



What Works in HIV Care & Services Podcast Transcript

Episode 2 – Golden Compass

Narrator (00:01): You're listening to What Works in HIV Care & Services. A podcast by the Ryan White HIV/AIDS Program Best Practices Compilation. This podcast and the Best Practices Compilation are supported by the Health Resources and Services Administration's HIV/AIDS Bureau. HRSA's HIV/AIDS Bureau funds the Ryan White HIV/AIDS Program, which provides a comprehensive system of HIV primary medical care, medications, and essential support service for low-income people with HIV. Join us to hear success stories from leaders implementing best practices in HIV care and services across the nation.

AJ (00:44): Hello everyone, and welcome to today's episode of What Works in HIV Care & Services. My name is AJ Jones, I'm one of the content developers for the Ryan White HIV/AIDS Program Best Practices Compilation. The Compilation is an online collection of established and emerging approaches that improve care and services for people with HIV. Today, we're talking about a program to support older adults with HIV, called *Golden Compass*. *Golden Compass* is implemented by The Ward 86 Outpatient HIV Clinic at San Francisco General Hospital and has a few important features, including consultation with geriatricians, intensive case management, and educational group sessions. Joining me today to talk about the program is Alberto Rangel, a clinical social worker from Ward 86, and Dr. Meredith Greene, a geriatrician who is currently with the Indiana University School of Medicine and was formerly here with us in San Francisco at UCSF. Today, Alberto and Meredith will discuss *Golden Compass* and how it has improved client outcomes. Welcome, Alberto, Meredith. Thanks so much for joining us today.

Alberto (01:46): Good morning, AJ, thank you so much for inviting us. This is such a privilege, so thank you.

Dr. Greene (01:50): Thank you so much for inviting us.

AJ (01:53): You are very welcome. So, Alberto, can you tell us a little bit about your role at Ward 86 and a little bit more about the program?

Alberto (02:00): Absolutely. So, Ward 86 is a HIV specialty clinic providing primary care, and we work on panel system. I carry a panel of 700 clients, and mostly I have the Spanish speaking folks, and I would say of the 700, I'd say over 50% are 50 years or older.

AJ (02:20): Thanks Alberto, and Meredith, how about you introduce yourself next and tell us a little bit about your role with *Golden Compass*.

Dr. Greene (02:26): I'm Meredith Greene, I'm a geriatrician and an HIV specialist. I am currently at Indiana University, Indianapolis and was previously with UCSF and helped to start the *Golden Compass* program, where I was the geriatrician who did geriatric consults in the program.

AJ (02:48): Hey, thank you so much to both of you for introducing yourselves. So, let's go ahead and dive right into the *Golden Compass* approach. Could you start with letting me know why a program like *Golden Compass* that serves older adults with HIV is so needed?

Dr. Greene (03:00): Sure, I can start off. I think many people, especially Ryan White providers, are familiar with the fact that people with HIV are now living longer and that actually, at least half of all people living with HIV in the United States are age 50 or older now, but it's not just that there's increasing numbers of people living with HIV, it's that we know HIV increases the risk of other comorbid conditions like heart disease, osteoporosis, or thinning of the bones, and that ultimately, what that means is that many older people living with HIV have multiple chronic conditions. And unfortunately, as a result, many are also taking multiple medications. And then we know also that in addition to that, there are geriatric conditions, like someone might have a fall or be starting to wonder if they're having trouble with their memory. And so really what we're seeing is this increased medical complexity, but it's not just the medical, it's also social complexity, which I'll let Alberto talk about a little bit more.

