

Background

The Infectious Disease clinic at Boston Medical Center (BMC) provides HIV care and services to >1600 people with HIV (PWH), with approximately 60% of this population being aged >50.

As this population continues to age, unique challenges arise in serving population-specific care needs.

We implemented a novel integrated HIV-Geriatrics care model, the HIV-Endurance (HIVE) clinic, to better address the emerging need for geriatric-centered care for aging people with HIV.

Methods

- Implemented a **monthly "pop-up" clinic as consultative service** where PWH can be referred for a comprehensive geriatric evaluation and individualized care coordination to aging services.
- Multidisciplinary service in a singular hub – or "HIVE"** – includes expertise from:
 - Geriatric and Infectious Disease (ID) clinicians
 - Geriatric nurse
 - Clinical specialty pharmacist
 - ID case management
- Patients were referred by their primary care provider (PCP)
- Eligible participants for the intervention:
 - Aged ≥ 50 years
 - Living with HIV
 - Experiencing at least one geriatric syndrome
 - No recent care in the Geriatrics clinic (defined as a visit within the past six months)
- Collected baseline demographic and clinical variables from referred patients and those attending HIVE clinic
- Process measures including number of eligible patients and number of scheduled and completed visits were collected. Outcome measures including number of referrals made were also obtained

Figure 1: Simplified HIVE Clinic Workflow



Results

Figure 2: Breakdown of Referrals Received (as of July 2025)

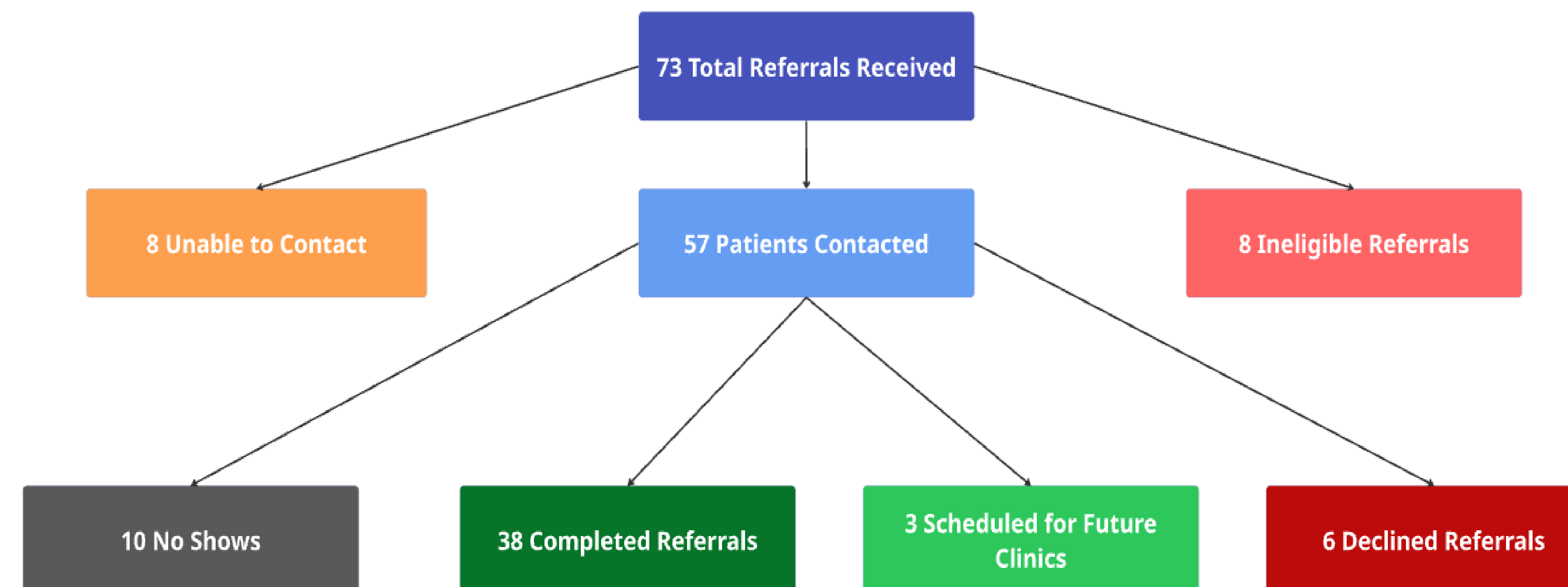


Table 1: Demographic breakdown of all referrals received as of 08/01/2025

Referral Data (N=73)	
Age, years	
Median (range)	68 (53-87)
Gender, n (%)	
Cisgender women	37 (51%)
Race, n (%)	
Black or African American	56 (77%)
Asian	1 (1%)
Declined/unavailable	7 (10%)
White	9 (12%)
Ethnicity, n (%)	
Hispanic or Latino	7 (10%)
Primary Language Spoken	
English	47 (64%)
Haitian Creole	17 (23%)
Spanish	6 (8%)
Cape Verdean	1 (1%)
Thai	1 (1%)
Tigrinya	1 (1%)

Table 2: Demographic breakdown of all patients seen as of 8/1/2025

Clinic Data (N=38)	
Age, years	
Median (range)	68 (53-87)
Gender, n (%)	
Cisgender women	23 (61%)
Race, n (%)	
Black or African American	31 (82%)
Asian	1 (3%)
Declined/unavailable	3 (8%)
White	3 (8%)
Ethnicity, n (%)	
Hispanic or Latino	4 (11%)
Primary Language Spoken	
English	24 (63%)
Haitian Creole	10 (26%)
Spanish	3 (8%)
Cape Verdean	0 (0%)
Thai	1 (2%)
Tigrinya	0 (0%)

Figure 2: Virtual Resources created for Patient Education



Results Continued

Figure 3: Referrals created as of 8/1/2025



Table x: Changes in Medication Regimen Complexity Index (MRCI) Scores after intervention, n=38

Pharmacy Outcomes	Pre-Visit	Post-Visit
Mean MRCI	35.62	31.61
Median MRCI	32.5	27.5
MRCI Range	12-94.5	6-75

MRCI scores calculated by pharmacy staff provide a score based on number of prescriptions, dosage forms, frequency, and additional directions for use. Higher scores indicate a more complex regimen. Deprescribing and regimen optimization performed at HIVE visits brought down average scores.

Table x: Average Activities of Daily Living Scores

Geriatric Assessments Outcomes, n=38	
ADL Score Mean, (range)	11.68 (10-12)
ADL Score Median	12
IADL Score Mean, (range)	13.37 (8-16)
IADL Score Median (IQR?)	14

Conclusion

The implementation of the HIVE Clinic at BMC has proven to be a valuable resource for bridging care between ID and geriatrics. Patients have reported enjoying the standard of care and attention provided by HIVE staff. Continued clinic activity and data collection will provide opportunities for ongoing improvement in addressing and managing aging-related care needs for people with HIV.