frequently and how long are these exercise sessions?*
 - Socialization: *Do you socialize? What do you do for socialization? How frequently do you engage in these activities?*

2. Meet with CHW: The CHW continues to build rapport with patient, answers questions that the patient may have about the Geriatrics Visit, and complete additional screening as indicated.

- CHW accompanies the patient from RN triage station to an examination room.
- CHW engages with the patient and answers questions by asking:
How's your visit so far? Do you have any questions or concerns that I can help with? Do you have specific questions for any IDT members that I can help to communicate?
- CHW performs depression screening (PHQ4) and says:
Now, I will ask a few questions about how you have been feeling lately. Please tell me how often you have been bothered by any of the following problems over the past 2 weeks. Your answers can be: Not at all [Mark 0]; Several days [Mark as 1]; More than half the days [Mark as 2]; or Nearly every day [Mark as 3].

PHQ4 Depression Scale				
Over the last two weeks have you been bothered by the following problems?	Not at all = 0	Several Days = 1	More than half the days = 2	Nearly every day = 3
Feeling nervous, anxious or on edge				
Not being able to stop or control worrying				
Feeling down, depressed or hopeless				
Little interest or pleasure in doing things				

- Scoring Instructions: PHQ4 is considered positive if a patient scores 3 on either the anxiety (1st two questions) or depression (2nd two questions) subscale.
- If the PHQ4 is positive, the CHW documents in EMR and completes the PHQ9 and GAD7.
- CHW completes PHQ9 if PHQ4 is positive. Provide the following instructions:
Please tell me how often you have been bothered by any of the following problems over the past 2 weeks. Your answers can be: Not at all [Mark 0]; Several days [Mark as 1]; More than half the days [Mark as 2]; or Nearly every day [Mark as 3].
 - CHW reads off each activity (column 1) and ask the patient to respond with an answer choice (column 2, 3, 4, or 5).
 - Scoring Instructions: Sum all part scores (0, 1, 2, or 3) for each question. Maximum score is 27. A score of 1-4 indicates minimal depression; 5-9 indicates mild depression; 10-14 indicates moderate depression; 15-19 indicates moderately severe depression; 20-27 indicates severe depression.
 - Document in EMR and route to geriatrician. If screens show severe mental health concerns, CHW communicates with MD/SW by EMR and in person to alert them.

PHQ9 Depression Screen				
Over the last two weeks have you been bothered by the following problems?	Not at all = 0	Several Days = 1	More than half the days = 2	Nearly every day = 3
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself – or that you are a failure and have let yourself or your family down				
Trouble concentrating on things, such as reading the news or watching TV				
Moving or speaking so slowly that other people could have noticed or the opposite – being so fidgety or restless that you have been moving around a lot more than usual				
Thoughts that you would be better off dead, or of hurting yourself				

- CHW completes GAD7 if PHQ4 is positive.
 - Provide the instructions: *Please tell me how often you have been bothered by any of the following problems over the past 2 weeks. Your answers can be: Not at all [Mark 0]; Several days [Mark as 1]; More than half the days [Mark as 2]; or Nearly every day [Mark as 3].*
 - *CHW reads off each activity (column 1) and asks patient to respond with answer choice (column 2, 3, 4, or 5).*
 - Scoring Instructions: Sum all part scores (0, 1, 2, or 3) for each question. Maximum score is 21. A score of 0-4 indicates no anxiety disorder; 5-9 mild anxiety disorder; 10-14 moderate anxiety disorder; 15-21 severe anxiety disorder. Results documented in EMR and routed to geriatrician.

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GAD7 Anxiety Screen				
Over the last two weeks have you been bothered by the following problems?	Not at all = 0	Several Days = 1	More than half the days = 2	Nearly every day = 3
Feeling nervous, anxious, or on edge				
Not being able to stop or control worrying				
Worrying too much about different things				
Trouble relaxing				
Being so restless that it is hard to sit still				
Becoming easily annoyed or irritable				
Feeling afraid, as if something awful might happen				

- CHW completes ADL, IADL, Frail Scale Q1-3 screens, if not already performed during Pre-Visit phone calls. (See MountSinai.org/care/GeriHIV for Pre-Visit Integration of CHW guide.)
- If any of the scores are high and may require urgent attention, the CHW contacts the geriatrician or SW by physically going to them in their respective examination areas or using the EMR messaging system.

3. Meet with Pharmacist: The patient meets with the pharmacist to review medications and indications for each medication. Any side effects are discussed. The pharmacist explores how medications are managed (e.g., via weekly pill box or individual bottles). Medication allergies are reviewed. The pharmacist also reviews pertinent lab values including renal function (creatinine clearance/eGFR), liver function, and CD4 count/ viral load. This encounter with the pharmacist adheres to the standard of care in geriatric practices and thus not further elaborated in this protocol. Key aspects of the pharmacist's assessment and management are briefly highlighted below with additional details on our website.

