



# Understanding the medical and psychosocial needs of people aging with HIV in the Ryan White HIV/AIDS Program and the community response

2020 National Ryan White Conference on HIV Care and Treatment

**Marlene Matosky, MPH, RN**  
**Chief, Clinical and Quality Branch**  
**HIV/AIDS Bureau (HAB)**

*August 11, 2020*

**Vision: Healthy Communities, Healthy People**



# Disclosures

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Marlene Matosky has no relevant financial or non-financial interests to disclose.



# Learning Objectives

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By the end of this session, participants will be able to:

- Understand the experience of people with HIV who are aging
- Learn the medical and psychosocial needs of people aging with HIV
- Identify HRSA initiatives aimed at addressing the increase in the number of people aging with HIV in the RWHAP

# Health Resources and Services Administration (HRSA)

## Overview

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- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



# HRSA's HIV/AIDS Bureau (HAB) Vision and Mission

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## Vision

Optimal HIV/AIDS care and treatment for all.

## Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV/AIDS and their families.



# HRSA's Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV
  - More than half of people with diagnosed HIV in the United States – nearly 519,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
  - Funds grants to states, cities/counties, and local community based organizations
    - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 87.1% of Ryan White HIV/AIDS Program clients were virally suppressed in 2018, exceeding national average of 62.7%



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018; CDC. HIV Surveillance Supplemental Report 2018;21(No. 4)



# How To Claim CE Credit

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If you would like to receive continuing education credit for this activity, please visit:

[ryanwhite.cds.pesgce.com](http://ryanwhite.cds.pesgce.com)



# Aging Institute

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## **Session 1: Understanding the medical and psychosocial needs of people aging with HIV in the Ryan White HIV/AIDS Program and the community response (16793)**

- Tuesday, August 11<sup>th</sup> from 3:15 p.m.-4:45 p.m. ET

## **Session 2: Integrating Geriatric Services into the RWHAP Clinic (16794)**

- Wednesday, August 12<sup>th</sup> from 2:30 p.m.- 4:00 p.m. ET

## **Session 3: Accessing Community Resources for People Aging with HIV (16795)**

- Thursday, August 13<sup>th</sup> from 2:30 p.m.-4:00 p.m. ET





# Aging Poster

Title: Older adults served by HRSA's Ryan White HIV/AIDS Program: Present and future

Poster number: 15750

Authors: Dr. Laura Cheever, Stacy Cohen, Antigone Dempsey, Pamela Klein, Marlene Matosky, Robert Mills, and Chris Redwood

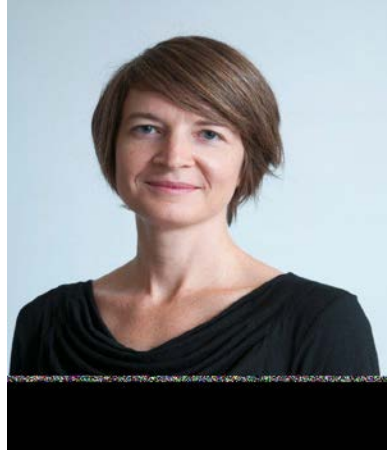


# Presenters

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William Hall



Katherine Fitch



Elizabeth Costello



Mira Levinson



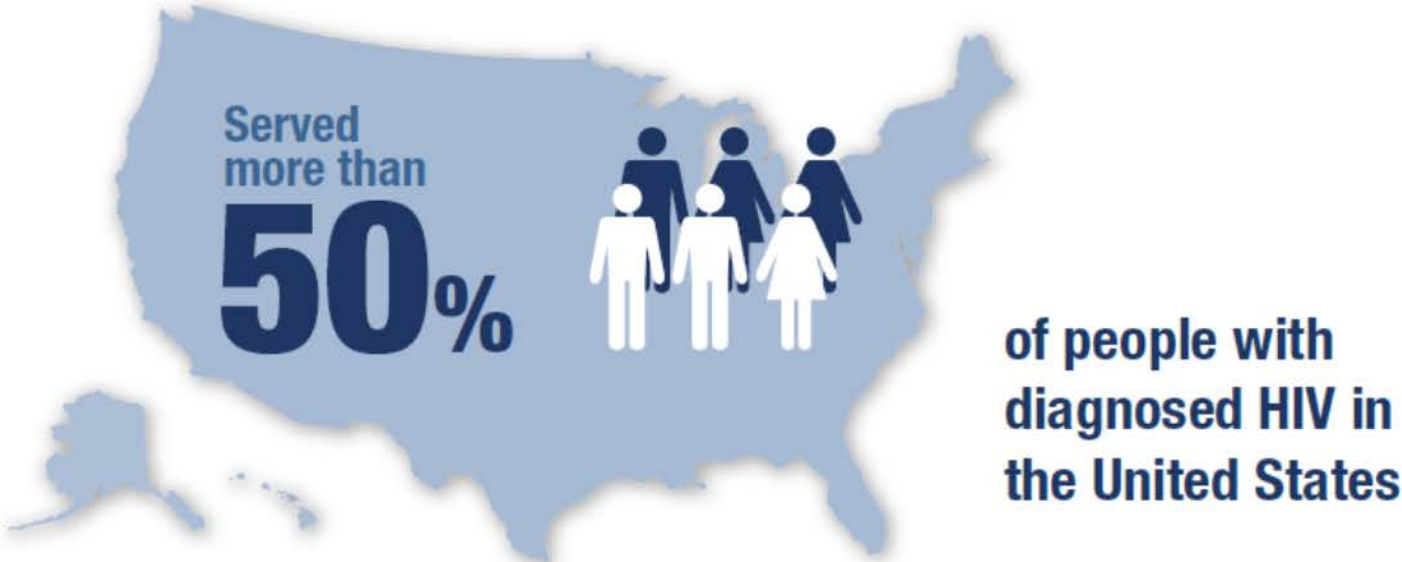
Joan Weiss

# RWHAP Data Overview

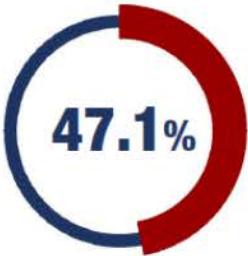


# Clients Served by the Ryan White HIV/AIDS Program (non-ADAP), 2018

Served **533,758** clients in 2018



**73.7%** of clients were racial/ethnic minorities



of clients identified as **Black/African American**



of clients identified as **Hispanic/Latino**



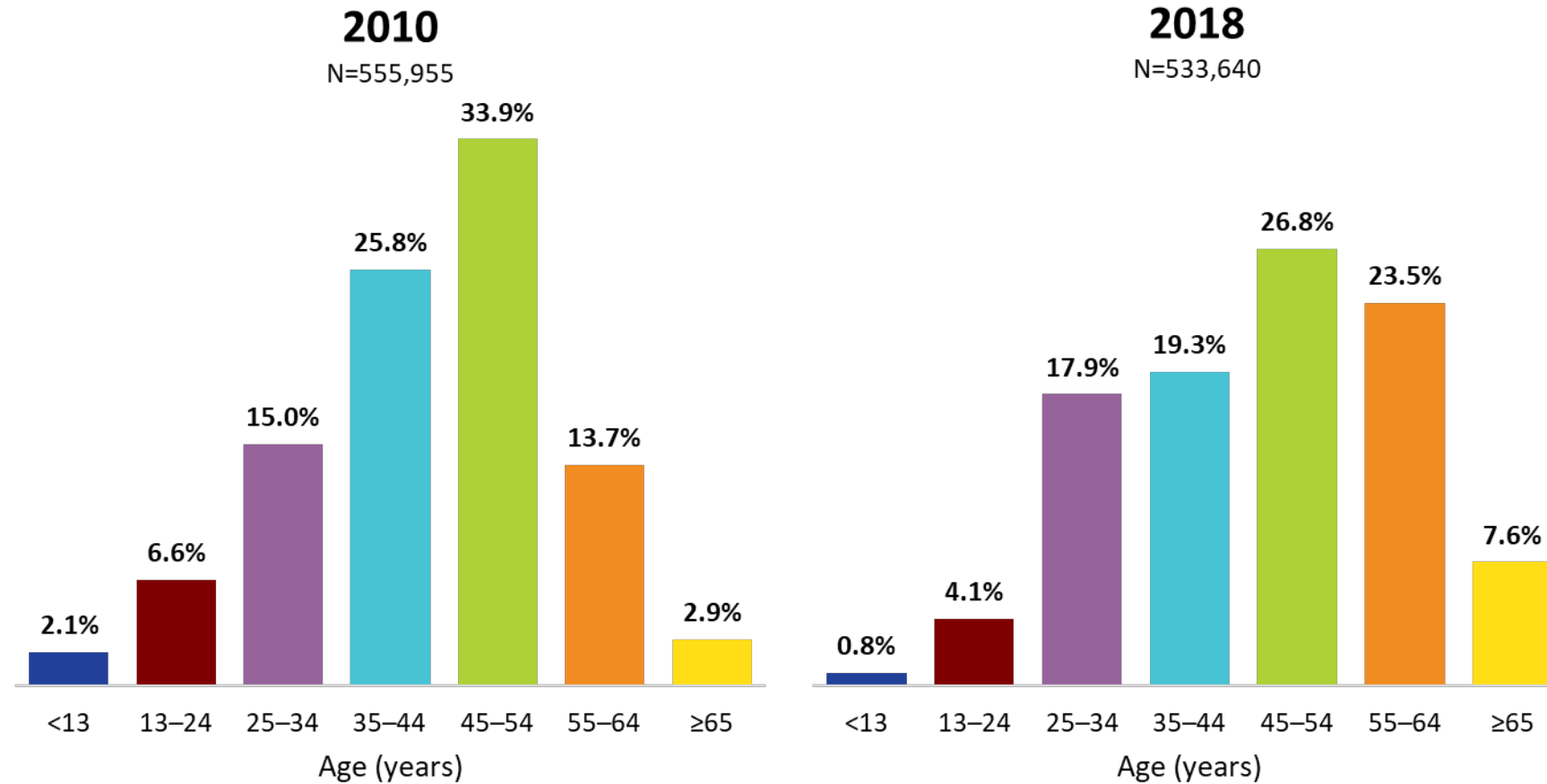
**61.3%** of clients were living at or below 100% of the Federal Poverty Level

**46.1%** of clients were aged 50 years and older



Source: HRSA. Ryan White HIV/AIDS Program Data Report (RSR) 2018. Does not include AIDS Drug Assistance Program data.

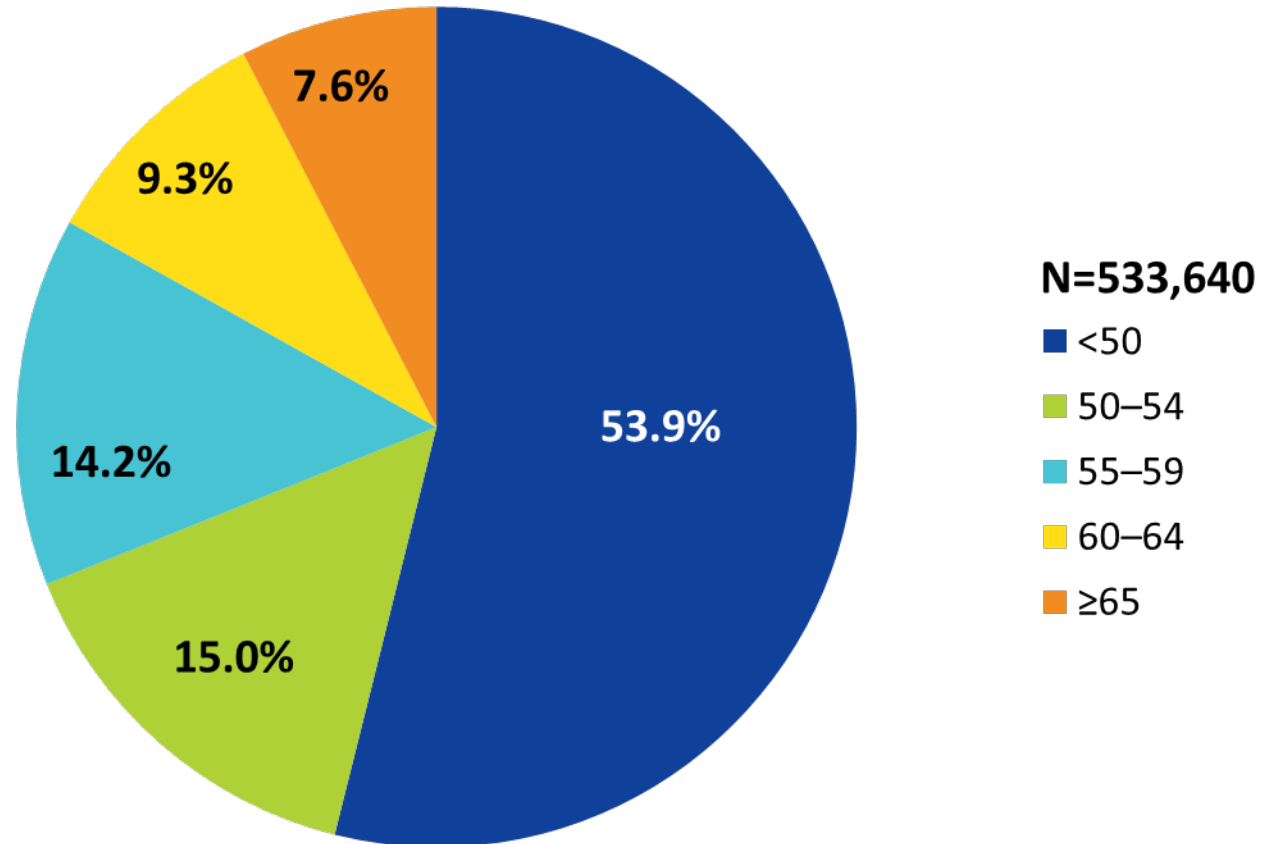
# Ryan White HIV/AIDS Program Clients, by Age Group, 2010 and 2018—United States and 3 Territories<sup>a</sup>



<sup>a</sup> Guam, Puerto Rico, and the U.S. Virgin Islands.



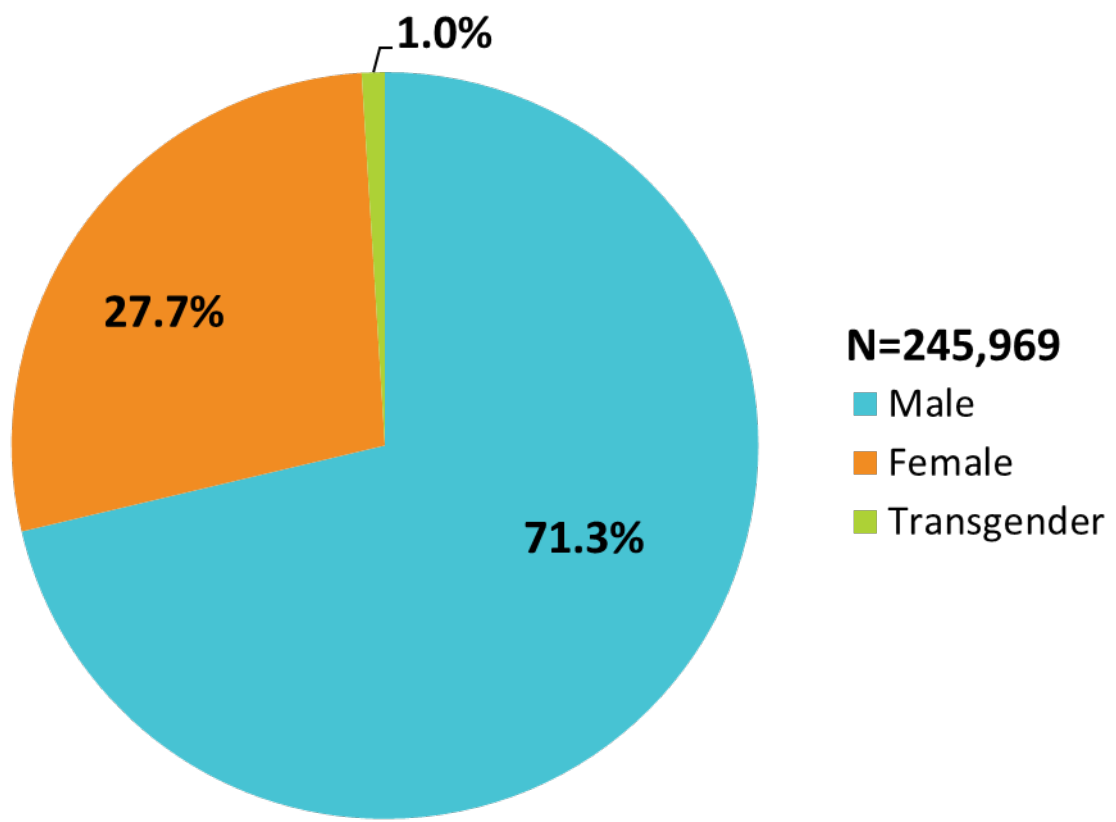
# Clients Served by the Ryan White HIV/AIDS Program, by Age Group, 2018—United States and 3 Territories<sup>a</sup>



<sup>a</sup> Guam, Puerto Rico, and the U.S. Virgin Islands.



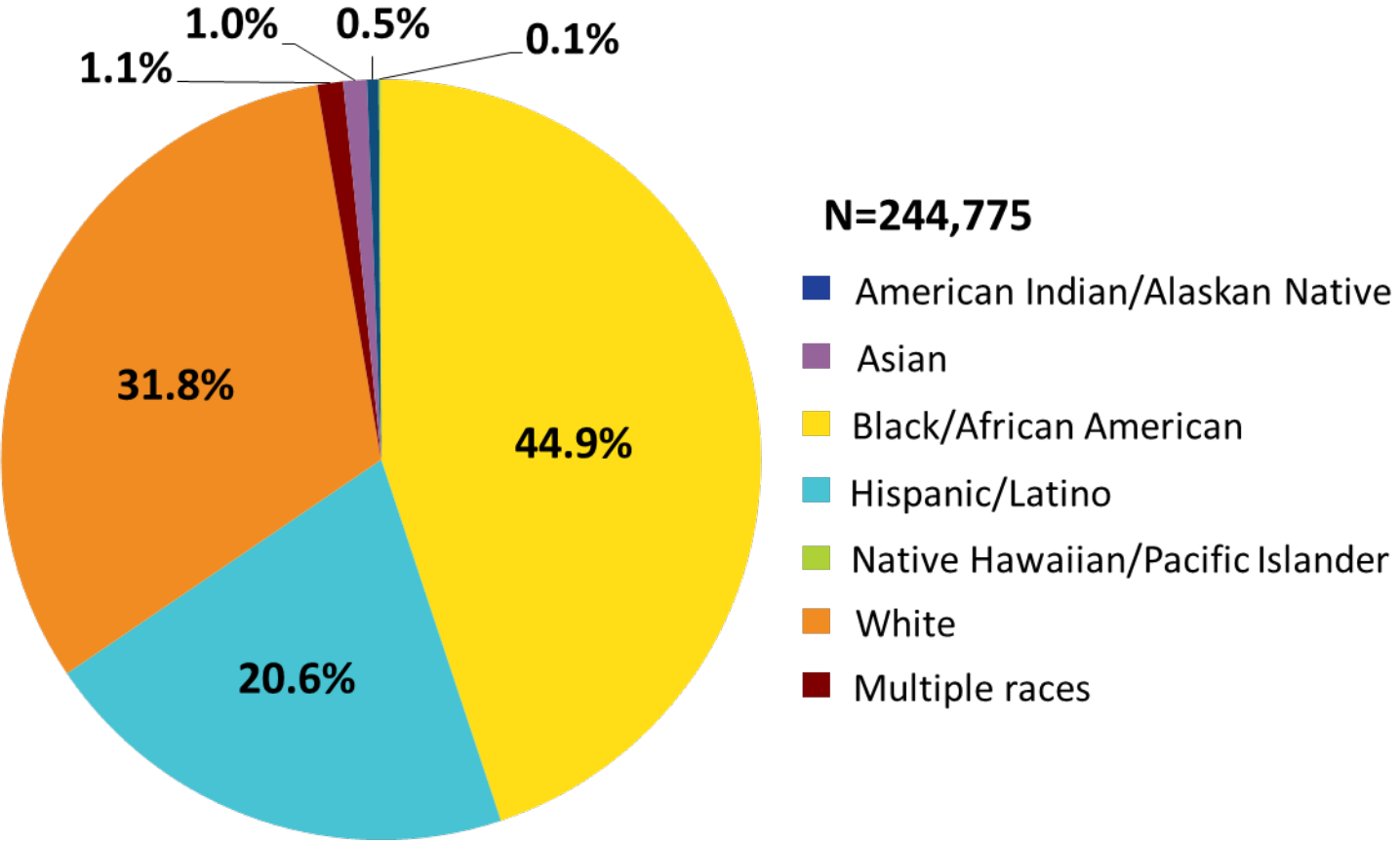
# Clients Aged 50 Years and Older Served by the Ryan White HIV/AIDS Program, by Gender, 2018—United States and 3 Territories<sup>a</sup>



<sup>a</sup> Guam, Puerto Rico, and the U.S. Virgin Islands.



