

Practice Redesign for Dementia: The UCLA Alzheimer's and Dementia Care Program

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Disclaimer

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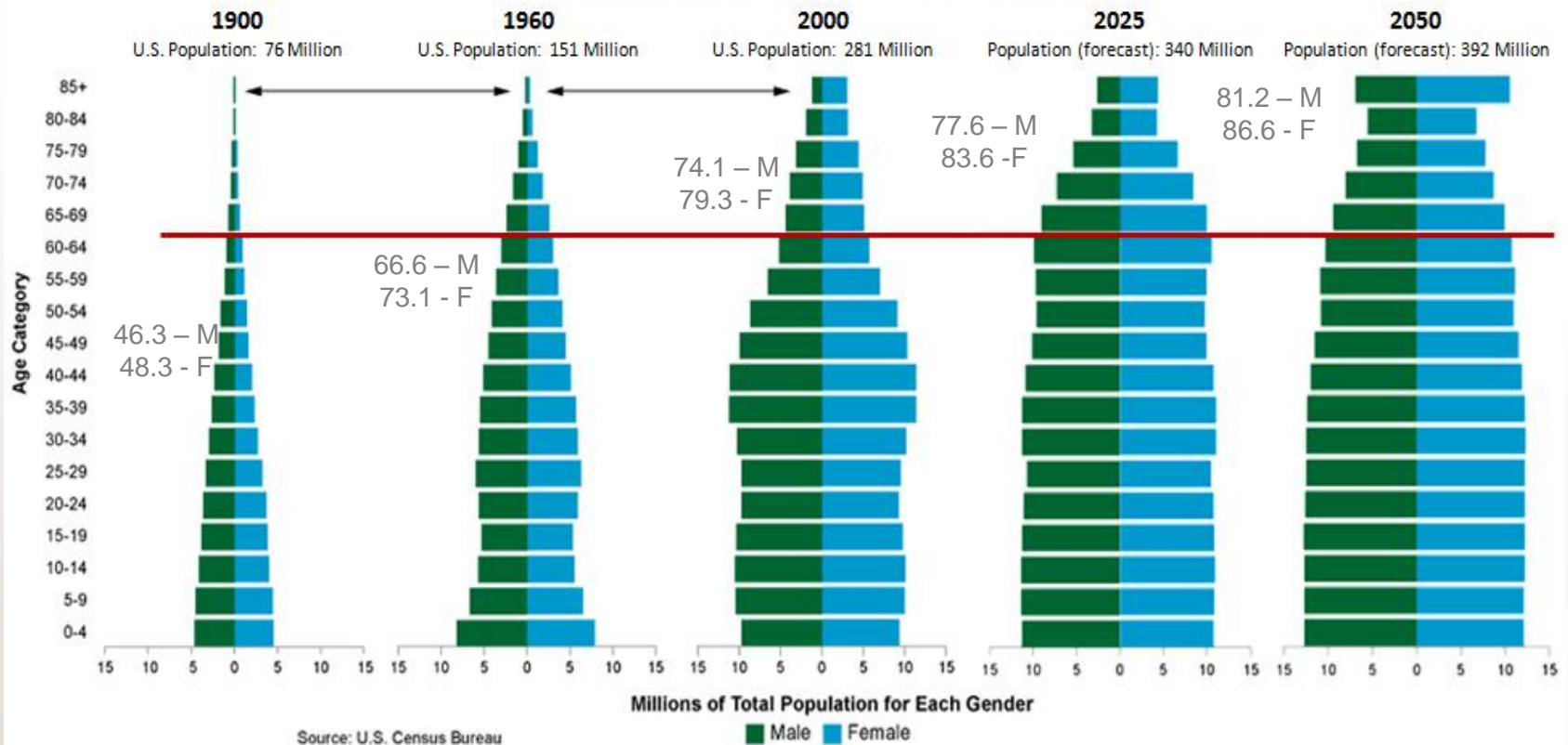


Outline

- Overview of practice redesign
- Challenges and opportunities in delivering dementia care in a large academic health system
- The UCLA Alzheimer's and Dementia Care Program
- Program outcomes thus far

The Silver Tsunami : Average Life Expectancy

By 2050, People Age 65 and Older Will Equal 20% of the Population
U.S. Population (and Forecast) by Age Category and Gender



The Gray Plague

- Prevalence of dementia

| <u>Age range</u> | <u>% affected</u> |
|------------------|-------------------|
| – 65-74 | 5% |
| – 75-84 | 15-25% |
| – 85 and older | 36-50% |

- 5.2 million Americans have Alzheimer's (5.1 million with heart failure)

The Dementia Quality Problem

- Poor quality of care: 38-44% of ACOVE Quality Indicators met
 - Cognitive evaluation if pos screen (25%)
 - Checking medications (9%)
 - Caregiver support (29%)
 - Monitoring for Behavioral/Psychological sx (45%)
- Poor linkages to community-based resources

