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Aging Task Force

Virtual Meeting

Be a part of the HIV movement

Tuesday, October 5, 2021
1:00PM-2:30PM (PST)

Agenda and meeting materials will be posted on
http://hiv.lacounty.gov/Meetings

REGISTRATION NOT REQUIRED + SIMUTANEOUS TRANSLATION IN SPANISH AND OTHER LANGUAGES NOW AVAILABLE VIA CLOSED CAPTION FEATURE WHEN JOINING VIA WEBEX. CLICK HERE FOR MORE INFO.

TO JOIN BY COMPUTER: ****registration is not required***

https://tinyurl.com/b9np9cv9

Meeting password: AGING

TO JOIN BY PHONE:

+1-213-306-3065

Access Code/Event #: 2595 721 3245

For a brief tutorial on how to use WebEx, please check out this video: https://www.youtube.com/watch?v=iQSSJYcrgIk

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LOS ANGELES COUNTY
COMMISSION ON HIV

REGISTRATION NOT REQUIRED + SIMUTANEOUS TRANSLATION IN SPANISH AND OTHER LANGUAGES NOW AVAILABLE VIA CLOSED CAPTION FEATURE WHEN JOINING VIA WEBEX. CLICK HERE FOR MORE INFO.

AGING TASK FORCE (ATF)

VIRTUAL MEETING AGENDA

TUESDAY, OCTOBER 5, 2021
1:00 PM – 2:30 PM

TO JOIN BY COMPUTER
https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m38fd33005720f622292112af90f86beb

MEETING PASSWORD: AGING
TO JOIN BY PHONE: +1-213-306-3065 **MEETING #/ACCESS CODE:** 2595 721 3245

1) Welcome & Introductions 1:00pm-1:10pm

2) Division of HIV and STD Programs (DHSP) Report 1:30pm-1:45pm
   - Medical Care Coordination (MCC) Performance at-a-Glance, 2013-2017, Patients Aged 50 and Over

3) Discussion: September 9 Commission Meeting Debrief 1:45pm-2:15pm
   a. Reactions and Reflections on HIV and Aging Panel and Discussions
   b. Review ideas and feedback from the community and Commission (refer to list)
   c. Determine next action steps with the framework

4) Executive Director Report 2:15pm-2:20pm
   a. Best Practices Development | Opportunity for Collaboration with Standards and Best Practices Committee

5) Next Steps/Agenda development for next meeting 2:20pm-2:25pm

6) Announcements 2:25pm-2:30pm

7) Adjournment 2:30pm

LOS ANGELES COUNTY COMMISSION ON HIV 2021
AGING TASK FORCE WORKPLAN (Updated 3.16.21; 4.26.21; 5.22.21; 6.18.21,9.28.21)