# Clients Aged 50 Years and Older Served by the Ryan White HIV/AIDS Program, by Race/Ethnicity, 2018—United States and 3 Territories<sup>a</sup>

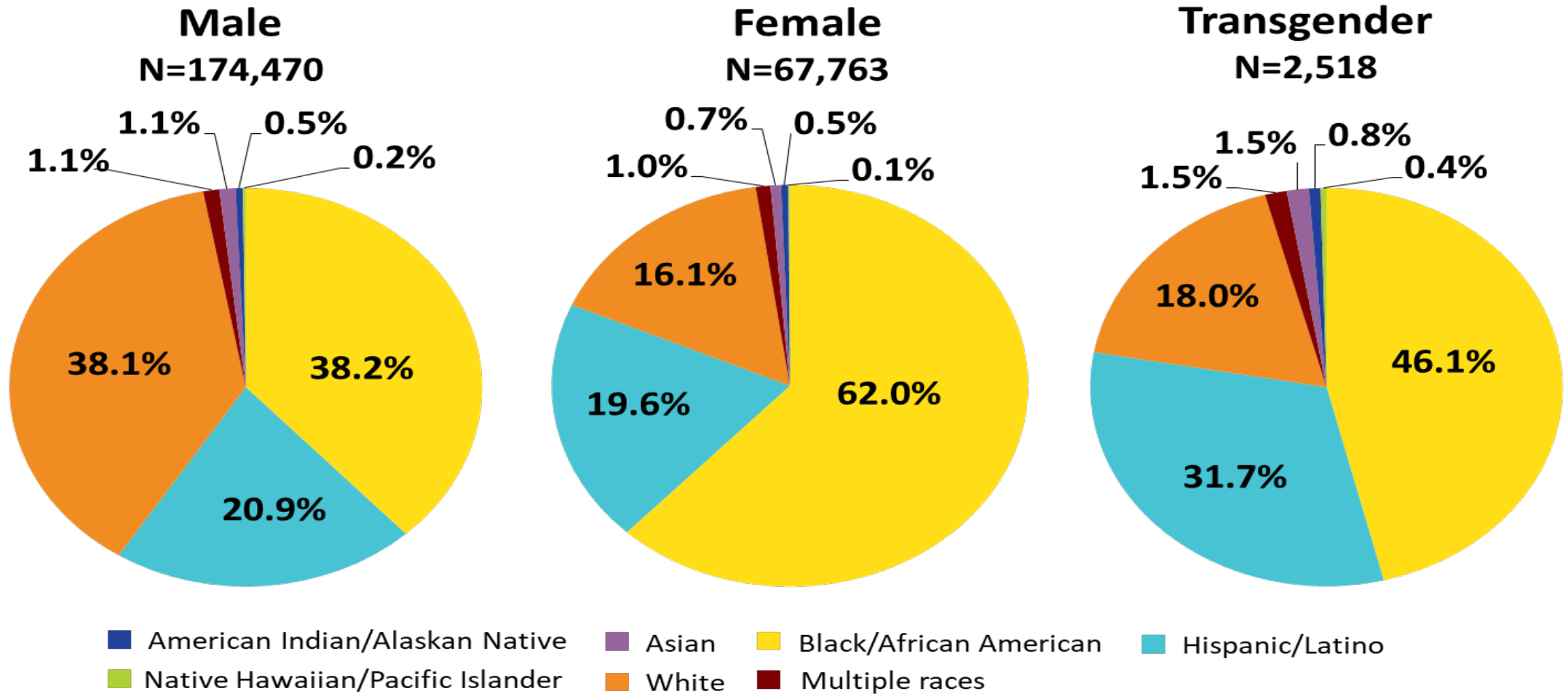


Hispanics/Latinos can be of any race.  
<sup>a</sup> Guam, Puerto Rico, and the U.S. Virgin Islands.





# Clients Aged 50 Years and Older Served by the Ryan White HIV/AIDS Program, by Gender and Race/Ethnicity, 2018—United States and 3 Territories<sup>a</sup>

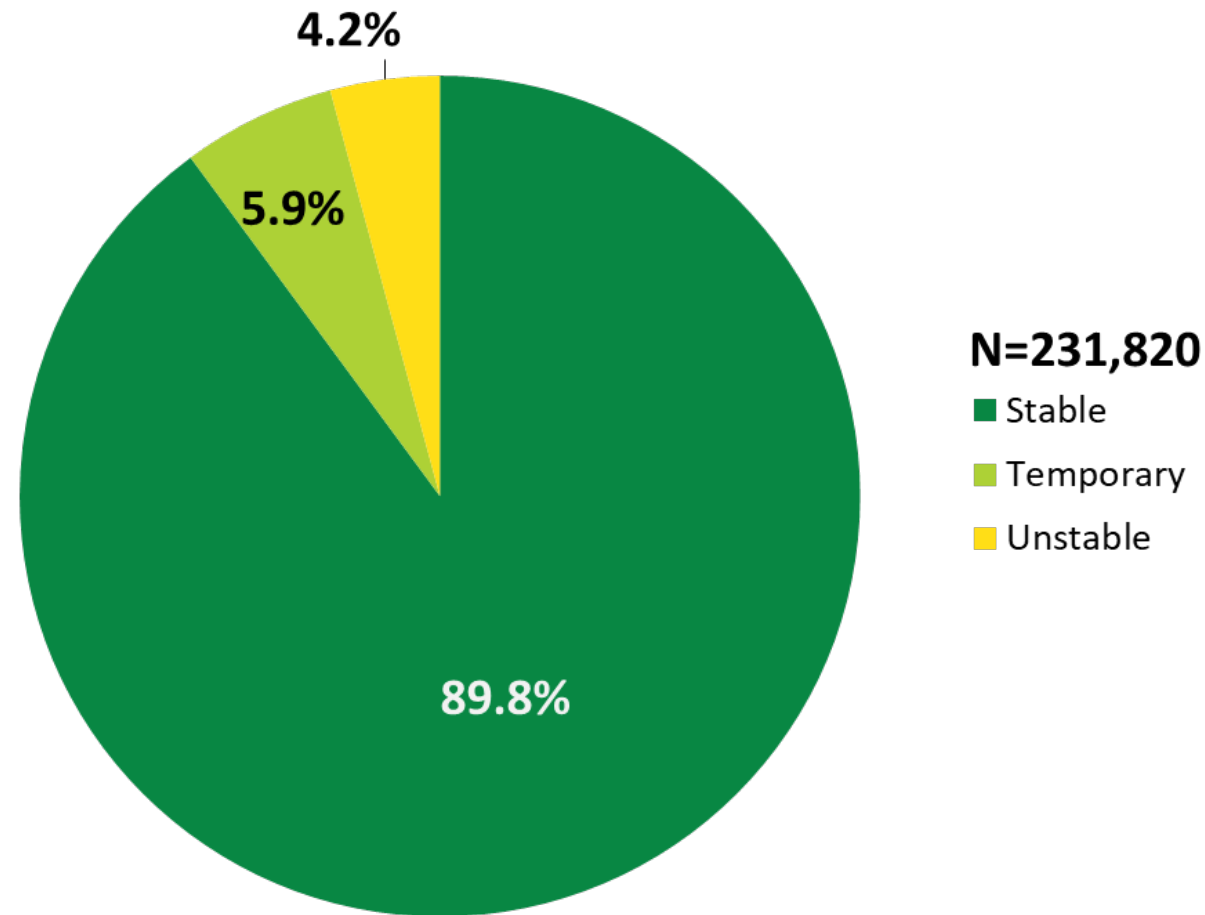


Hispanics/Latinos can be of any race.

<sup>a</sup> Guam, Puerto Rico, and the U.S. Virgin Islands.



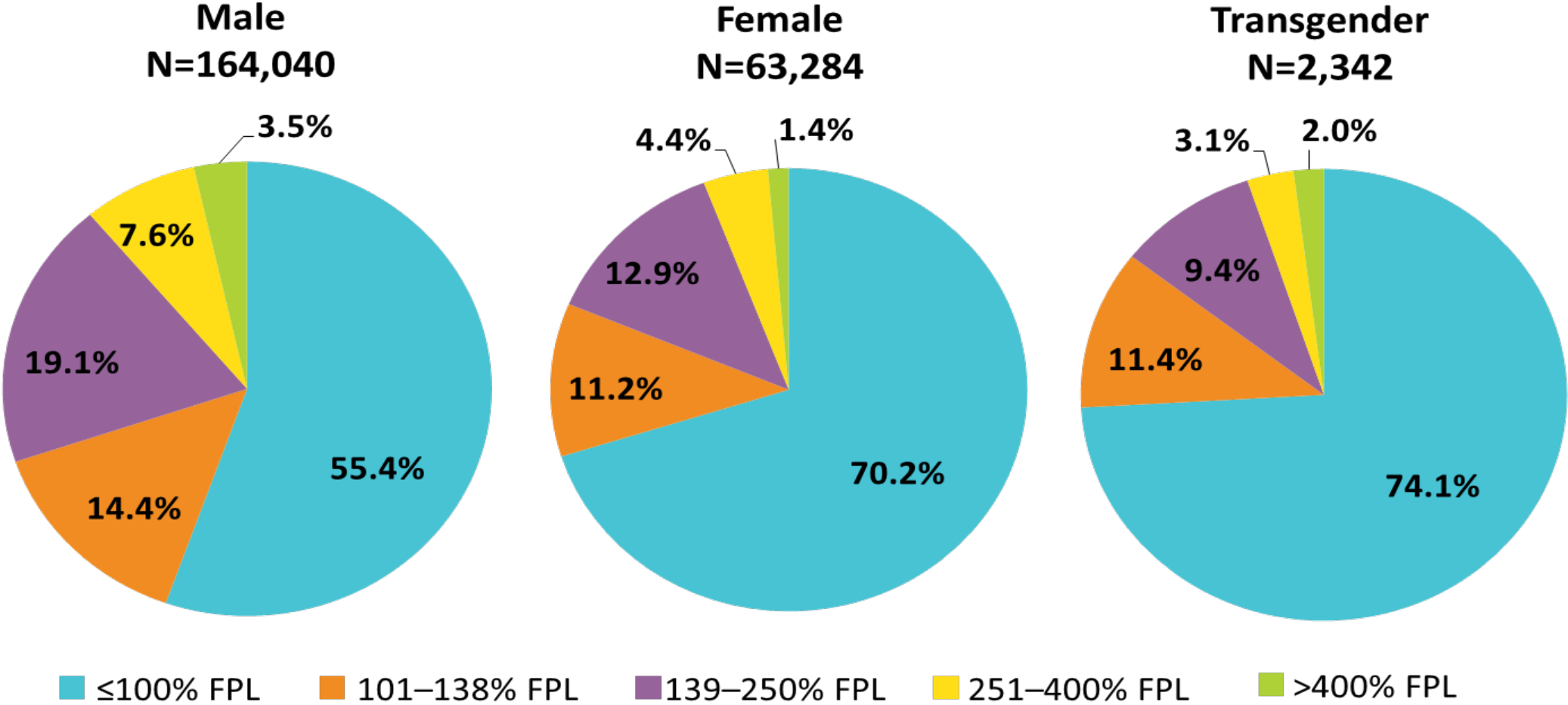
# Clients Aged 50 Years and Older Served by the Ryan White HIV/AIDS Program, by Housing Status, 2018—United States and 3 Territories<sup>a</sup>



<sup>a</sup> Guam, Puerto Rico, and the U.S. Virgin Islands.



# Adults Aged 50 Years and Older Served by the Ryan White HIV/AIDS Program, by Gender and Federal Poverty Level, 2018—United States and 3 Territories<sup>a</sup>



FPL: federal poverty level.

<sup>a</sup> Guam, Puerto Rico, and the U.S. Virgin Islands.

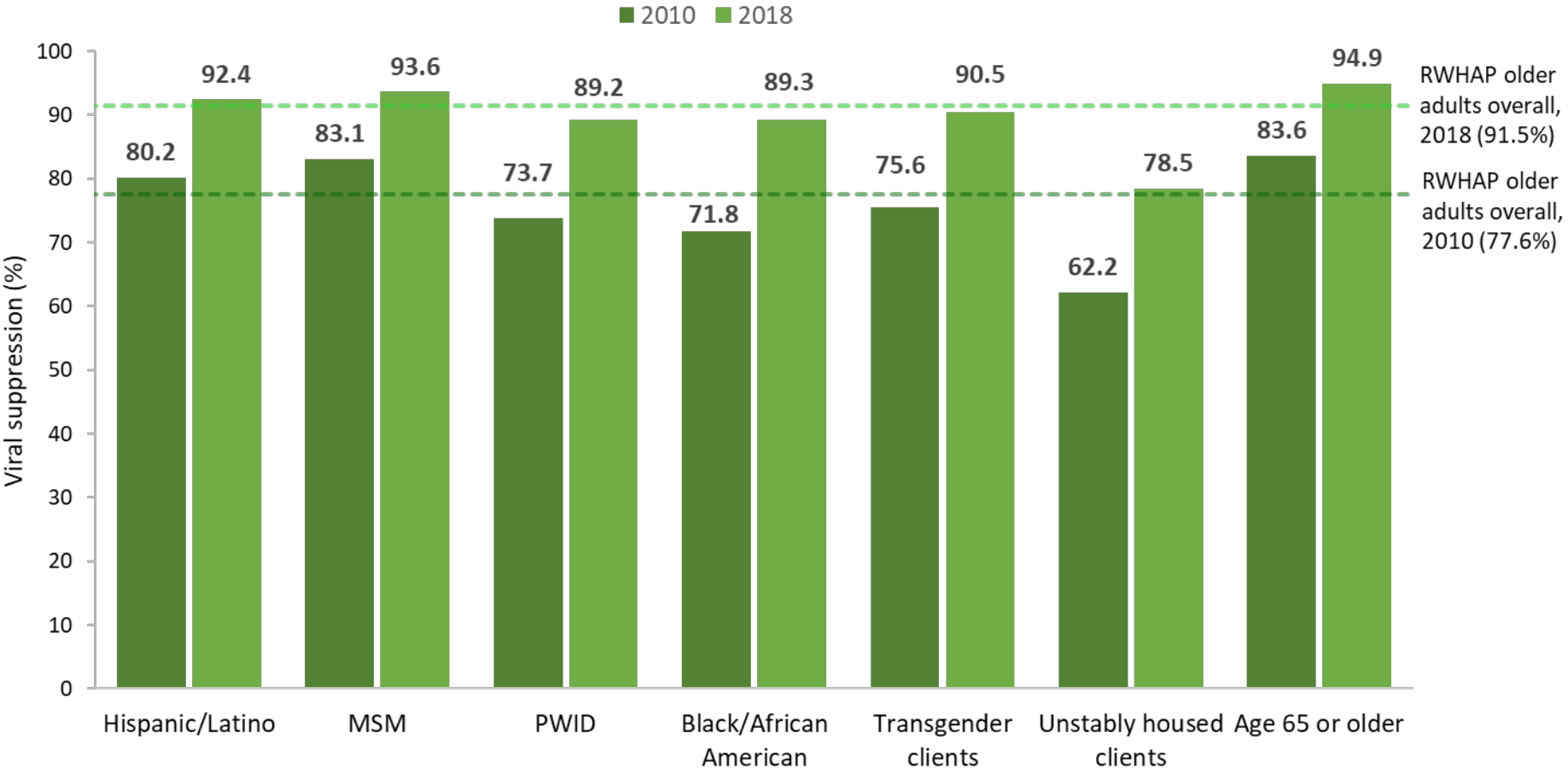


# Viral Suppression

Older Adults, Aged 50 Years and Older



# Older Adults Aged 50 Years and Older - Viral Suppression among Key Populations Served by the Ryan White HIV/AIDS Program, 2010 and 2018—United States and 3 Territories<sup>a</sup>



Hispanics/Latinos can be of any race.

*Viral suppression:* ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

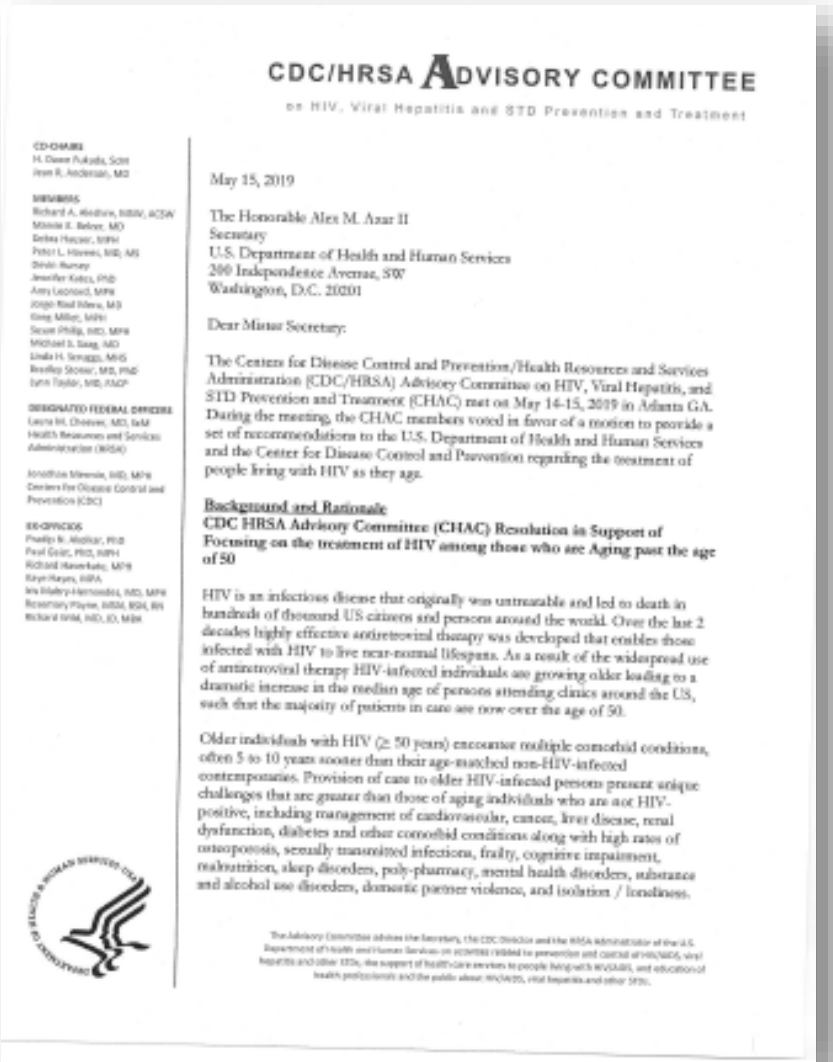
<sup>a</sup> Guam, Puerto Rico, and the U.S. Virgin Islands.