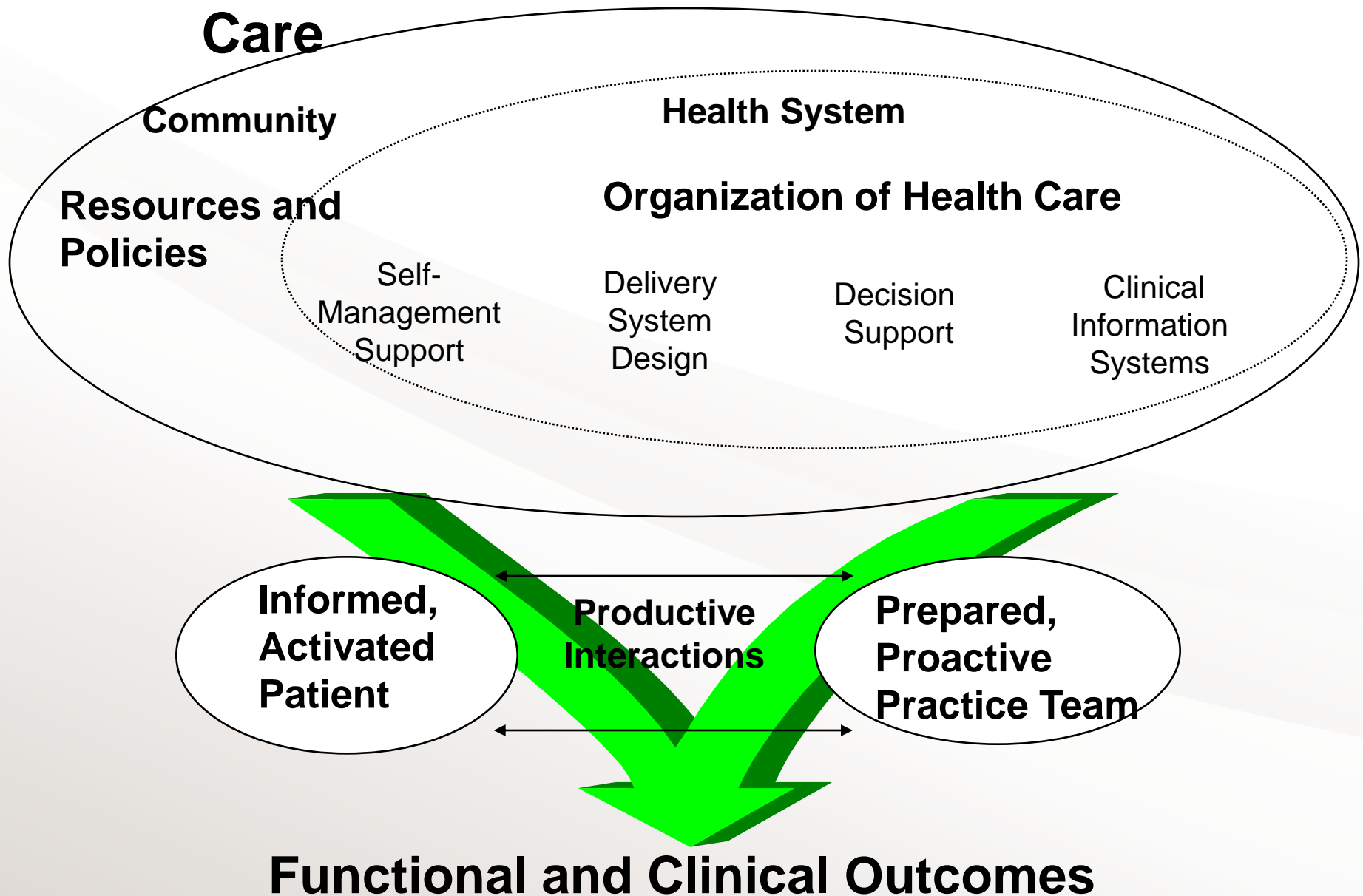
The Consequences

- \$130 billion in health care (2011)
- 3 x hospital stays
- Higher medical provider, nursing home, home health, and prescription costs
- 15 million caregivers provided 17 billion hours of care worth \$203 billion (2010)
- Cost per person attributable to dementia:
 - \$2752/year (2010 Medicare costs)
 - \$41,689-\$56,290/year (total costs)

Practice Redesign

- Aims to improve quality and/or increase efficiency by:
 - Fixing a problem or inefficiency in patient care
 - Using different people or people differently
 - Exploiting technology

