



HRSA's Ryan White HIV/AIDS Program

Optimizing HIV Care for People Aging with HIV: Putting Together the Best Health Care Team

Reference Guide for Aging with HIV

PURPOSE

The purpose of this reference guide is to discuss how all members of the health care team can contribute to the care of people aging with HIV. Specifically, this reference guide identifies roles, responsibilities, staff training, and resources for the health care team to build their capacity. The reference guide may assist the health care team as they build and expand their knowledge and practice of serving people aging with HIV.

INTRODUCTION

- Because of the successes of HIV treatment over the past three decades, people diagnosed with HIV now have a nearly normal life expectancy. Of the estimated 991,447 people with diagnosed HIV infection in the United States as of 2016, 169,424 (17%) were age 60 years or older; this number represents an absolute increase of 5.5 percent since 2012.¹ The Health Resources and Services Administration's (HRSA's) Ryan White HIV/AIDS Program (RWHAP) estimates that of the 533,640 clients served in 2018, 46 percent were age 50 years or older—an increase from 32 percent in 2010.² Given these data, it is incumbent upon the clinical and public health communities to ensure the health care system is equipped to address adequately the unique health and health-related needs of people aging with HIV.
- People aging with HIV share many of the same health concerns as the general population age 50 years and older. However, people aging with HIV also may experience additional unique health needs as a result of HIV infection.^{3,4} The HIV providers caring for people aging with HIV may lack specialized training in health issues specific to aging patients, similar to general primary care providers in the United States who are grappling with an aging population, as well.⁵ Furthermore, they may be unaware of community-based services to address the needs of people aging with HIV. RWHAP-funded providers play a critical role in supporting optimal health for people with HIV as they age. This reference guide will focus on factors related to the health care team that can enhance the provision of health care to people aging with HIV. Health care for people aging with HIV is an evolving field with new models of care, and recommendations are beginning to emerge.

What Is a Geriatric Multidisciplinary Approach to Health Care?

It is a health care approach involving physicians, nurses, physiotherapists, occupational therapists, social workers, and others. Together, this team establishes patient-centered goals by addressing the domains of medical problems, cognitive and functional abilities, psychiatric disorders, and social circumstances and maximizes the use of community resources and referrals.

ROLES AND RESPONSIBILITIES

The staffing needed to provide optimal care to people aging with HIV will vary from one health care setting to another, depending on the expertise and time availability of each member of the health care team. With appropriate training, HIV providers (physicians, nurse practitioners, and physician assistants) can assess for geriatric conditions and integrate geriatric principles into HIV care. For example, the [Golden Compass](#) program at San Francisco General Hospital and the New York–Presbyterian Hospital/[Weill Cornell Medical Center](#) have incorporated what is referred to as the “geriatric approach” into HIV care. When available, geriatricians can be consulted for specific issues related to aging (such as functional status or cognitive impairment), or they can serve in a co-management capacity to manage the non-HIV comorbidities and address social issues.⁶ In areas where geriatricians are not readily available, telehealth or telemedicine may help fill the gaps in specialty services. Other members of the health care team also can be trained to perform screenings and assessments to ensure that comprehensive age-appropriate care is delivered.