# HRSA HIV/AIDS Bureau and Aging Activities



# CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment



CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHAC) identified HIV and aging as a priority issue with recommendations for CDC and HRSA



# National HIV Curriculum HIV in Older Adults Module

- Offers free online continuing education for novice-to-expert health professionals, students, and faculty
- Module devoted to HIV in older adults

4 Topic 4  
**HIV in Older Adults**

**Learning Objectives**

- Recognize age-related and HIV-related changes to the immune systems of people 50 years of age and older
- Discuss cognitive and functional changes that may interfere with adherence to care in people with HIV who are 50 years of age and older
- Summarize recommendations for antiretroviral therapy management in persons 50 years of age and older.
- Manage common comorbidities of people with HIV who are 50 years of age and older

**Quick Reference**

**HIV in Older Adults Core Concepts**

- Background
- Accelerated versus Accentuated Aging
- Lower CD4 Cell Counts and Outcomes in Older Persons with HIV
- Screening and Detection of HIV in Older Adults
- Antiretroviral Therapy in the Older Patient with HIV
- Common Comorbid Conditions in Older Persons with HIV
- Life Expectancy, Age of Death, and Advanced Care Planning
- Summary Points

<https://aidsetc.org/nhc>





# Care of People Aging with HIV Toolkit

- Designed for clinicians and other professionals who care for people aging with HIV
- Provides links to screening and assessment instruments, along with programs and manuscripts

## Care of People Aging with HIV: Northeast/Caribbean AETC Toolkit

Publish date: *June 9, 2017*

Review date: *March 8, 2019*

AETC source: Northeast/Caribbean AETC, Weill Medical College of Cornell University

Eugenia Siegler, MD (Author); Gracine S. Lewis, BS (Editor)

Updated March 2019

This toolkit is designed for clinicians and other



<https://aidsetc.org/resource/care-people-aging-hiv-northeastcaribbean-aetc-toolkit>



# HIV and Aging Toolkit

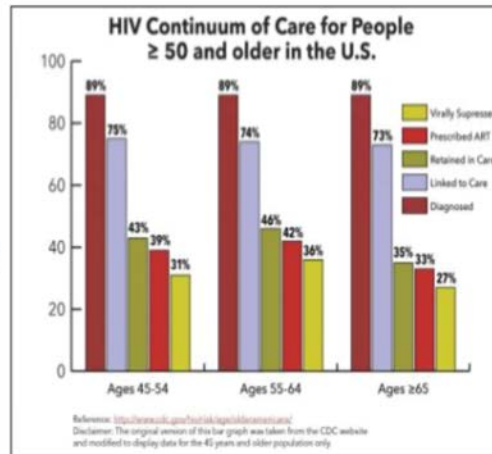
## HIV and Aging Toolkit

AETC HIV and Aging Workgroup

April 2015

### Overview

This toolkit was developed for use for members of the AETC Program and HIV health care professionals to serve as a resource guide on HIV and aging. The information contained in this toolkit is divided into 4 categories- Prevention,



Toolkit including, videos on topics related to HIV and aging; a compendium of evidence-based information with associated annotated bibliographies to summarize each reference; an HIV and aging infographic

<https://aidsetc.org/toolkit/aging/home>



# Aging and HIV Webcasts

Two national webcast on Aging and HIV that drew over 500 participants each!



**AGING & HIV**

**HRSA**  
Health Resources & Services Administration

**Webcast #1:**  
Thursday, March 26, 2020  
1:30 pm-3:00 pm ET

**Healthcare Needs of Adults with HIV who are Aging in the Ryan White HIV/AIDS Program**

**PURPOSE:** To address the medical care and support needs of aging adults with HIV, and to examine proven methods of creating health care environments and health care teams adequately prepared to care for the aging population.

**Join via Adobe Connect:**



Francine Cournos



Meredith Greene



Maile Karris



Robert Riestler



**AGING & HIV**

**HRSA**  
Health Resources & Services Administration

**Webcast #2:**  
Thursday, June 25, 2020  
1:30-3:30pm ET

**Psychosocial and Support Needs for Adults with HIV Who are Aging in the Ryan White HIV/AIDS Program**

**PURPOSE:** To address the psychosocial and support needs of aging adults with HIV, and to examine proven methods of creating health care environments and health care teams adequately prepared to care for the aging population.

**Join via Adobe Connect:**



Keri Althoff



Linda Frank



Molly Perkins



Melanie Reese

<https://targethiv.org/calendar/healthcare-needs-adults-hiv-who-are-aging-rwhap>

<https://targethiv.org/calendar/psychosocial-and-support-needs-people-hiv-who-are-aging-ryan-white-hiv-aids-program>



# HRSA Care Action Newsletter on HIV and Aging



**HRSA CARE ACTION** APRIL 2018

**AGING WITH HIV: CARE CHALLENGES**

**AGING WITH HIV**

The face of HIV is an aging one. Research and therapeutic advances have transformed HIV from a deadly disease

**DIRECTOR'S NOTE**

This edition of *HRSA CAREAction* addresses the evolving dynamic of providing care for older people living with HIV (PLWH).

**Agging With HIV**

**Ryan White HIV/AIDS Program Recipients Address HIV and Aging**

**HIV Treatment Guidelines for Older Adults**

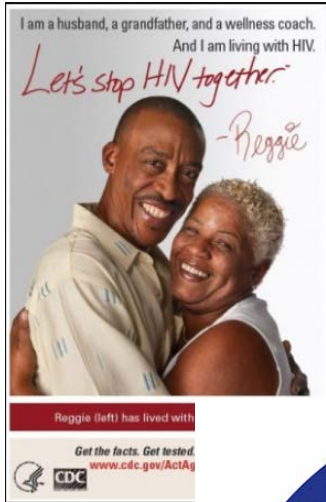
- Eight page newsletter provides perspectives on many subjects including:
- Being diagnosed With HIV in later years
  - Health issues
  - Stories from RWHAP recipients



<https://hab.hrsa.gov/publications/careaction-newsletters>



# HRSA HAB Listening Sessions on Aging – Key Themes



- **Co-morbidities** accelerated and/or aggregated by HIV
- RWHAP providers' **technical assistance needs** to better understand frailty and aging medical issues as framed by geriatricians
- **Social isolation**, long term-survivors, mental health needs
- Concerns related to **stigma** in non-HIV aging care systems and supports
- Understanding and **leveraging aging related** services available in communities, e.g., long-term care
- Understanding **Medicare coverage**

# Thank You and Continued Forward Progress

- RWHAP recipients and providers across the United States and Territories truly are the ones who make decisions and implement changes that affect the local needs and programs.
- Thank you for your tireless efforts.
- Thank you for continuing to develop your programs to meet the needs of people aging with HIV.



# Contact Information

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# Understanding the medical conditions and psychosocial needs of people aging with HIV in the Ryan White HIV/AIDS Program

**HRSA HAB Aging Institute: Session 1**

# Disclosures

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William Hall has no relevant financial or non-financial interests to disclose.

# Learning Objective

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By the end of this session, participants will be able to:

- Understand the experience of people with HIV who are aging

# William “Bill” Hall

- 34 years Living with HIV/AIDS
- Tlingit Indian from Hoonah in Southeast Alaska
- Life-long advocate for Native American community
- Community Advisory Board Member for many HIV/AIDS programs



# Understanding the experiences of aging with HIV

## Experiences as an elder living with HIV/AIDS

- Changes over time
  - Loneliness
  - Emotional Fatigue
  - Survivor's Guilt
  - Vulnerability
  - Invisibility
  - Fear
  - Stigma



# Symptoms of HIV and Aging by Dr. Linda Fried

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- Decline in lean body mass and strength
- Weight loss
- Loss of endurance
- Slower walking
- Relative inactivity
- Decreased balance and mobility

From 10<sup>th</sup> International Workshop on HIV and Aging (October 2019)



# My Journey





# Challenges

- Limited Services/no services for long-term survivors
- Lack of support group specifically for long-term survivors
- Seattle AIDS Support Group
- Lack of medical care geared towards the aging population
- Assisted living facilities that lack an understanding HIV/AIDS and Aging





# Solutions

- Developing Specialized Medicine programs for aging population
- Developing Specialized Behavior Health services for seniors living with AIDS
- Providers trained in needs for the aging population
- Drop-in center for long-term survivors
- Address Emotional Support and Isolation
  - ✓ Support Groups
  - ✓ Socializing Events



# Overview of Medical Conditions and Psychosocial Needs of People Aging with HIV

**2020 National Ryan White Conference on HIV Care and Treatment**

Kathleen Fitch, MSN, FNP-C  
Massachusetts General Hospital

# Disclosures

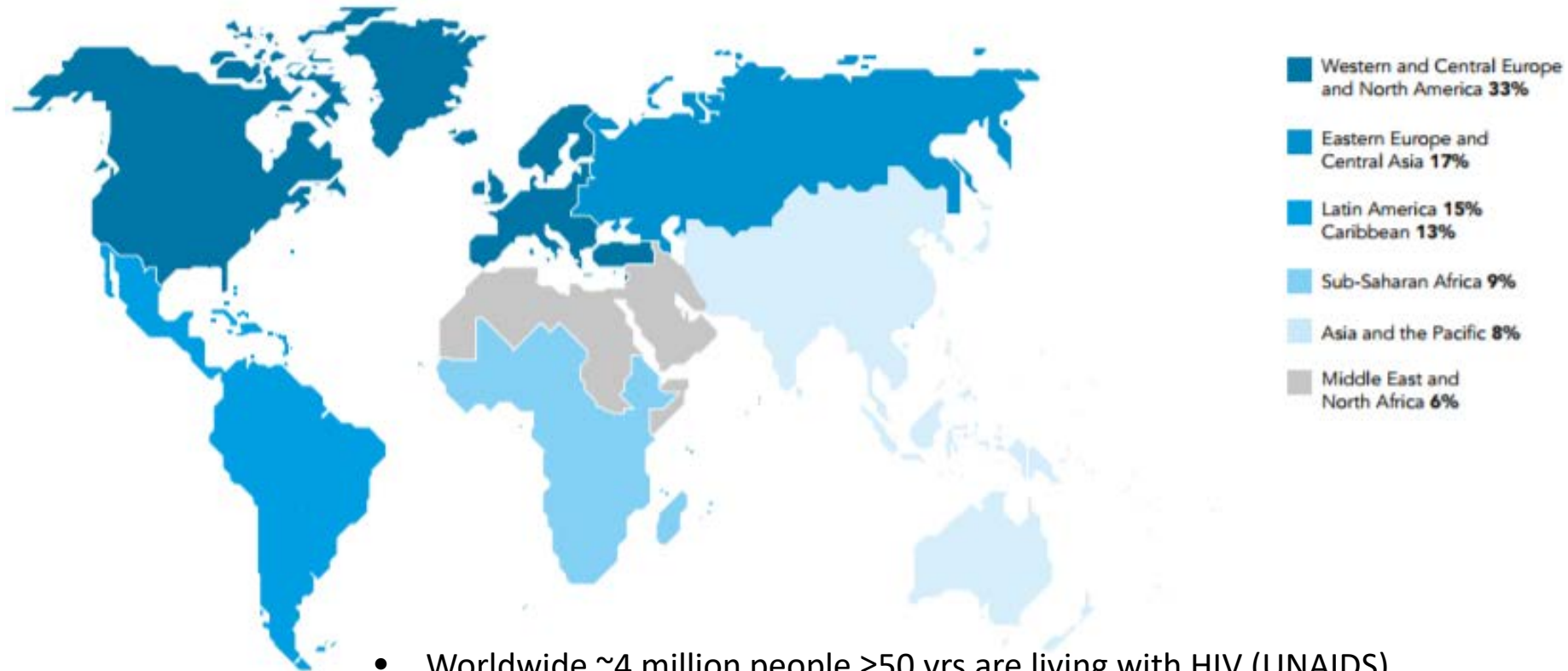
Kathleen Fitch has no relevant financial or non-financial interests to disclose.

# Learning Objectives

- Communicate medical conditions experienced by the aging population of people living with HIV.
- Describe psychosocial needs of people aging with HIV.
- Understand interrelatedness of medical and psychosocial needs of people aging with HIV.
- Understand successful aging in the context of HIV.

# Population with HIV is Aging Worldwide

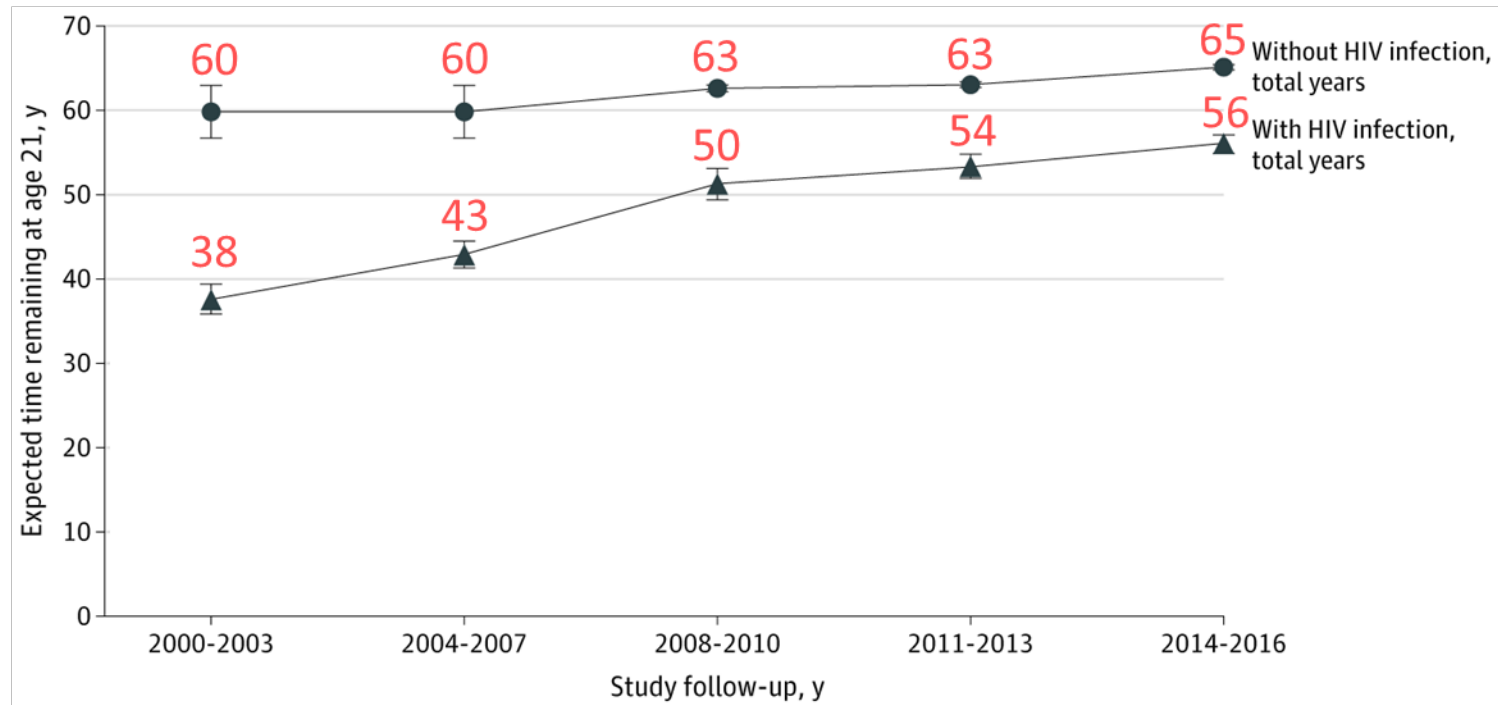
Estimated percentage of the adult population living with HIV  $\geq 50$  yrs, by region 2012.  
(UNAIDS)



- Worldwide ~4 million people  $\geq 50$  yrs are living with HIV (UNAIDS)
- **10%** of the adult population with HIV in **low- and middle-income** countries are  $\geq 50$  yrs
- **30%** of the adult population with HIV in **high income** countries are  $\geq 50$  yrs
- Since ~2007, the proportion of adults living with HIV  $\geq 50$  yrs has increased in all regions, and especially in high income countries where treatment is readily available

