

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

Age range

% affected

- 65-74

5%

- 75-84

15-25%

- 85 and older

36-50%

- 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

» Ostbye, Ann Fam Med 2005; 3:209-214.

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

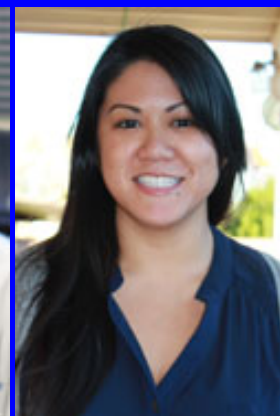
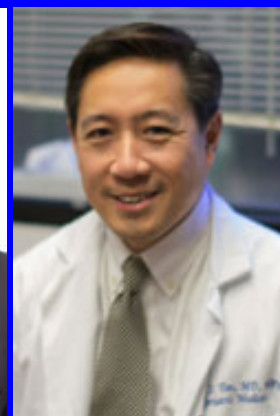
- Based, in part, on Indiana University program serving indigent population that:
 - Reduced behavioral symptoms and caregiver stress by half at 12 months
 - Reduced ED visits, hospitalizations, and 30-day readmissions by almost half
- Lynchpin is Dementia Care Manager (NP) whose role is to tailor and 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