

# Centro Ararat Inc.'s Premier Platinum Program (PPP) | Ponce, PR



*"At Centro Ararat, we are passionate about innovative healthcare solutions that improve the wellbeing and quality of life for people aging with HIV."*

- Dr. Iván Báez-Santos, Psy.D., Mental Health Supervisor and Principal Investigator

## BACKGROUND

Centro Ararat, Inc. delivers HIV care and treatment to more than 1,200 people with HIV across three clinics in Puerto Rico. Approximately one-third of its clients are served by Centro Ararat's clinic located in the city of Ponce. Centro Ararat implemented the Chronic Disease Self-Management (CDSMP) curriculum to address the unique needs of their clients aging with HIV (aged 50 or older). The CDSMP is a low-cost, evidence-based intervention originally designed by the Stanford University School of Medicine. It offers an ideal mechanism to teach clients with chronic health issues, like HIV, self-efficacy through interactive peer support.

### Centro Ararat, Inc. Clinic Locations



With support from the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) Part F Special Projects of National Significance (SPNS) Aging with HIV Initiative, Centro Ararat built upon their previous initiative and implemented the Premier Platinum Program (PPP). The PPP is a comprehensive and multifaceted care model to better identify the geriatric and social support needs of clients aging with HIV through an enhanced suite of specific screenings and assessments.

## INTERVENTION DEVELOPMENT

Centro Ararat integrated a range of perspectives in developing the PPP.

- *Clients:* Centro Ararat worked closely with people with HIV who shared their experiences accessing HIV and geriatric services in Ponce and elsewhere.
- *Staff:* Centro Ararat clinical and behavioral healthcare providers, case management team, and patient liaisons shared their experience with prior initiatives and visions for future programs.

- *External Partners:* Centro Ararat collaborated with the following key external advisors who support service delivery and facilitated broad community support to help design and implement the PPP. They recommended and facilitated referrals, while delivering and providing specialized insights related to geriatric assessments and care:
  - A local pharmacy school helped Centro Ararat providers review medications of PPP participants.
  - A local neuropsychologist trained Centro Ararat staff in diagnosing and evaluating neurological decline among people aging with HIV.
  - A geriatrician affiliated with a nearby hospital supported Centro Ararat 's physician assistant in designing treatment plans for complex geriatric cases.

*“The elements of geriatric and mental health assessments, along with the establishment of crucial collaborations with partners, have been key in identifying participants’ needs and linking them expeditiously through our collaborators,” explains Dr. Iván Báez-Santos.*

## INTERVENTION SERVICES

Pre-implementation, Centro Ararat provided additional capacity strengthening and training for their **Specialized Geriatric Medical Team**. Team members encompassed a physician assistant, case managers, nurses, and psychologists. Each completed at least 12 hours of continuing education on topics related to aging with HIV, such as stages of aging and cognitive decline. Centro Ararat 's physician assistant received 135 hours of direct patient care training with a geriatrician and approximately 65 hours of supplemental training.

Once trained, staff recruited a total of 72 participants from among clients aged 50 and older who were receiving HIV primary care at the Ponce clinic. These clients engaged in a Specialized **Geriatric Medical Visit** delivered by the physician assistant. The specialized visit identified clients’ clinical, behavioral, and wraparound needs using geriatric measures adapted from the Care of People Aging with HIV: Northeast/ Caribbean AETC Toolkit and framed by the Geriatric 5Ms Model (mobility, mind, medications, multi-complexity, matters most).

Following the geriatric assessment, clients also were asked about potential unmet needs, such as financial resources, transportation, and healthcare coverage, as well as treatment options and advanced care planning. The physician assistant also conducted a medication review to identify and address overly complicated medication regimens, with support from an external partner at NOVA University School of Pharmacy.

Clients reviewed their results with the physician assistant, and together they established a tailored **Individualized Care Plan**. This plan encompassed referrals for geriatric and HIV clinical support services, wraparound services, advance care planning, and follow-up appointments.