A Model for Improving Chronic Illness Care



Co-management

- Two or more health care providers jointly managing the patient's medical care to achieve the best quality and outcomes
- Many models, most focus on specific conditions (e.g., cancer, dementia) or on multiple conditions and coordination of care (e.g., Guided Care)

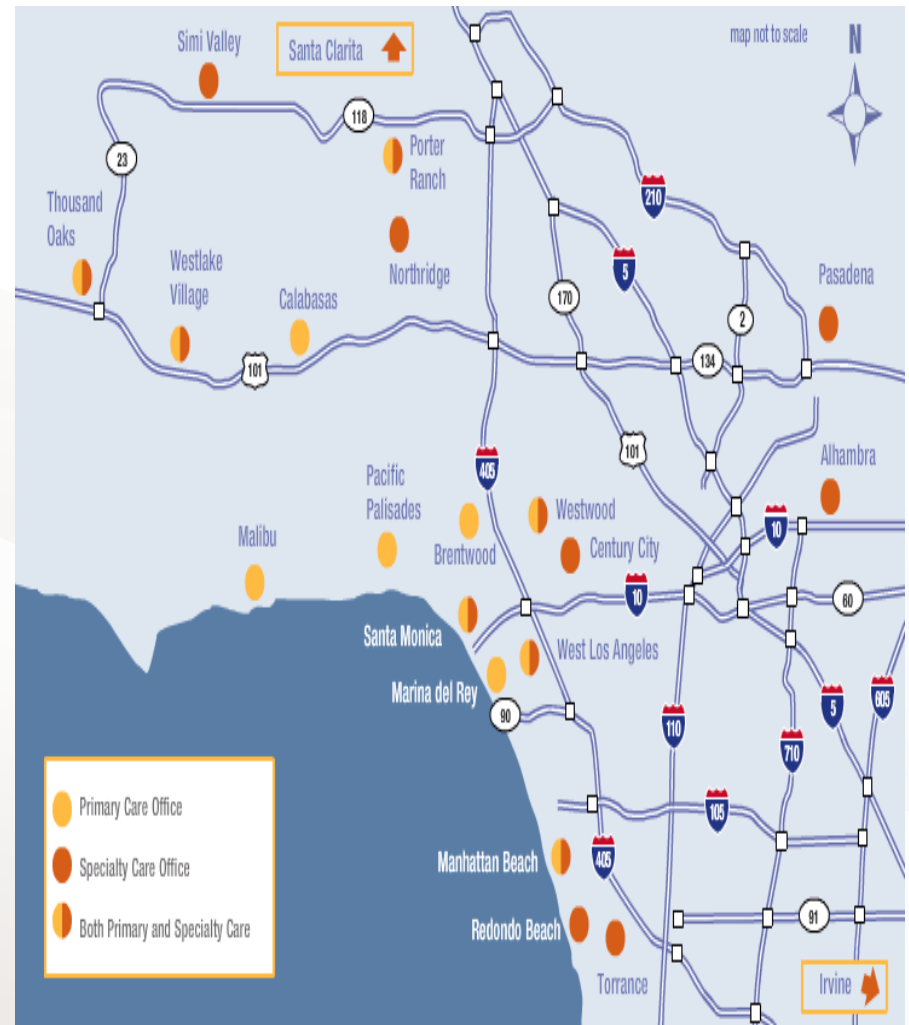
The UCLA Health System



- Ronald Reagan UCLA Medical Center
- UCLA Medical Center—Santa Monica
- Resnick Neuropsychiatric Hospital at UCLA
- UCLA Medical Plaza
- UCLA Medical Group
- Mattel Children's Hospital
- David Geffen School of Medicine

UCLA Health System

- Serves the west Los Angeles & surrounding community
- 150 Primary care and Specialty Offices
- Regional referral center



Dementia Care at UCLA

- Great programs in geriatrics, geriatric psychiatry, dementia research
- Virtually no caregiver support
- Great programs in the community but no formal linkages
- Patients fall through the cracks