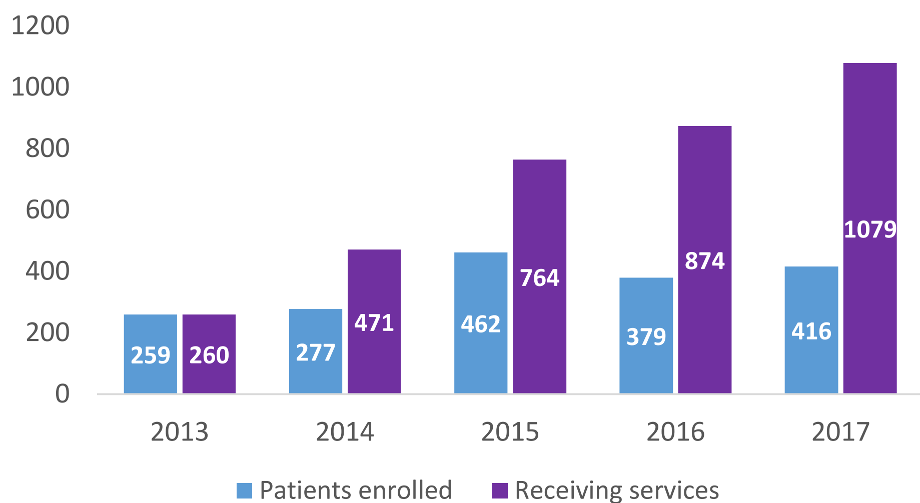
Task Force Name: Aging Task Force				**Co-Chairs: Al Ballesteros**
Task Force Adoption Date: 3/2/21_updated 4.26.21; 5.22.21				
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021. **Prioritization Criteria:** Select activities that 1) represent the core functions of the COH and Committee; 2) advance the goals of the Comprehensive HIV Plan and Los Angeles County HIV/AIDS Strategy; and 3) align with COH staff and member capacities and time commitment.				
#	**TASK/ACTIVITY**	**DESCRIPTION**	**TARGET COMPLETION DATE**	**STATUS/NOTES/OTHER COMMITTEES INVOLVED**
1	Determine and continue to refine next steps for recommendations.	Final recommendations completed 12.20.10.	Ongoing	Recommendations presented at November & December 2020 Executive Committee and December 2020 & January 2021 full Commission meetings. COH approved 1-year extension of the ATF until March 2022.
2	Review and refine 2021 workplan		Ongoing	Workplan revised/updated on 3/16/21,4.26.21, 5/22.21, 6/18/21
3	Secure DHSP feedback / analysis on Aging Task Force recommendations.	Dr. Green continued going over DHSP's response to the recommendations on 5/4/21. ATF members were asked to provide clarification where needed.	~~April~~	~~Dr. Green provided DHSP feedback at April's ATF meeting.~~
4	Study models of HIV care for older adults then determine speakers / programs to highlight at a full COH meeting. Include a panel of speakers, especially consumers who are not connected to care. This task is to lead to the development of a framework for a pilot program that would leverage existing Medical Care Coordination (MCC) teams to integrate service components tailored to respond to the needs of the aging clients.	Invite Dr. Tony Mills to ATF meeting; Golden Compass, Owen's Clinic, University of Colorado, University of Alabama, AltaMed PACE Program, etc.	~~April-May~~	ATF will review models of care first to determine which presenters/program to feature at a full COH meeting. Golden Compass Program information provided by staff on 5.4.21.
5	Review CPT codes of geriatric care. Review health screenings/risk assessments for older adults and discuss how they may be integrated in Ryan White services		~~April-May~~	~~CPT codes introduced at April's ATF meeting.~~ ATF members shifted focus on key assessments that are used in general geriatric

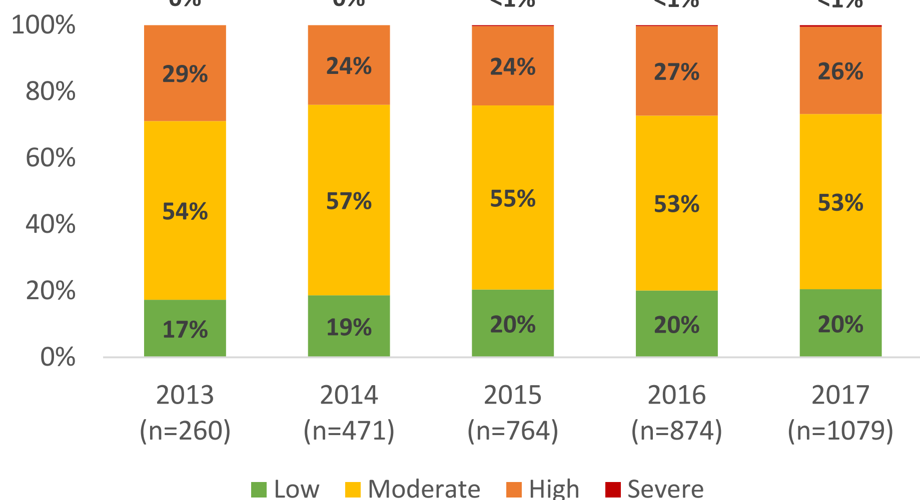
				care that may help form a customized model of care for 50+ PLWH at the April meeting.
6	Review HEDIS measures used by LA CARE Health Plan | Caring for older adults		~~April-May~~	Al Ballesteros to contact LA CARE
7	Review, track and revisit Master Plan on Aging		Ongoing	
8	Conduct ageism training for the community.	Raise awareness about implicit bias with specific focus on ageism.	~~May 6 11am to 1 pm~~ Ongoing	~~Partner with SCAN to co-host Trading Ages training.~~ Completed SCAN Trading Ages training on 5/6/21. Determine future training sessions with ATF members.
9	Determine key priorities for implementation and possible integration to COH Committee work.			Co-Chair, Al Ballesteros, asked COH staff to determine what is feasible to implement from list of recommendations at COH meeting on 5/13/21.
10	Ensure robust and meaningful input from older adults living with HIV in Commission deliberations on HIV, STD and other health services	Work with all Co-Chairs to foster input from 50+ PLWH and include a healthy aging lens in discussions. It is suggested that the ATF Co-Chair and ATF members bring up ideas and report back to the Executive Committee at their monthly meetings.	Ongoing	Activity and description taken from the recommendations tracker and as discussed from 6/1/21 meeting.
11	Encourage the Division of HIV and STD Programs (DHSP) tocollaborate with universities, municipalities, and other agencies that may have existing studies on PLWH over 50 to establish a better understanding of the following issue: Understand disparities in health outcomes within the 50+ population by key demographic data points such as	Collaborate with DHSP to provide data on HIV continuum and quality of life indicators by race/ethnicity, gender, geographic area, sexual orientation, and socioeconomic status. Addressing disparities within the 50+ population is in line with the DHSP EHE Plan Overarching Strategy: Ensure that Los Angeles County Ending the HIV Epidemic pillars of interventions	Ongoing	Activity and description taken from the recommendations tracker and as discussed from 6/1/21 meeting.

