New York Eligible Metropolitan Area HIV and Aging Service Directive: A New Model of Care Developed for and by Aging People With HIV

David P. Martin, Consumer at Large
Lisa Best, Health & Social Justice Advocate
Cristina Rodriguez-Hart, PhD, MPH, Senior Research Analyst
Graham Harriman, MA, Director, HIV Planning Council

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2022

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Learning Objectives

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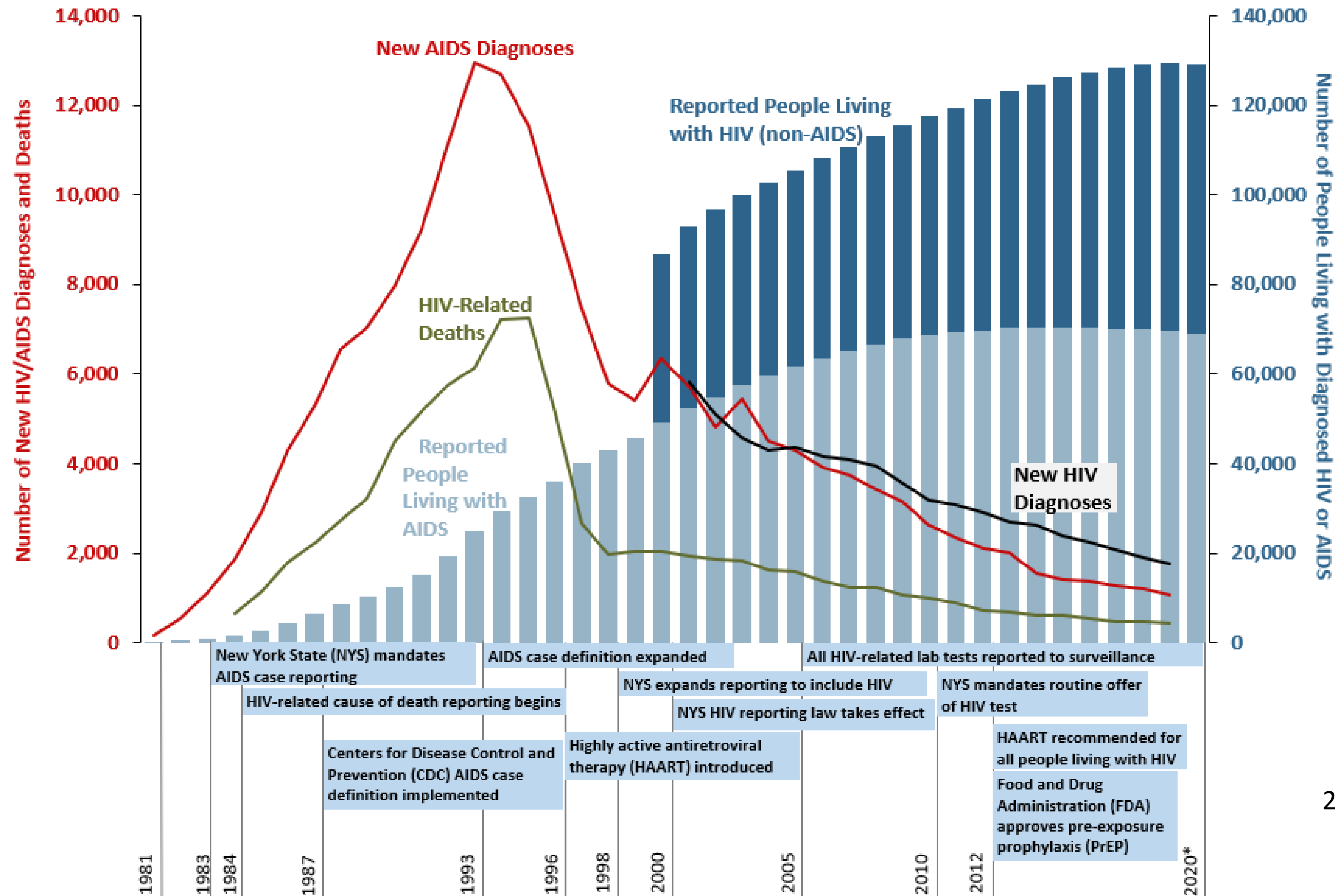
- Increase knowledge of the unique intersectional health needs of aging people with HIV (PWH)
- Learn how implementation science can frame comprehensive planning for addressing the health of aging PWH
- Become familiar with the components of the newly created NY EMA directive for aging PWH

HIV in New York City



*Data on 2020 deaths are incomplete.
Source: N.Y.C. Dep't of Health & Mental Hygiene, 2020 HIV Surveillance Annual Report (Dec. 2021), https://www1.nyc.gov/site/doh/data/data-sets/hiv-aids-surveillance-and-epidemiology-reports.page

HIV and Aging Community Engagement and Service Development (2017-2021)

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November 2017	January 2018	2019-2020	2021-2022
Provider Survey on HIV and Aging: gaps and resources	Community Forum on Aging with Consumers, Providers, Researchers, and Funders	Focus Groups of PWH from NYC's 5 boroughs including Women, MSM, Transgender Women, and Spanish speakers	Planning Council Consumers Committee Service Directive

NYC Department of Health and Mental Hygiene Provider Survey (2017)

GOAL:

To better understand the healthcare needs of Older People Living with HIV (OPLWH) from the provider perspective

OBJECTIVES:

1. To assess the supports currently in place
2. To gather provider opinions on the accessibility and availability of services
3. To lay the foundation for a community forum on HIV and Aging in NYC