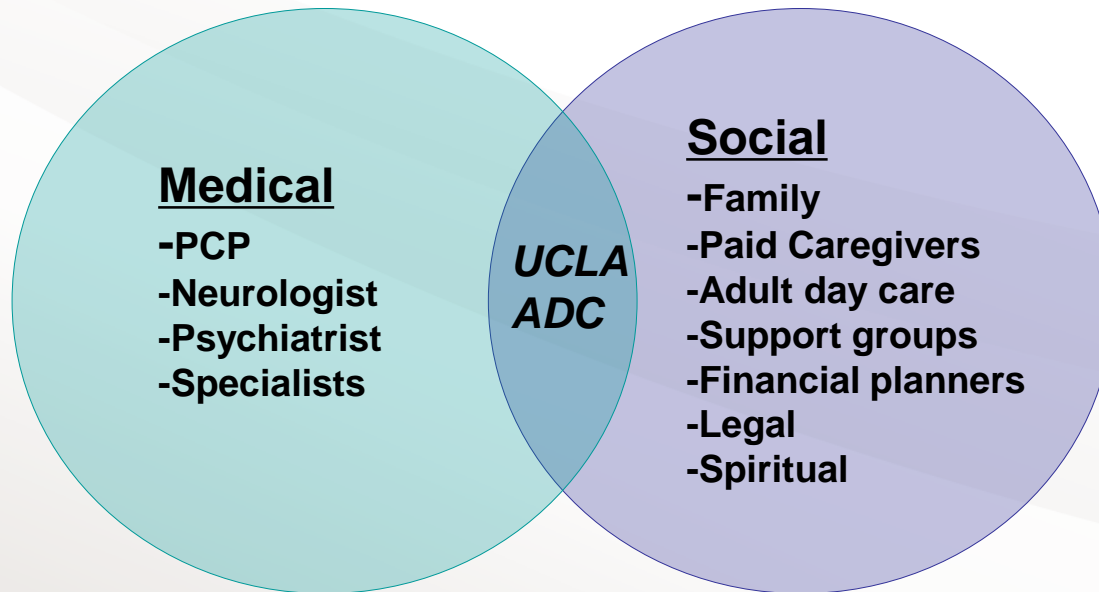
UCLA Alzheimer's and Dementia Care

- Adapted to a large, academic health system
 - Competitive, fee-for-service environment
- Funded by philanthropy (Nov 2011), CMMI Innovation Award (June 2012), and UCLA Medical Center
- Administered from UCLA Geriatrics Division
 - Partnerships with Gen Med, Neuro, Psych, CBOs

Implementation

- Steering Committee & 7 Working Groups
 - Assessment
 - Software
 - Outcomes
 - Community-based organizations
 - Communications and referrals
 - Development
 - Media and marketing

UCLA Alzheimer's & Dementia Care



The Program: Key Components

1. Patient **recruitment** and dementia **registry**
2. Structured **needs assessments** of patients
3. Creation and implementation of individualized **dementia care plans**
4. **Monitoring** and revising care plans
5. 24/7, 365 days a year **access** for dementia assistance and advice

Recruitment and Registry

- Referrals from UCLA primary care and geriatrics practices
- Referrals from neurology, psychiatry and Alzheimer's Disease Research Center
- Direct inquiries from patients
- Identification of patients through billing codes (ICD9 diagnosis codes) and problem lists

The UCLA Alzheimer's and Dementia Care Program

- Works with physicians to care for patients by
 - Conducting in-person needs assessments
 - Developing and implementing individualized dementia care plans
 - Monitoring response and revising as needed
 - Providing access 24 hours/day, 365 days a year
- Co-management model that does not assume primary care of patient

Dementia Care Managers

- Geriatric nurse practitioners
- Expertise in dementia
 - Medical, behavioral, social issues
- Knowledge of community resources
- Familiarity with services offered by CBOs
- Supervised by a geriatrician

Patients

- Must have diagnosis of dementia
- Live outside nursing home
- Must have a referring UCLA physician
 - Referred spontaneously by physicians
 - Identified from EHR using problem lists
 - Presentations at practices

What the UCLA ADC provides

Needs Assessment

- Pre-visit questionnaires and instruments
- In-person, 90-minute visit with patient, family, and Dementia Care Manager
 - Cognitive assessment, including complications
 - Advance care planning
 - Financial and other resources
 - Discuss family concerns
 - Discuss services/programs
- Weekly supervision by Medical Director

The Care Plan: What Physicians get

- Draft care plan with specific recommendations through EHR in-basket
 - Medical (physician can accept or decline)
 - Education and social services (DCM does)
- Note in EHR
- Coordination of care and completing forms
- Phone call if there is a safety concern
- Periodic follow-up correspondence through EHR in-basket

The Care Plan: What Patients and Families Get

- Counseling and education
- Linkage to UCLA services
- Linkage to community-based services
- Ongoing follow-up at intervals determined by the care plan
- Usually first follow-up is within 1-2 weeks
- 24/7 access to help with dementia

UCLA Services

- Medication adjustments and medical recommendations related to dementia
- Advance care planning
- Specialty consultation
- Caregiver support and education
 - Patti Davis “Beyond Alzheimer’s” support group
 - UCTV video <http://www.uctv.tv/alzheimers/>
 - Webinars <http://dementia.uclahealth.org/body.cfm?id=54>
 - Caregiving 101 and videos
<http://dementia.uclahealth.org/body.cfm?id=68>

UCLA Services

- Hospitalization, when needed
 - SM-UCLA Geriatrics Special Care Unit
 - Geriatric Psychiatry Unit at NPH
 - Structured discharge transition
- Referral to the Mary S. Easton Alzheimer's Disease Research Center for appropriate clinical trials

