

University of Pittsburgh Medical Center Presbyterian Shadyside

Pittsburgh, PA

The Initiative

The Emerging Strategies to Improve Health Outcomes for People Aging with HIV (Aging with HIV) Initiative supports and evaluates 10 demonstration sites as they implement groundbreaking interventions that seek to improve whole-person care of people with HIV ages 50 and older served by the Ryan White HIV/AIDS Program (RWHAP).

The Program

University of Pittsburgh Medical Center (UPMC) Presbyterian Shadyside created the *Improving the 6Ms at the Pittsburgh Area Center for Treatment (IMPACT)* program to implement provider training, client screening, and workflow adaptations to improve client age-related outcomes guided by the 6Ms model (Mobility, Mind, Medications, Multi-complexity, Matters Most, Modifiable) in people with HIV aged 50 and over through:

- Train providers related to geriatric age-related conditions.
- Enhance client screening for age-related conditions.
- Refine and/or develop clinic workflow adaptations to connect clients with appropriate healthcare and community resources.

Notable Client Outcomes



Improved client medication records

Medication reviews resulted in more accurate client records by including medications from other clinics and supplements not previously charted.



Improved client health scores

Frailty, fall risk, and anxiety scores for clients enrolled in the intervention meant improved quality of life.

Total clients completing the evaluation: 53

Implementation Lessons Learned

The UPMC team benefited from a number of facilitators and worked as a team to overcome barriers.

Facilitators



Patient liaisons promoted retention in the program through regular client outreach and calls. They also provided critical services like connecting clients with other community support resources.



UPMC's **vast network of partnerships**, both new and long-standing, aided in clients getting "well-rounded care", including services unrelated to their HIV care.



UPMC **kept administration costs low** for this program by embedding the new processes into pre-existing workflows. This approach also lends itself well to sustaining the program as part of routine care.



Leadership support and staff buy-in facilitated cross-department collaboration to enable program implementation and ensure sustainability.



Use of trainees for medication reviews and extensive screenings allowed for a win-win of providing services not normally well-reimbursed, while providing learning experiences to the rising geriatric workforce.

Challenges



Gaps in contact information and transportation access affected scheduling. The team introduced automated reminders, transportation assistance, and patient liaison-led outreach to strengthen connection and continuity of care.

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