SURVEY TAKEAWAYS

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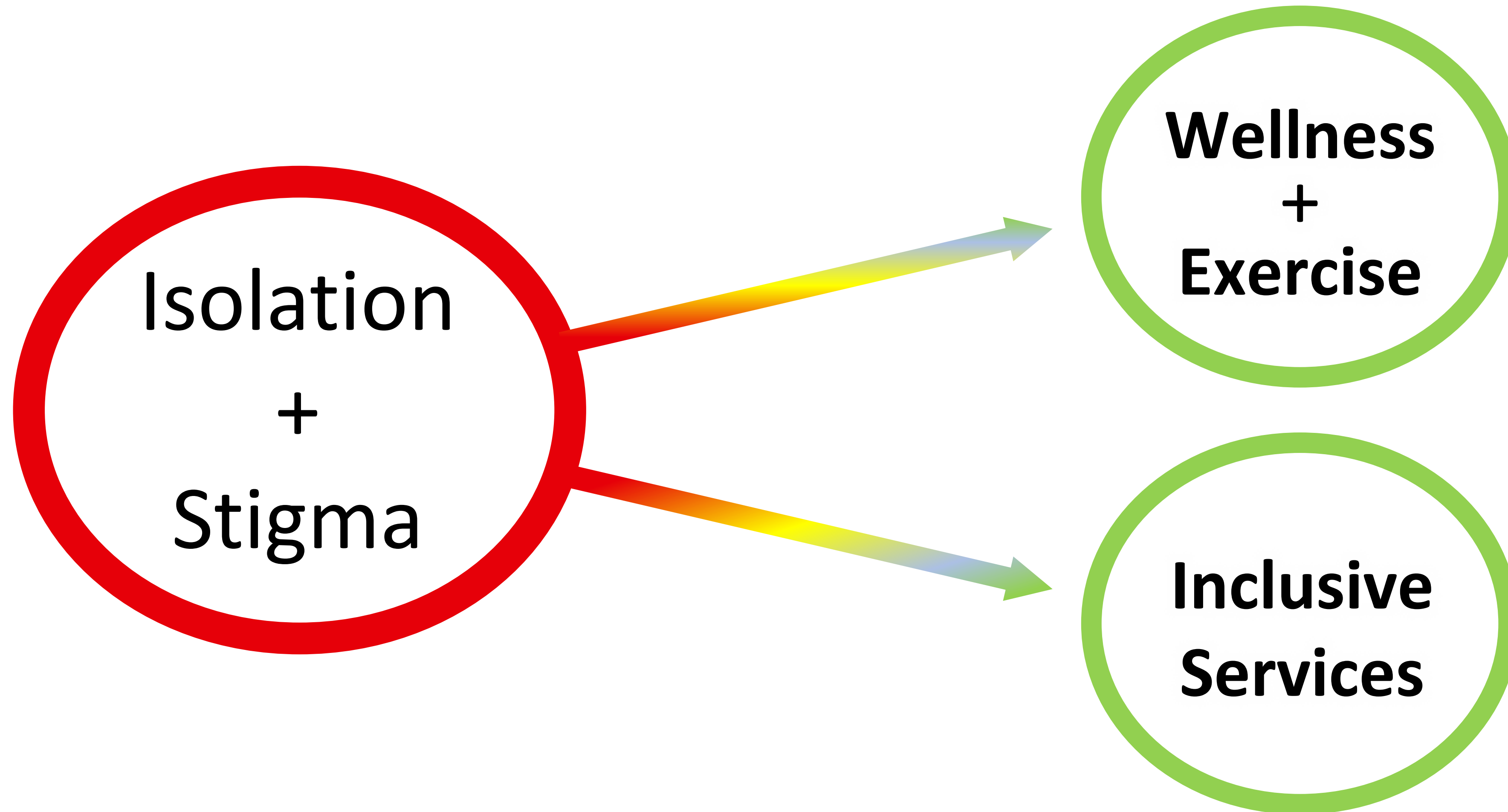

Community Forum on HIV & Aging (2018)

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— KEY NEEDS IDENTIFIED —

Providers

- Clinical tool for comprehensive assessment/ holistic view of patient

Patients

- More research to fill gaps in knowledge on consumer-identified needs
  - What works in the system?
  - What is missing?
- Qualitative and quantitative data on patients' perspectives to influence future programming

Panelists *(l to r)*: Graham Harriman, MA, Eugenia L. Siegler, MD, Anjali Sharma, MD, MS and Mike Mullen, MD

NYC HIV & Aging Focus Group (2019-2020)

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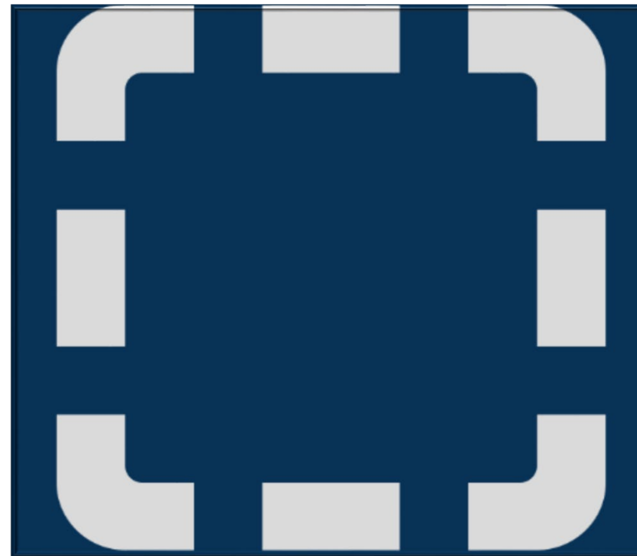

PURPOSE:

To learn about the ***strengths****,* ***unmet needs****, and* ***barriers*** *experienced by NYC's OPLWH.*