Community-based organizations (CBOs)

- Alzheimer's Association California Southland Chapter
- WISE and Healthy Aging
- OPICA Adult Day Care & Caregiver Support Center
- Leeza's Place
- Jewish Family Service of Los Angeles

CBO Services

- Direct services to patients and families
- Workforce development focusing on training family and caregivers
- Paid for using voucher system with RFP
 - Liaison amount
 - Specific services

Monitoring

- All patients are seen at least yearly by Dementia Care Manager
- Most more frequently at intervals determined by the care plan
- Dementia Care Manager panel size = 250

Progress to date

- 1200 patients enrolled
- 214 referring physicians
- 342 of 482 patient seen for 1-year visit
- 47 of 73 patients seen for 2-year visit

Outcome Measures

- **Better care**
 - Process of care
 - Caregiver rating
 - Physician rating
- **Better health**
 - Neuropsychiatric symptoms
 - Function, depression, cognition
 - Caregiver depression/burnout
- **Health utilization**

Outcome Measures: Better Care

- Process of care
 - Previsit questionnaire
 - **Who would you call if you were sick and needed help?**
 - **Do you have access to a medical professional for advice on dementia-related issues at all times (24 hours a day/ 7 days a week)?**
 - Caregiver rating survey
 - Physician rating survey

Outcome Measures: Better Health

- Neuropsychiatric symptoms
 - NPI-Q, Cornell scale
- Function
 - Functional activities questionnaire
- Cognition
 - MMSE, MoCA
- Caregiver burnout
 - PHQ-9, Caregiver strain index

Outcome Measures: Utilization

- Emergency room visits
- Hospitalizations
- Nursing home placement
- Informal caregiver effort

Patients in Program

- Mean age 81.6; 66% female
- Diagnosis
 - Alzheimer's disease: 40%
 - Lewy-Body: 3%
 - Vascular: 5%
 - Other, mixed or unknown: 48%
- Mean MMSE score 17.0
- Caregiver: 37% spouse, 51% child

Baseline Caregiver Findings

- Depressive symptoms; 14% moderate or severe
- Caregiver strain; 34% high stress
- 20% knew how to access community services
- 27% felt confident handling dementia problems
- 34% knew where to turn to for answers
- 77% felt patient's regular doctor understands
- 26% felt they have a healthcare professional who helps them work through dementia issues

Services Provided

- Referral to support groups: 76%
- Caregiver training: 60%
- Referral to Safe Return program: 64%
- Referral to CBO: 58%
- Medication adjustment: 22%
- Recommend for additional eval: 30%
- POLST: 20%

Caregiver Satisfaction

- 91% felt the intake visit was time well spent
- 93% felt concerns listened to and addressed
- 58% thought referral programs were helpful
- 74% thought educational materials were helpful
- 95% felt their caregiver role was supported
- 94% would recommend the program to others

Physician Satisfaction

- Valuable medical recommendations 58%
- Valuable behavioral recommendations 83%
- Valuable social recommendations 83%
- Enhanced MD relationship with patient 66%
- Saved MD time 60%
- Would recommend for other patients 87%

Caregiver Comments

- “Our DCM has supported us and provided us with resources and information that is invaluable. I wish more people had access to people like her and programs like this”
- “For a terrible situation, I always felt better after our visits and conversations. I wouldn't have made it through this year without both of you. Thank goodness your organization exists.”

Overall Dementia Quality of Care (ACOVE-3 and PCPI QIs)*

- Community-based physicians 38%
- Community-based physicians & NP 60%
- UCLA Alzheimer's and Dementia Care 92%

