Mount Sinai

COMPREHENSIVE CARE FOR
Older Adults with HIV

ABOUT OUR PROGRAM

Developed by Mount Sinai Health System's Brookdale Department of Geriatrics and Palliative Medicine and Institute for Advance Medicine, the Comprehensive Care for Older Adults with HIV program improves care by incorporating a community health worker (CHW) into the interdisciplinary team. This model has proven to be more patient-centered and efficient, improve patient engagement, and reduce appointment no-show rates.

Program Staffing

This model expands and refines an interdisciplinary approach that offers comprehensive geriatrics assessments and care planning for older adults with HIV. Our team includes:

Community Health Worker (CHW): Trained to administer some geriatrics screening and assessment tools, conduct outreach and referral support, make appointment reminders, and provide culturally appropriate education around the principles of aging.

Geriatrician (MD): Leads team and is primary clinician who creates plan of care for patients; and co-supervises the CHW along with the social worker.

Registered Nurse (RN): Provides direct care to patients, disease education, symptom assessment, and completes elements of the geriatrics assessments.

Social Worker (SW): Provides support for training, work, and competency for CHW. Also performs as needed psychosocial assessment, supportive counseling, and referral information.

Pharmacist: Assesses polypharmacy issues, medication reconciliation, interaction check, education and management, and advises patient and clinician where applicable.

Measuring Success

Pre-Visit
- Patients with 2 pre-visit calls from the CHW
- Patients with transportation barrier to attend appointment having received assistance

Visit
- Scheduled patients having received at least 1 pre-visit CHW call and who attend appointment
- Patients who receive all appropriate geriatric screens performed by CHW (ADL, IADL, Frail Scale, PHQ4, PHQ9/GAD7)

Post-Visit – No shows
- Patients reached for follow-up rescheduling call by CHW after no-show appointment
- Patients reached by CHW with at least one follow-up strategy documented to re-engage in program (e.g., new appointment, transportation assistance)

Post-Visit – Follow-up referrals
- Patients receiving CHW follow-up support or referrals, such as: additional information, social worker referral, referral for scheduling support, support with transport, etc.

Intervention Outcomes
- Patients who received a community or clinical follow-up referral and engaged with them

CHW Training
- Assigned trainings completed by CHW
- Weekly supervision meetings completed with MD/SW

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Background

In 2022, the Institute for Advanced Medicine (IAM) at Mount Sinai, which encompasses four distinct HIV clinical practices across Manhattan, had an outpatient census of 9,075 patients with more than 58,000 clinic visits. **Approximately 55% of those individuals were over the age of 50 years.** Many of whom rely on public insurance programs, such as Medicare and Medicaid.

Advancements in science and research mean that adults with HIV are living longer. Yet, living with HIV while experiencing normal age-related changes can be a challenge. Older adults often need help with mobility, memory, and managing their medications. Research shows that they can benefit from a geriatric-centered approach and having a community health worker involved in their care.

Mount Sinai's Geriatrics-HIV Program, which is philanthropically supported by the Keith Haring Foundation, has been providing care through an interdisciplinary team consisting of a geriatrician, registered nurse, social worker, and pharmacist. The team sought to create a more efficient and patient-centered model of care which can be replicated at other sites and institutions, expanding the highest quality of care for older adults with HIV.

Under a Health Resources & Services Administration Special Projects of National Significance grant, Mount Sinai launched the Comprehensive Care for Older Adults with HIV program. This program expanded the interdisciplinary team to include a Community Health Care Worker (CHW) and refined each discipline's role on the team.

A CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. They are considered a bridge between health care systems and the community to support system navigation and individuals in their health and well-being. In this program, CHWs support older adults with HIV in their care engagement; support patients by completing various screenings so the geriatrician can provide a more focused and efficient assessment and develop a comprehensive treatment plan; educate and advocate for the model of care by normalizing geriatrics-oriented services within HIV clinical settings; and provide referral and coordination support for clinical and supportive services.

By training and supervising CHWs to perform geriatrics screenings and provide health system navigation, CHWs become integral team members in the care of older adults with HIV, allowing other members of the team to work at the top of their scope.

Comprehensive Care for Older Adults with HIV

Program Development

Comprehensive Care of Older Adults with HIV weaves a CHW into the existing geriatrics-HIV program to address the needs of persons over age 50 living with HIV. It provides a panel of geriatrics assessments and screenings to develop a care plan with appropriate clinical and community referrals. This specific intervention strategy focuses on CHW integration into the clinical workflow as well as strengthening navigation before and after the visits. The CHW is supported through training and supervision.

The 6 M's of Geriatrics-HIV Care

This program follows the 6M Framework for geriatrics care management, including mind, mobility, medication, multi-complexity, modifiable issues, and what matters most. The CHW performs several of the mobility and mind assessments including: ADL, IADL, part of the Frail Scale, PHQ4, and PHQ9/GAD7 assessments as needed.

In addition, the CHW is responsible for activities before, during and following the geriatric visit including:

- Pre-visit support for patient engagement in program including transportation assistance to attend appointments, and administration of some geriatric screenings and assessments.
- Rapport building with patient during the visit as well as administration of several geriatrics assessments and screenings, support the interdisciplinary team and overall visit workflow, and provide follow up community resources listings and/or referral information as needed.
- Post-visit support for clinical and community referrals, coordination and navigation support.