NYC HIV & Aging Focus Group *(cont.)*

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Topic Domains

Medical Care

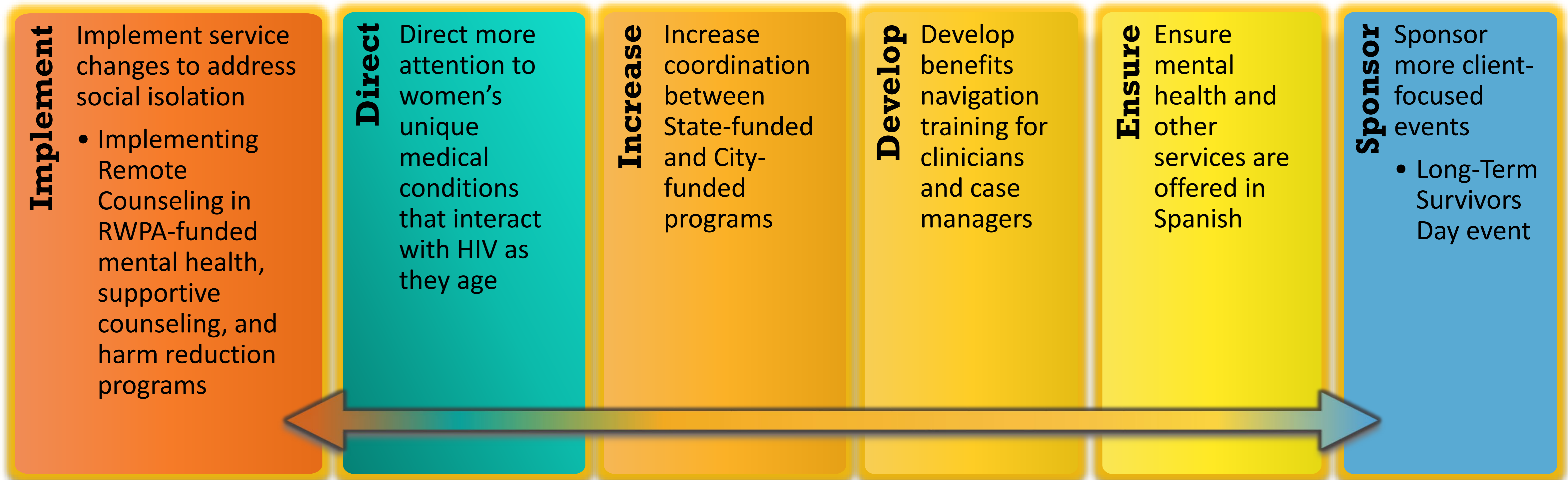
Educational Resources

Mental Health Care

Other Needs

Social Support

FOCUS GROUP RECOMMENDATIONS



USE OF IMPLEMENTATION SCIENCE

Evidence-Based Practices Often Don't Get Used in the Real World

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- How many years on average does it take to go from a novel intervention to its routine use in practice? **17**!
- Less than half of evidence-based practices (EBPs) make it into routine healthcare use
- Translation of knowledge into practice is complex, multi-faceted, relies on the local context, and may not be rational
- Common approach = ISLAGIATT or "It Seemed Like A Good Idea At The Time"

From Implementation Science 101 Workshop in 12/16, C. Hendricks Brown, J.D. Smith, Nanette Benbow, Juan Villamar
http://cepim.northwestern.edu/trainings

What is Implementation Science (IS)?

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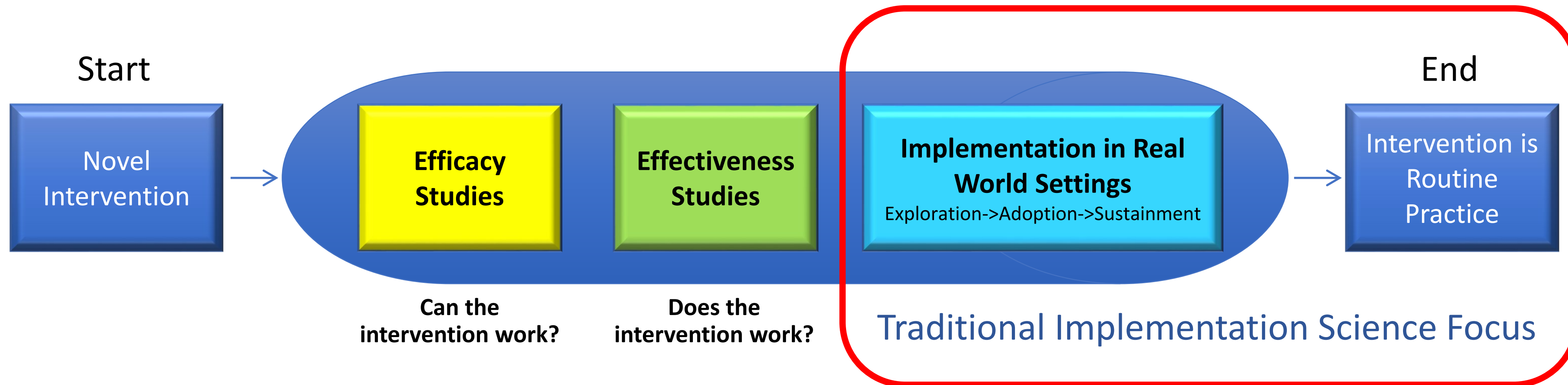
- Implementation Science (IS) is **the study of methods to promote the uptake or integration of research findings** into healthcare practice.*
- It is different than effectiveness research, which looks at how interventions affect health outcomes, e.g., HIV status, timely linkage to care, viral load.
- IS strategies target health systems and providers to get the best evidence to communities, e.g., training providers on delivering non-stigmatizing care.

*From Implementation Science 101 Workshop in 12/16, C. Hendricks Brown, J.D. Smith, Nanette Benbow, Juan Villamar
http://cepim.northwestern.edu/trainings

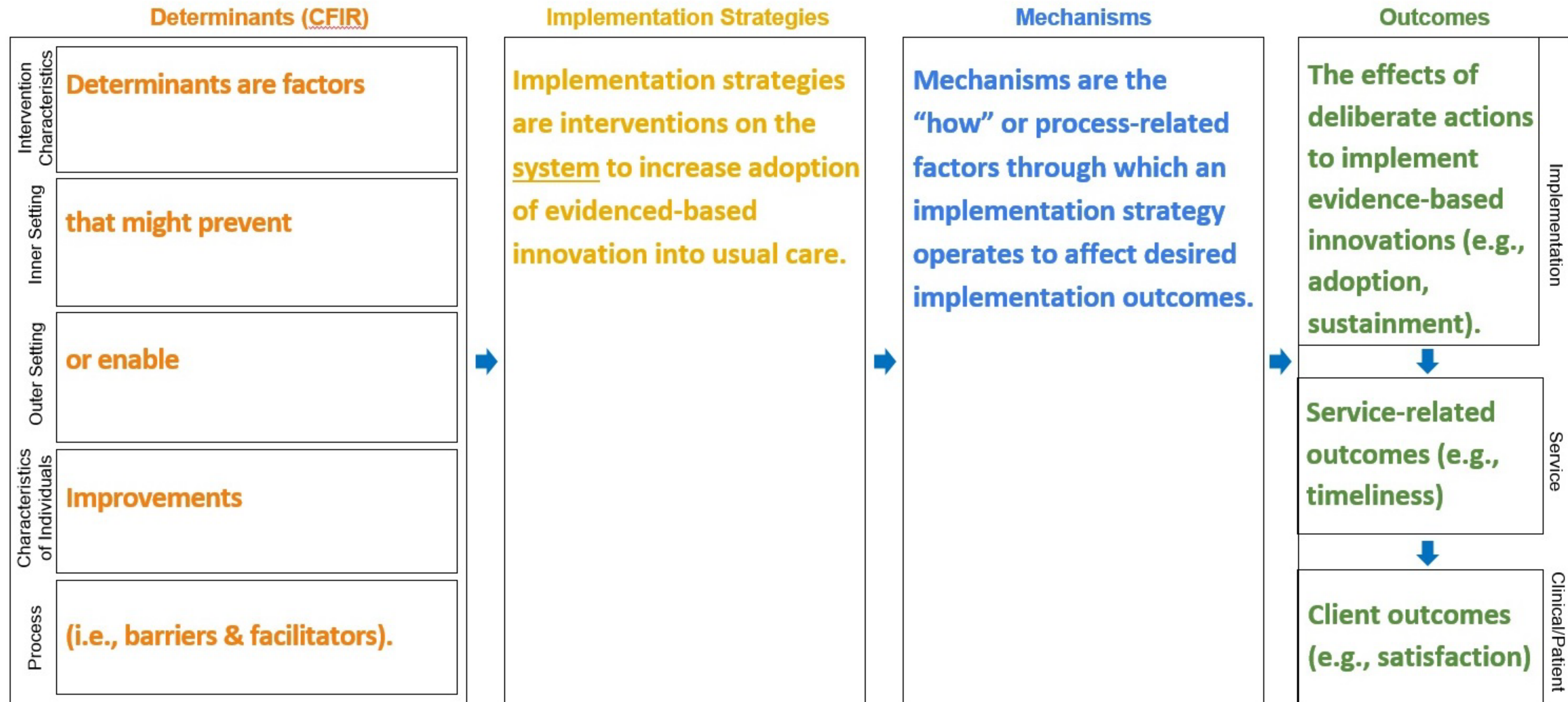
Translational Pipeline Process for EBPs: Implementation Science