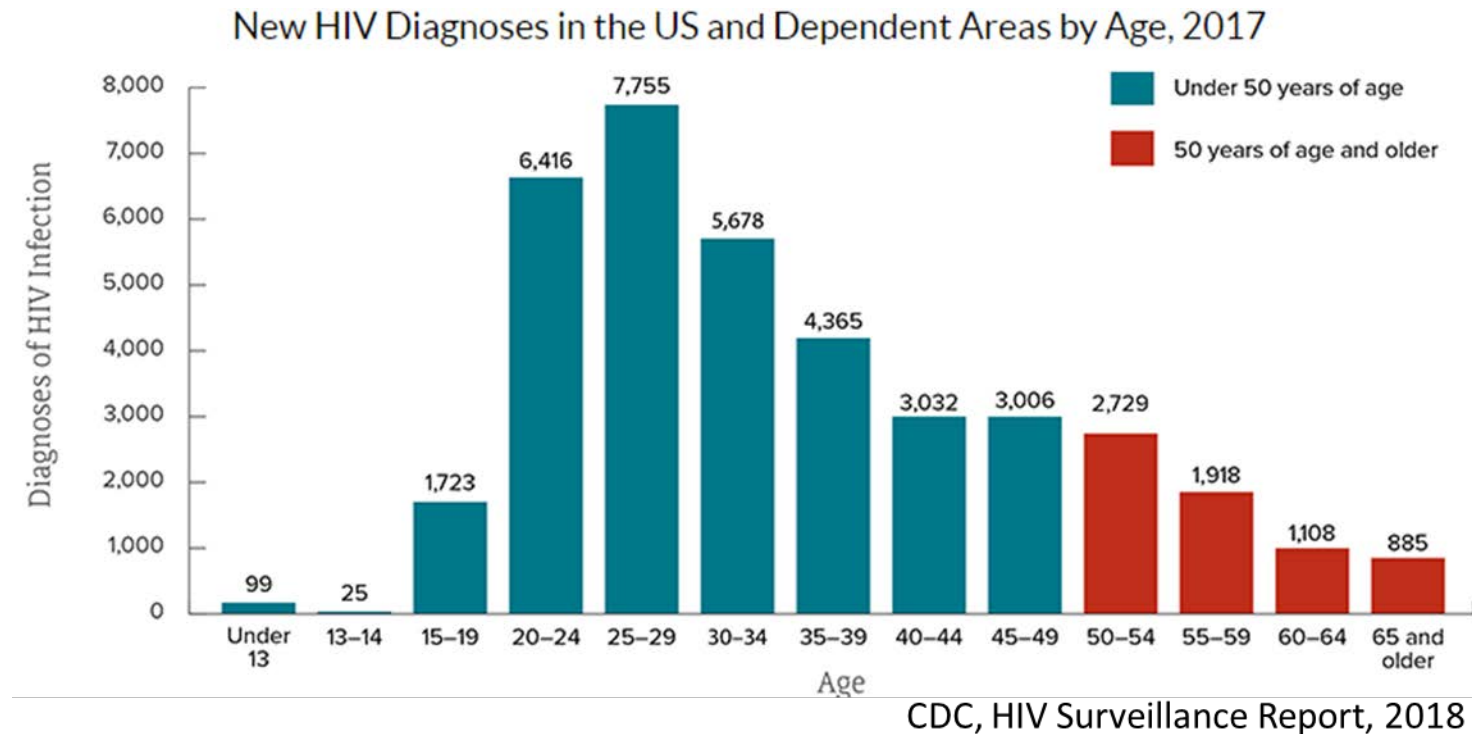
# Life Expectancy of People with HIV (PWH) is Improving

**Overall Life Expectancy at Age 21 Years for Individuals With and Without HIV Infection, Kaiser Permanente, 2000-2016. Error bars indicate 95% CIs.**



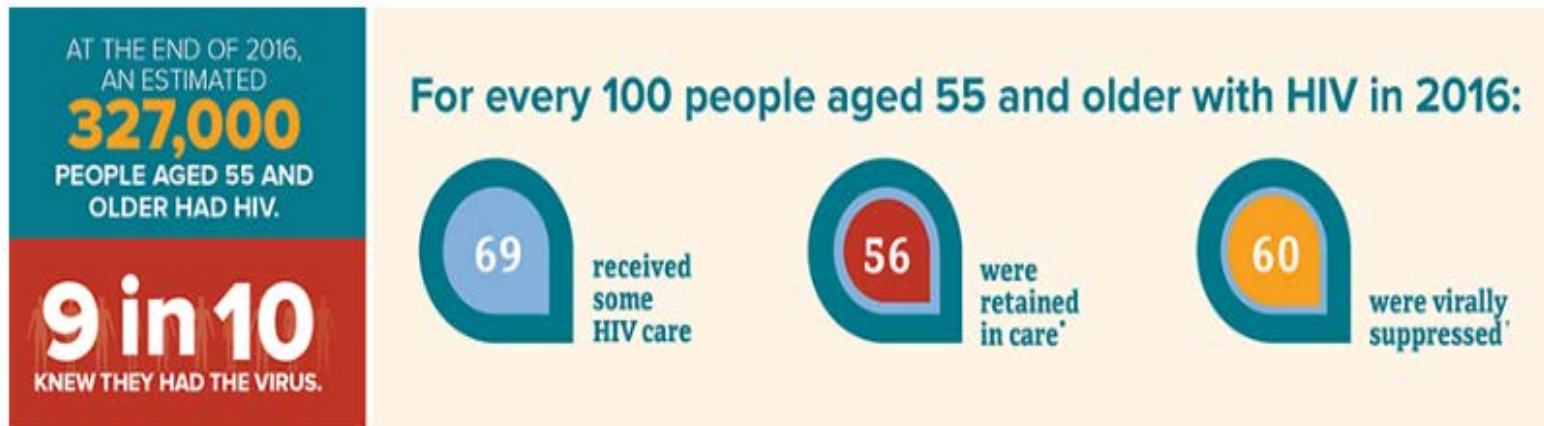
# New HIV Diagnoses Among Older Adults

- Globally, in 2016, an estimated 110,000 people  $\geq 50$  yrs were newly infected with HIV
  - In the US, in 2017, 6,640 people  $\geq 50$  yrs were newly infected with HIV
    - 17% of new diagnoses
- Aging does not necessarily change risk behaviors—this is often overlooked



# Factors Behind the Current Trend

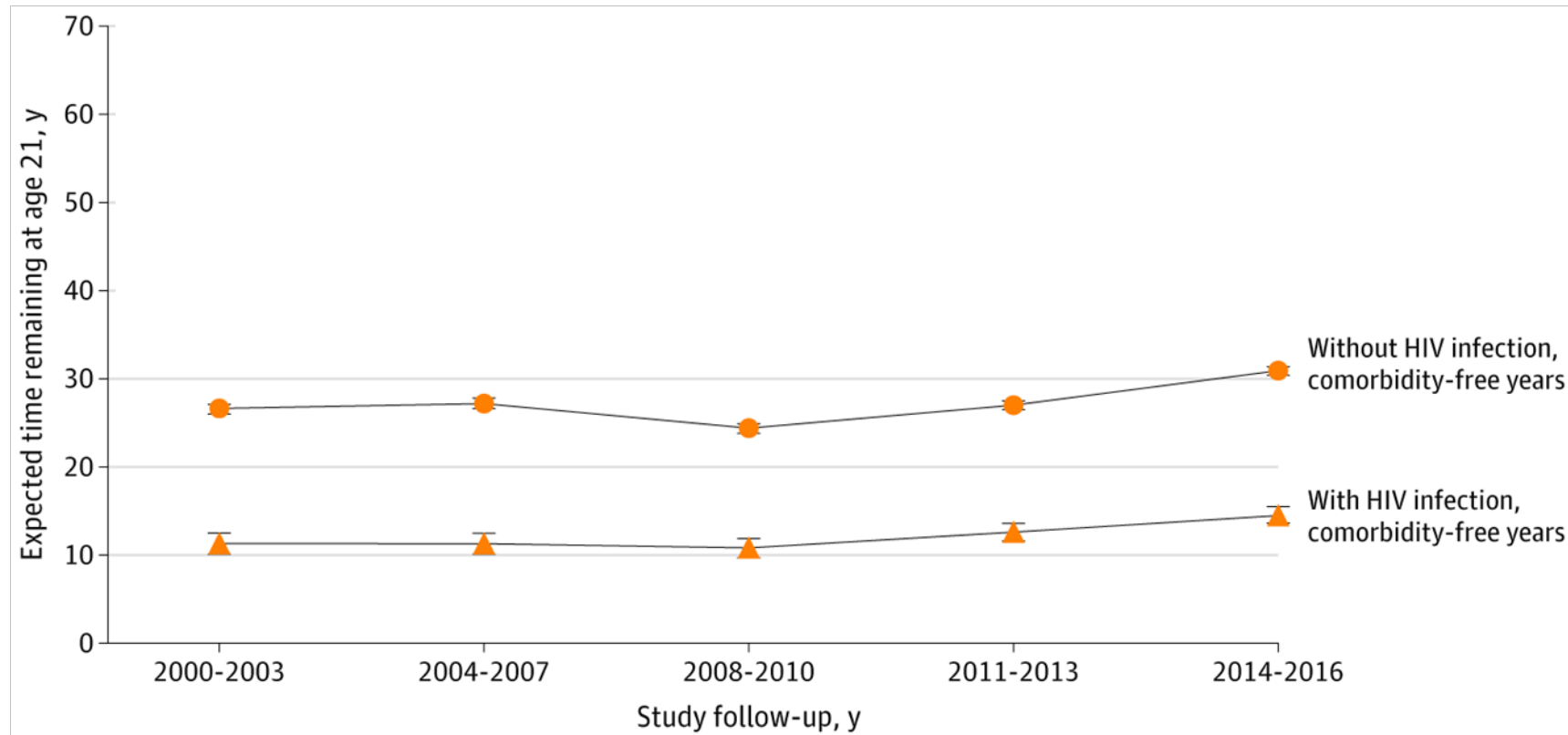
1. Changes in antiretroviral therapy (ART) prescribing practices.
2. Development of more tolerable ART and newer approaches to treat the systematic inflammation that accompanies HIV are being used and continue to be developed.
3. Improvement in the continuum of care has occurred.



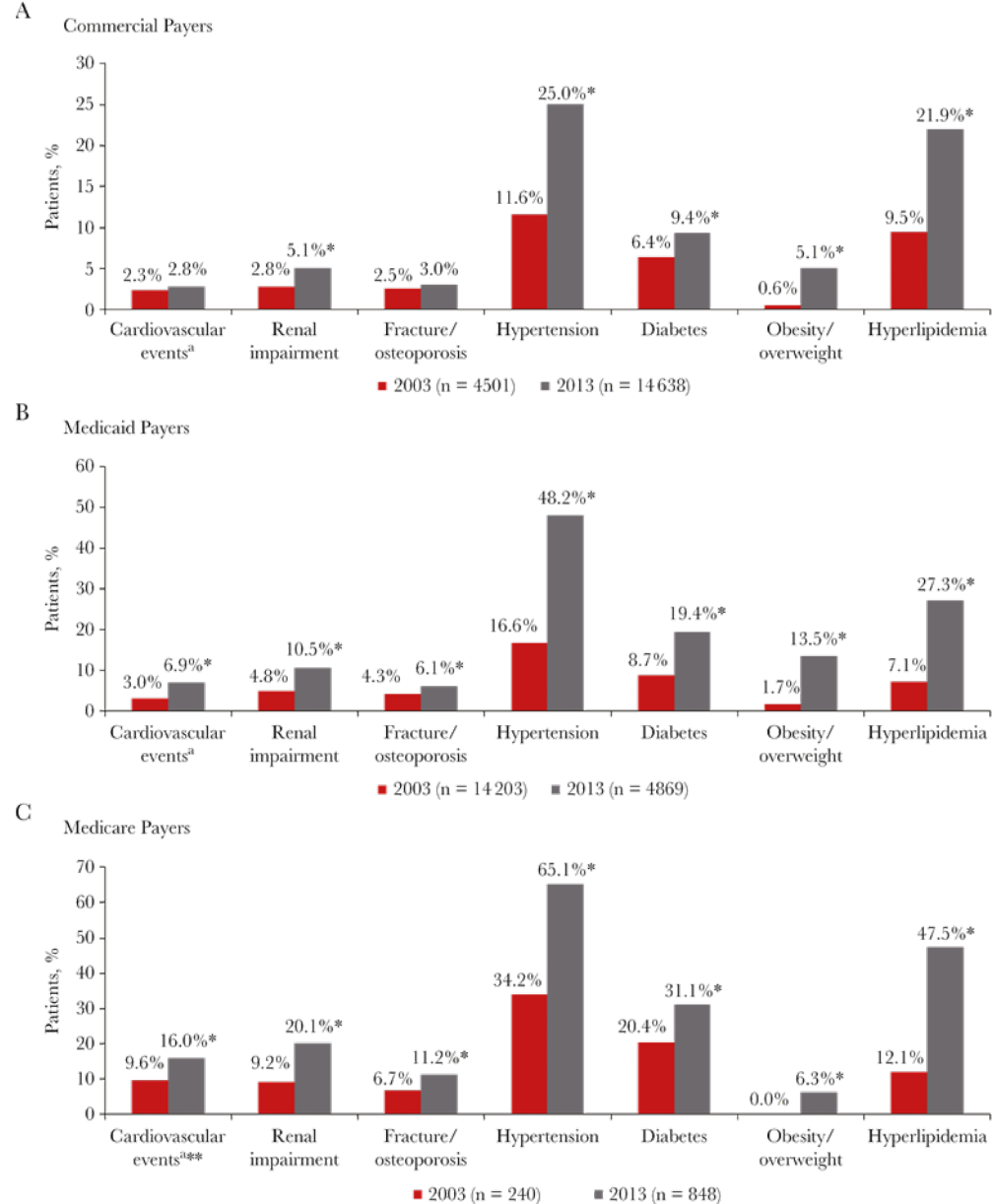


# Persistent Gap in Comorbidity-Free Life Expectancy

Comorbidity-Free Life Expectancy at Age 21 Years for Individuals With and Without HIV Infection, Kaiser Permanente, 2000-2016  
Comorbidity-free years were those lived before incident diagnosis of any of 6 common comorbidities: chronic liver disease, chronic kidney disease, chronic lung disease, diabetes, cancer, or cardiovascular disease. Error bars indicate 95% CIs.

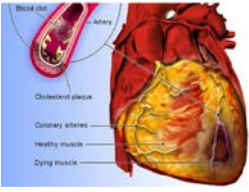


# Burden of Comorbid Medical Conditions



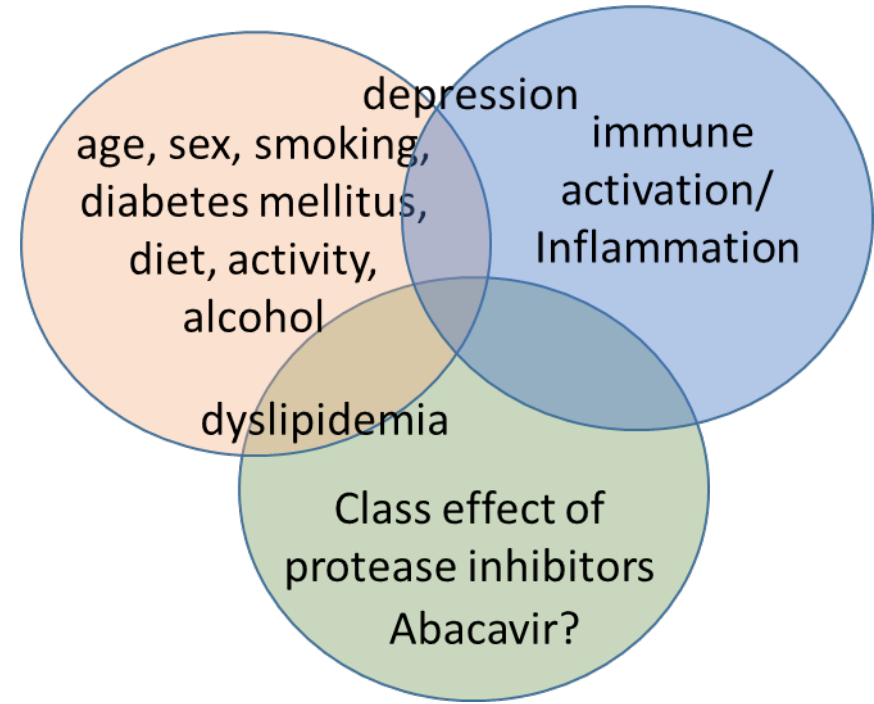
## Common Comorbid Conditions

- Cardiovascular disease (CVD)
- Chronic kidney disease (CKD)
- Overweight/obesity
- Bone disease (fractures and osteopenia)
- Chronic lung disease
- Cancer (non-AIDS)
- Chronic liver disease
- Neurocognitive disorder

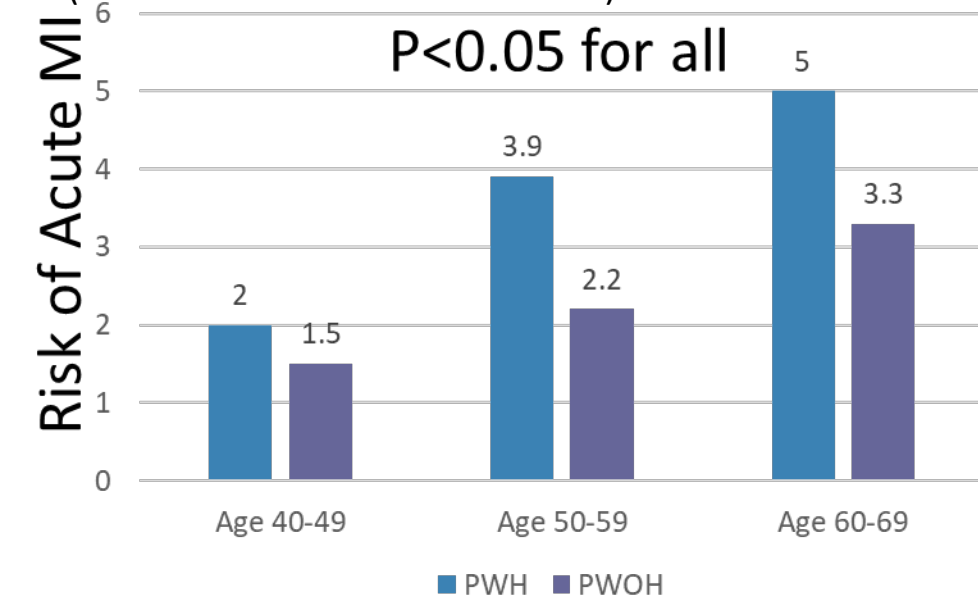


# Cardiovascular Disease

## Risk Factors for CVD in HIV



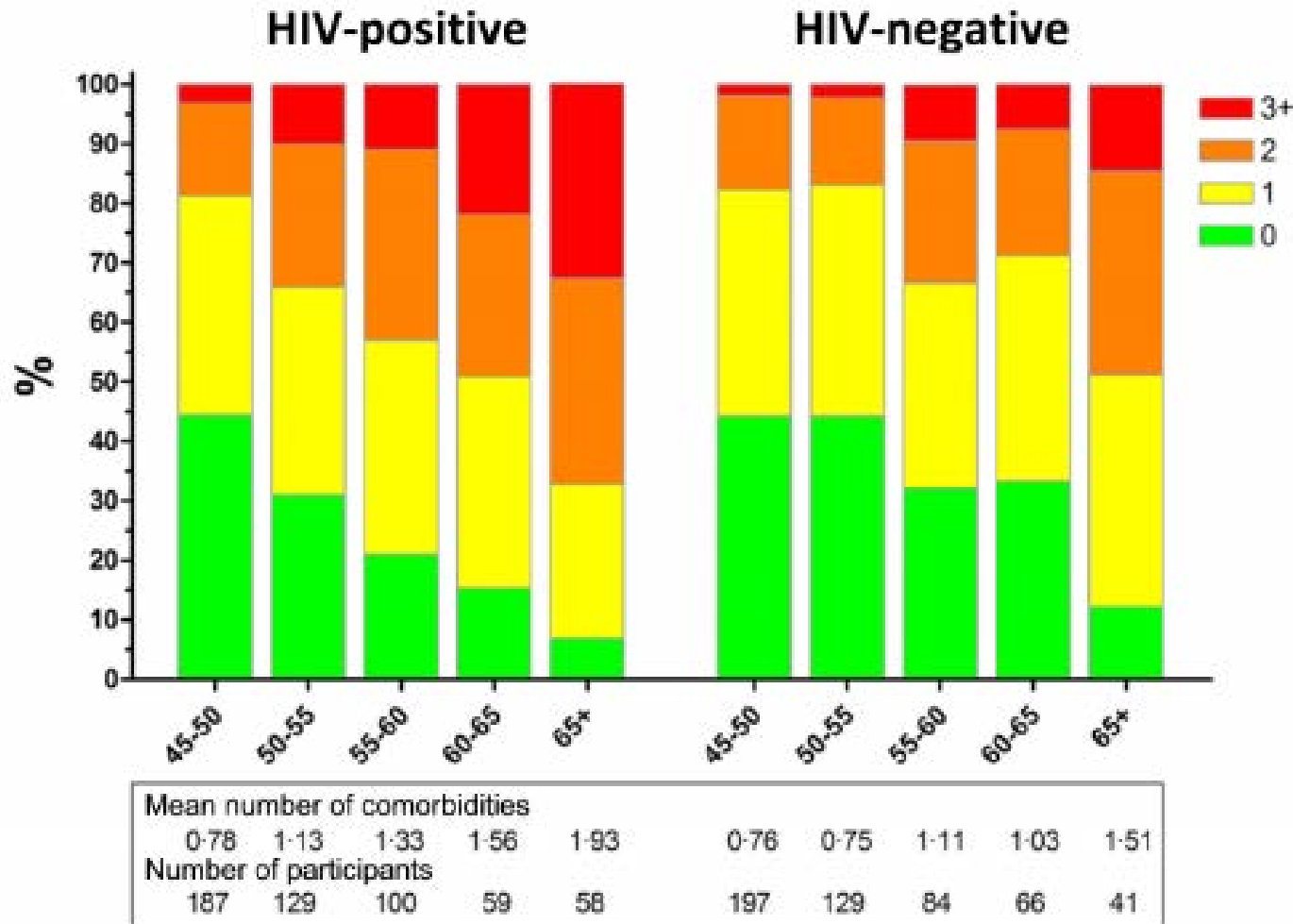
- Relative risks of various CVD manifestations are generally 1.5 – 2.0 times higher in HIV (Triant V et al., JCEM, Freiberg et al., JAMA Intern Med, 2013, Shah ASV et al. Circulation. 2018).
- PWH have an excess risk of myocardial infarction (MI), ischemic stroke, heart failure (HF), pulmonary hypertension, and venous thrombosis (Feinstein MJ et al. Circulation. 2019).
- Burden of HIV-associated CVD has tripled in the past 2 decades (Shah ASV et al. Circulation. 2018).