To support CHW integration, it's important to provide:

- Onboarding trainings on geriatrics-HIV related topics
- Training to perform geriatrics assessment and screenings
- Monthly team meetings and ongoing role alignment
- Weekly supervision meetings with geriatrician and/or social worker

Patient Population

The inclusion criteria for this intervention model is all older adults (50+) with HIV in the Mount Sinai Health System. There is no exclusion criteria.

Partners in Patient Care

Brookdale Department of Geriatrics and Palliative Care: Offers comprehensive clinical services and programs that encourage healthy aging, treat those with chronic illnesses, and provide support and education for caregivers**.**

Institute for Advanced Medicine: Provides integrated primary and specialty care as part of its HIV program to more than 9,000 individuals.

Departments of Neurology and Neuropsychology: Offer neurology and neuropsychology services to enhance referral pathways, ease referral barriers, and reduce clinical screening and assessment duplication.

LGBT Community Center: Offers a range of supportive services programming for our LGBT population.

SAGE Serves: Provides clients with a range of services including meals, case management, informational resources, veterans' services, and social events. All are welcome, regardless of sexual orientation or gender identity.

Senior Planet from AARP: Supports ongoing adult education, particularly with technology.

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Program Resources

CHWs are the backbone of the Comprehensive Care of Older Adults with HIV program, and so the resources and tools provided are intended to strengthen CHW integration into a geriatrics-oriented service. Materials available on **www.mountsinai.org/care/GeriHIV** include guidelines for recruiting, onboarding, training, supervising, clarifying roles, and integration into the interdisciplinary team.

CHW Workforce Development

- CHW Job Description and Hiring Guidance
- CHW Training Curriculum
- Interdisciplinary Team Retreat to Map and Coordinate Roles
- Sample Ongoing Interdisciplinary Team Meeting Agenda
- CHW Supervision Check-List

Geriatrics Assessments and Screenings

There are several validated assessments and screenings performed by the interdisciplinary team members including the CHW. These tools are organized by the 6Ms Framework: mind, mobility, medication, multi-complexity, modifiable issues, and what matters most. They are used to assess potential risks and determine the benefit of additional services.

Screenings and assessments are tailored to the individual patient needs. The CHW implements several assessments and screenings that are considered non-diagnostic aimed at identifying risk of various geriatric conditions, health outcome changes, and perceived quality of life. However, it is essential that the CHW be fully integrated into the care team to allow for follow-up and care planning with trained medical professionals for further evaluation if participants screen positive.

Clinical Screening Tools

Mobility

Two-Item Falls Screening (1 min)
Administered by: RN
Evaluates a patient's likelihood of falling.

Activities of Daily Living (ADL) (5 min)
Administered by: CHW (pre-visit if possible)
Helps determine whether a patient may require further rehabilitation or assistance at home or if a skilled nursing or long-term care facility would be a safer environment.

Instrumental Activities of Daily Living (IADL) (5 min)
Administered by: CHW (pre-visit if possible)
Assesses more complex activities necessary for functioning in community settings (e.g., shopping, cooking, managing finances).

Mind

PHQ4 (< 5 min)
Administered by: CHW
Screens for symptoms/signs of depression and anxiety.

PHQ9 (< 5 min)
Administered by: CHW if PHQ4 score for depression is positive
Screens, diagnoses, monitors, and measures the severity of depression.

GAD7 (< 5 min)
Administered by: CHW if PHQ4 score for anxiety is positive
Screens, diagnoses, monitors, and measures the severity of anxiety.

Mini-Cog (< 5 min) and/or **Montreal Cognitive Assessment (MoCA)** (10-15 min)
Administered by: MD
Mini-Cog: Briefly screens for cognitive impairment.
MoCA: Identifies cognitive dysfunction with high sensitivity. It assesses different cognitive domains: attention and concentration, executive functions, memory, language, visuospatial skills, conceptual thinking, calculations, and orientation.

Medications

Polypharmacy Assessment (5-15 min)
Administered by: Pharmacist
Determines if medications are appropriate and can be used with other medications. It includes: counting medications, reviewing the Beers Criteria, identifying the anticholinergic burden score, and reviewing drug-drug interactions.

Multi-Complexity

Frail **Scale (Morley)** (< 5 min)
Administered by: CHW and MD
Screens five components: Fatigue, Resistance, Ambulation, Illness, and Loss of weight.

Veterans Aging Cohort Study (VACS) Index (< 5 min)
Administered by: MD if appropriate
Incorporates general health (age, hemoglobin, Fibrosis-4 Index for Liver Fibrosis [FIB-4], estimated glomerular filtration rate [eGFR], hepatitis C virus [HCV]) and HIV-specific (HIV-1 RNA and CD4 cell count) clinical data to characterize overall disease burden and reflect risk of mortality.

Geriatric Review of Systems (5-10 min)
Administered by: MD
Gathers information on appetite, sleep, mood, constipation, hearing, vision, dental issues, urinary incontinence, falls, and cognition.

What Matters Most

Screening for Health Care Proxy (< 5 min)
Administered by: RN
Identifies the existence of a health care proxy, or discusses appointing a health care proxy.

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