- Implementation science is primarily concerned with how interventions are used in real-world settings, so often they're not thought of early enough.
- IS emphasizes addressing the questions that matter to practitioners.

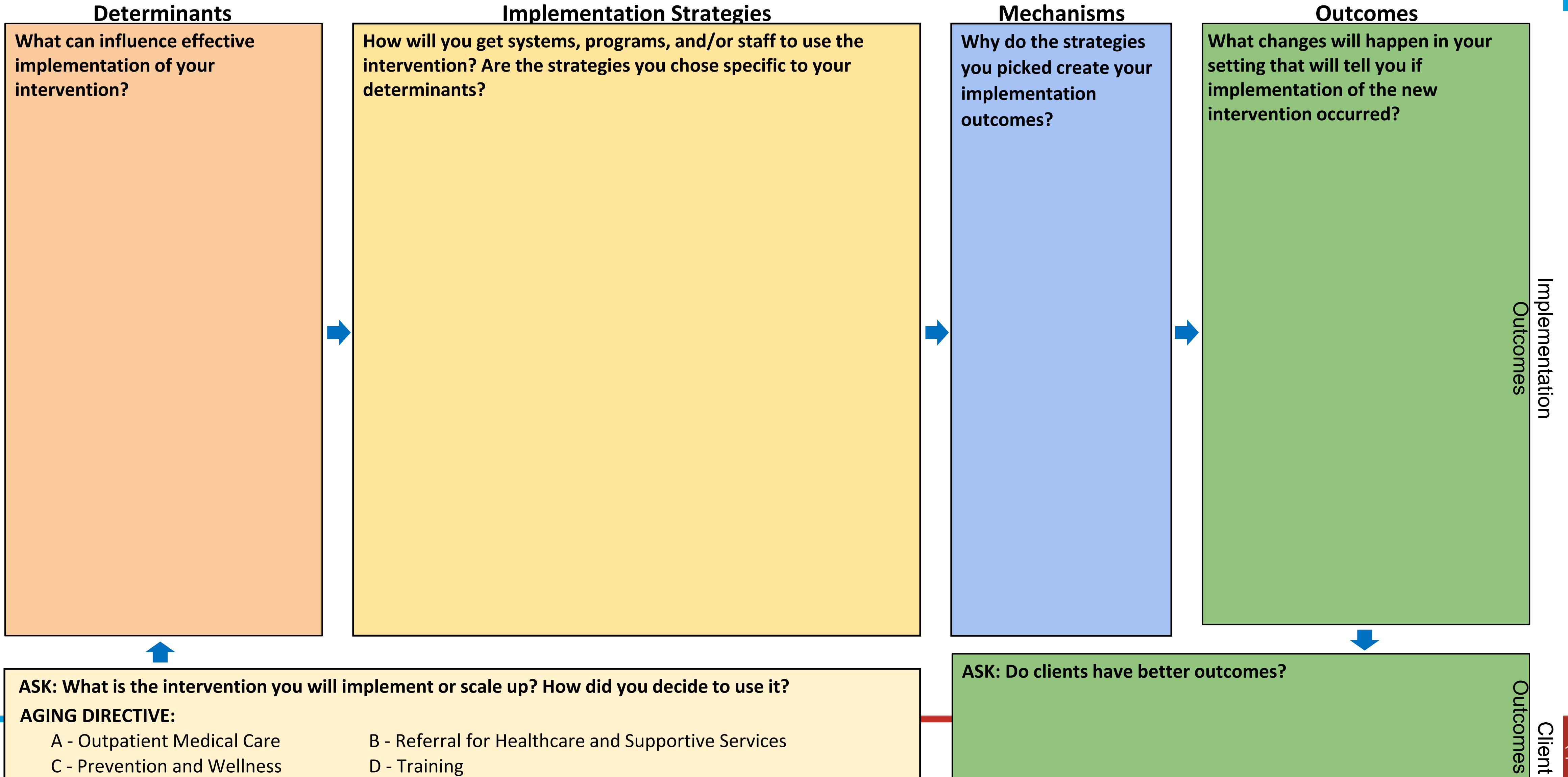
Figure adapted from C. Hendricks Brown et al.'s paper "An Overview of Research and Evaluation Designs for Dissemination and Implementation"
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5384265/pdf/nihms814068.pdf

Use Your Logic Model to Plan, Discuss, Build Buy-in, Implement, and Evaluate



IRLM tool website to learn more: https://isc3i.isgmh.northwestern.edu/irlm

Interventions



Determinants

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Determinants

What can influence effective implementation of your intervention?

AGING DIRECTIVE

Intervention Characteristics:
- HIV providers may lack specialized training
- ARTAS Model facilitates linkage
- Need for exercise is documented
- Local training needs

Inner Setting:
- Referrals are required as a result of comprehensive assessment
- RWPA eligibility includes HIV+, ≤500% FPL, reside in Eligible Metropolitan Area
- 53.8% of RWPA PWH are over 50

Outer Setting:
- Disjointed system of care
- Medicaid is a primary payer
- EHE-Project PROSPER not hindered by RWPA service categories

Characteristics of Individuals:
- Staff committed to EHE
- Health inequities (based on race, ethnicity, gender identity, sexual orientation, disability, geography, and income)

Process:
- Consumer input and quality management essential to services

Implementation Strategies

How will you get systems, programs, and/or staff to use the intervention? Are the strategies you chose specific to your determinants?

