

Premier Platinum Program (PPP): Harmonizing the syndemic of people aging with HIV

aging with HIV Ryan White HIV/AIDS

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BACKGROUND

According to the Centers for Disease Control and Prevention (CDC), people with HIV 50 years of age and up represent 54% (596,044) of the population with HIV (1.1 million) (Centers for Disease Control and Prevention, 2024). Over the past decade, the demographics of people with have changed significantly. New prevention options have reduced the rate of HIV diagnoses for most racial/ethnic and age groups, though transmission rates have remained stable. New treatment regimens have helped many live longer and achieve viral suppression, leading to a decline in new HIV diagnoses overall. However, this aging population faces various age-related issues, including increasing multimorbidity, geriatric conditions, past ART treatment toxicity, delayed diagnoses, and behavioral health and psychosocial concerns. Effective interventions are needed in primary care to manage this syndemic.

METHOD

The Premier Platinum Program (PPP) has three components, each with their methodology:

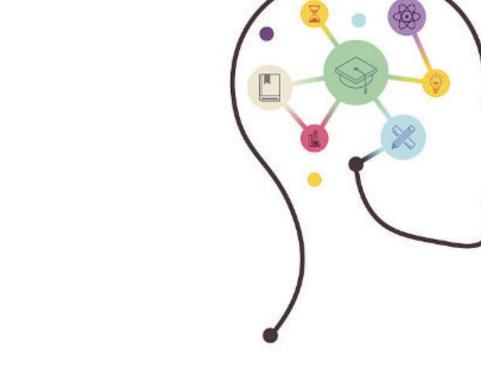
Enhanced Geriatric Health Care Team -Composed of a Physician Assistant (PA), medical case registered and manager/social worker ("friendly hand"). All HIV healthcare team members completed 12 hours of geriatric care training. The PA trained with a Geriatrician for 3 months to perform Comprehensive Geriatric Assessments. This team integrates program components to support aging patients with respect and dignity.