- CHW alerts the pharmacist and accompanies the patient until the pharmacist arrives in the exam room. The CHW introduces the patient to the pharmacist and stays or provides a warm hand-off if there are other patients waiting.
- Pharmacist completes:
 - Medication reconciliation
 - Assess polypharmacy
 - Total number of medications
 - Chronic medications
 - PRN medications
 - Total number of medications on Beers Criteria (<https://agsjournals.onlinelibrary.wiley.com/doi/epdf/10.1111/jgs.18372>)
 - Total number of medications with risk of QTc prolongation
 - Anticholinergic burden score (<https://www.acbcalc.com/>)
 - Drug-drug interactions
 - Medication recommendations
- Document assessment, management, and recommendations in EMR and route to geriatrician.

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4. Meet with Geriatrician: The patient meets with geriatrician to discuss what matters most and review and conduct geriatric screens. This encounter with the geriatrician adheres to the standard of care in geriatric practice. Key aspects of the geriatrician's assessment and management are briefly highlighted below with additional details on our website.

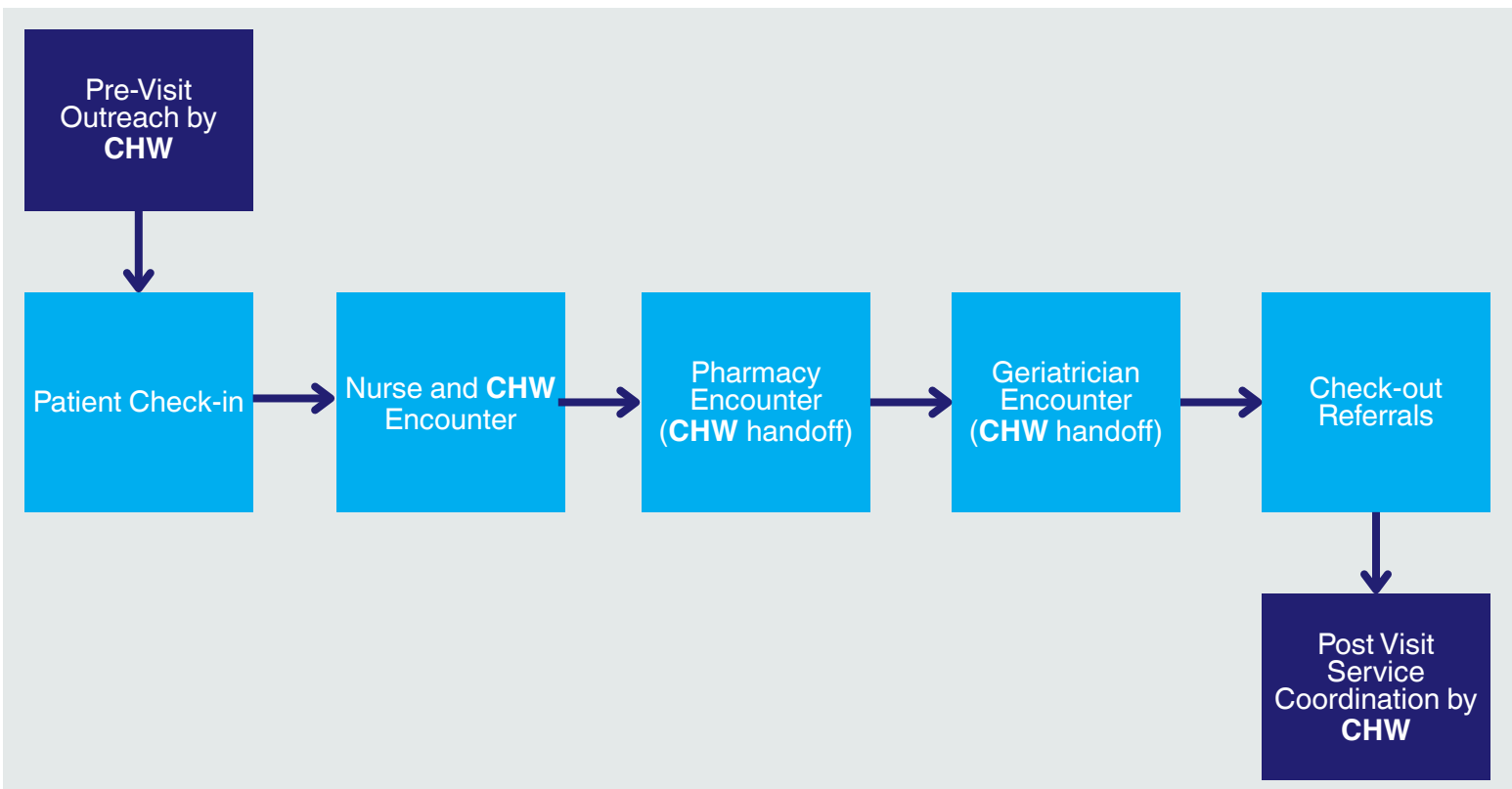
- CHW alerts the geriatrician and accompanies the patient until the physician arrives in the examination room. The CHW introduces the patient with warm hand-off and does not stay for this visit for the patient to feel comfortable sharing information with the provider.
- Additional screens:
 - Veterans Aging Cohort Study 2.0 Index
 - Geriatric review of systems: appetite, sleep, hearing, vision, cognition, constipation
 - Frail Scale Q4-5 (1-3 administered by CHW during Pre-Visit)
- Finalize and review results of comprehensive geriatric assessment, including a review of screening results completed by CHW and RN.
- Develop care plan
- Adjust medications based on recommendations provided by the pharmacist
- Make referrals to address geriatric vulnerabilities. Referrals (e.g., imaging studies, specialty appointment) are communicated with the CHW to facilitate coordination.
- Document assessment, management, and recommendations in EMR.

