UCLA Alzheimer’s and Dementia Care: Comprehensive, Coordinated, Patient-Centered

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Support/Disclaimer

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What We Will Cover

• Background
• The UCLA Alzheimer’s and Dementia Care program
• First year findings
• Challenges
• The future
The Gray Plague

- Prevalence of dementia

<table>
<thead>
<tr>
<th>Age range</th>
<th>% affected</th>
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<tr>
<td>65-74</td>
<td>5%</td>
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<tr>
<td>75-84</td>
<td>15-25%</td>
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<tr>
<td>85 and older</td>
<td>36-50%</td>
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- 5.4 million Americans have Alzheimer’s
The Dementia Quality Problem

- Poor quality of care: 38-44% of ACOVE Quality Indicators met
  - Conducting a cog evaluation if pos screen (25%)
  - Checking medication to see if contributors (9%)
  - Providing caregiver support (29%)
  - Monitoring for Behavioral/Psychological sx (45%)

- Poor linkages to community-based resources

- Why?
Not Enough Time

• Assuming
  – Practice size: 2,500 patients
  – Age and chronic disease distribution of US population
  – Following guidelines for 10 chronic diseases
• Would take 10.6 hours per day!
• Plus time for management of other problems

Too Rare

- Assuming a patient panel of 2,000
  - patients > 65: 300
  - 3 chronic conditions: 150
  - Musculoskeletal pain: 195
  - Cognitive impairment: 45
    - Dementia: 24
      » Recognized: 8
- Cannot learn and maintain dementia management skills
The Consequences

- $130 billion in health care (2011)
- 3 times as many hospital stays
- Higher medical provider, nursing home, home health, and prescription drug costs
- 15 million caregivers provided 17 billion hours of care worth $203 billion (2010)
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
How Did This Program Get Started?

• A grateful patient
• Homework
• A surprise visitor
• Gathering institutional support
• Kissing a lot of frogs and finding a prince charming
• Building on
• Implementation
UCLA Alzheimer’s & Dementia Care Program: Background

• Based, in part, on Indiana University program serving indigent population that:
  – Reduced behavioral symptoms and caregiver stress by half at 12 months
  – Reduced ED visits, hospitalizations, and 30-day readmissions by almost half

• Lynchpin is Dementia Care Manager (NP) whose role is to tailor and facilitate the delivery components
UCLA Alzheimer’s & 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 24/7/365 for assistance and advice

• Co-management model that does not take over total care of patient
The Team

- **Dementia Care Managers**
  - Leslie Chang Evertson, GNP
  - Kemi Reeves, GNP
  - Michelle Panlilio, GNP (Westwood)

- **Administrator/PSR**
  - Thea Fernandez
  - Katherine Serrano
Recruiting Patients

• Referred spontaneously by physicians
• Identified from ICD-9 billing codes 290.0, 290.1, 290.2, 290.3, 290.4, 331.0 from EHR
• All must have referring physicians to whom recommendations can be conveyed
Needs Assessment

• Pre-visit information (questionnaire and standardized patient/caregiver instruments)
• In-person visit (90 minutes) with Dementia Care Manager, family, and patient
• Needs and resources assessed
• Supervised by geriatrician Medical Director
• Care plan drafted and physician contacted for input and approval
What Patients and Families Get

• Counseling and education
• Linkage to UCLA programs (e.g., support groups, education)
• Linkage to community-based services
• All patients have ongoing follow-up at intervals determined by the care plan
• Usually first follow-up is within 1-2 weeks
What Physicians Get

- Email with specific recommendations
  - Medical (physician can accept or decline)
  - Education and social services (DCM does)
- Detailed note in clinical record
- Coordination of care, including completing forms
- Phone call if there is a safety concern
- Periodic follow-up email correspondence
UCLA Services

- Caregiver education
- Medication adjustments and the addressing medical conditions
- Advance care planning counseling
- Consultation, if needed, with neurology, psychiatry, or geriatrics
- Support groups, including the Patti Davis “Beyond Alzheimer’s” support program
UCLA Services

• Hospitalization, when needed, on the Santa Monica-UCLA Geriatrics Special Care Unit or Geriatric Psychiatry Unit at the Neuropsychiatric Hospital

• 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 Services of Los Angeles
Roles of CBOs

• Advisory and communication by serving on the steering committee
• Provision of services to patients and families (e.g., support groups, dementia care management, adult day health)
• Workforce development focusing on family and caregiver (e.g., Savvy Caregiver)
Access

• 24h/d access, 365 d/year for dementia-related issues
  – Daytime hours: Dementia Care Manager
  – Nights/weekends/holidays: Geri on-call

• Depending upon nature of the call, may refer to PCP coverage or manage and let the PCP know what was done
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
Implementation

• Steering Committee & 7 Working Groups
  – Assessment
  – Software
  – Outcomes
  – Community-based organizations
  – Communications and referrals
  – Development
  – Media and marketing
Current Business Model

- Bill for Medicare services, copayment to individual
- All other services free of charge
  - Care coordination with PCPs and CBOs
  - Telephone follow-up
  - Support groups
  - Education
- Ongoing philanthropy
Planned Evaluation

- Better care including quality indicators and caregivers’ ratings of care
- Better outcomes including fewer behavioral symptoms, less caregiver stress/depression
- Lower health care utilization including ED visits and hospitalizations
- Reduced costs
First Year Findings (N=307)

• Mean age: 81.9 years
• Gender: 63% female
• Diagnosis
  – Alzheimer’s disease: 41%
  – Lewy-Body: 4%
  – Vascular: 7%
  – Other, mixed, or unknown: 48%
• Mean MMSE score: 16.4
• Caregiver: 40% spouse, 47% child
First 307 Patients: Services Provided

• Referral to support groups: 77%
• Caregiver training: 64%
• Referral to Safe Return program: 63%
• Referral to CBO: 57%
• Medication adjustment: 36%
• Recommend for additional eval: 32%
• POLST: 23%
Caregiver Findings

• 35% had received advice
• 19% knew how to access community services
• 32% felt confident handling dementia problems
• 79% felt patient's regular doctor understands how memory or behavior problems complicate other health conditions
• 28% agreed that they have a health care professional who helps them work through dementia problems
Challenges

• Software to serve the program
  – Case management
  – Monitoring performance on quality of care and overall program performance
  – Communication with patients and CBOs
  – Data for reports and research
  – Referral to additional community resources
Challenges

• Physicians and other providers
  – How to communicate
  – Multiple physicians caring for a patient
  – Defining areas of responsibility
  – Patients who relocate

• Hot button issues
  – Driving
  – Adult protective services reporting
Challenges

• Engaging CBO to perform optimally
  – Vouchers

• Caregiver support and training
  – UCTV video http://www.uctv.tv/alzheimers/
  – Website http://dementia.uclahealth.org/
  – Caregiving 101

• Sustaining the program
Goals

- Full complement of staff: 4 Dementia Care Managers
- Full complement of patients/families: 1,000 within 2 years
- Fully operational software
- Financially viable business model
- Medicare coverage for program
- Spread of program beyond UCLA