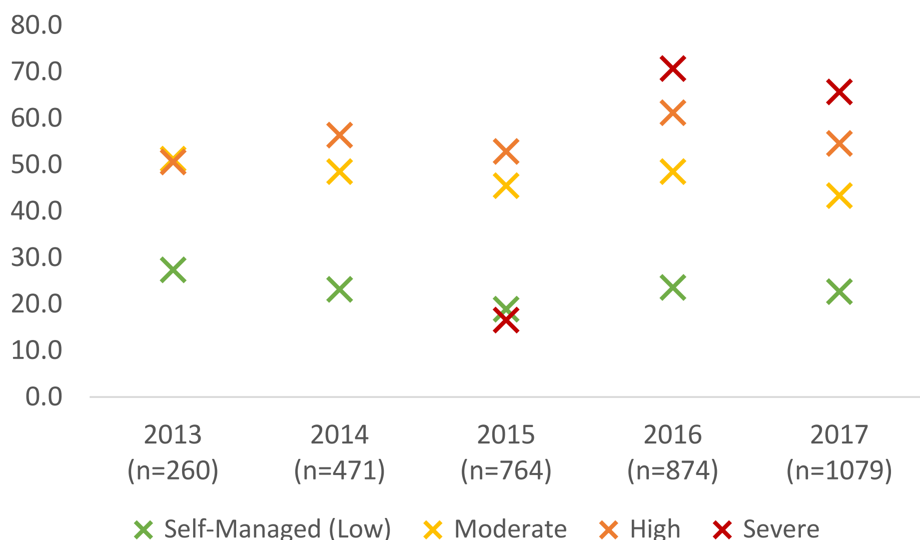
	race/ethnicity, gender, geographic area, sexual orientation, and socioeconomic status.	address and eliminate health inequities, address and dismantle racial inequities that are at the root of HIV and related syndemics, focus on the communities most impacted by HIV, and adopts a client-centered, people first approach.		
12	Encourage the Division of HIV and STD Programs (DHSP) tocollaborate with universities, municipalities, and other agencies that may have existing studies on PLWH over 50 to establish a better understanding of the following issue: Conduct analysis of best practices on serving older adults in non-HIV settings and adapt key strategies for a comprehensive and integrated model of care for the population. Examples of best practices to explore are National Association of Area Offices on Aging (https://www.n4a.org/bestpractices) and Substance Abuse and Mental Health Services Administration and Health Resources and Services Administration, Growing Older: Providing Integrated Care for an Aging Population. HHS Publication No. (SMA) 16-4982. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016.	The Standards and Best Practices (SBP) Committee developed special guidelines for special populations (youth, women, and transgender) in 2007. The ATF may want to approach the SBP Committee to develop best practices/guidelines for 50+ PLWH. It is suggested that the ATF Co-Chair and ATF members bring up ideas and report back to the Executive Committee at their monthly meetings.		Activity and description taken from the recommendations tracker and as discussed from 6/1/21 meeting.

