



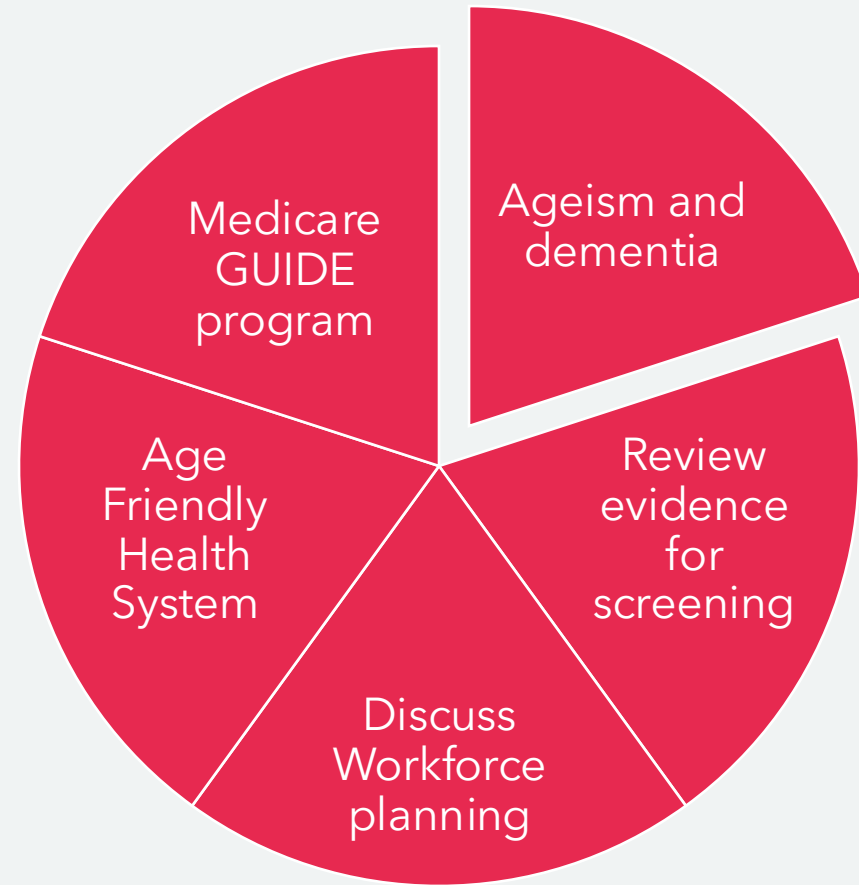
Evolution of Dementia Care

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Interim Chair, Dept of Family Medicine



*Objectives:
How is UCI
addressing
these?*



Ageism and the Ages

- The Role of Ageism

1. *Prejudice or discrimination on the grounds of a person's age (Oxford)*
2. *"Ageism is one of the last socially acceptable prejudices." APA, Weir, March 2023*

Ageism and Healthcare

The assumption that older people aren't resilient is implicitly ageist.

- Can't recover
- Pain is a part of life
- Older people die
- Loneliness is common
- Can't make their own decisions

'They Treat Me Like I'm Old and Stupid': Seniors Decry Health Providers' Age Bias

By Judith Graham, October 20, 2021, Kaiser Health News.