- **Nurses and medical assistants** may conduct many of the geriatric assessments and determine medication adherence and health literacy. They then can share the information gathered with the HIV provider to make decisions or appropriate referrals.
- **Clinical pharmacists**—either onsite or easily accessible—may assist in assessing polypharmacy; advise on potential drug interactions, cumulative side effects of medications, inappropriate dosing, and unnecessary medications; and assess for medication adherence and literacy. Because patients may need to pick up their medications every 30 to 90 days, clinical pharmacists may have more regular contact with patients than the HIV provider, and they can develop their own relationship with patients.
- **Behavioral health providers** (social workers, counselors, psychologists, or psychiatrists) who work closely with the HIV provider are an important adjunct to HIV care. The behavioral health provider may consult with or be integrated as a member of the HIV health care team. Although HIV providers can initiate and maintain medication therapy for common psychiatric conditions (such as depression or anxiety), people aging with HIV and psychiatric comorbidities may benefit especially from having a behavioral health provider as part of their care to avoid adverse drug reactions, polypharmacy, and drug interactions.
- **Medical case managers** identify barriers to achieving optimal health outcomes faced by people aging with HIV, as well as resources available to help overcome those barriers. They inquire about and make plans to address social needs, isolation, housing, food, oral health care, transportation, and support systems. Medical case managers are vital because—knowing all the available Ryan White HIV/AIDS Program services in the geographic area that people aging with HIV can access—they can assist the client in navigating insurance systems challenges; discussing advance care planning, including long-term care; and connecting the client with services available in the community, such as nutrition programs, wellness coordinators, and support groups. Medical case managers serve as a crucial link to available community resources, such as low-cost eyeglasses and hearing aids; dentists; drop-in centers or day programs to promote socialization; and exercise facilities to promote aerobic exercise, which has been shown to improve cognitive function.⁷ Many medical case managers will need to become familiar with the various community resources for people aging with HIV, and they may find it useful to work with peer navigators (also known as outreach workers or community health workers) to bring community resources to the attention of people aging with HIV.

STAFF TRAINING

To ensure that people aging with HIV receive appropriate assessments, counseling, and referrals, all members of the HIV health care team should receive general training on the geriatric approach to care. In addition, each member of the health care team should receive training on how to administer the geriatric assessment tools, as well as on the appropriate next steps based on the results of those assessments and availability of existing community resources. Likewise, geriatricians who are part of the health care team (within or outside of the health

Examples of Assessments for People Aging with HIV

- | | | | |
|------------------------|-----------------|-----------------------------|-------------------------|
| ► Cognition | ► Housing | ► Polypharmacy | ► Substance use |
| ► Financial management | ► Mental health | ► Sexual health | ► Transportation access |
| ► Gait and mobility | ► Nutrition | ► Sleep pattern and quality | ► Vaccination history |
| ► Hearing | ► Oral health | ► Social engagement | ► Vision |

center) should be trained on the progress of HIV disease, HIV care basics, and key drug–drug interactions with antiretroviral therapy. Many types of trainings are available to help ensure that all staff have appropriate HIV and geriatric care knowledge. Training is available through webinars provided by the RWHAP Part F AIDS Education and Training Centers (AETCs), continuing medical education/continuing nursing education events, conferences, workshops, self-directed learning modules, and collaborative learning groups.

ORGANIZATIONAL CAPACITY

To provide optimal care to people aging with HIV by ensuring that the appropriate geriatric assessments and referrals are made, each HIV health care setting will need to solicit buy-in from the leadership and then assess the current level of geriatric focus that is part of the practice. The organizational capacity assessment should include the evaluation of staffing, health care team members' roles and responsibilities, structure of the health care team, scope of practice of each member of the health care team, and availability of internal and external resources. HIV health care settings will need a well-trained health care team, adequate physical resources, and collaborative partnerships to care effectively for people aging with HIV. The necessary organizational capacity assessments should include the following:

► Organizational development

- HIV health care settings should address the needs of the people aging with HIV by—
 - Developing goals, values, policies, and procedures
 - Developing specific actions to achieve goals. Actions may result in changes to the patient flow in the HIV health care setting or additional responsibilities placed upon various members of the health care team.
 - Measuring the outcome and effectiveness of capacity building using a quality improvement approach
 - Measurable outcomes, such as the number of people aging with HIV who are being screened and appropriately referred for frailty, should be set at the start of capacity building.
 - Evaluation of the program should be done at the organizational and individual levels.

► Workforce development

- Ensure that health care team members have the capacity or ability to carry out their duties—for instance, assuring health care team members can administer the assessments and screenings, are aware of and can discuss aging issues, make the appropriate referrals, and are aware of community resources for people aging with HIV.
 - For example, the health care team may receive training on recognizing and addressing isolation, stigma, and loneliness among people who are aging with HIV.