## Veterans Aging Cohort Study Virtual Cohort

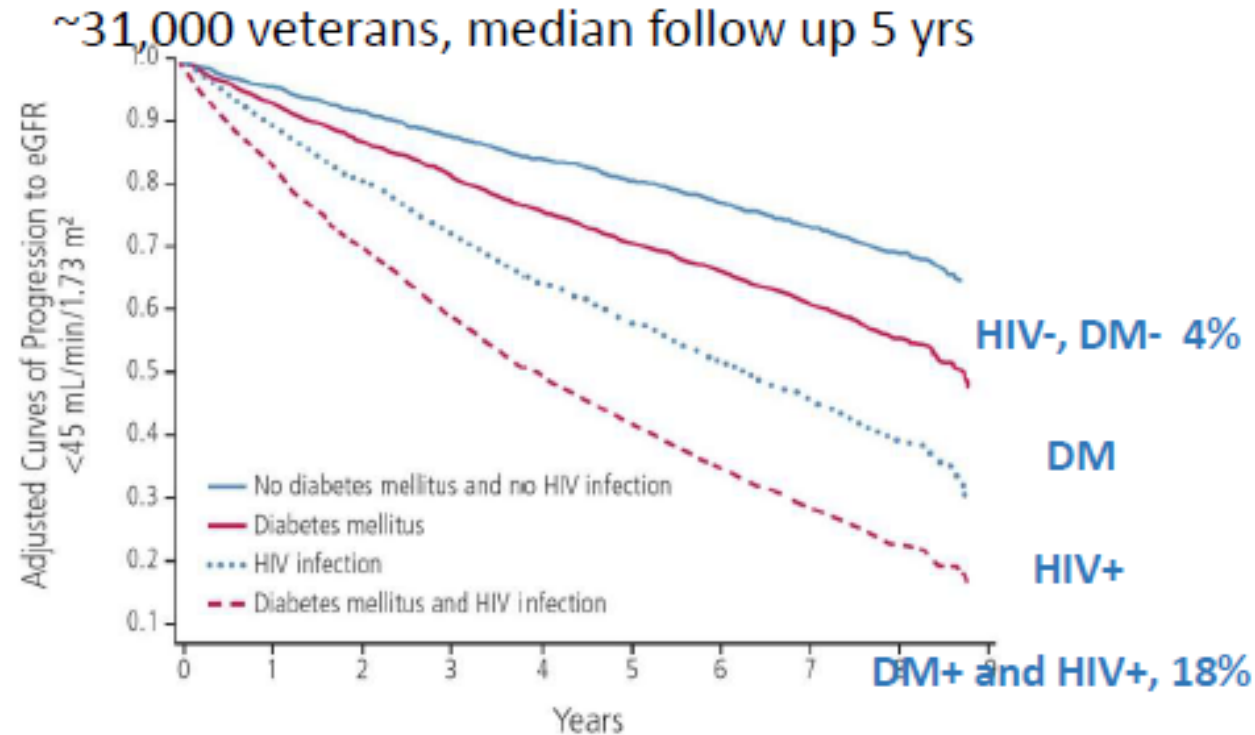
- Data analyzed on 82,459 participants (97% male), during median follow up 5.9 years
- Acute myocardial infarction events per 1000 person-years consistent and significantly higher for HIV-infected vs. uninfected veterans

# Multimorbidity is Common



- Cross-sectional analysis, 540 HIV-infected participants, 84% male, 96% on ART vs. 524 HIV-uninfected participants.
- Prevalence of comorbidities including hypertension, myocardial infarction, peripheral artery disease, CVA, angina, diabetes mellitus (DM), chronic obstructive pulmonary disease, CKD, non-AIDS cancer, bone mineral density was assessed.
- Distribution of number of comorbidities in PWH resembles distribution of people without HIV (PWOH) who were 5 years older.
- For PWH  $\geq 50$  ys, mean number of comorbidities was significantly higher compared with PWOH.

# Multimorbidity and Progression of Disease: HIV, Diabetes and Risk of Chronic Kidney Disease (CKD)



Adjusted HR for DM+ and HIV+ = 4.47

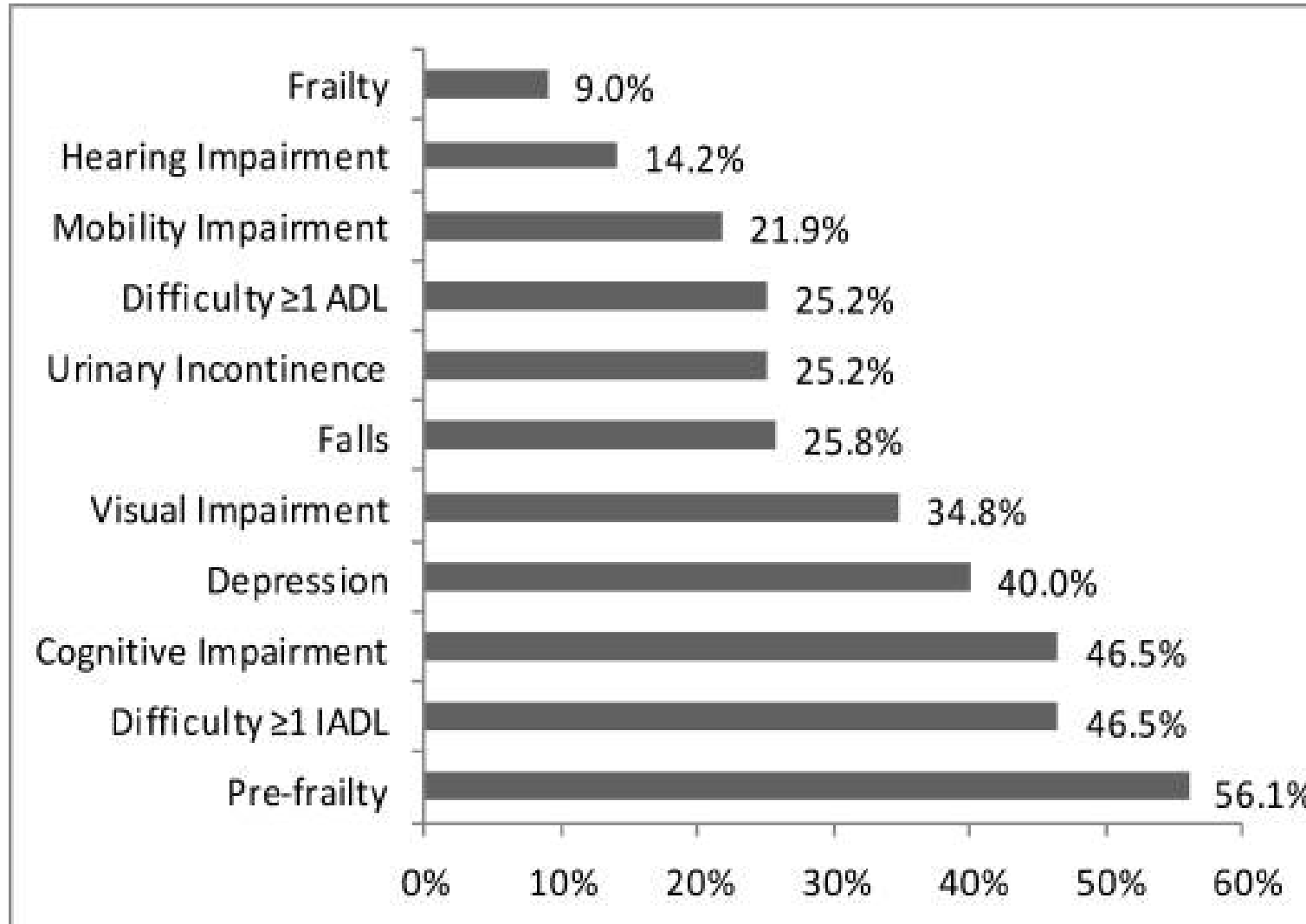
Adapted from Medapalli, RK et al. JAIDS. 2012.

From the Veterans Aging Cohort (VACS) Virtual Cohort:

Objective: Evaluate the individual and combined effects of HIV and DM on chronic kidney disease progression (eGFR < 45 mL/min/1.73m<sup>2</sup>)

Relative rate of progression was increased in individuals with DM only, HIV only and greatest with both DM and HIV (HR 4.47)

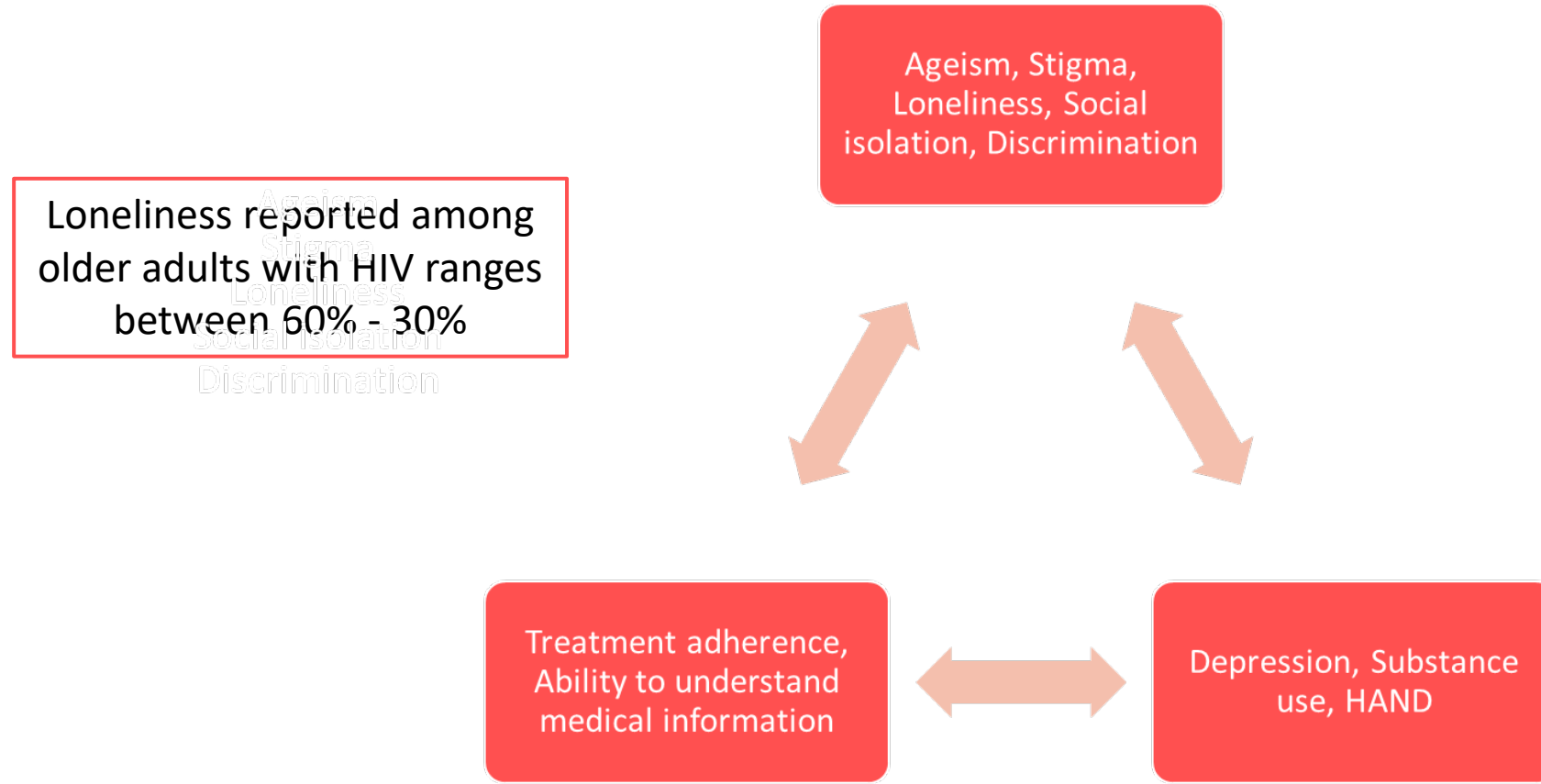
# Geriatric Syndromes Prevalent in PWH



- Cross-sectional study of PWH  $\geq 50$  yrs, undetectable HIV viral load, on ART.
- Median age=57, 94% male
- In multivariable analysis, an increasing number of comorbidities was associated with increased risk of having more geriatric syndromes (incidence rate ratio 1.09; 95% confidence interval, 1.03–1.15)

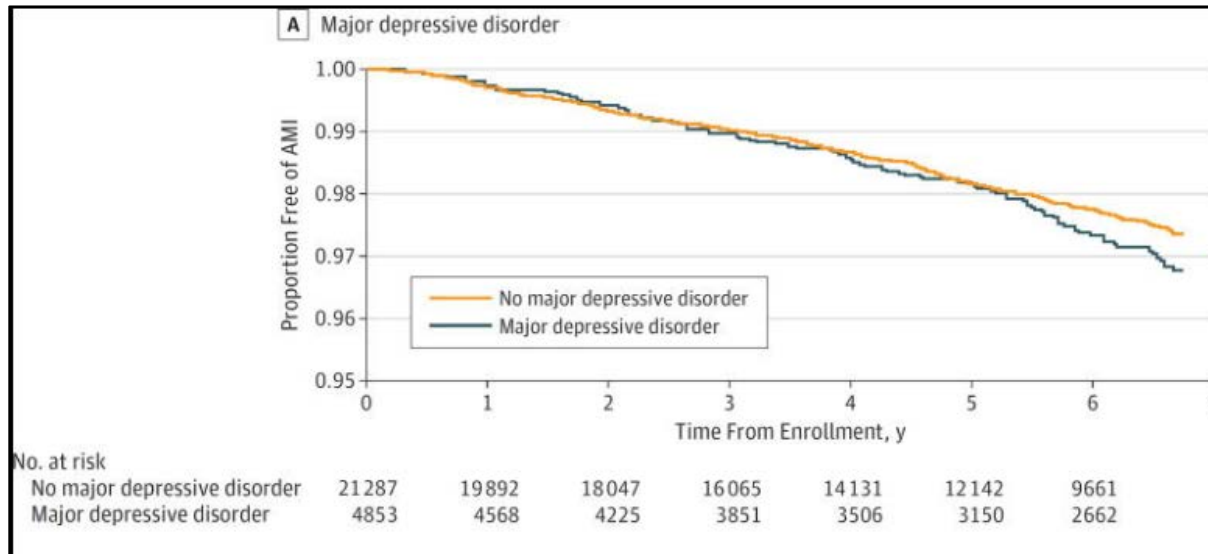
ADL = activity of daily living  
IADL = Instrumental ADL

# Link Between Psychosocial Issues, Mental Health and Medical Care



HAND = HIV-associated neurocognitive dysfunction

# Mental Health is Linked to Cardiovascular Disease



## Veterans Aging Cohort Study (VACS)

PWH and major depressive disorder (MDD) (but not dysthymia), have a 30% increased risk for acute myocardial infarction compared to PWH and no MDD

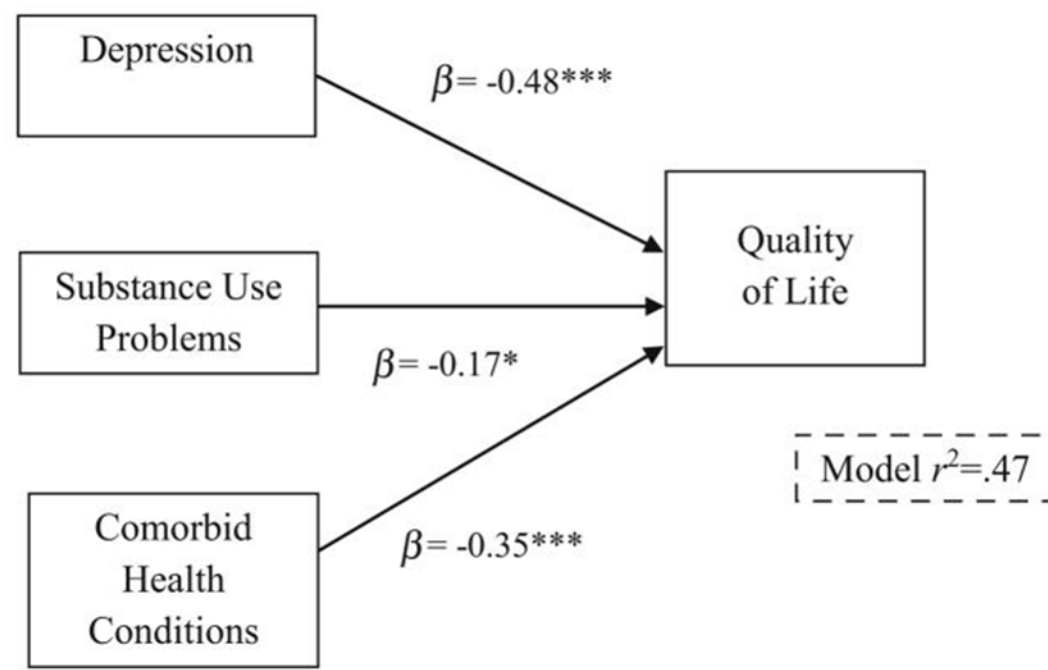


## Women's Interagency HIV Study (WIHS)

Women living with HIV (WLWH) who reported a high burden of psychosocial risk factors (i.e., depressive symptoms, perceived stress, and posttraumatic stress disorder symptoms) were more likely to have prevalent subclinical atherosclerosis compared with WLWH who reported a low burden of psychosocial risk factors.