5. Meet with Social Work, as needed:

- If social work need arises based on geriatrician or CHW screening, the patient meets with the social worker or schedules a time to meet on another day.
 - If a meeting with the social worker is needed, the CHW alerts the social worker and accompanies the patient until the social worker arrives in the examination room. CHW introduces the patient if not already done with a warm hand-off.
 - If an appointment on another day is needed/preferred, the CHW will help to schedule and coordinate this appointment.

6. Patient Check-Out:

- CHW accompanies the patient to the front desk if free and patient needs assistance. It is possible if clinical volume is high and the patient does not need assistance, they will check-out without the CHW.
- The patient makes a follow-up visit appointment with the help of the front desk staff. In our program, the CHW does not have access to the scheduling program.



Community Health Worker Integration – HIV Geriatric Clinic Visit - Hierarchical Task Diagram							
Patient Check-in	Nurse Encounter (patient meets CHW)	CHW Encounter	Pharmacist	Provider Encounter	Social Worker Encounter	Patient Check-Out	CHW Led Service Coordination and Health System Navigation
Patient arrives at front desk	Nurse greets patient and escorts patient to triage room where CHW is present	CHW completes PHQ4	Pharmacist enters exam room	Patient brought to MD room by CHW	Social worker meets with patient if needed	Receptionist schedules patient for next visits	CHW confirms care plan and referrals with patient
Reception requests name and date of birth	CHW is introduced and provides orientation reminding patient about CHW role and answers questions	CHW completes PHQ9/GAD-7 (if PHQ4+), ADL, IADL, Frail Scale	Pharmacist reviews medications	Clinician assesses screens completed by RN/CHW	Provides support to address immediate needs	CHW reviews referrals, care plan, assists patient with scheduling	CHW collects dates/times for upcoming referral appointments and offers visit support
Reception opens medical record	Nurse informs patient of visit flow and take vitals	All information documented in EMR	Pharmacist assesses medication adherence	Provider reviews pharmacist assessment	Develops any additional psychosocial support plan with patient	CHW schedules follow-up call to support care plan as needed	CHW assures that resource needs are met (food, transport, DME)
Reception confirms contact info, insurance	Nurse asks about reason for visit, hospitalizations/ER visits, socialization, exercise	If screenings raise an urgent issue, CHW messages or goes to speak with MD or SW	Pharmacist answers questions regarding medications	Provider conducts patient history and physical exam, reviews labs, imaging	SW notifies CHW patient ready for referral support and check out		CHW supports, identifying and sharing follow-up resources as needed
Reception collects co-payments	Nurse asks and as needed completes healthcare proxy	CHW notifies pharmacist about patient	Pharmacist confirms and updates preferred pharmacy	Provider develops care plan with patient, provides prescriptions			For new and return visits: CHW makes outreach calls to patient as needed
Reception checks patient in	Nurse completes Fall Screening questionnaire		Pharmacist updates MD on medications, medication adherence	Provider orders lab testing and referrals, documents in EMR and informs PCP			
Reception asks patient to sit in waiting room	All information documented in EMR		Pharmacist notifies CHW and MD the patient is ready to be seen	Provider calls collaterals (during or after visit)*, updating on care plan			
EPIC notifies nurse of patient arrival				Provider gives instructions to CHW and patient, answers questions			

Community Health Care Worker Workflow Integration Geriatrics Clinical Visit