- * Based on medical record abstraction

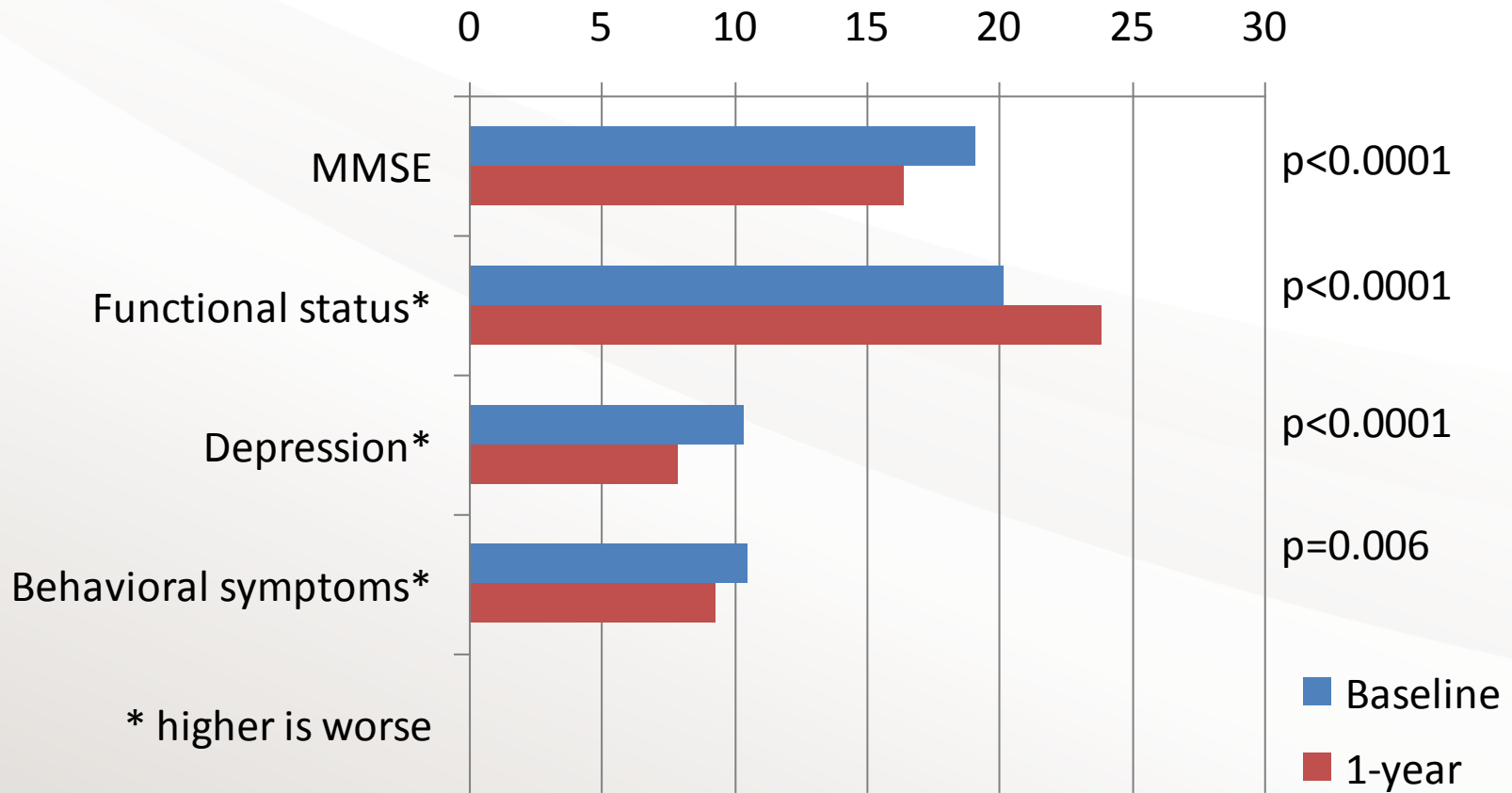
The Quality Provided: % QIs passed

| | |
|--|----|
| Annual cognitive assessment | 94 |
| Annual functional assessment | 97 |
| Medication review | 99 |
| D/c or justify meds w/ mental status changes | 27 |
| Labs done | 82 |
| Depression screening | 99 |
| Discussion about AchE inhibitors | 86 |
| Received CVA prophylaxis | 73 |
| Caregiver counseling | 99 |
| Dx/prognosis/behavioral symptoms | |
| Safety | |
| Community resources | |