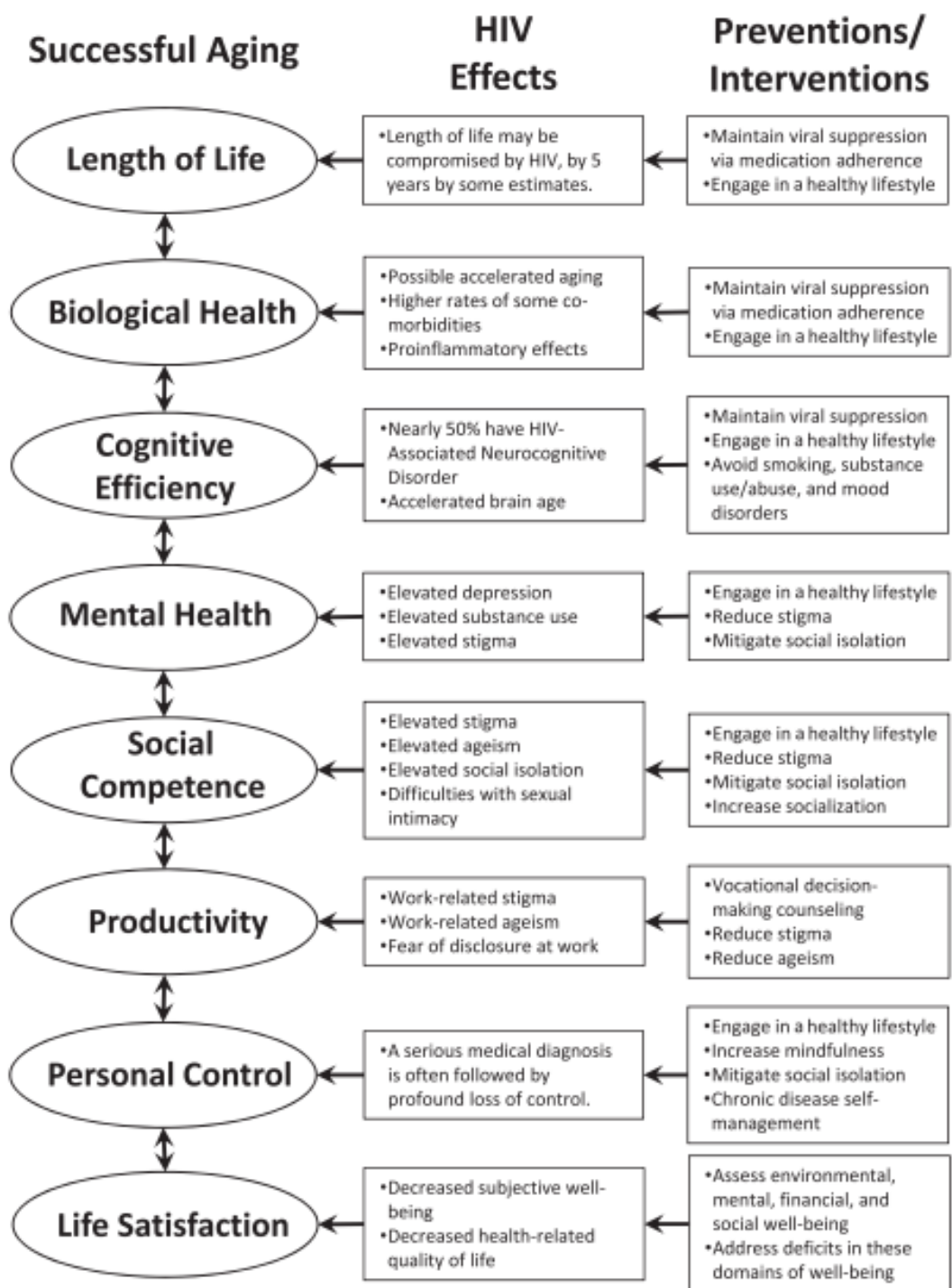


# Quality of Life is Impacted by Both Medical and Mental Health Conditions



\* $p \leq 0.05$ ; \*\* $p \leq 0.01$ ; \*\*\* $p \leq 0.001$

**To improve quality of life, approaches to care of aging adults living with HIV must incorporate mental health and psychosocial support in addition to with traditional clinical support.**



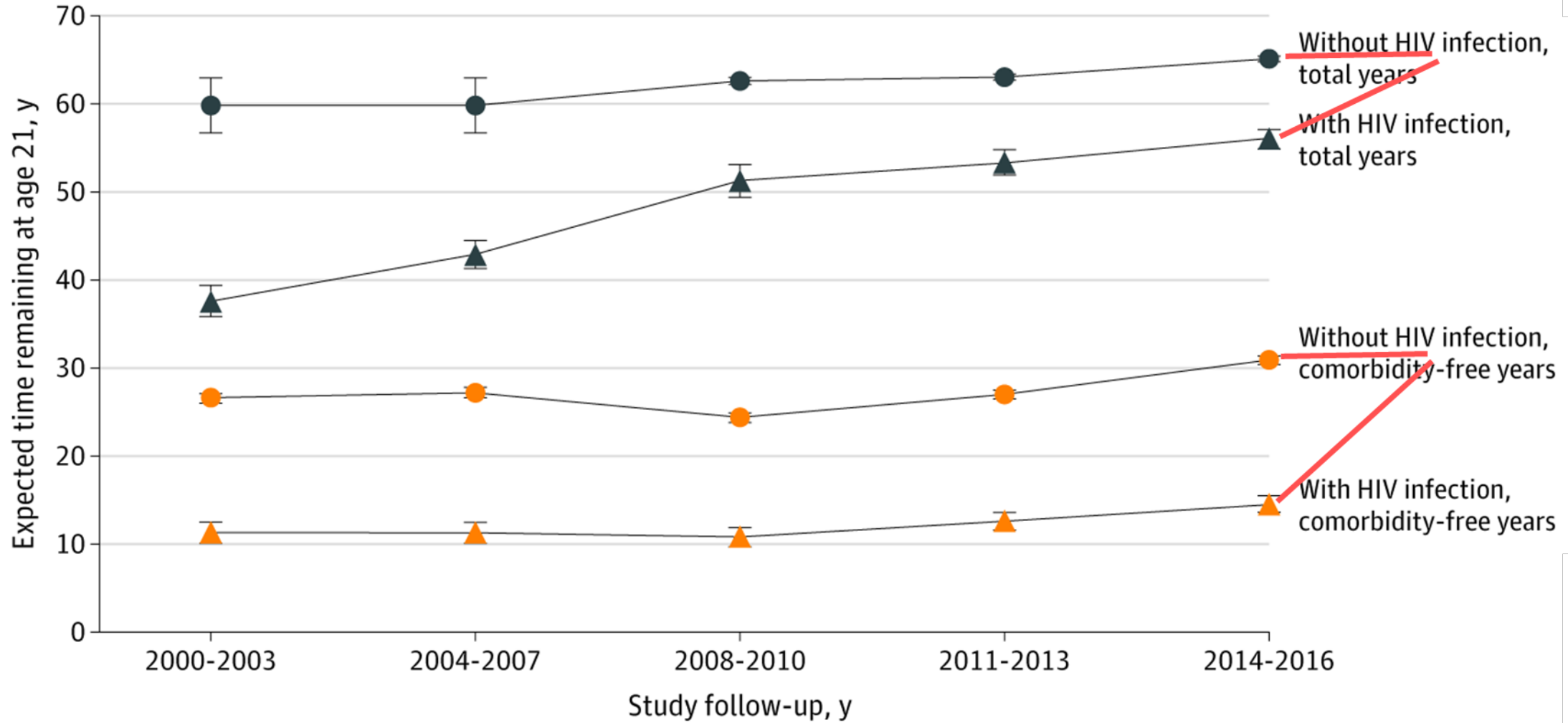
# A Model for Successful Aging with HIV

Baltes and Baltes' Model of Successful Aging  
Adapted by D. Vance

1. Accepted model in gerontology.
2. Includes specific and identifiable benchmarks to describe healthy aging.
3. Benchmarks interact with each other, an intervention (engaging in a healthy lifestyle) may impact multiple components (biological health, mental health, length of life).

**With a more holistic approach can we continue to improve life expectancy and close comorbidity gap?  
Improve quality of life?**

# Can a More Holistic Approach Close the Gap?



# Summary

- People with HIV are aging and living longer lives.
- Comorbidities associated with aging and HIV infection are prevalent.
- Comorbidities may be preceded by or be exacerbated by the milieu of psychosocial factors related to HIV and aging.
- Medical and psychosocial factors are related to decreased quality of life.
- For successful aging, approaches to care should address both physical and psychosocial needs of people with HIV.

# Contact Information

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# Health Resources and Services Administration's Geriatrics Workforce Development Programs

2020 National Ryan White Conference on HIV Care and Treatment  
*August 11, 2020*

**Joan Weiss, PhD, RN, CRNP**  
**Senior Advisor, Division of Medicine and Dentistry**  
**Bureau of Health Workforce (BHW)**

**Vision: Healthy Communities, Healthy People**



# Disclosures

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Joanne Weiss has no relevant financial or non-financial interests to disclose.



# Learning Objective

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By the end of this session, participants will be able to:

- Identify HRSA initiatives aimed at addressing the increase in the number of people aging with HIV in the RWHAP



# Agenda

- ▶ Describe the Geriatrics Workforce Enhancement Program
- ▶ Discuss the impact of the CARES Act on the Geriatrics Workforce Enhancement Program
- ▶ Describe the Geriatrics Academic Career Awards Program
- ▶ Answer Audience Questions

# Geriatrics Workforce Enhancement Program



# Geriatrics Workforce Enhancement Program (GWEP) Fiscal Year 2019-2024

- **Purpose**

- Develop a health care workforce to provide value-based care that improves health outcomes for older adults by maximizing patient and family engagement and integrating geriatrics and primary care
- 48 awards
- \$35.9 million
- <https://bhw.hrsa.gov/grants/geriatrics>
- <https://bhw.hrsa.gov/grants/geriatrics/alzheimers-curriculum>



# Value-Based Care

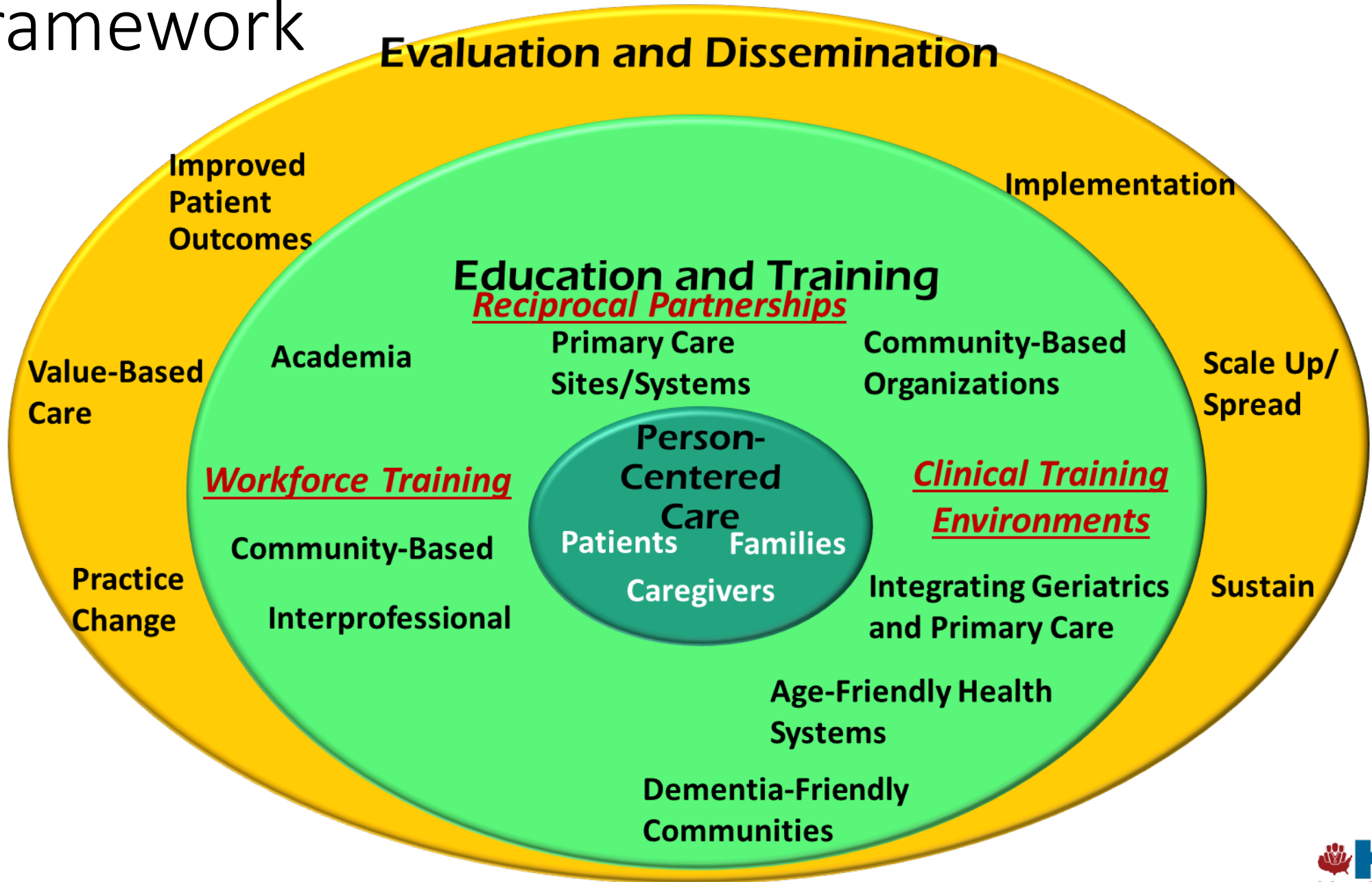
- **Definition**

- A form of reimbursement that ties payment for care delivery to quality of care provided. It supports better care for individuals, better care for populations, and lower costs.

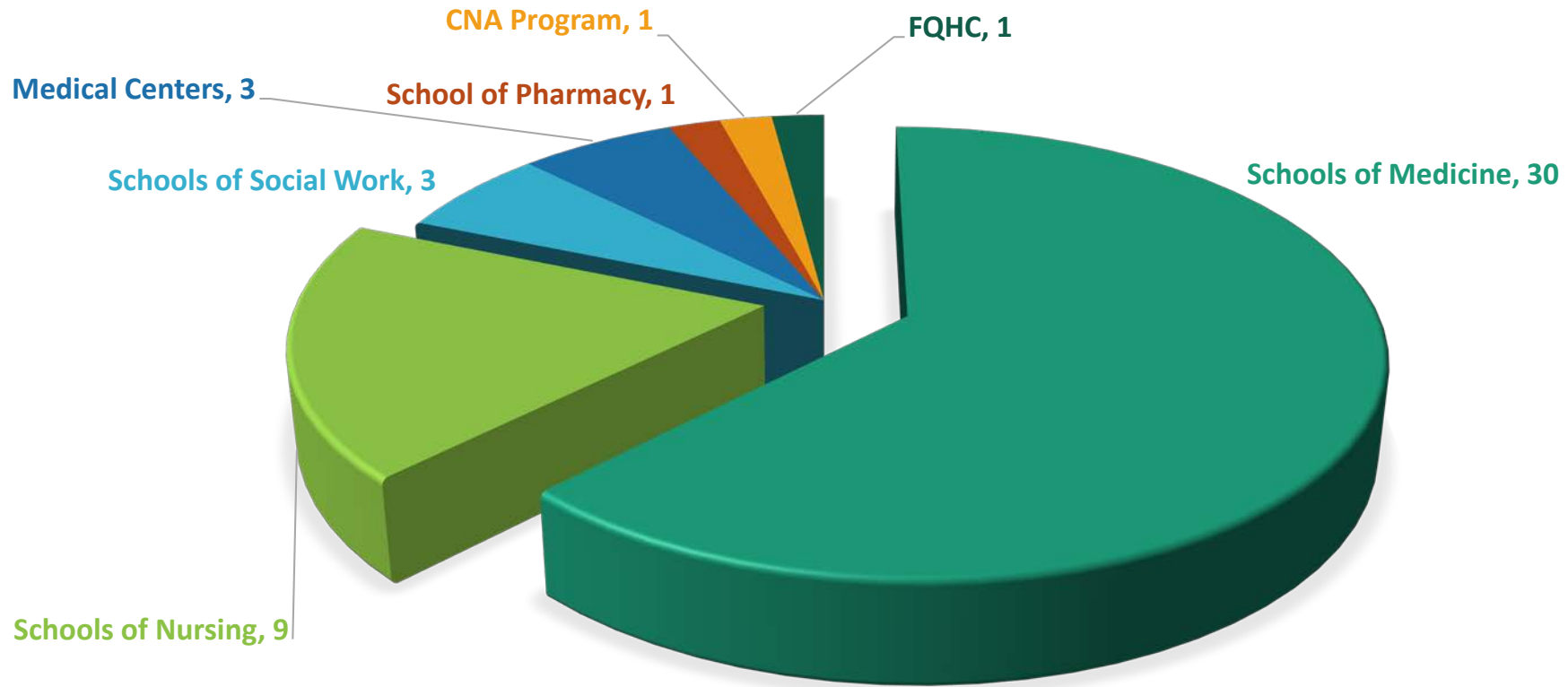


<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs.html>

# Framework



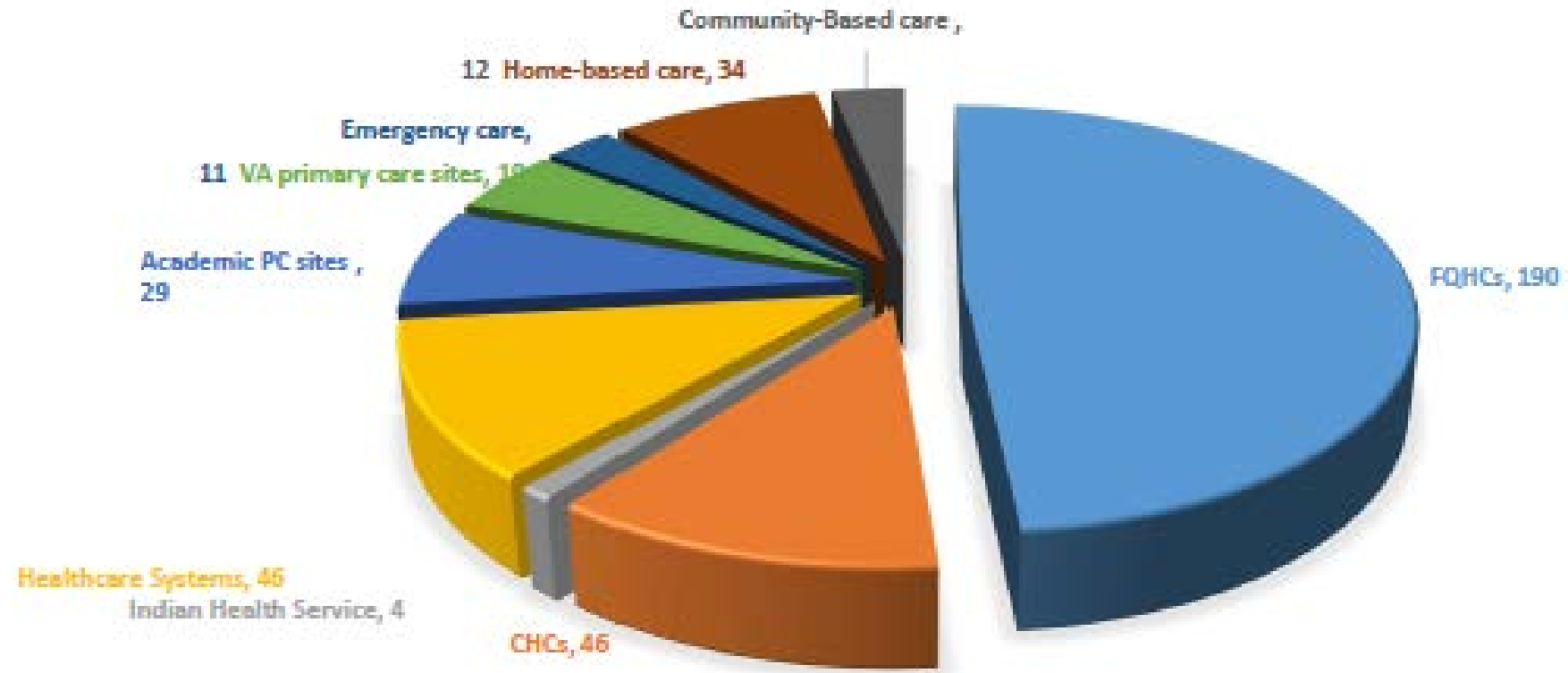
# Current GWEP (N=48)