MCC Performance at a Glance, 2013-2017
Patients Aged 50 and Over

County of Los Angeles Public Health



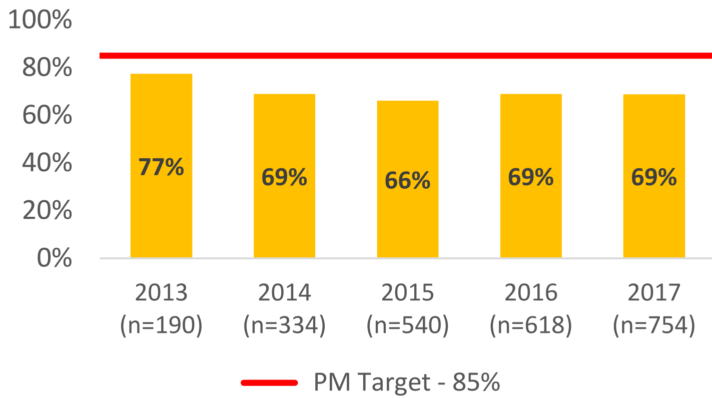


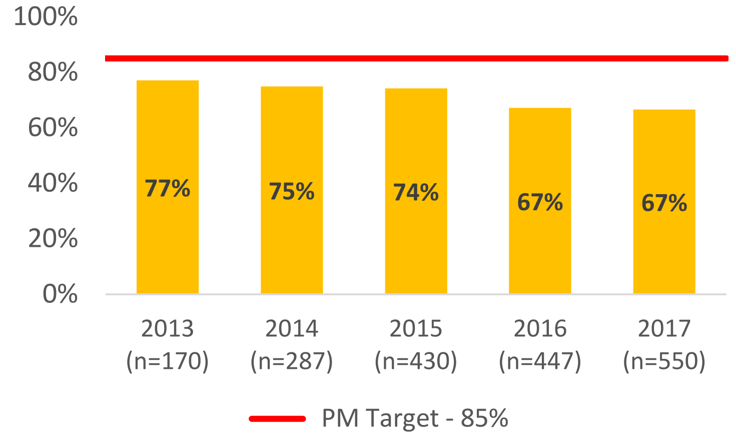


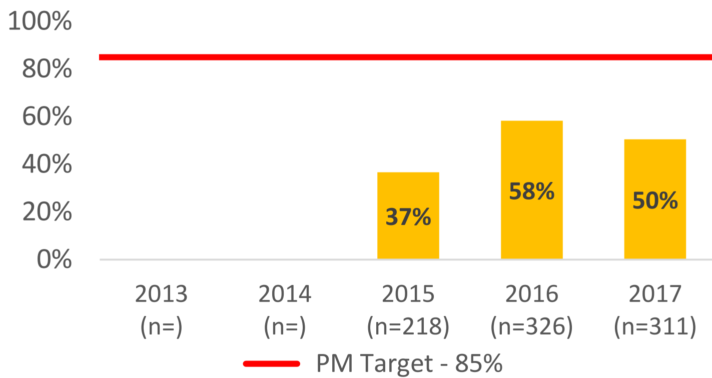
Characteristic	n	%
Total	1793	100%
Race/Ethnicity		
White	436	24.3%
Hispanic/Latino	699	39.0%
African American/Black	613	34.2%
Other	45	2.5%
Gender		
Female	309	17.2%
Male	1450	80.9%
Transgender	34	1.9%
Age		
50-54	822	45.8%
55-59	544	30.3%
60-64	275	15.3%
65 and over	152	8.5%
Poverty		
Above FPL	468	26.1%
At or below FPL	1325	73.9%
Insurance Status		
Insured	491	27.4%
Uninsured	1302	72.6%
Homeless in the Past 6 Months		
No	1589	88.6%
Yes	204	11.4%
Ever Incarcerated		
No	1070	59.7%
Yes	723	40.3%
Depression Screener (PHQ-9)		
No Likely Depressive Disorder	1312	73.2%
Likely Depressive Disorder	481	26.8%
Anxiety Screener (GAD-7)		
No Likely Anxiety Disorder	1374	76.6%
Likely Anxiety Disorder	419	23.4%
Addiction Screener (TCU-II)		
No Likely Addiction Disorder	1512	84.3%
Likely Addiction Disorder	281	15.7%