Alberto (04:08): Thank you Meredith. I agree, the social complexity is a major factor. You know, this program is so important just because the majority of the HIV positive population come from really disenfranchised communities. I'm talking about lower socioeconomic—Black, brown, Asian, aging—just folks that have way less resources. And in particular, like coming out of the COVID pandemic, you know, for a lot of our clients, it really retriggered or activated the sentiments of like the early days of the AIDS epidemic, where it's like no one knew what was going on, you know, couldn't touch each other, we were really isolated, so it exacerbated a lot of those mental health and social factors that isolated them or kept folks at a distance. So, we're seeing that a lot in the clinic, and so it's really wonderful to have programs like the *Golden Compass* where there's, you know, weekly exercise groups or discussion groups and other services for them.

AJ (05:10): Thank you both for talking both about the medical and the social sides to this program. So speaking to that, Meredith, one of the crucial aspects of this program is the geriatrician. Meredith, what role does this clinician play?

Dr. Greene (05:22): So for those who don't know geriatrician, it's just the term for a medical—in this case, the medical doctor—providing care for older people. And my role in the program was doing weekly geriatric consults. And what's often involved in a geriatric consult is what's called a comprehensive geriatric assessment, which really, though, is not just an assessment, it's actually doing an assessment, but also coming up with a treatment plan. And in the consultations, I would often do the assessment and develop a plan, but certainly we have, through various times in the program, had medical assistants, nurses, you know, other staff members can do and help with some of the assessments which then frees up some of my time as well.

AJ (06:14): Got it, so it sounds like the geriatrician in this program was pretty integrated into the existing care team at Ward 86. Is that right and how did you make that work?

Dr. Greene (06:23): Yes. So, I actually think this was one of the critical aspects and what we found when we talked with patients and providers who had used the program, they actually said having someone within the clinic was very helpful in that kind of co-location was critical. For me, one, it was probably a little easier because I had worked at Ward 86 before doing HIV primary care, but even now, you know, we have another geriatrician who's taken over my role who wasn't previously working within the clinic, but being in the same space allows for a lot more interaction. I could, you know, meet with Alberto before or after clinic to talk about specific concerns with patients. And you can interact with all the other providers and team members more directly.

AJ (07:14): How does Ward 86 coordinate with specialists within the SF general system?

Alberto (07:18): That's a great question. You know, again, a lot of our clients are aging and needing more support outside of the clinic, and so I've partnered with a lot of the local agencies like HSA. They provide in-home health services. You know, somebody to come in and help folks do some light laundry or send running to the pharmacy or getting them extra support at home so that they can live independently.

I'm also thinking of Paratransit, which is a service, they provide taxi service or bus service or just, you know, transportation for folks to get to their medical appointments.

Alberto (07:53): There's also a lot of our folks live in single room occupancies, so they don't have access to a kitchen, so we've partnered with Project Open Hand, which provides you know, they have two options; one is pre-prepared meals that folks can just put into their microwave, or they do have access to a kitchen, they're eligible for two bags of groceries, one of fresh fruits and vegetables, and another one of canned foods.

AJ (08:19): So, Alberto, what additional classes or peer groups have you provided the *Golden Compass*?

Alberto (08:23): So, I facilitate the discussion group, this is a weekly Friday group, and there's usually a discussion topic. Or we go on outings, you know, to a local farmer's market, and we've gone to museums. So just keeping folks engaged in conversation and socializing. And the second one is an exercise group that meets once a week. Prior to the pandemic, they met on campus and used like real weights and used resistance bands. But they've gotten really creative with the pandemic and the facilitator has them use cans or has them use products they can find in the house for resistance training or for weight training, just to keep them like physically active, so that's been really helpful.

AJ (09:05): All right. Well, of course we have to ask everybody's favorite question, which is how you actually make this program work. So, Meredith, can you tell me about funding and sustainability of this program?