■ Schools of Medicine ■ Schools of Nursing ■ Schools of Social Work ■ Medical Centers ■ School of Pharmacy ■ CNA Program ■ FQHC



# PRIMARY CARE PARTNERS (N =391)



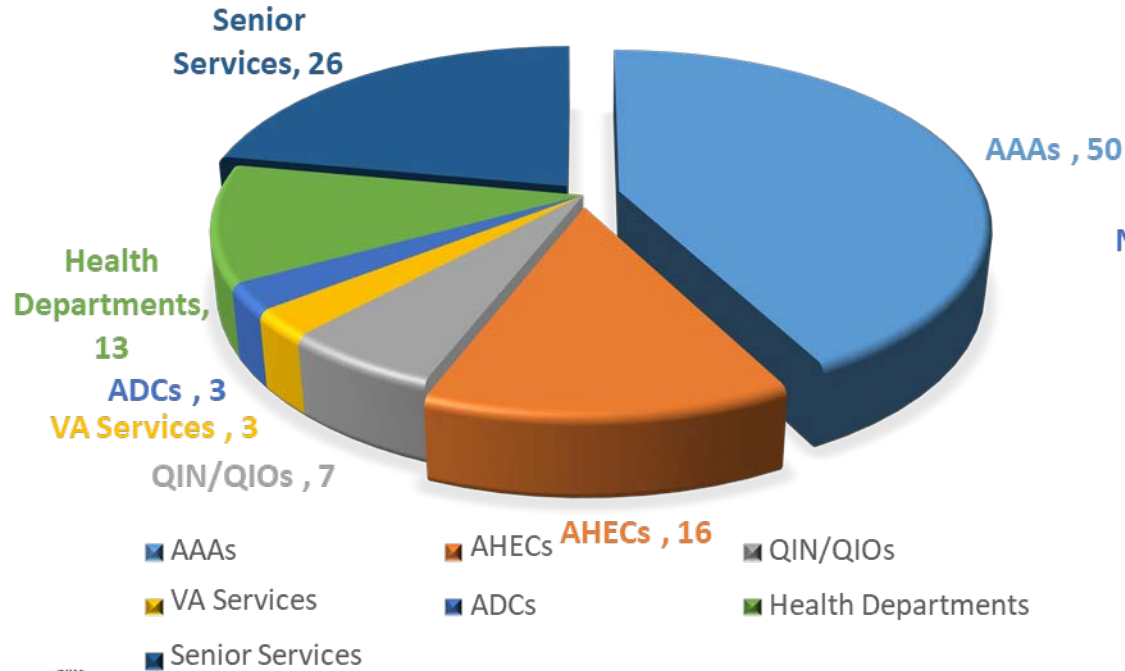
- FQHCs
- CHCs
- Indian Health Service
- Healthcare Systems
- Academic PC sites
- VA primary care sites
- Emergency care
- Home-based care
- Community-Based care



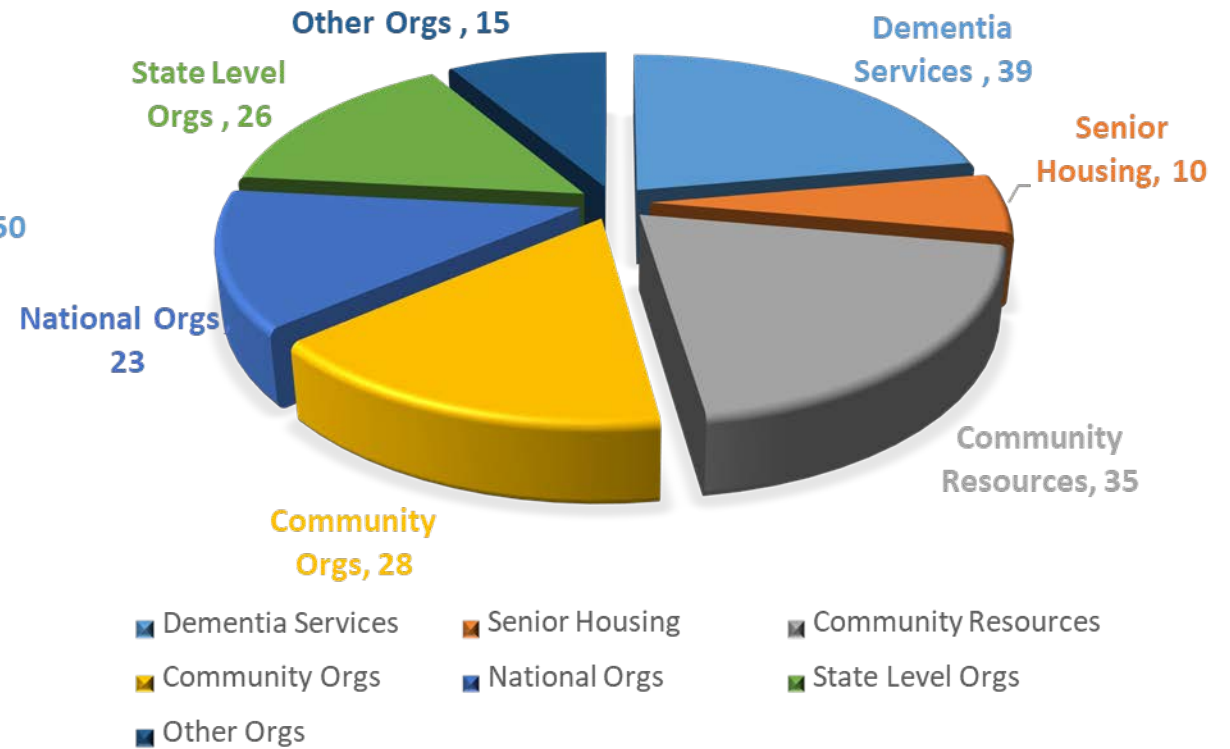


# Community Organizations (N= 284)

## Governmental Partners (N=118)

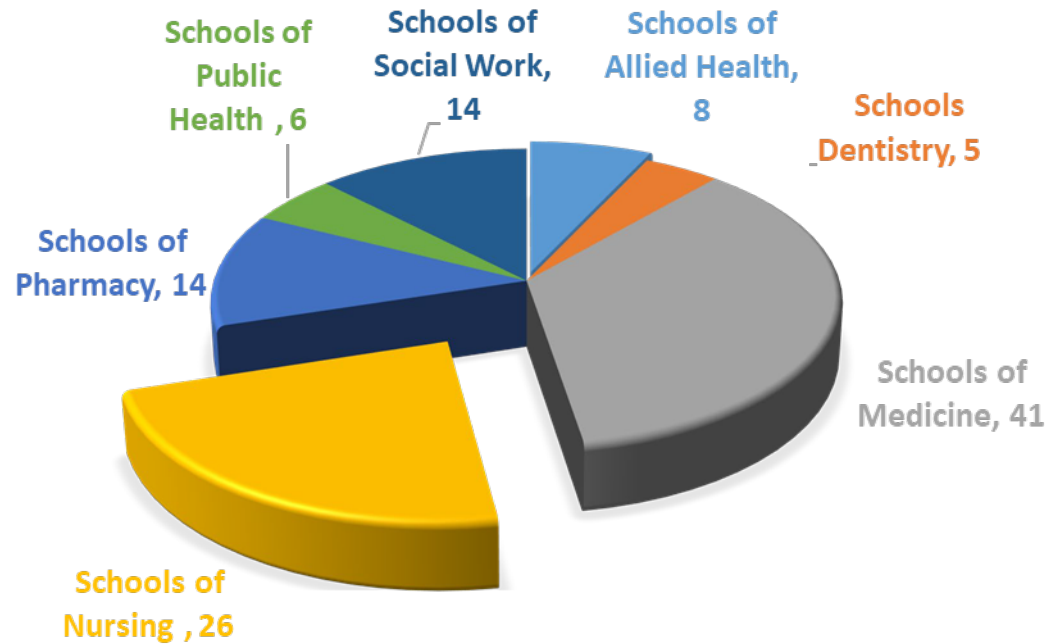


## Non-Governmental Partners (N=176)



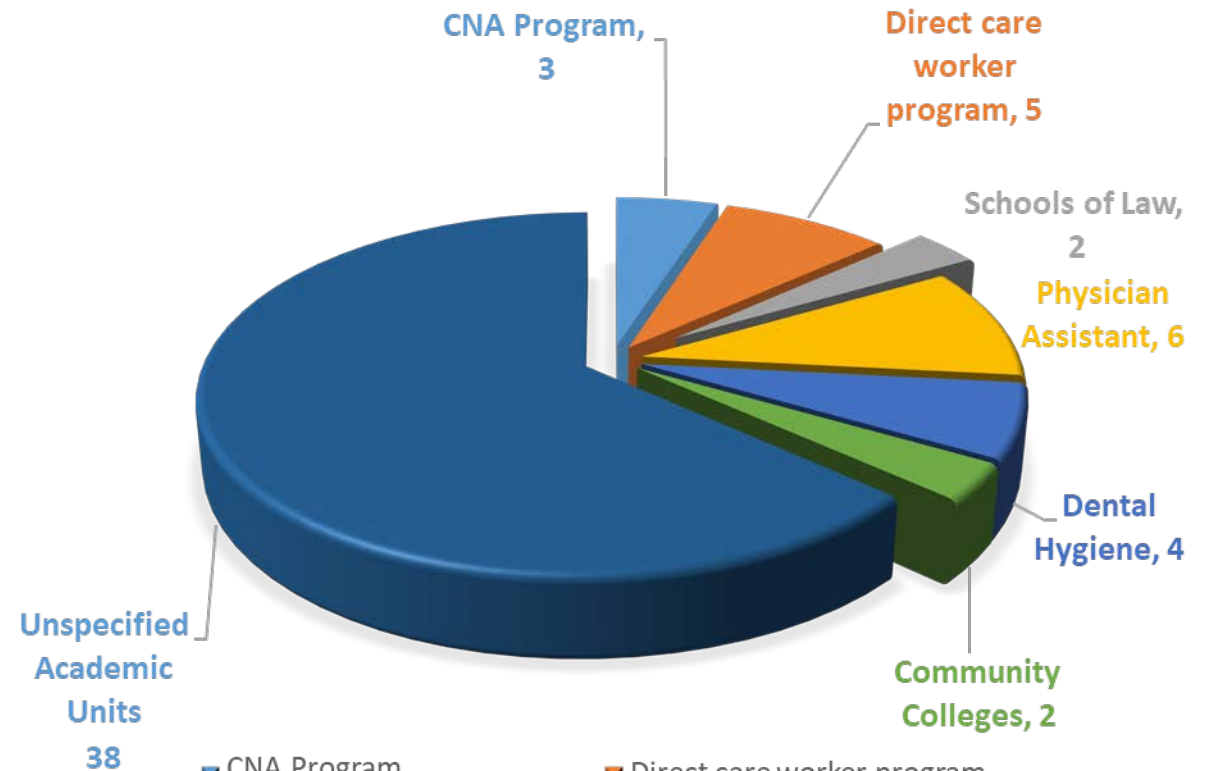
# Academic Partners (N= 174)

## SCHOOLS OF HEALTH PROFESSIONS (N=114)



- Schools of Allied Health
- Schools of Medicine
- Schools of Pharmacy
- Schools of Social Work
- Schools Dentistry
- Schools of Nursing
- Schools of Public Health

## OTHER ACADEMIC PROGRAMS (N=60)



- CNA Program
- Schools of Law
- Dental Hygiene
- Unspecified Academic Units
- Direct care worker program
- Physician Assistant
- Community Colleges



# GWEP 2019 Impact

- Must include an evaluation plan to show program impact for patient access, quality, and cost measures.
- 4 required measures (related to 4Ms (what Matters, Medication, Mentation, and Mobility)) and at least 2 additional measures that grant recipients can select



# Required CMS Merit-Based Incentive Payment System (MIPS) Measures

- **Dementia Caregiver Education and Support:** Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional resources for support within a 12 month period.
- **Evaluation or Interview for Risk of Opioid Misuse:** All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g., Opioid Risk Tool, Screener and Opioid Assessment for Patients with Pain-Revised [SOAPP-R]) or patient interview documented at least once during Opioid Therapy in the medical record.



# Required CMS Merit-Based Incentive Payment System (MIPS) Measures

- **Care Plan:** Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.
- **Falls Risk Assessment:** Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional resources for support within a 12 month period.
- **Screening for Future Fall Risk:** Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.



# Examples of Additional Measures

- Medication Management
- 30-Day Readmission
- Colorectal Screening
- Diabetes
- Hypertension



# HIV/AIDS Education

- Eight GWEPs provide HIV/AIDS education
- Who is receiving HIV/AIDS education through the GWEPs:
  - Inter-professional teams
  - Primary care providers and staff
  - Older adults, families, and caregivers





# HIV/AIDS Education (con't)

- Types of training provided:
  - YouTube videos
  - PowerPoint presentations
  - Continuing education courses
  - Project ECHO didactic lectures
  - Community outreach presentations



# HIV/AIDS Education Representative Topics

- HIV and aging
- HIV and infectious disease
- Intersection of AIDS and dementia
- 4Ms based care of older adults with HIV/AIDS
- HIV/AIDS and sexually transmitted diseases in 55 +



# Disaster Preparedness Training

- Required in the 2019 Notice of Funding Opportunity Announcement
- Preparedness, particularly in the Dementia Population
- Nursing Homes
- Home-based Care
- Federal Partners Webinar Series: Focus on Aging
  - <https://www.youtube.com/watch?v=Hw9lsMy0nt0&feature=youtu.be>
  - <https://www.nia.nih.gov/alzheimers/focus-aging-federal-partners-webinar-series>



# Coronavirus Aid, Relief, and Economic Security Act



# FY 2020 Coronavirus Aid, Relief, and Economic Security Act, P.L. 116-136 (CARES Act)

## Care Act Activity Overview

- **Prevent** – promote the use of telehealth technologies to reduce risk of COVID-19
- **Prepare** – enhance readiness to respond to COVID-19 through telehealth technologies
- **Respond** – provide access to telehealth technologies to limit spread of COVID-19



# GWEP COVID-19 CARE Act Funding

- One-time supplemental funding for COVID-19 training in telehealth and tele-education (\$4.35M)
- Train students and clinicians currently involved in health profession training on providing telehealth-enabled COVID-19 referral for screening and testing, case management and outpatient care; and/or
- Maintain primary care functionality away from physical sites, especially for COVID-19 positive, quarantined older adults and individuals at a higher risk of severe illness



# GWEP COVID-19 CARE Act Funding (con't)

- Activities must be necessary to transition the in-person clinical training of students and clinicians to telehealth training with a goal to deliver distant care services related to COVID-19.
- Telehealth training of health professions students and clinicians must focus on how to deliver quality health care services during the COVID-19 pandemic.
- May purchase needed telehealth equipment
- Must report on at least 1 measure from the CMS Telehealth Reimbursement Measures that are associated with Medicare telehealth visits, virtual check-in, or e-visits.



# GWEP Supplement: COVID-19 CMS Telehealth Reimbursement Measures

- **Medicare Telehealth Visits:** Number of Medicare beneficiaries who initiated telehealth visits with their primary care providers.
- **Dementia Virtual Check-Ins:** Number of visits with Medicare beneficiaries for whom the following codes were used:
  - HCPCS code G2012
  - HCPCS code G2010
- **E-Visits:** Number of visits with Medicare beneficiaries for whom the following codes were used:
  - 99421: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
  - 99422: Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes
  - 99423: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.