► Resources

- Ensure the availability of staffing, physical space, administrative support, planning tools, accessible electronic health records, financial support, and appropriate allocation of the resources to address the needs of people aging with HIV.
 - For example, ensure all signage—from the parking lot to the examination room—is in a large-size font.
- Enhance existing resources to improve care.
 - For example, build decision support tools and reminders for geriatric assessments into the electronic health records, and indicate the appropriate level and type of referral. These tools support integration of the geriatric approach into HIV care.

► Partnerships

- Ensure the existence of partnerships to expand onsite services or facilitate referrals.
 - For example, a collaborative practice arrangement with a visiting geriatrician, clinical pharmacist, or health psychologist could provide the appropriate level of services tailored for people aging with HIV.

RESOURCES

The Northeast/Caribbean AETC, funded by the Health Resources and Services Administration (HRSA), has developed a [Care of People Aging with HIV Toolkit](#). The toolkit provides links to screenings and assessments, along with programs and papers that offer clinically useful materials.

HRSA funds [two programs](#) to assist the workforce.

- The Geriatrics Workforce Enhancement Program provides grants that improve health care for older adults and maximize patient and family engagement. Grant recipients are health professional schools, health care facilities, and programs leading to certification as a certified nursing assistant. The focus is on transforming clinical training environments into integrated geriatrics and primary care systems with increased community engagement.
- The Geriatrics Academic Career Award Program supports the career development of individual junior faculty in geriatrics as academic geriatrics specialists at accredited schools of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or allied health. The program provides clinical training in geriatrics, including the training of interprofessional teams of health care professionals.

The [National HIV Curriculum](#), funded by the HRSA AETC Program, provides ongoing, up-to-date information needed to meet the core competency knowledge for health care providers in the United States. A special topic section on “HIV in Older Adults” is available that covers many of the issues raised in this short report. Free Continuing Medical Education contact hours and Continuing Medical Education credits are offered throughout the website. Pharmacology Continuing Education for advanced practice nurses is also available for many activities.

CONCLUSIONS

Providing optimal care for people aging with HIV requires the participation of all members of the health care team. This team may benefit from an assessment of their roles and responsibilities and may address the training and capacity development needs in response to an aging patient population.

REFERENCES

1. Centers for Disease Control and Prevention. November 2018. *HIV Surveillance Report, 2017*. Available at <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf>.
2. Health Resources and Services Administration. *Ryan White HIV/AIDS Program Annual Client-Level Data Report: Ryan White HIV/AIDS Program Services Report 2018*. Published December 2019. Available at hab.hrsa.gov/sites/default/files/hab/data/datereports/RWHP-annual-client-level-data-report-2018.pdf.
3. Blaylock, J. M., G. W. Wortmann. 2015. Care of the Aging HIV Patient. *Cleve Clin J Med* doi:10.3949/ccjm.82a.14094.
4. Wing, E. J. HIV and Aging. 2016. *Int J Infect Dis* doi:10.1016/j.ijid.2016.10.004.
5. Boulton, C., S. R. Counsell, R. M. Leipzig, et al. 2010. The Urgency of Preparing Primary Care Physicians to Care for Older People with Chronic Illnesses. *Health Aff (Millwood)* doi:10.1377/hlthaff.2010.0095.
6. Greene, M., A. C. Justice, H. W. Lampiris, et al. 2013. Management of Human Immunodeficiency Virus Infection in Advanced Age. *JAMA* doi:10.1001/jama.2013.2963.
7. O'Brien, K. K., A. M. Tynan, S. A. Nixon, et al. 2016. Effectiveness of Aerobic Exercise for Adults Living with HIV: Systematic Review and Meta-analysis Using the Cochrane Collaboration Protocol. *BMC Infect Dis* doi:10.1186/s12879-016-1478-2.