Mechanisms

Why do the strategies you picked create your implementation outcomes?

Outcomes

What changes will happen in your setting that will tell you if implementation of the new intervention occurred?

Implementation Outcomes

ASK: What is the intervention you will implement or scale up? How did you decide to use it?

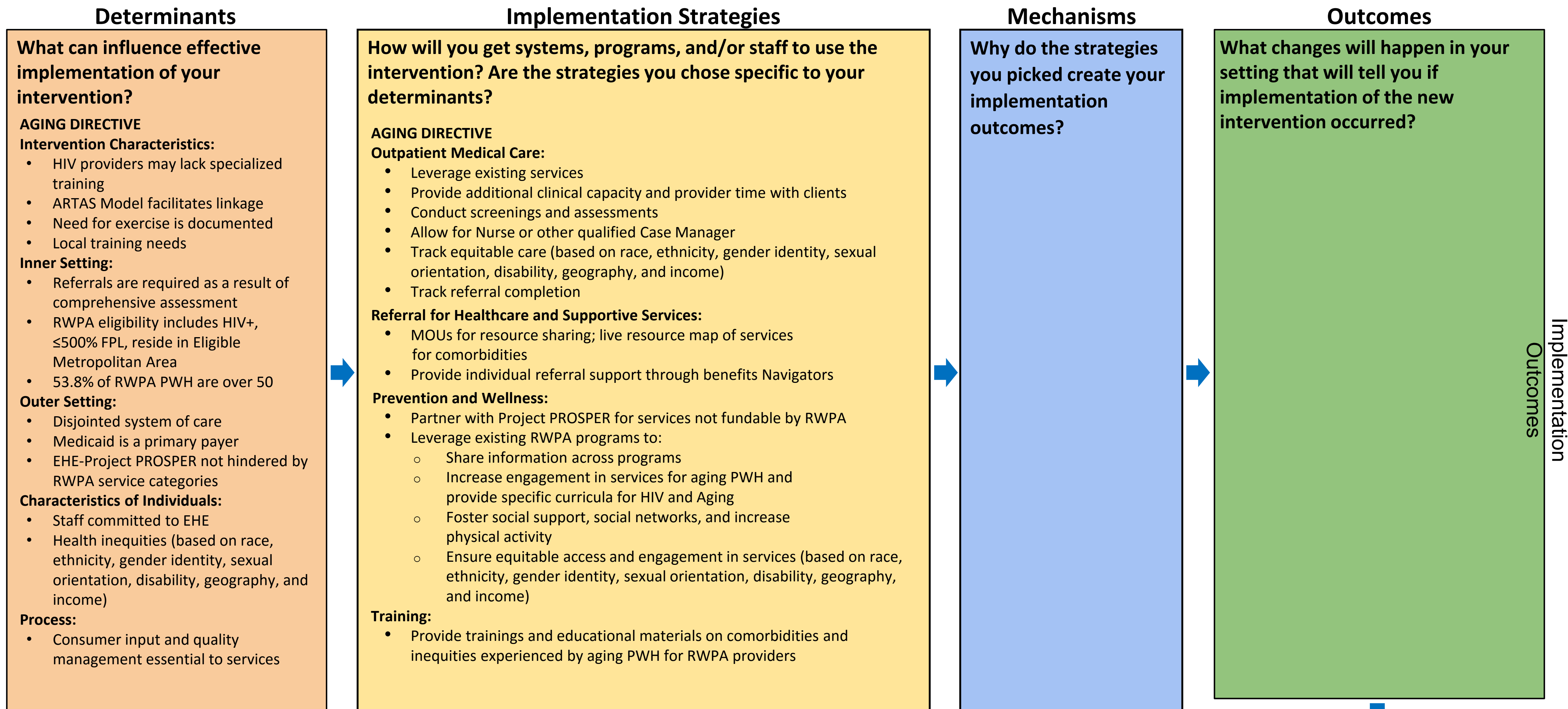
AGING DIRECTIVE:

A - Outpatient Medical Care
B - Referral for Healthcare and Supportive Services
C - Prevention and Wellness
D - Training

ASK: Do clients have better outcomes?

Outcomes

Implementation Strategies



ASK: What is the intervention you will implement or scale up? How did you decide to use it?

AGING DIRECTIVE:

A - Outpatient Medical Care
B - Referral for Healthcare and Supportive Services
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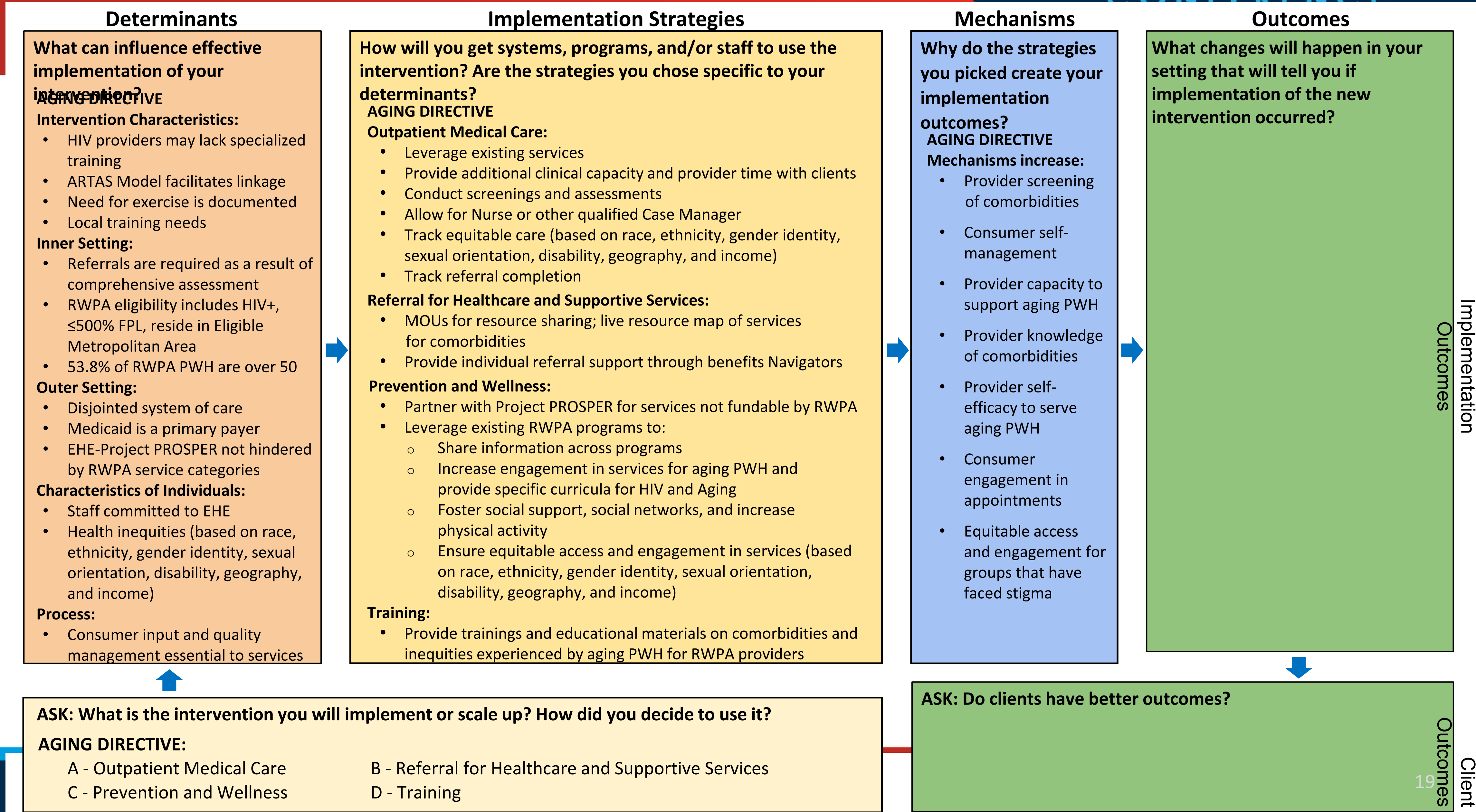
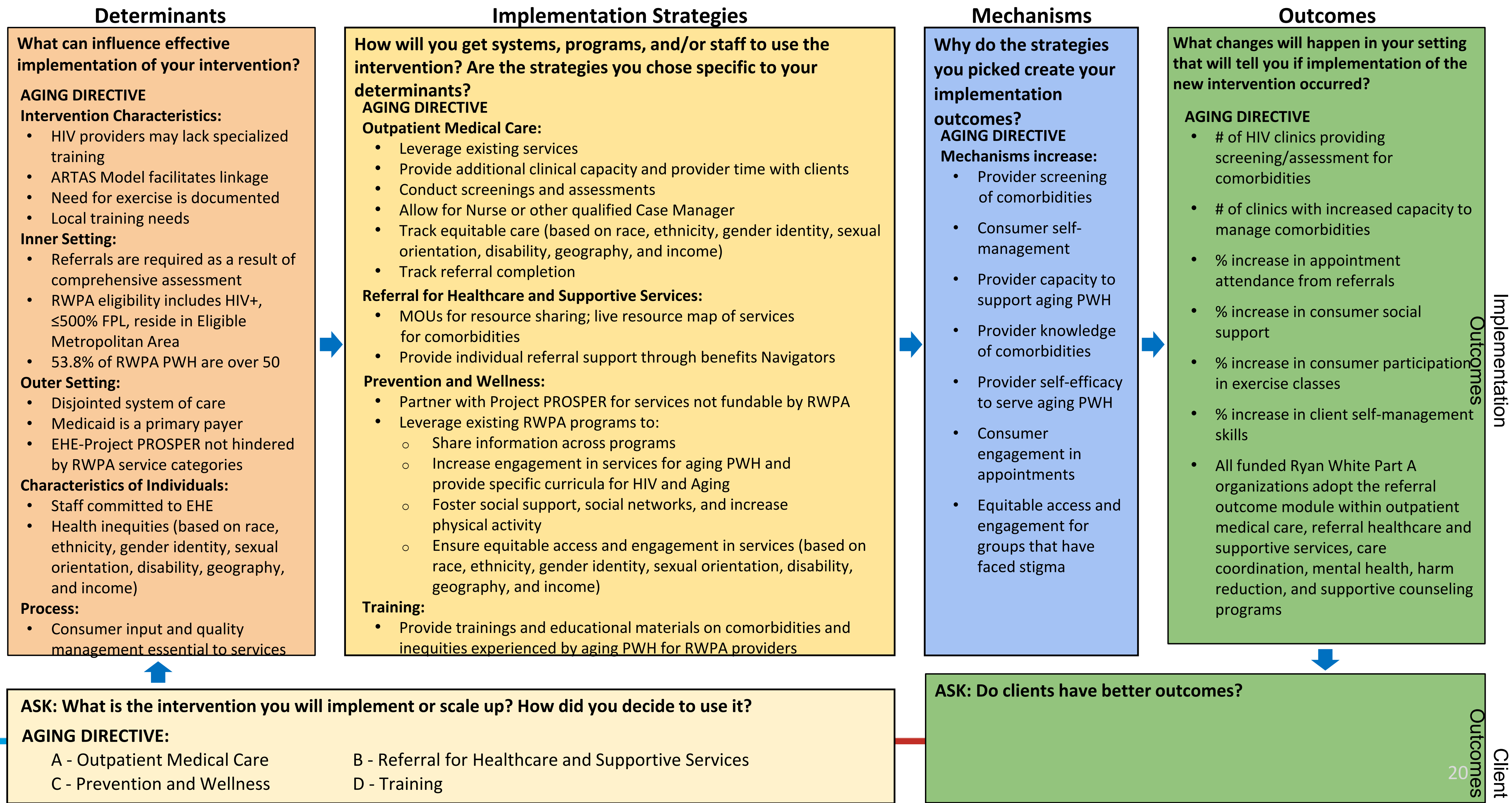
ASK: Do clients have better outcomes?