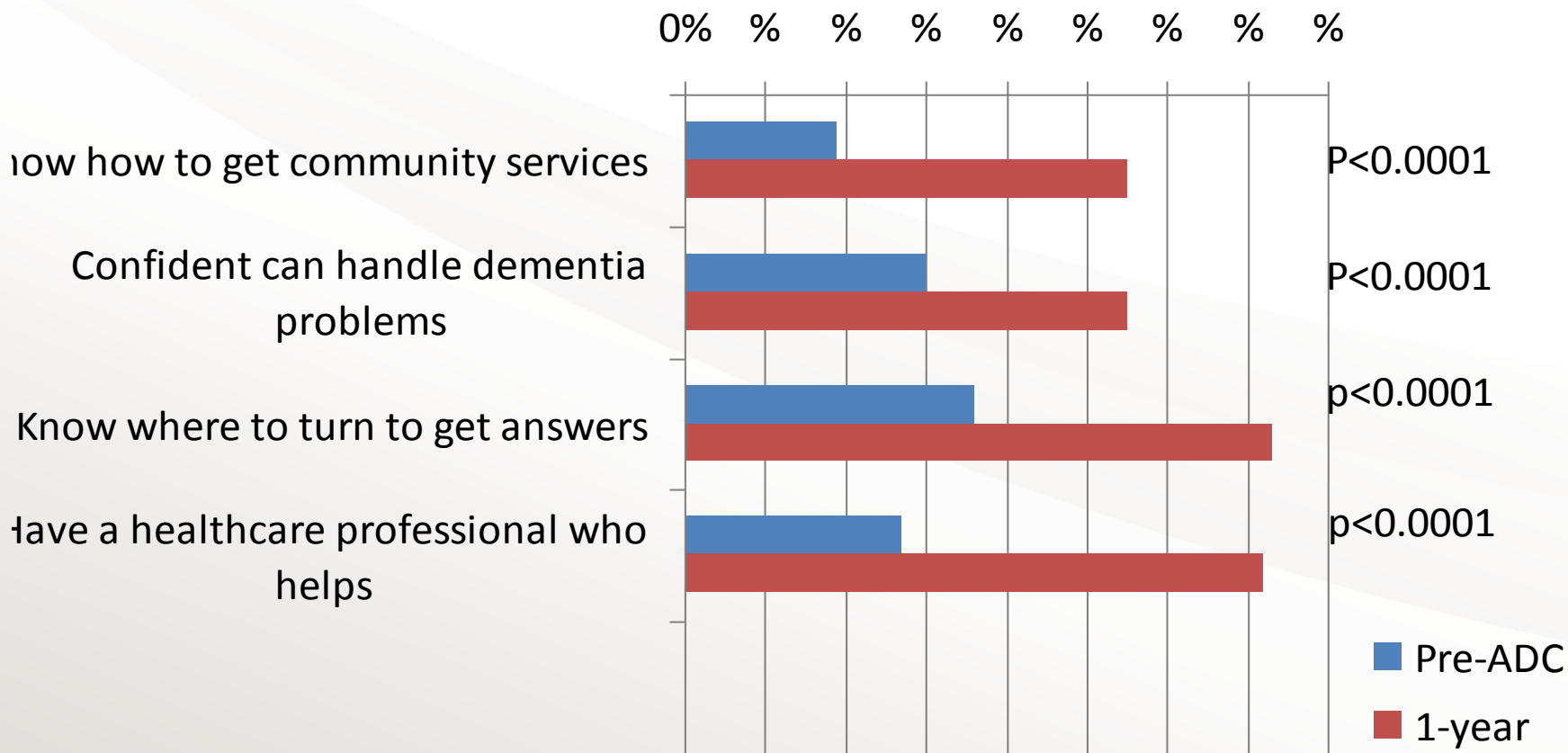
The Quality Provided: QIs % passed

| | |
|--|----|
| Screen for behavior symptoms | 99 |
| Behavioral interventions for symptoms: | 69 |
| Behavioral | |
| Psychological | |
| Sleep | |
| Risks/benefits new antipsychotic | 50 |
| Driving counsel | 93 |
| ID surrogate decision maker | 97 |
| Counseling about advance care planning | 98 |