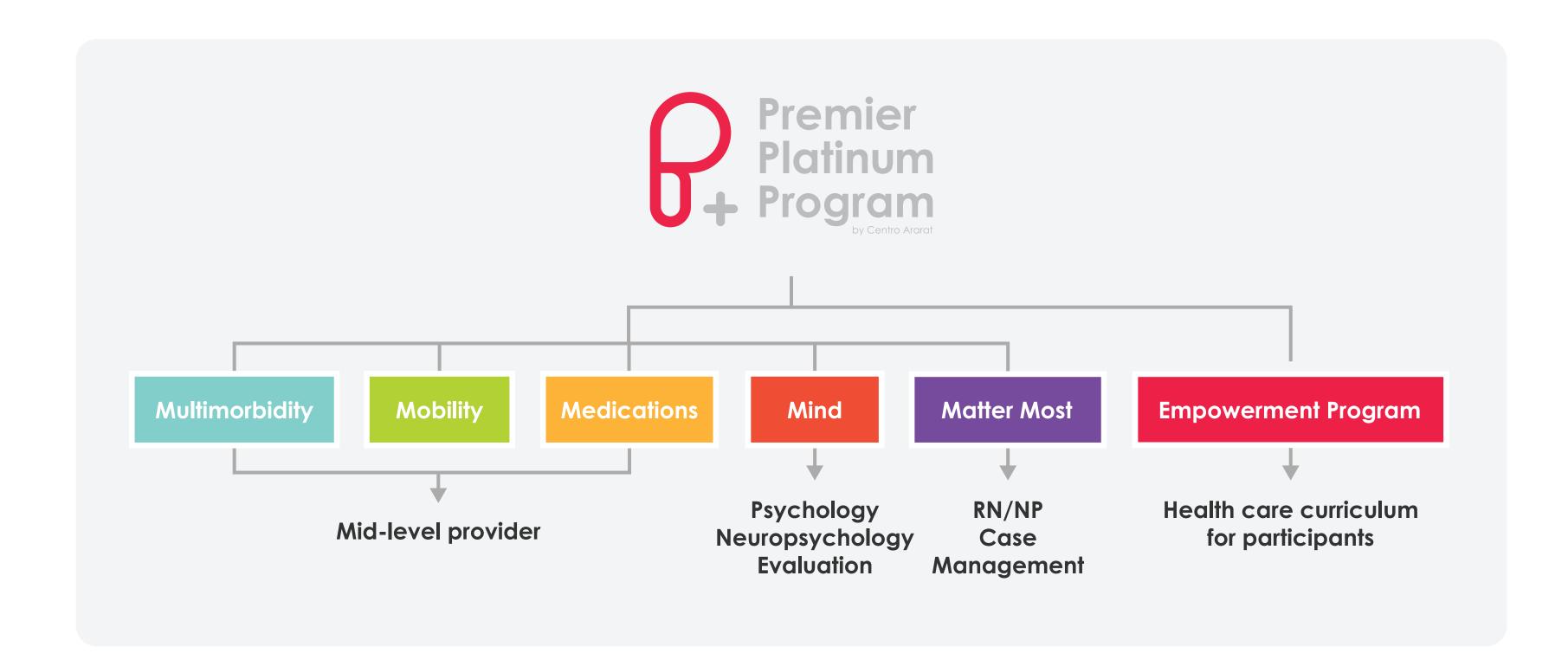




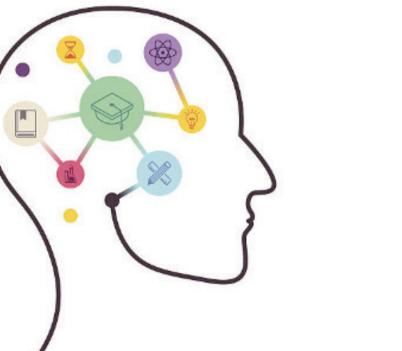


METHOD

Specialized Geriatric Medical Visit - Once the staff was trained, the Specialized Medical Visit in Geriatrics began, evaluating the five pillars of the 5Ms in three to five interventions. The FIRST AREA covers Mobility, Multimorbidity, and Medications and is conducted by the physician assistant. The SECOND, Mind: conducted by the clinical psychologist, this includes a full mental health evaluation (PHQ-9, GAD-7, DAST-10, Loneliness Scale). The Montreal Cognitive Assessment (MoCA) is administered to all participants, with neuropsychological evaluations for those whose MoCA scores indicate a possible cognitive decline. THE THIRD, Matter Most, performed by the Medical Case Manager and Nurse assist in the complex healthcare coordination and explore participant's needs related to Social Determinants of Health.