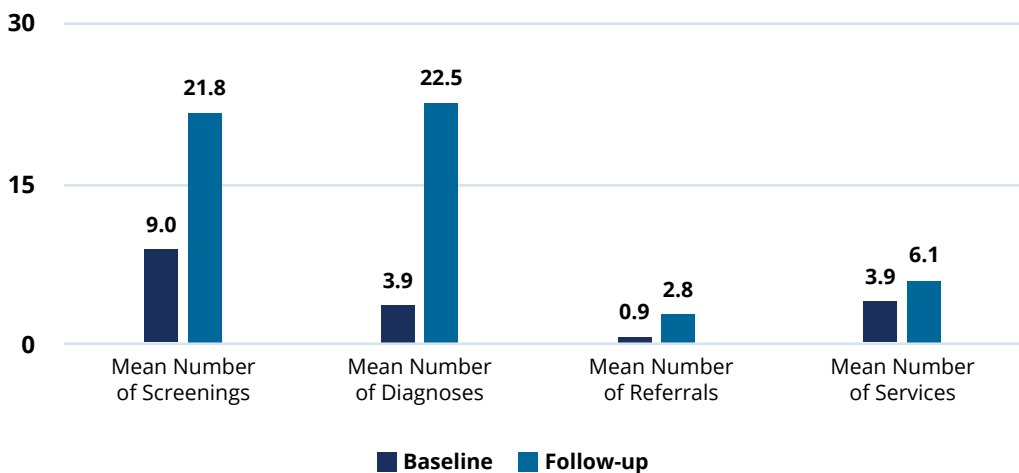
In addition to the assessment and care plan, clients received additional support through the **Participant Education and Empowerment Program (PEEP)**. Derived from the Spanish translation of the book about healthy living with chronic conditions, the PEEP was designed in collaboration with patient liaisons and persons with lived experience. The PEEP consists of five interactive training courses that guide clients aging with HIV on diverse topics, including diabetes, medications, diet and exercise, mental health, and effective communication. They support proactive management of one’s HIV, comorbidities, and psychosocial needs, while facilitating longer-term group participation, both in-person or online.

## OUTCOMES

Initial findings of the PPP indicated that:

- All participants (100%) completed their first visit with the physician assistant, and 97% completed their second visit.
- All participants (100%) completed the mental health evaluation with the psychologist. One-half (50%) of these participants were referred to neuropsychological services and all but one of these participants were diagnosed with at least some cognitive decline.
- Of the participants who filled out Centro Ararat 's survey, 97% expressed satisfaction with the intervention and its staff and noted improved access to services and improved management of their care.
- Just under 80% of participants enrolled in the supplemental PEEP workshops for chronic conditions (79%). Among those who enrolled in the workshops, 80% found them helpful. The knowledge scores of PEEP participants increased from 57.6% (pre-test) to 79.2% (post-test).
- The percentage of clients with a reported referral increased from 38% to 96%.

**Mean Number of Screenings, Diagnoses, Referrals, and Services Reported at Baseline and Follow-up**



## FACILITATORS AND CHALLENGES

Centro Ararat 's staff and organizational structure were the largest intervention facilitators. Intervention staff worked well together, building trust and strong communication that supported the facilitation of the intervention. Staff also received extensive geriatric training, with the physician assistant certified to deliver the assessments and help coordinate care, mitigating the intervention's demands on the clinic's workflow and staff. Clinic staff (and their relationships with external partners), were instrumental in building trust with clients and the broader community.

There were several challenges associated with the intervention, notably the time commitment required to participate in the initial geriatric assessment, which deterred some clients from participating. Centro Ararat,

however, overcame this challenge by leveraging the availability of experienced staff and patient liaisons who are dedicated to helping participating clients navigate their enhanced care. Other challenges were addressed over time with refinements to the intervention, including those around appointment scheduling, pre-authorization and health care coverage-related hurdles, a lack of necessary specialists available to fulfill referrals for care, and an overall lack of awareness among providers and staff about the unique impact of aging among people with HIV.

## LESSONS LEARNED

Key lessons learned that may benefit other organizations interested in replicating their intervention or any of its components included the following:

- **Design the intervention** based on a thorough analysis of their resources (e.g., space, staffing, and time). This approach ensures that the intervention is feasible for the organization and meets the needs of clinical and administration staff and their clients.
- **Establish an intervention protocol and process maps.** These components provide another touch point as clinical and administrative staff implement the intervention. In addition, these materials intervention fidelity, which is key to client health outcomes.
- **Expand staff coverage through strategic cross-training.** Since there are a few clinicians specialized in geriatrics in Puerto Rico, Centro Ararat ensured their physician assistant received training in geriatric assessments. This cross-training approach builds staff skills and buy-in and mitigates the intervention's burden on other clinicians' workflow.
- **Maintain buy-in through frequent communications** with internal and external interested parties. Sharing updates creates a feedback loop through which challenges can be readily identified and rectified. Successes also can be shared, which additionally engender a sense of community and support intervention sustainability.

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