Client Outcomes

Mechanisms



Implementation Outcomes



Client Outcomes

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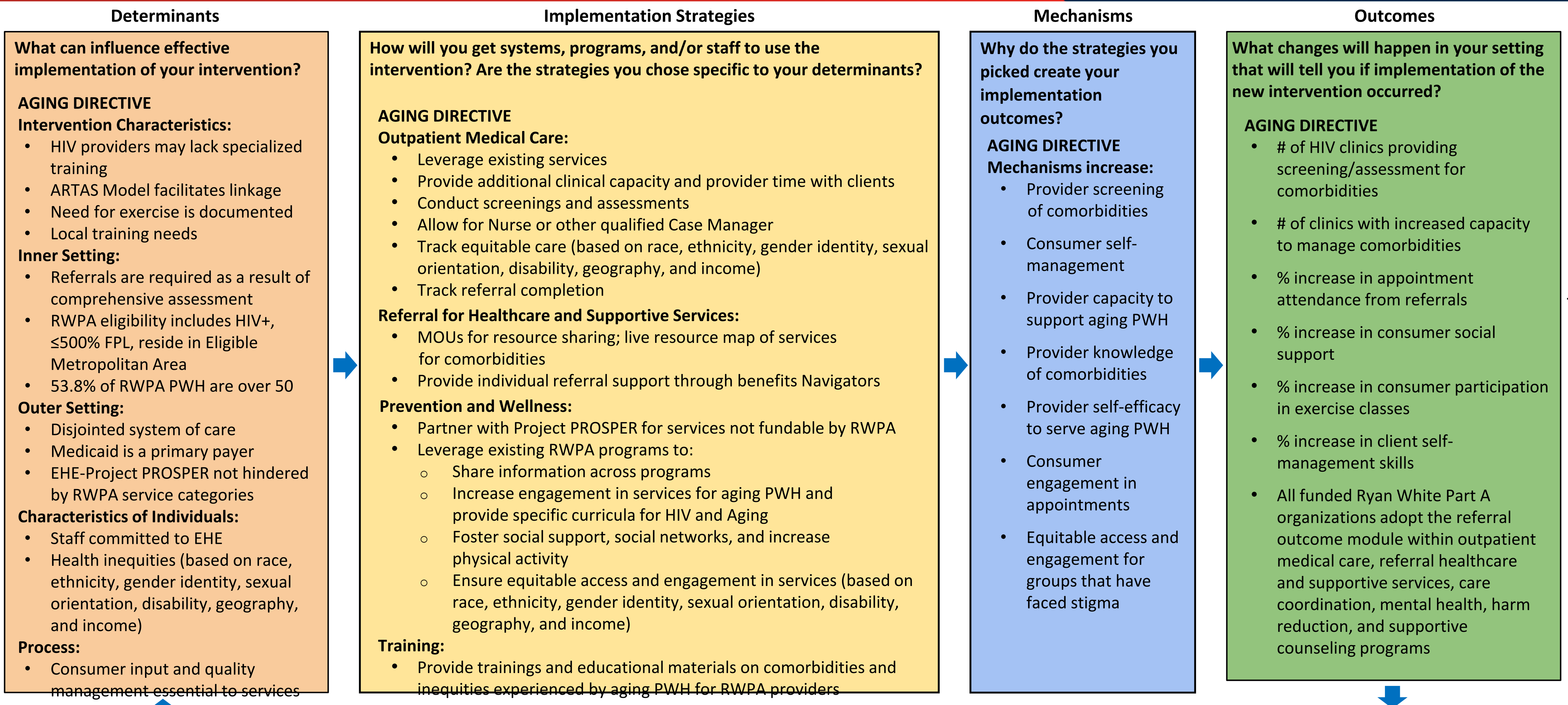

WHY DO WE NEED A SERVICE DIRECTIVE FOR AGING PWH?*

> PWH over 50 represent a majority of the total PWH population (59% of PWH in NYC in 2019) and yet their intersectional needs are often unaddressed by HIV service organizations.[i]

*Throughout the directive, we used the term "aging" to recognize that the spectrum of disease and onset of health issues can occur at different ages, and to be inclusive of long-term survivors who were perinatally infected. "PWH over 50" is used when it mirrors the data cited.

[i] HIV Surveillance Report, 2019. New York City Department of Health and Mental Hygiene. Pl 4. https://www1.nyc.gov/assets/doh/downloads/pdf/dires/hiv-surveillance-annualreport-2019.pdf

NYC 2020 Ending the HIV Epidemic Plan: Priority Populations*

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AGEISM
13-29 youth
50 and over
perinatally exposed
young adults

COMORBIDITIES

DISABILITY
differently-abled
people with disabilities

GENDER IDENTITY
cisgender
gender-nonbinary
gender-nonconforming
gender-queer
trans-experience
transgender

HEALTHCARE
limited access
experience inequities

HOUSING STATUS
homeless
instability

IMMIGRATION
born-outside-US
unadjusted immigration
unsettled immigration

INCARCERATION
justice-experienced
justice-involved

MENTAL HEALTH
intimate partner violence
serious mental illness

POVERTY LEVEL
medium/high/very high

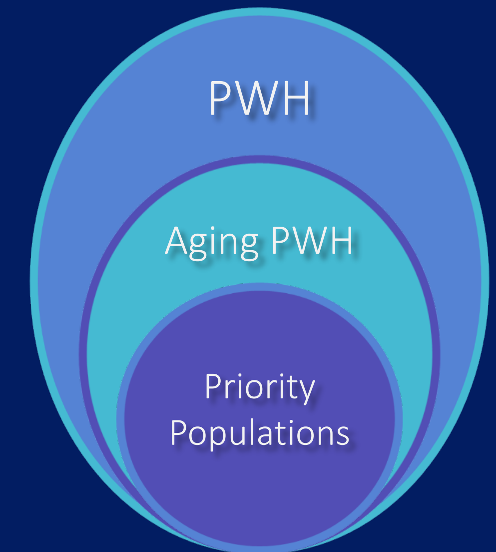
RACISM
African-American, Black,
Hispanic, Latina/o/x

SEX EXCHANGE
drugs, housing,
money, or resources

SUBSTANCES
alcohol & drug use
substance disorder

STIGMA

PEOPLE NOT LISTED



*NYC DOHMH recognizes that the use of the term "priority population" can be stigmatizing. In lieu of a more appropriate and communally agreed upon term, it is used here to refer to communities that face multiple forms of systemic oppression, including racism, poverty, homophobia, and/or transphobia.

NYC 2020 Ending the HIV Epidemic Plan: Priority Populations *(cont.)*

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immigration-status
transgender
sex-for-drugs
women
gender-nonconforming
high-poverty
young-adults
People-with-Disabilities
healthcare-access
50-years
serious-mental-illness
unsettled-immigration
cisgender
sex-for-money
13-29
homeless
youth
NYC
IPV
substance-disorder
trans-experience
People
older-people
sex-for-resources
People-not-listed
justice-involved
exchange-sex
health-inequities
Black
limited-healthcare
substance-use
incarceration
drug-use
Latina
Latino
MSM
housing-instability
sex-for-housing
very-high-poverty
Hispanic
gender-nonbinary
medium-poverty
Differently-abled
unadjusted-immigration
HIV
gender-queer
born-outside-US

PWH
Aging PWH
Priority Populations

RYAN WHITE PART A

Service Directive for Aging PWH
2021-22

OUTPATIENT MEDICAL CARE (OMC)