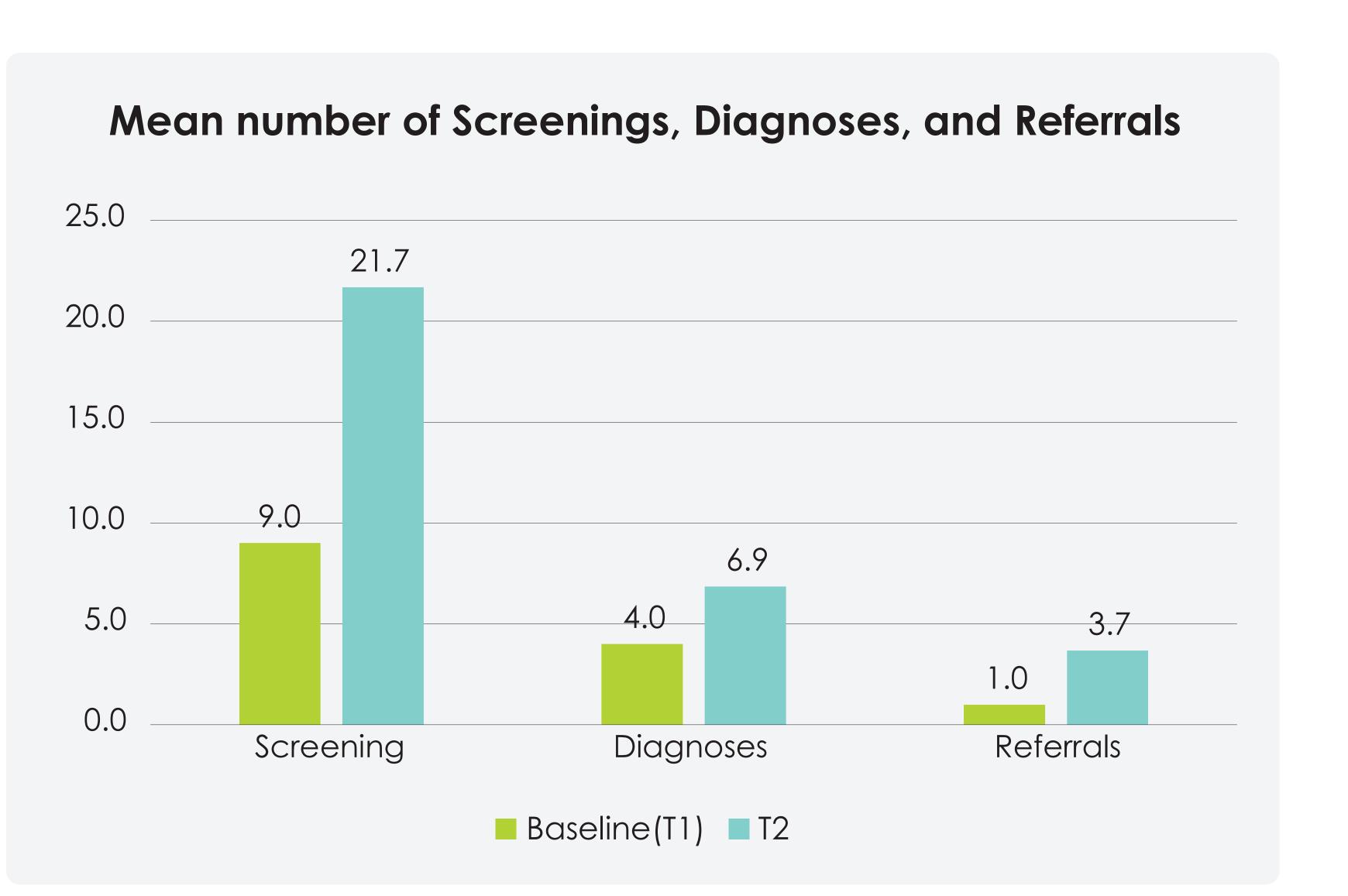


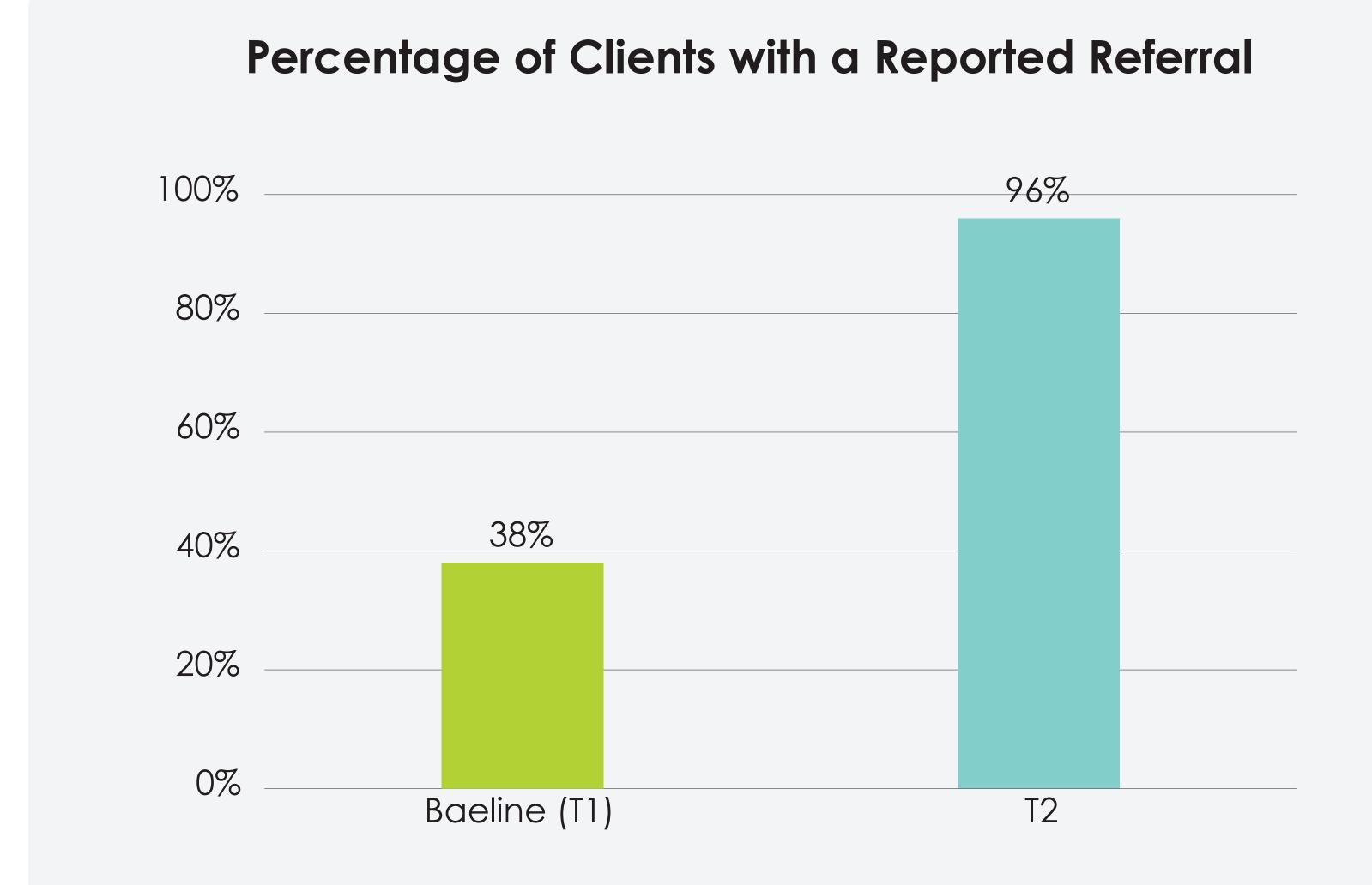
Participants Education and Empowerment Program (PEEP) - A series of five workshops, co-developed with Patient Liaisons, designed to educate and empower participants. Workshops were offered both face-to-face and asynchronously, with educational folders provided. Pre-tests, post-tests, and satisfaction surveys measured impact. Participation incentives were provided.