MCC Performance Measures (PM) – Patients Aged 50 and Over

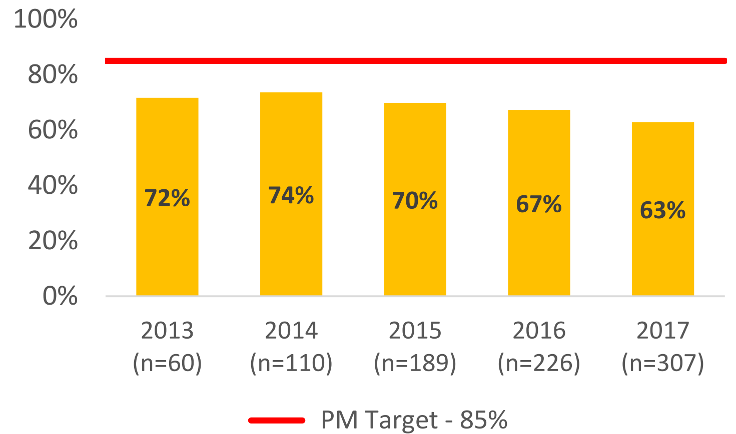
Figures 4-7: Provision of brief interventions among MCC patients with identified need by contract year*



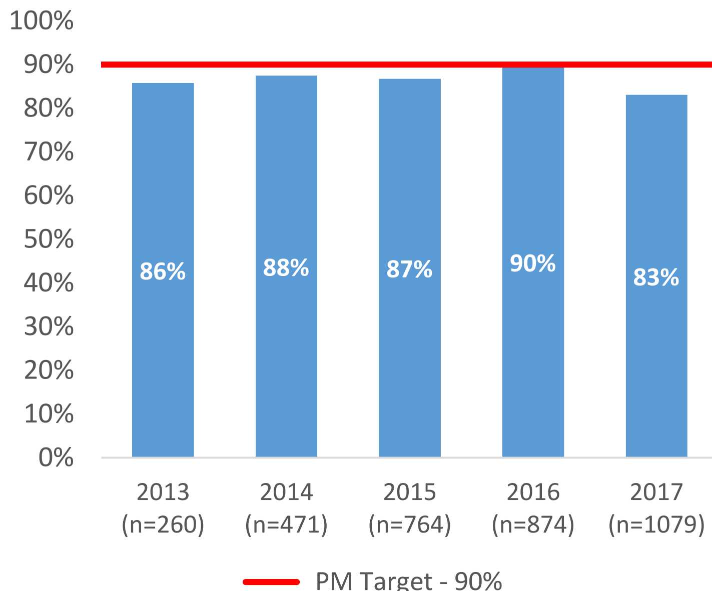


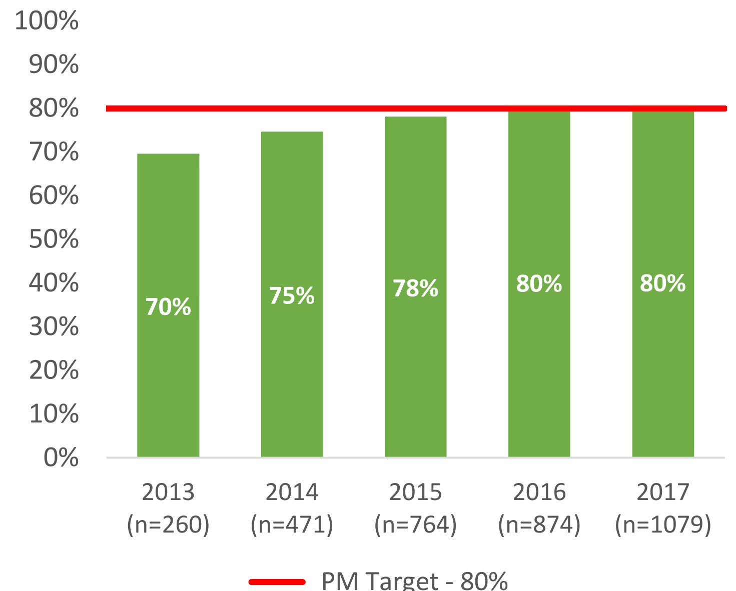


*Data was not collected for years 2013 and 2014.



* The number below each year represents the number of MCC patients who demonstrated need for that particular intervention.





Aging Task Force | Framework for HIV Care for PLHWA 50+

(9.28.21)

STRATEGIES:

1. Leverage and build upon Medical Care Coordination Teams & Ambulatory Outpatient Medical Program.
2. Integrate a geriatrician in medical home teams.
3. Establish coordination process for specialty care.