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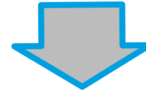
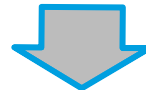
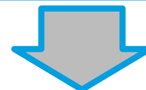
Increase capacity to treat the complex needs of PWH over 50 mirroring aspects of the Golden Compass **model through use of clinical staff** (MD, RN, Pharmacist, Medical Assistant) to address comorbidities and **to provide health education**



Geriatric, Psychiatric, and Cardiology consultation, and **referrals** to ongoing specialty care



Resources provided by RWPA to **address gaps in current care** provided at clinical sites



Funded services should support improved self-advocacy/self-management so that PWH **can talk to their medical providers about broader health concerns**

REFERRAL FOR HEALTHCARE AND SUPPORTIVE SERVICES

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- **Increase the knowledge of resources** available to support Aging PWH among RWPA funded providers
- Improve **referral tracking** to ensure Aging PWH are engaged in needed services
- Adapt referral practices from the **ARTAS model**, i.e., the **development of referral partnerships**, communication/outreach/education, **navigation and transportation, if needed**

PREVENTION AND WELLNESS

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- **Strengthen PWH networks** and fund organizations that provide social support services for older people living with HIV.
- Fund social support for exercise: **set up buddy systems** making contracts with others to complete specified levels of physical activity or **set up walking groups**, and other groups to facilitate friendship and support.
- **Fund navigation, structured health education,** and practical and emotional peer support services to increase engagement in care and promote self-care.
- Identify how to **leverage technology for social support** and to overcome barriers that older people living with HIV face.

TRAINING

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- **Identify/develop and deliver training** on comorbidities associated with aging, the disparate impact of comorbidities on PWH, and how to moderate these impacts through prevention, wellness, and medical care.
- **Develop educational materials** to support provider's and PWH's understanding of aging and the intersectional needs of Aging PWH from communities most impacted.
- **Educational materials updated** as needed based on the HHS guidance for HIV and Aging.

GOALS OF THE SERVICE DIRECTIVE

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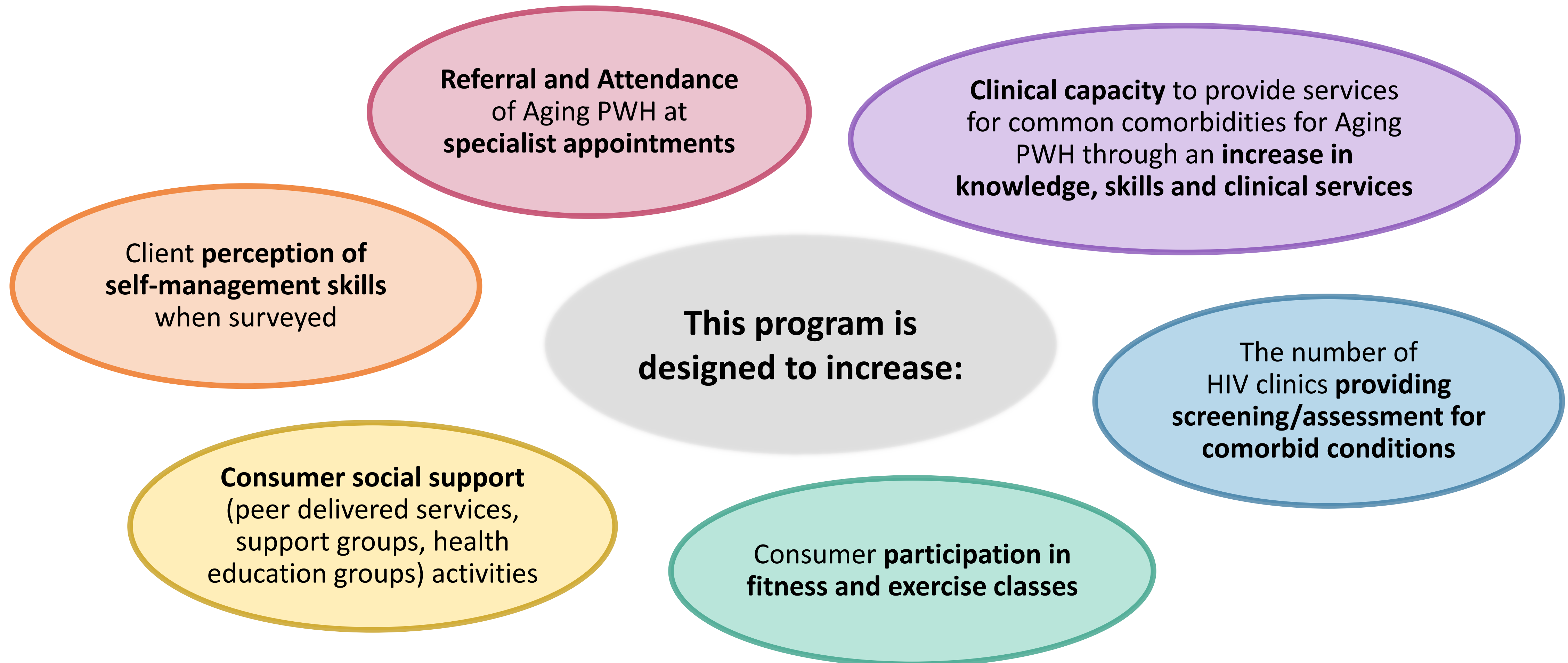

Session Wrap Up

Session

WRAP UP

WRAP UP: Strengths & Considerations

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Directive for Aging PWH:

- Developed for and by Consumers
- Emphasis on use of Peers
- Incorporates trauma-informed care and consideration of Adverse Childhood Experiences (ACEs)
- Training for use of virtual/phone-based services
- Uses Implementation Science Logic Model to increase clinical capacity through focused sessions for aging PWH
- Uses supported referrals and follow up

WRAP UP: Strengths & Considerations *(cont.)*

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Directive for Aging PWH:

- Leverages existing Ryan White Programs serving aging PWH
- Limited funding (uses existing Ryan White Part A funding resources)
- Provides increased skills and capacity for Part A providers
- Referral for Clinical and Support services
  - HIV and Aging resource list available online
  - Referral support provided by existing RWPA providers
- Implementation begins March 1, 2023
- Model recognized by advocates and researchers as potential model for scale up in other Ryan White Part A jurisdictions

PC/NRWC Abstract Team

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

David P. Martin — *Consumer at Large*
davidmartin57@gmail.com

Lisa Best — *Health & Social Justice Advocate*
lrbest61@icloud.com

Cristina Rodriguez-Hart — *Senior Research Analyst*
crodriguezhart@health.nyc.gov

Graham Harriman — *Director, HIV Planning Council*
gharriman@health.nyc.gov

Helpful References

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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