Dr. Greene (09:14): Yes, the critical part that no one wants to talk about. We were very lucky that AIDS Walk San Francisco provided the initial funding for this program. And I think, you know, Craig Miller and others, really, they wanted us to be able to succeed and gave that initial seed money. We also, along the way, had support from DIFFA San Francisco, so the Design Industry Foundation Fighting AIDS. And then we were also a part of the Gilead HIV Age Positively program, and that provided us with three years of funding, we then, that went through COVID, and then I additionally had some time to help with additional evaluation, both from the National Institute on Aging and the Tideswell Scholars program. And now, you know, ultimately, though, the goal was to have sustainable funding, which at San Francisco General, we're really integrated within the San Francisco Department of Public Health. And so that, we now get funding from the city, which is where funding comes for San Francisco General programs.

AJ (10:33): So, I'd love to hear from both of you about the outcomes that you're measuring for this program. How has this program impacted people's health?

Dr. Greene (10:40): You know, initially we did do a formal evaluation about after the first year and a half or so in the program, and we really wanted to make sure that we used implementation science frameworks to do the evaluation. And so, we used a framework called the RE-AIM which looks at reach, effectiveness, and adoption, and implementation. And with that though, we did a combination of surveys. But we also did a lot of qualitative interviews, which I think actually provided really rich information about patients experiences in the program and also how what providers felt about the program, as well as what providers saw as, you know, a benefit of their patients being in the program. And I think on the Best Practices website, it talks about some of those initial findings where in the first year and a half, we saw about 200 people and roughly I think it's continued to be about 200 people a year, and when we initially started, we were just looking at early outcomes like acceptability and satisfaction. And overwhelmingly, you know, more than 90% of patients and providers were both really satisfied with the services. And we know at least 85% of the providers had referred a patient, you know, for example, to the geriatrics clinic. And now that we have a few years of data, we're looking at other outcomes, we saw, for example, that when a patient came to the geriatrics clinic and met with myself and our clinic pharmacist, that we were able to reduce potentially inappropriate medications, medicines like really strong antihistamines or benzodiazepines.

Alberto (12:30): The folks that participate in the exercise group and the discussion group have really developed like a deep trust of the clinic and really see the clinic as a second home for them. Unfortunately, when they have to choose the new Medicare program, it winds up sometimes affecting their ability to be seen at Ward 86, and they have to be seen at a different clinic.

Alberto (12:50): And then it's a big deal to untangle that, so fortunately, you know, our partners Positive Resource Center and we have an eligibility worker in-house that really helps guide our clients with making those decisions. And so a lot of the feedback that I've gotten is that, you know, I always come to Ward 86 and talk to the staff there before I make any decisions, because they don't want to jeopardize their ability to be seen at Ward 86, which really speaks to how comfortable they feel, and how much benefit they get from being seen at our clinic.

AJ (13:22): Great. Well, thank you so much to both of you and to you listeners out there, we hope you learned something new today. So to close this out, we just have a couple final questions for our special guests today. So Meredith, we'll start with you; what does being part of the Best Practices Compilation mean to you?

Dr. Greene (13:36): I mean, it's an honor to be able to share our experiences so that other clinics and other providers can learn from our experiences to help develop services for older people with HIV.

AJ (13:51): Great, thanks so much. And same question for you, Alberto; what does being part of the Best Practices Compilation mean to you?

Alberto (13:57): I really appreciate that question. It feels like such an honor and privilege to be at Ward 86. We just had our 40th year Anniversary last year, and they invited a lot of the early researchers and providers to come back and give their reflections, and something that they said really stayed with me in terms of the magic sauce, and like a three-pronged approach in terms of a really vibrant HIV/AIDS activist community—I'm talking about in San Francisco—researchers from UCSF, and then local pharmaceutical companies. So, I realized that that is very special to have that combination and it's great to be able to share those learnings with everyone else.

AJ (14:39): Fantastic. Thank you both so much and all of you listening out there, I encourage you to check out the *Golden Compass* profile and other resources available to you at TargetHIV.org/bestpractices.

Narrator (14:52): That's it for today's episode of What Works in HIV Care & Services. We encourage you to check out the Best Practices Compilation at TargetHIV.org/bestpractices.