Assessments and Screenings			
Mental Health	Hearing	HIV-specific Routine Tests	Immunizations
Neurocognitive Disorders/Cognitive Function	Osteoporosis/Bone Density	Cardiovascular Disease	Advance Care Planning
Functional Status	Cancers	Smoking-related Complications	
Frailty/Falls and Gait	Muscle Loss & Atrophy	Renal Disease	
Social Support & Levels of Interactions	Nutritional	Coinfections	
Vision	Housing Status	Testosterone Deficiency	
Dental	Polypharmacy/Drug Interactions	Peripheral Neuropathologies	

From Golden Compass Program

From Aging Task Force

Screenings & Assessment Details

- HIV-specific Routine Tests
  - HIV RNA (Viral Load)
  - CD4 T-cell count
- Screening for Frailty
  - Need 3: unintentional weight loss, self-reported exhaustion, low energy expenditure, slow gait speed, weak grip strength
- Screening for Cardiovascular Disease
  - Lipid Panel (Dyslipidemia)
  - Hemoglobin A1c (Diabetes Mellitus)
  - Blood Pressure (Hypertension)
  - Weight (Obesity)
- Screening for Smoking-related Complications
  - Lung Cancer - Low-Dose CT Chest
  - Pulmonary Function Testing, Spirometry (COPD)

Screening for Renal Disease
  - Complete Metabolic Panel
  - Urinalysis
  - Urine Microalbumin-Creatinine Ratio (Microalbuminuria)
  - Urine Protein-Creatinine Ratio (HIVAN)
- Screening for Coinfections
  - Injection Drug Use
  - Hepatitis Panel (Hepatitis A, B, C)
  - STI - Gonorrhea, Chlamydia, Syphilis

Screenings & Assessment Details (continued)

- Screening for Osteoporosis
  - Vitamin D Level
  - DXA Scan (dual-energy X-ray absorptiometry)
  - FRAX score (fracture risk assessment tool)
- Screening for Testosterone Deficiency (Hypogonadism) and Menopause
  - Men with decreased libido, erectile dysfunction, reduced bone mass (or low-trauma fractures), hot flashes, or sweats; testing should also be considered in persons with less specific symptoms, such as fatigue and depression.
- Screening for Mental Health comorbidities
  - Depression – Patient Health Questionnaire (PHQ)
  - Anxiety – Generalized anxiety disorder (GAD), Panic Disorder, PTSD
  - Substance Use Disorder - Opioids, Alcohol, Stimulants (cocaine & methamphetamine), benzodiazepines
  - Referral to LCSW or MFT
  - Referral to Psychiatry
- Screening for Peripheral Neuropathologies
  - Vitamin B12
  - Referral to Neurology
  - Electrodiagnostic testing

Screenings & Assessment Details (continued)

- Screening for Osteoporosis
  - Vitamin D Level
  - DXA Scan (dual-energy X-ray absorptiometry)
  - FRAX score (fracture risk assessment tool)
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  - Referral to LCSW or MFT
  - Referral to Psychiatry
- Screening for Peripheral Neuropathologies
  - Vitamin B12
  - Referral to Neurology
  - Electrodiagnostic testing
- Screening for Sexual Health

Other Suggestions from ATF Discussions

- Screen patients for comprehensive benefits analysis and financial security
- Assess patients if they need and have access to caregiving support and related services
- Assess service needs for occupational and physical therapy (OT/PT) and palliative care
- Review home-based case management service standards for alignment with OT and PT assessments
- Establish a coordinated referral process among DHSP-contracted and partner agencies

List of Comments and Suggestions from the September 9, 2021 Meeting on the Proposed HIV and Aging Comprehensive Care Framework

1. Add menopause and other women's health and social support issues in the framework

2. Looks at medical wellness examinations; treat the framework not as a monolithic list of assessments but a flexible and adaptable guide for older adults; some people, especially in communities of color, experience aging related issues earlier in life (before age 50)

3. Add sexual activities, sexual health, pain during intercourse, and erectile dysfunction, STD screening, anal fissures.

4. Involve AETC in trainings for HIV and geriatric care

5. Partners in Care Foundation has done some work to support providers in becoming Gero-friendly. Perhaps this could be a resource for HIV specialists?

6. Work with Dr. Cie Freeman, an African American geriatric psychiatrist who has worked with Oasis Clinic at Drew.

7. Add cardiovascular screening, ASCVD risk including HIV, ART-regimen (DAD study) included and recommendations on age to start screening

8. Does MCC have a focus on working with older patients?

9. Include diabetes screening (already under cardiovascular, perhaps call it out to make it clear for the audience)

10. Older patients really appreciate being seen. Especially as sexually active individuals.

11. Sexual health issues are super important. I also think to make it shorter and easier for providers to digest and execute and refer to Medicare Health Assessment take out redundant items and cut it down to more "HIV comorbidity issues"