Implications of Ageism

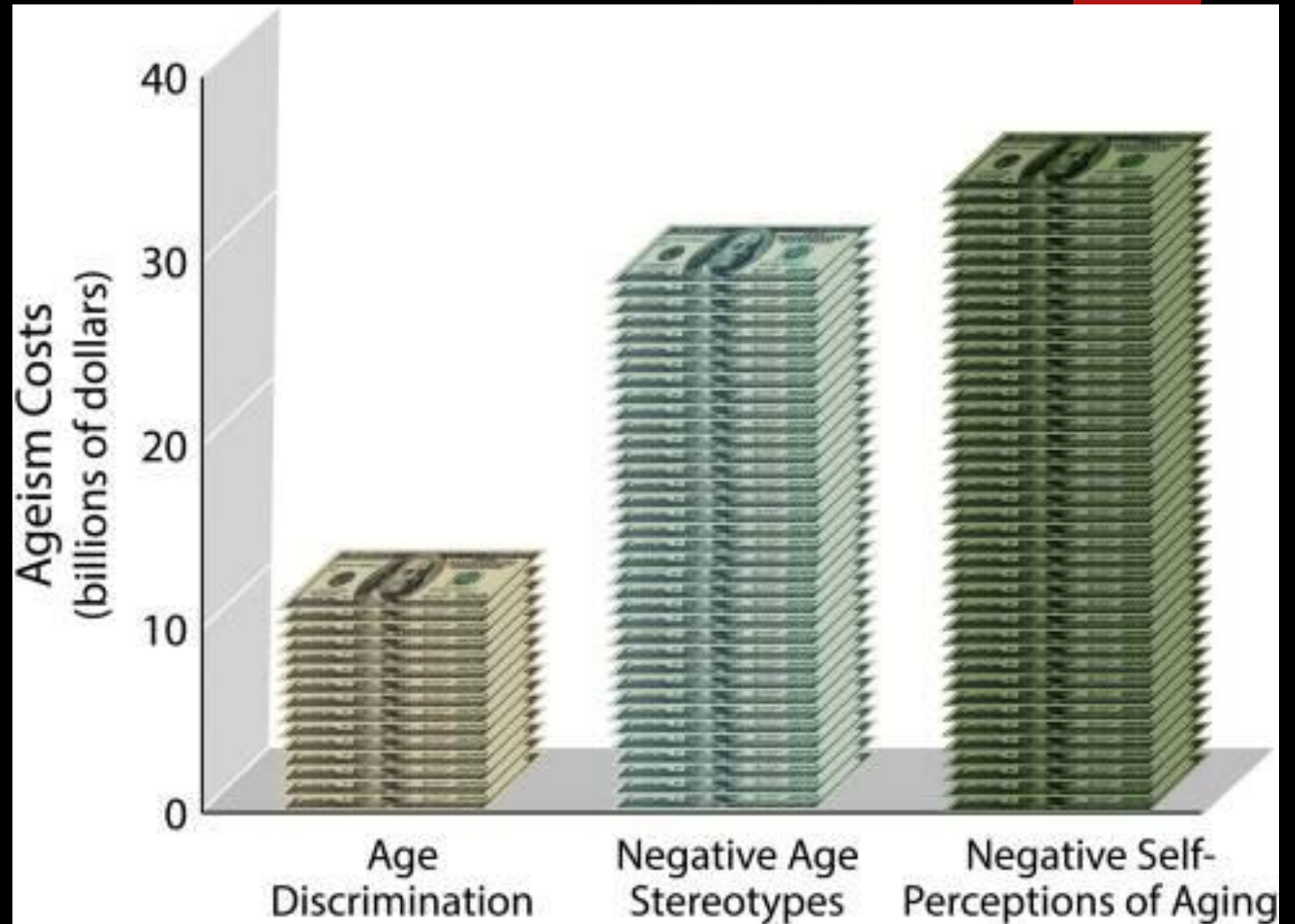
- ▶ 1 in 17 experience frequent healthcare discrimination
- ▶ Associated with new or worsened disability by 4 years.

- ▶ Discrimination in Healthcare Settings is Associated with Disability in Older Adults: Health and Retirement Study, 2008–2012, Stephanie E. Rogers, M.D., MPAS, M.P.H., Angela D. Thrasher, Ph.D., M.P.H., Yinghui Miao, M.P.H., W. John Boscardin, Ph.D., and Alexander K. Smith, M.D., M.S., M.P.H. *J Gen Intern Med* 30(10):1413–20