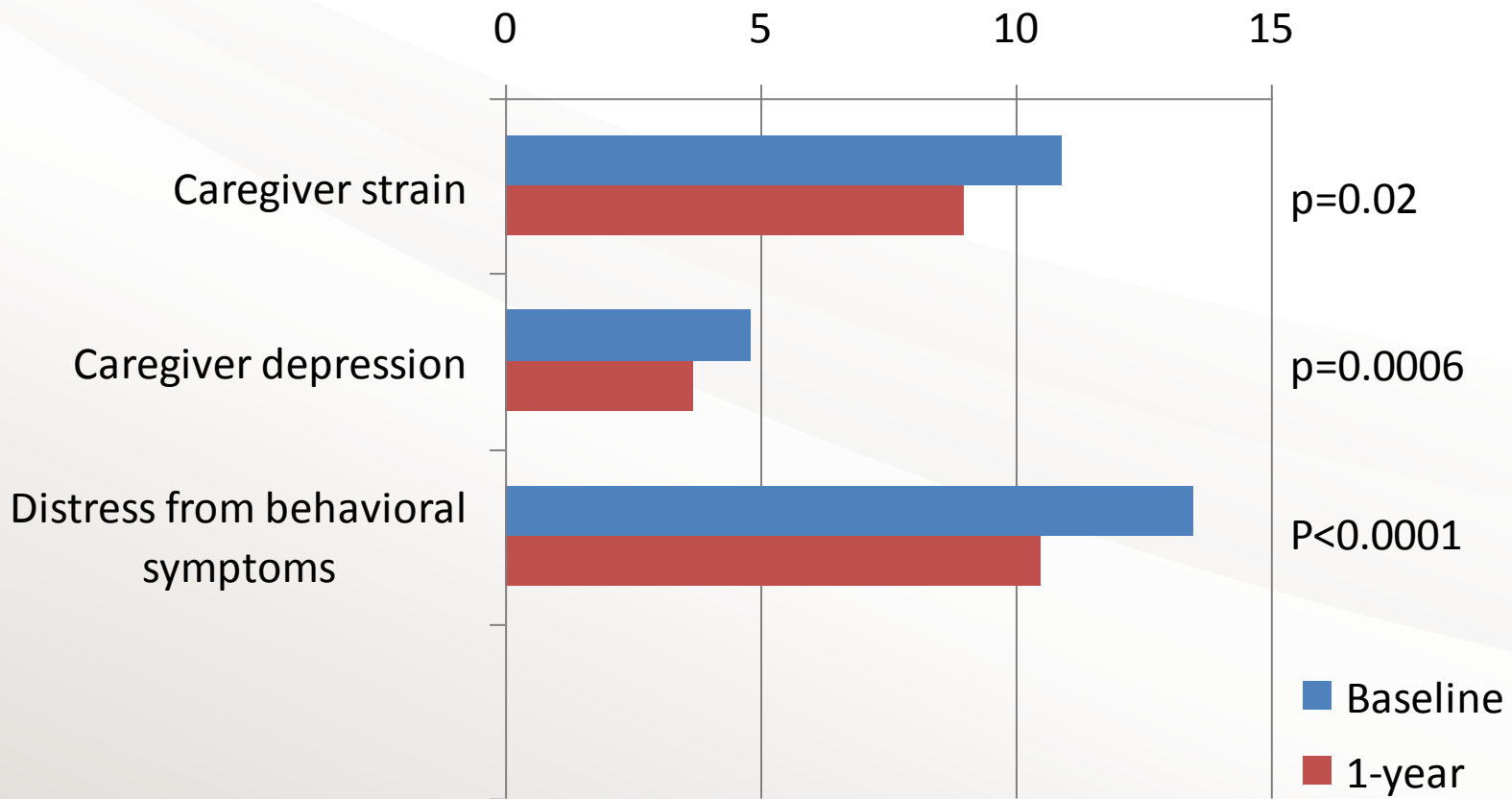
1-year Outcomes: Patients



1-year Changes in Caregiver Experience and Self-efficacy



1-year Outcomes: Caregivers



Spinoffs

- UCLA Memory Evaluation program
- PCORI Methodology Grant
 - Goal Attainment Scaling
- Time Out: students doing recreational activities with seniors to provide respite
<http://geronet.ucla.edu/timeout>
- Archstone grant for caregiver training
- Dementia Care Software

Practice Redesign: Co-management

- Challenges
 - Defining scope of responsibility
 - Range of clinical problems
 - Dementia Care Manager versus primary care physician
 - Order writing
 - Acute clinical problems
 - Communication
 - With primary care physician
 - With other health providers (e.g., specialists, therapists)

Future of the UCLA ADC Program

- Following outcomes
- Examining utilization data
- Sustaining program beyond 6/30/2015
- Spreading the program beyond UCLA
 - Cognition & Mobility Care Management (CM²) at Riverside County primary care practices (UCLA GWEP proposal)

Summary

- Dementia co-management program has a place in primary care practice redesign
- Dementia care management can bridge clinical care silos and facilitate communication among providers, services and CBOs
- Dementia care management has potential to improve clinical performance metrics and lower costs

Visit us: dementia.uclahealth.org

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UCLA Alzheimer's and Dementia Care Program


PRINT | EMAIL | SHARE

The UCLA Alzheimer's and Dementia Care program is designed to help patients and their families with the complex medical, behavioral and social needs of Alzheimer's disease and other types of dementia. Our Dementia Care Managers are at the heart of the program and work with your primary care doctor to develop and implement a personalized care plan. [Learn more >](#)



Alzheimers and Dementia Video Series » 1 2 3 4

CAREGIVER EDUCATION



The Alzheimer's Caregiver Education Series (ACES) provides helpful information and resources for caregivers. [View caregiver education videos and upcoming events >](#)

JOIN THE ALZHEIMER'S CAREGIVER EDUCATION WEBINARS







UCLA MDChat Webinars featuring Alzheimer's Caregiver Education gives you the opportunity to learn and to also ask questions in real-time without leaving your home. [Register for ACES webinar >](#)

HEARTACHE AND HOPE: AMERICA'S ALZHEIMER'S EPIDEMIC

This three-part series reveals the heartache for those suffering from and coping with Alzheimer's disease and the hope offered by UCLA researchers leading the charge to slow its progress and, eventually, find a cure. [Watch videos >](#)

PATIENTS CORNER

- Frequently Asked Questions
- Support Groups
- Caregiver Education
- Video Gallery
- In The News
- Resources
- How to Support the Program

JOIN US      

FREQUENTLY ASKED QUESTIONS

- Why do I need a dementia care manager?
- How is a dementia care manager different from a social worker?
- How do I make an appointment?

[Get answers >](#)