The Alzheimer’s and Dementia Care Program

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• I have no conflicts of interest to disclose.
What we will cover

• Comprehensive Care for Dementia
• The ADC Program
• Outcomes to Date
  • Quality of Care
  • Person living with dementia and care partner outcomes
  • Utilization and Cost
• Program Dissemination
Elements of All Comprehensive Dementia Care Programs

• Continuous monitoring and assessment
• Ongoing care plans
• Psychosocial interventions
  • Aimed at person living with dementia
  • Aimed at caregivers
• Self-management
• Medication management (health-system models, some community models)
• Treatment of related conditions
• Coordination of care

Models of Comprehensive Care for Dementia

• Focus on person living with dementia and caregiver, longitudinal

• Community-based—implemented at CBOs by SWs, RNs, MFTs
  • BRI Care Consultation
  • MIND at Home (Hopkins)
  • The Care Ecosystem (UCSF)

• Health System-based—implemented in health systems by NP or MD-led staff
  • Indiana University Healthy Aging Brain Center (HABC)
  • The UCLA Alzheimer’s and Dementia Care Program (UCLA ADC)
  • Integrated Memory Care Clinic (Emory)

The UCLA Alzheimer’s and Dementia Care (ADC) Program

**Mission:** To partner with families, physicians, and community organizations to maximize the individual with dementia’s function, independence, and dignity, while minimizing caregiver strain and burnout.
The UCLA Alzheimer’s and Dementia Care Program

• Health-system based model

• Began in 2011 with philanthropic funds
  • Planned 250 patients

• Round 1 Center for Medicare and Medicaid Innovation (CMMI) Award July 2012—Dec 2015
  • To expand the program to 1,000 patients

• As of August 25, 2022, over 3500 patients enrolled; 760 active; 338 on wait list

The ADC Program

Approaches the patient and caregiver as a dyad; both need support.

Provides comprehensive care based in the health system that reaches into the community.

Recognizes that this care is a long journey.

Uses a co-management model with Advance Practice Provider Dementia Care Specialist (DCS) who does not assume primary care of patient.
The Process

**Patient Intake**
- Physician referral to program
- Must have dementia diagnosis
- Community-dwelling

**Initial Assessment**
- 90min in-person needs assessment
- Individualized dementia care plan
- Outpatient setting

**Ongoing Care**
- Monitoring response
- Revising care plan
- 24/7/365 telephone access
- Follow-up based on acuity
- In-person at least annually

**Referrals**
- Community resources
- Specialty care, as needed
Services Provided by Partner Community-Based Organizations

• Services for patients:
  • Adult day care services
  • Programs for brain health (for early stage memory loss)

• Services for families/caregivers:
  • Education (workshops, classes, informational sessions, handouts)
  • Counseling and peer-to-peer support
  • Case management
  • Legal and financial counseling
  • Support groups

• Voucher system funded by philanthropy
  • Selected, short-term services, authorized by Dementia Care Specialist (i.e., counseling, case management, respite care)
Dementia Care Specialist and Training

• Advanced Practice Provider
  • Nurse Practitioner, Clinical Nurse Specialist (with prescribing), Physician Assistant
• Each DCS follows about 250 patients; co-management model
• On-line curriculum available through Gerontological Advanced Practice Nurses Association (GAPNA)
  • 22 on-line modules + 4 asynchronous videos
• 1:1 weekly trainings with DCS expert on Zoom; weekly office hours
• DSC skills training alone is not sufficient for implementation of the ADC Program; additional training about the model of care is necessary
• Dementia Care Assistants: RN, SW, or non-licensed, trained staff; outreach to lower acuity dyads; identify those in crisis; allows DCS to work at top of license
Success at UCLA

Physician Satisfaction with the Program

- **61%** Valuable medical recommendations
- **85%** Valuable behavioral recommendations
- **68%** Enhanced MD relationship with patient
- **56%** Saved MD time
- **90%** Would recommend for other patients
Improved Quality of Care
(ACOVE-3 and PCPI Quality Indicators for Dementia)

• Community-based physicians alone
  38% of QIs met
• Community-based physicians & NP
  60% of QIs met
• UCLA Alzheimer’s and Dementia Care
  92% of QIs met

Based on medical record abstraction of first 797 patients

1-year ADC Program Outcomes

Patients

Caregivers

## Utilization and Costs

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Impact</th>
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</thead>
<tbody>
<tr>
<td>ED visits</td>
<td>▼ 20%*</td>
</tr>
<tr>
<td>Hospital days</td>
<td>▼ 26%*</td>
</tr>
<tr>
<td>Nursing home placement</td>
<td>▼ 40%*</td>
</tr>
<tr>
<td>Hospice in last 6 months</td>
<td>▲ 60%*</td>
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**Total Medicare costs of care:**

▼ $2,404/year *

* p<.05

Based on external evaluation of CMMI Award using Medicare FFS claims data and UCLA ACO data Sep 2015- Sep 2017


Going National

D-CARE Study (PCORI and NIA)

The John A. Hartford Foundation – supported dissemination
ADC Program Dissemination Process

**INQUIRY**
ADC Summary
Initial Interest forms

**EXPLORATION**
Phone call
Qualitative fit

**FEASIBILITY / PLANNING**
Readiness Assessment Form
Business case call
ADC Team review

**LETTER OF AGREEMENT**

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**January 2019 to December 2021:**

- 80 Sites expressed interest
- 58 Initial phone calls
- 23 Readiness assessment forms completed
- 14 Letters of Agreement signed
Dissemination Sites
Lessons Learned in Early ADC Dissemination Efforts

• Identify and nurture a product champion
• The business case is critical
• Training is essential
• Local factors are important
• Be patient
• Don’t underestimate the time needed for program implementation

New in 2022

• ADC Dissemination Center  [https://www.adcprogram.org/](https://www.adcprogram.org/)
  • Menu of options for interested sites

• National Dementia Care Learning Collaborative
  • Ongoing community of practice including sites implementing ADC and sites considering adoption
  • Email us at  [ADCProgramNLC@edc.org](mailto:ADCProgramNLC@edc.org)

• Partnership with Institute for Healthcare Improvement’s Age Friendly Health Systems

• ADC ECHO®
  • Email  [rbgoldberger@alz.org](mailto:rbgoldberger@alz.org)

• Training and technical assistance cost share
Goals for the Future

- Dissemination of ADC to 50 additional sites
- Tens of thousands of persons with dementia receive ADC care
- Medicare provides payment for ADC & other comprehensive dementia care models
ADC and Comparison Group Hospice Outcomes

- Received Hospice in Last 6 mo of Life, $P = 0.009^*$: 47% (ADC), 35% (Comparison)
- Died With in 7 d of Hospice Enrollment, $P = 0.11$: 6% (ADC), 11% (Comparison)
- Mean Days Enrolled in Hospice, $P = 0.14$: 28.3 (ADC), 17.2 (Comparison)

Cumulative Incidence of Long-term Care Nursing Home Admission


HR 0.60; 95% CI 0.59-0.61