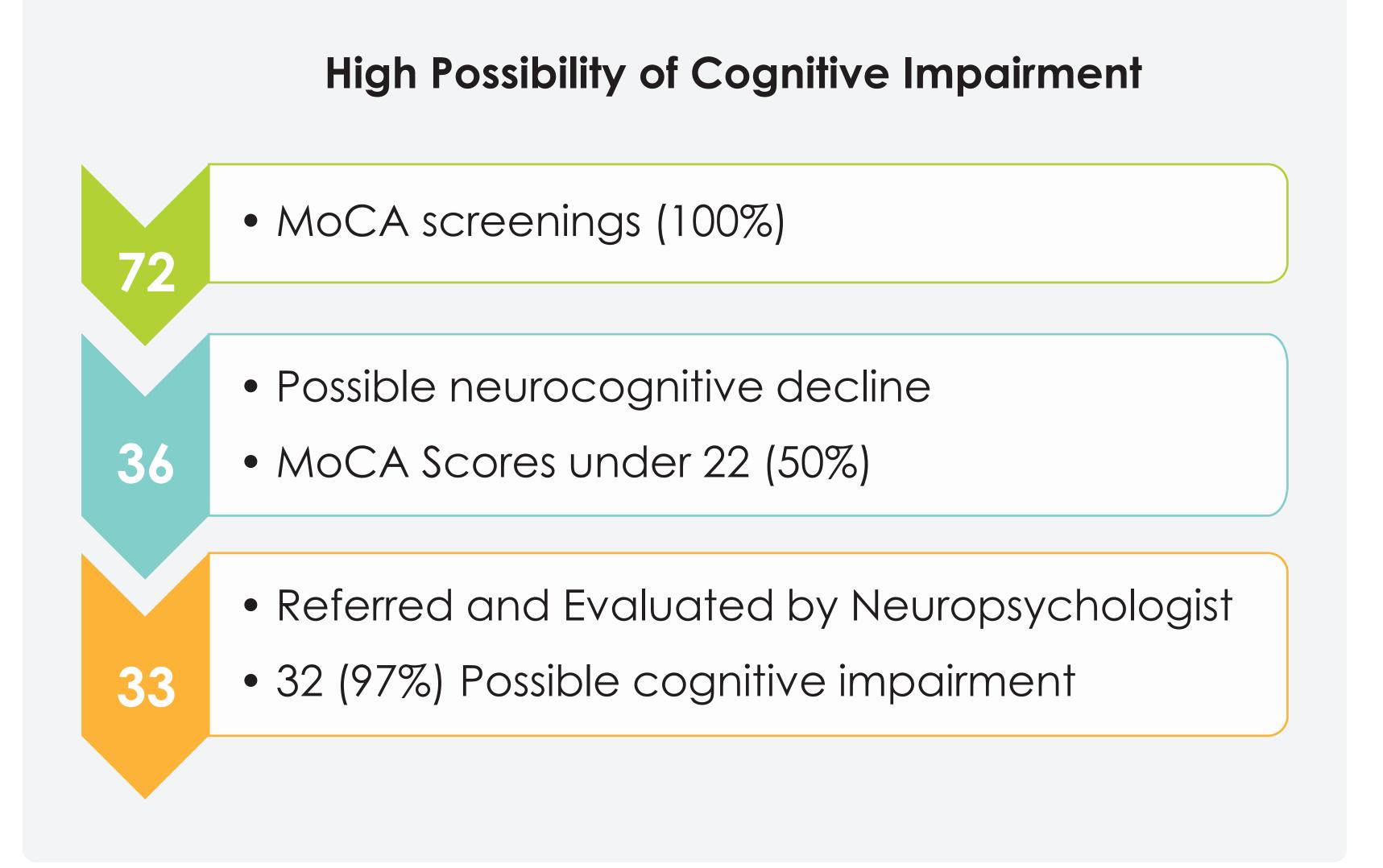


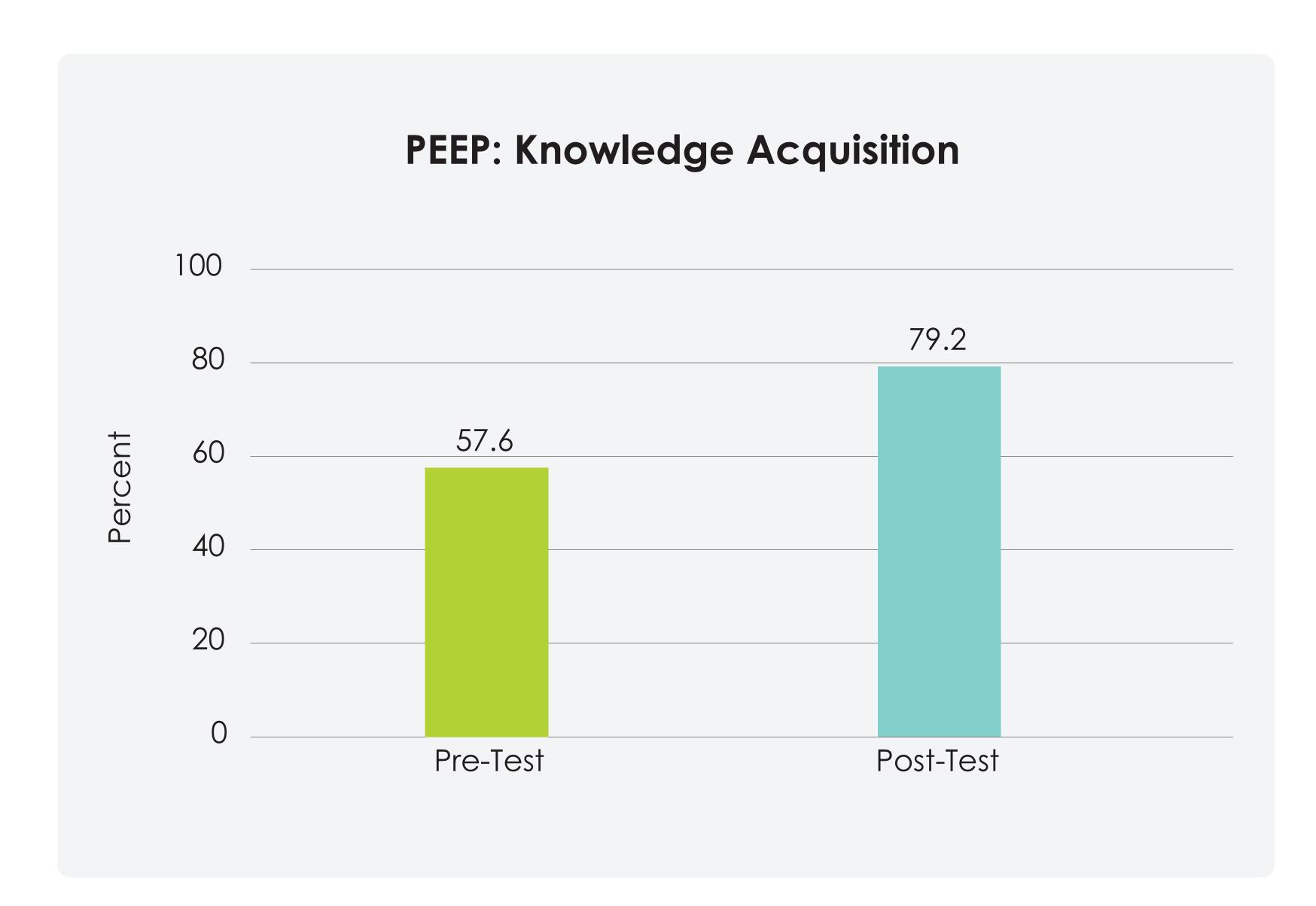
RESULTS

Increased levels of screening, referrals, and diagnoses, (N=72)









PWHIV50+ are unique and require a flexible, resourceful, and collaborative care system to effectively address their needs, ultimately harmonizing the syndemic of people aging with HIV. Preliminary data support the benefits of the PPP, although further evaluation is necessary to understand its impact fully. Clinics aiming to expand services for PWHIV50+ may find inspiration in Centro Ararat's PPP model, which will be available as a manual upon completion of the SPNS initiative.

ACKNOWLEDGEMENT

CONCLUSION

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QUESTIONS



Please scan the QR code to share comments, or questions regarding the Premier Platinum

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Client satisfaction survey:

- 99% consider their participation in PPP important and believe it brought benefits to their health.
- 97% believe geriatric services should be integrated into their routine HIV care.