# Geographic Distribution

- 35 states and 2 territories
- 7 states have 35% of the awards
- One state with 4 GWEPs: CA
- One city in a state with three GWEPs: Chicago, IL
- Five states with two GWEPs each:
  - IN, NV, NY, PA, and TX
- 30 states/territories with one GWEP each:
  - AR, CO, CT, FL, GA, GU, HI, IA, KY, LA, MA, MD, ME, MN, MO, MT, NC, ND, NE, NH, NJ, OH, OK, PR, RI, TN, UT, VA, WA, and WY





# Geriatrics Academic Career Award Program



# Geriatrics Academic Career Award (GACA) Program Fiscal Year 2019-2023

- **Purpose**

- Support the career development of individual junior faculty in geriatrics at accredited schools of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or allied health as academic geriatrics specialists
- Provide clinical training in geriatrics, including the training of interprofessional teams of health care professionals



# GACA 2019 Impact

- Must include an evaluation plan to show program impact for the grant recipient's clinical training in geriatrics, interprofessional training of health professionals, and career development activities.
- Encouraged to evaluate patient outcomes matched to existing CMS MIPS measures:
  - Care Plan
  - Screening for Future Fall Risk
  - Use of High Risk Medications in the Elderly
  - Dementia Caregiver Education and Support
  - Evaluation or Interview for Risk of Opioid Misuse

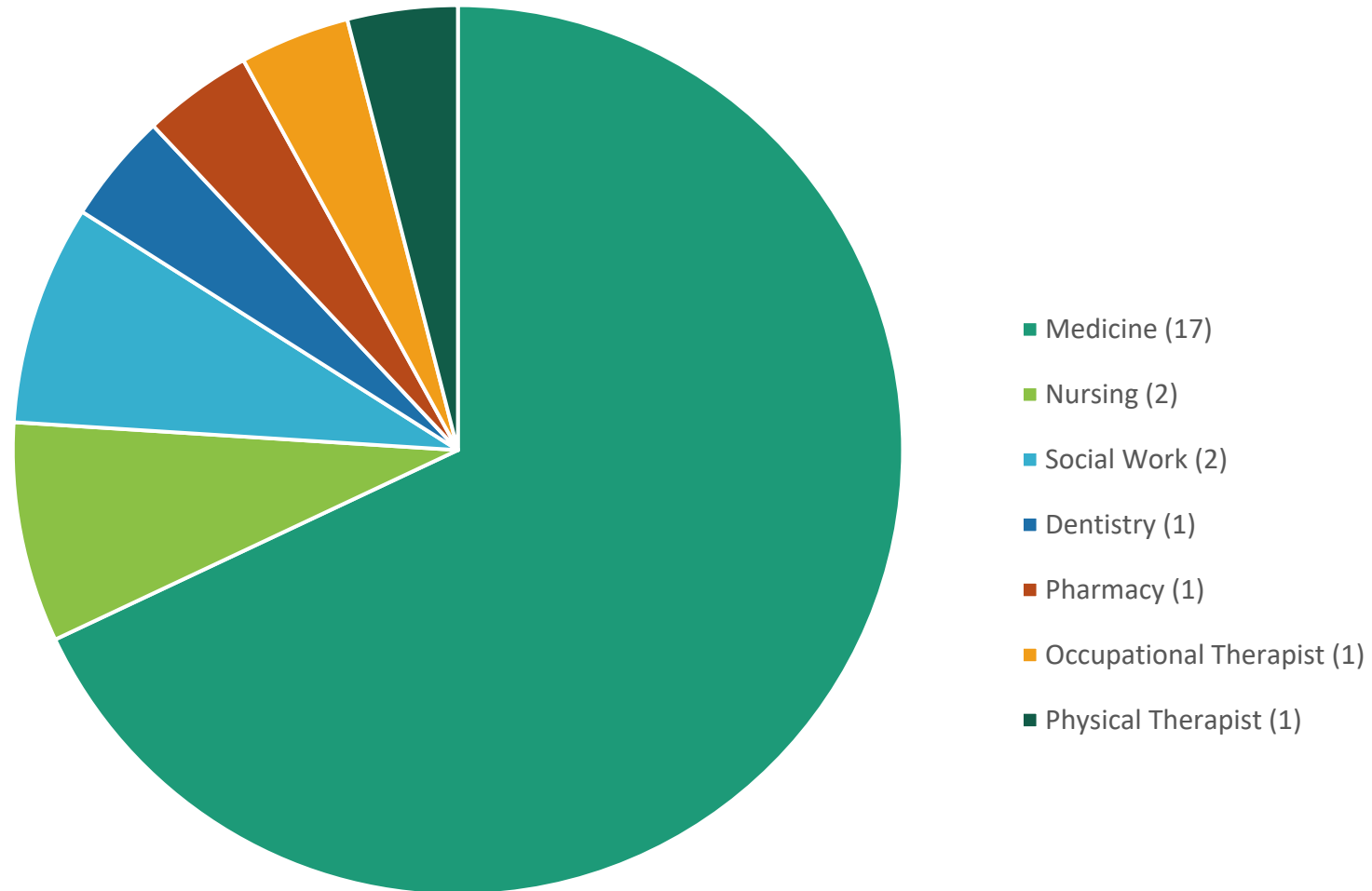


# GACA 2020 Awards

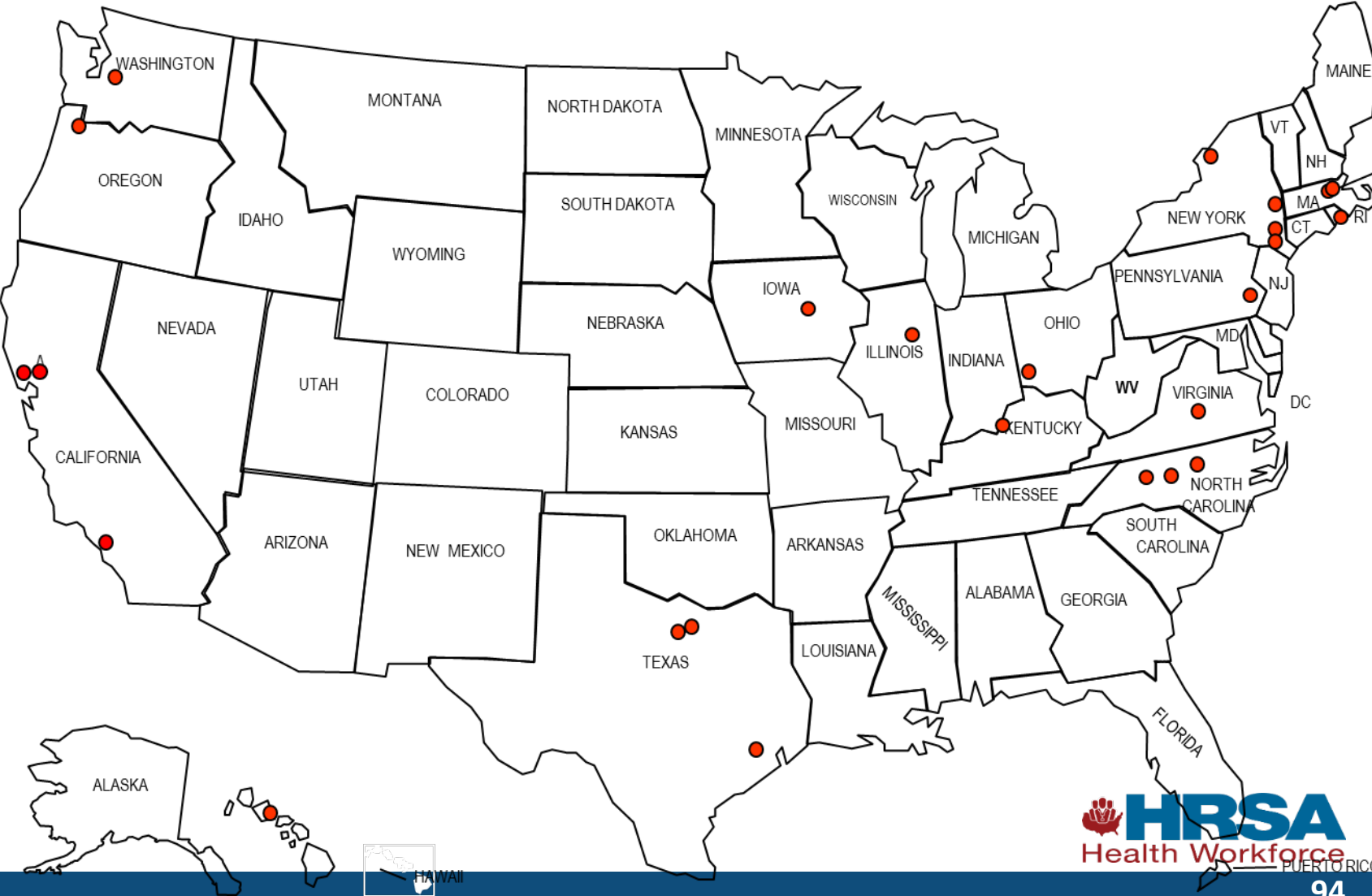
- 25 awards
- \$76,200, annual cost of living allowance
- \$1,905,000
- <https://www.hrsa.gov/grants/find-funding/hrsa-19-007>



# GACA Awards by Discipline



# GACA Cohort 2020





# Questions



# Contact Us

**JOAN WEISS:** [jweiss@hrsa.gov](mailto:jweiss@hrsa.gov)



# Health coverage for people aging with HIV

National Ryan White Conference – Aging Institute  
Elizabeth Costello, MPH, and Mira Levinson, MPH  
August 11, 2020



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# Disclosures

Elizabeth Costello and Mira Levinson have no relevant financial or non-financial interests to disclose.

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# Learning objective

By the end of this session, participants will be able to:

- Identify HRSA initiatives aimed at addressing the increase in the number of people aging with HIV in the RWHAP

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# Presentation agenda

- Overview of the Access, Care, and Engagement (ACE) TA Center
- Health coverage options and needs for people aging with HIV
- Medicare overview and considerations
- ACE TA Center resources to support people aging with HIV
- Upcoming sessions and webinars



# The ACE TA Center helps organizations



## Engage, enroll, and retain

clients in health coverage (e.g., Marketplace and other private health insurance, Medicare, Medicaid).



## Communicate with RWHAP clients

about how to stay enrolled and use health coverage to improve health care access, including through the use of Treatment as Prevention principles.



## Improve the clarity

of their communication around health care access and health insurance.

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# Health coverage options for people age 50 and older

- On- and off-Marketplace Qualified Health Plans (QHPs)
- Employer-sponsored plans
- Medicaid
- Medicare
  - Under age 65: qualifying disability
  - Age 65 and older: age-based eligibility
- TRICARE

*In many cases, the **RWHAP, including ADAP**, can provide premium and cost-sharing assistance for eligible individuals.*



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# Coverage needs for people aging with HIV

- Ensure people with HIV enroll in an option that provides **comprehensive coverage**. Some plans may include special benefits for older adults.
  - Includes QHPs, Medicaid, Medicare, TRICARE, and some employer plans.
- Coverage should include **preventive screenings** for age-related comorbidities.\*
- For long-term survivors especially, coverage should also include care and medications for **HIV-associated non-AIDS conditions**.\*
  - These include cardiovascular disease, lung disease, certain cancers, HIV-Associated Neurocognitive Disorders (HAND), and liver disease (including hepatitis B and hepatitis C), among others.\*

\* Source: Aging with HIV (HIV.gov)

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# Medicare Parts A, B, C, and D

## Original Medicare

**Medicare Part A**  
Hospital Coverage

**Medicare Part B**  
Medical Coverage

**Medicare Part D**  
Prescription Drug Coverage  
(supplemental, optional  
coverage)

## Medicare Advantage

### Medicare Part C

“Bundled” plan that includes  
Part A (Hospital), Part B  
(Medical), and Part D  
(Prescription Drug) coverage

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# Optimizing Medicare coverage

- Considerations for enrolling in **Medicare Advantage** plans:
  - Depends on **plan availability** in your area.
  - Beneficiaries may not be able to find a Medicare Advantage plan that works with all of their providers and **could face higher out-of-pocket costs** to see an “out of network” provider.
- Help clients to avoid **late enrollment penalties** for Medicare Part B and D.
- Support **one-on-one enrollment assistance** – State Health Insurance Program (SHIP).

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# Dual eligibility for Medicare and Medicaid

- Most Medicare beneficiaries with HIV are eligible for both Medicare and Medicaid.
- For dual-eligible beneficiaries, **Medicare pays covered medical services first.**
- Medicaid may cover medical costs that Medicare cannot cover or partially cover.
- Many dual-eligible beneficiaries receive low-income subsidies under Medicare Part D (prescription drug coverage).
- RWHAP continues to be the payer of last resort.

# ACE TA Center Medicare resources

**ACE TA CENTER MEDICARE TOOL**

## The Basics of Medicare for Ryan White HIV/AIDS Program Clients

Medicare is the federal health coverage program for people who are 65 or older and certain younger people with disabilities.\* Medicare is now the single largest source of federal funding for HIV/AIDS care in the U.S. Approximately one quarter of people with HIV who are in care get their health coverage through Medicare.

Historically, most Medicare beneficiaries living with HIV have been under age 65 and qualified for Medicare because of a disability. However, there are more older adults living with HIV, and served by the RWHP, than ever before.

**50+** Of the more than half a million clients served by the RWHP, 44.4 percent are aged 50 years and older.†

### Medicare Beneficiaries Living with HIV†

- 79% are under age 65 and qualify due to disability (compared to 17% of Medicare beneficiaries overall)
- 21% are aged 65+ (83% of these clients became eligible based on age alone)
- 69% are dually eligible for Medicare and Medicaid

Find the answers to these questions:

1. What are the common Medicare eligibility pathways for people with HIV?
2. Learn about the different parts of Medicare, including their coverage and costs.
3. How can you support RWHP clients to enroll in Medicare?
4. How can the RWHP help clients with Medicare costs?

Refer to the Social Security Administration's Benefits Planner for more information: [www.ssa.gov/planners/disability](http://www.ssa.gov/planners/disability)

This resource provides Ryan White HIV/AIDS Program (RWHP) staff and program administrators with an overview of Medicare eligibility and coverage for RWHP clients and other people with HIV.

**ACE TA CENTER MEDICARE TOOL**

## Medicare Prescription Drug Coverage for Ryan White HIV/AIDS Program Clients

Medicare prescription drug coverage helps individuals pay for both brand-name and generic drugs, including HIV medications. Individuals can get Medicare prescription drug coverage in two ways:

1. Purchasing a Medicare Part D prescription drug coverage plan to complement Original (also known as Traditional) Medicare.
2. Enrolling in a Medicare Advantage Plan, which includes prescription drug coverage.

However, if a Medicare enrollee is enrolled in Original Medicare and chooses not to enroll in drug coverage when they are first eligible, they will likely have to pay a late enrollment penalty to join later, unless they have other creditable prescription drug coverage. This penalty is in addition to their monthly premium for as long as they have a Medicare drug plan.

Clients with creditable drug coverage should receive a written notice each September from their health plan. If clients are unsure, they should ask their health plan administrator for a copy of the notice.

**+** Creditable prescription drug coverage is prescription drug coverage that provides (i.e., pays for) at least as much as Medicare's standard prescription drug coverage, on average. People who have other creditable prescription drug coverage when they apply for Medicare, such as through an employer, can generally keep that coverage without paying a penalty if they decide to enroll in a Part D plan later.

### Standard Level of Coverage for All Medicare Drug Plans

All Medicare drug plans must provide a standard level of coverage set by Medicare, but may offer different combinations of coverage and cost sharing. Medicare drug plans may differ in the prescription drugs they cover, how much individuals have to pay, and which pharmacies they can use. For all diseases, plan formularies (the list of drugs a health insurance provider or plan covers) must include a minimum of two drugs in each drug class.

Find the answers to these questions:

1. How do clients get Medicare prescription drug coverage?
2. Are clients required to enroll in Medicare prescription drug coverage?
3. Does Medicare prescription drug coverage cover HIV medications?
4. How can the RWHP, including its AIDS Drug Assistance Program (ADAP), help clients pay for Medicare prescription drug coverage?
5. What is the "onset hold" period for prescription drug coverage?

This resource provides an overview of Medicare prescription drug coverage for Ryan White HIV/AIDS Program (RWHP) clients and other people with HIV.

**ACE TA CENTER MEDICARE TOOL**

## How Medicare Enrollment Works

### Enrolling in Medicare Based on a Qualifying Disability

Individuals that are under 65 and qualify for Social Security Disability Insurance (SSDI) will be automatically enrolled in Medicare Part A and Part B after they receive disability benefits for 24 months. The beneficiary will still need to enroll in Part D prescription drug coverage and other supplemental coverage (for Original Medicare enrollees).

### Enrolling in Medicare at Age 65

Signing up for Medicare at age 65 requires proactive steps to avoid problems.

Individuals must have at least 40 quarters of work credits (which is equal to about 10 years of work) to qualify for Medicare Part A without having to pay a premium. People earn work credits when they work in a job and pay Social Security taxes. Learn more at [www.ssa.gov/planners/disability](http://www.ssa.gov/planners/disability).

- People who turn 65 without having the necessary work credits to qualify can sign up for Medicare Part A coverage, but they will have to pay premiums. They must also be a U.S. citizen or have been a permanent resident for at least five years.
- People can sign up for Medicare Part B at age 65 regardless of how many work credits they have.

### For individuals that have claimed Social Security benefits before their 65th birthday:

- Enrollment in Medicare Parts A and B is automatic. Their Medicare card will arrive in the mail three months before their birthday and coverage begins the first day of the month in which they turn 65.

### For individuals that have not yet signed up for Social Security benefits, Medicare offers an Initial Enrollment Period around their 65th birthday.

- They can sign up for Part A once their Initial Enrollment Period starts. But they can only sign up for Part B at specific times.
- If they miss the window to sign up for Part B, they will be subject to a late enrollment surcharge equal to 10 percent of the standard Part B premium for each 12 months of delay—a penalty that continues forever.

### Medicare Parts At-a-Glance

- H Medicare Part A: Hospital coverage
- + Medicare Part B: Medical coverage
- 100 Medicare Part D: Prescription drug coverage

Find the answers to these questions:

1. What is the difference between the Initial Enrollment Period, Special Enrollment Period, and General Enrollment Period for Medicare?
2. When do clients need to enroll in Medicare to avoid late enrollment penalties?
3. What should clients enrolled in a Marketplace plan do when they enroll in Medicare?
4. How can clients make changes to their Medicare coverage?

This resource provides Ryan White HIV/AIDS Program (RWHP) staff and program administrators with an overview of Medicare eligibility and coverage for RWHP clients and other people with HIV.

ACE RESOURCES

# Medicare eligibility and enrollment basics



## Three resources:

- The basics of Medicare for RHWAP clients
  - Eligibility pathways
  - The four parts of Medicare (A, B, C, and D)
  - Dual eligibility for Medicare and Medicaid
- Medicare prescription drug coverage for RWHAP clients
  - The “donut hole” for coverage
  - How the RWHAP/ADAP can help
- The Medicare enrollment process
  - The three different enrollment periods
  - How to support clients

NEW! ACE RESOURCE

# Financial help for Medicare coverage and managing Marketplace transitions



## Financial Help for Medicare

- This resource provides an overview of **Medicare Savings Programs** and the **Extra Help Program** eligibility and coverage for RWHAP clients and other people with HIV.

## Transitioning from Marketplace to Medicare Coverage

- This answers frequently asked questions about transitioning from Marketplace to Medicare coverage, or vice versa, for clients that are either just becoming eligible for or already enrolled in Medicare coverage.

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NEW! ACE RESOURCE

# The ABCDs of Medicare coverage for consumers



- This plain language consumer tool explains the different parts of Medicare (Parts A, B, C, and D) and how they make up **Original Medicare** and **Medicare Advantage**.
- Also includes information about Medigap plans.



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# ACE TA Center at the National Ryan White Conference

- **ACE sessions:**
  - Basics of Medicare and Open Enrollment For Clients; 8/12 from 2:30-4pm (#15039, Group #39).
  - Health care access for people with HIV: policy updates and implementation approaches; 8/13 from 4:30-5:30pm (#16192).
- **ACE in other sessions:**
  - Resource Round-up: Effective Care Engagement Interventions; 8/14 from 12:45-2:15pm (#16070).

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# Upcoming ACE TA Center webinar



## Basics of Health Coverage Enrollment: Strategies and Resources for New Program Staff

September 23, 2020 | 2:00–3:30 PM

- This annual orientation webinar is designed to introduce new program staff (or staff with new roles) to the ACE TA Center.
- Presenters will share information about the lifecycle of health coverage and practical strategies and tools to engage, enroll, and retain RWHAP clients in coverage.

# Thank you.



**[targethiv.org/ace](https://targethiv.org/ace)**

Sign up for our mailing list, download tools and resources, and more

Contact us: [acetacenter@jsi.com](mailto:acetacenter@jsi.com)