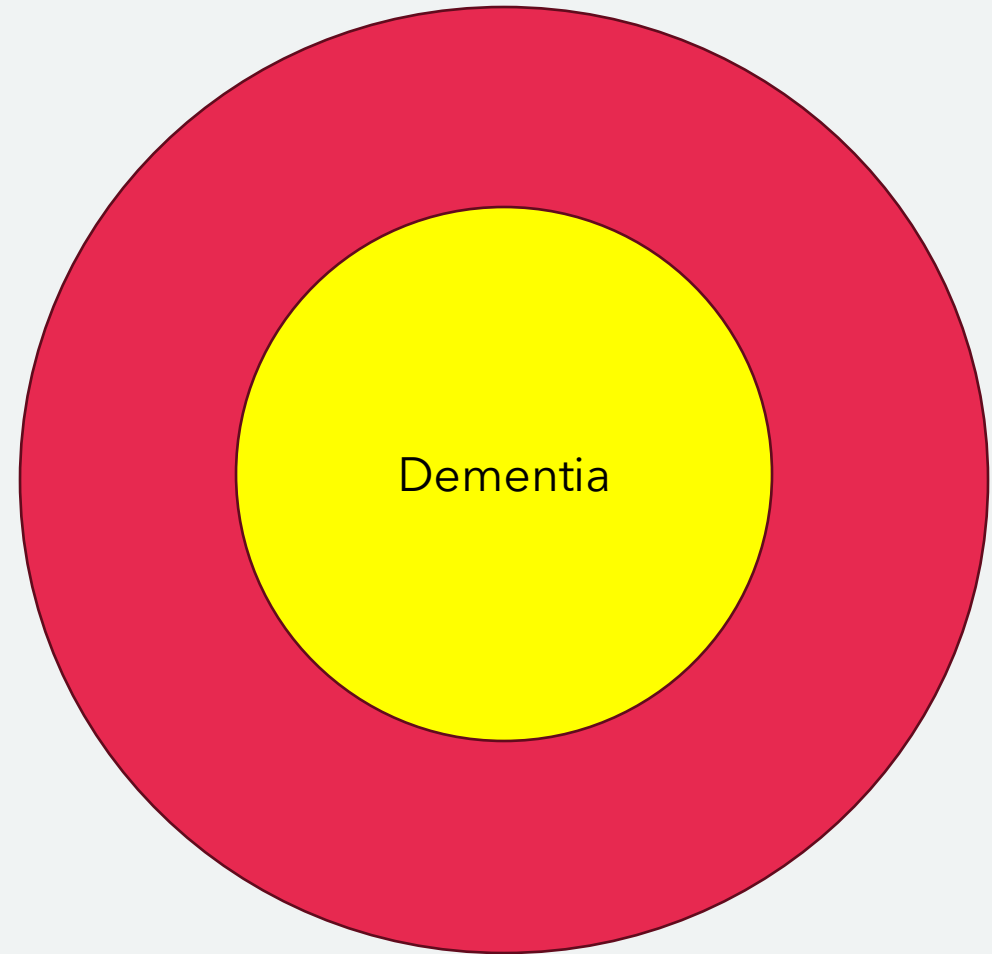
Financial Cost of Ageism

- ▶ 1-year cost of ageism was \$63 billion, or one of every seven dollars spent on the 8 health conditions (15.4%) in the US

Levy BR, Slade MD, Chang ES, Kannoth S, Wang SY. Ageism Amplifies Cost and Prevalence of Health Conditions. *Gerontologist*. 2020 Jan 24;60(1):174-181. doi: 10.1093/geront/gny131. PMID: 30423119; PMCID: PMC7182003.



*Dementia at
the core of
ageism*





ADDRESSING
AGEISM AND
CULTURE
CHANGE

HEAD ON!!

Screening for cognitive dysfunction

- Screening not a part of healthcare prevention

- Professional societies recommendation

Inconsistent

- *USPTF - reviews topic "relevance to prevention and primary care and importance for public health, the potential impact of the recommendation..."*

I- Insufficient evidence to screen

- *AAN - Recommends screening for people >65 since 2019*
- Govt payors: Medicare /MediCal annual assessments

The Hazards of Not Screening

Financial Abuse

Familial Relationship
Strain

Safety

Lost opportunities to
inform/educate/support

Medical complications

Self-neglect

Workforce equation

- Shortages

Primary Care

Geriatricians

Neurologists

Geriatric Psychiatry

Allied Professionals specializing in older adults

- Primary care IS the front door to screening

Ca DHCS: Our UC Irvine Core Dementia Care Aware Team



Dr. Lisa Gibbs, MD
Principal Investigator
CAB Member



**Dr. Sonia Sehgal,
MD, FACP**
Director of Curriculum
Education Committee
Member



**Dr. Tatyana Gurvich,
PharmD, BCGP**
Pharmacist



**Dr. Julie Rousseau, PhD,
CNM, RN**
Director of Strategic
Initiatives
Outreach/Marketing
Committee



Dr. Steven Tam, MD
Clinical Informaticist
CAB Member



Dr. Maryam Rahimi, MD
Medical-Legal
Partnership



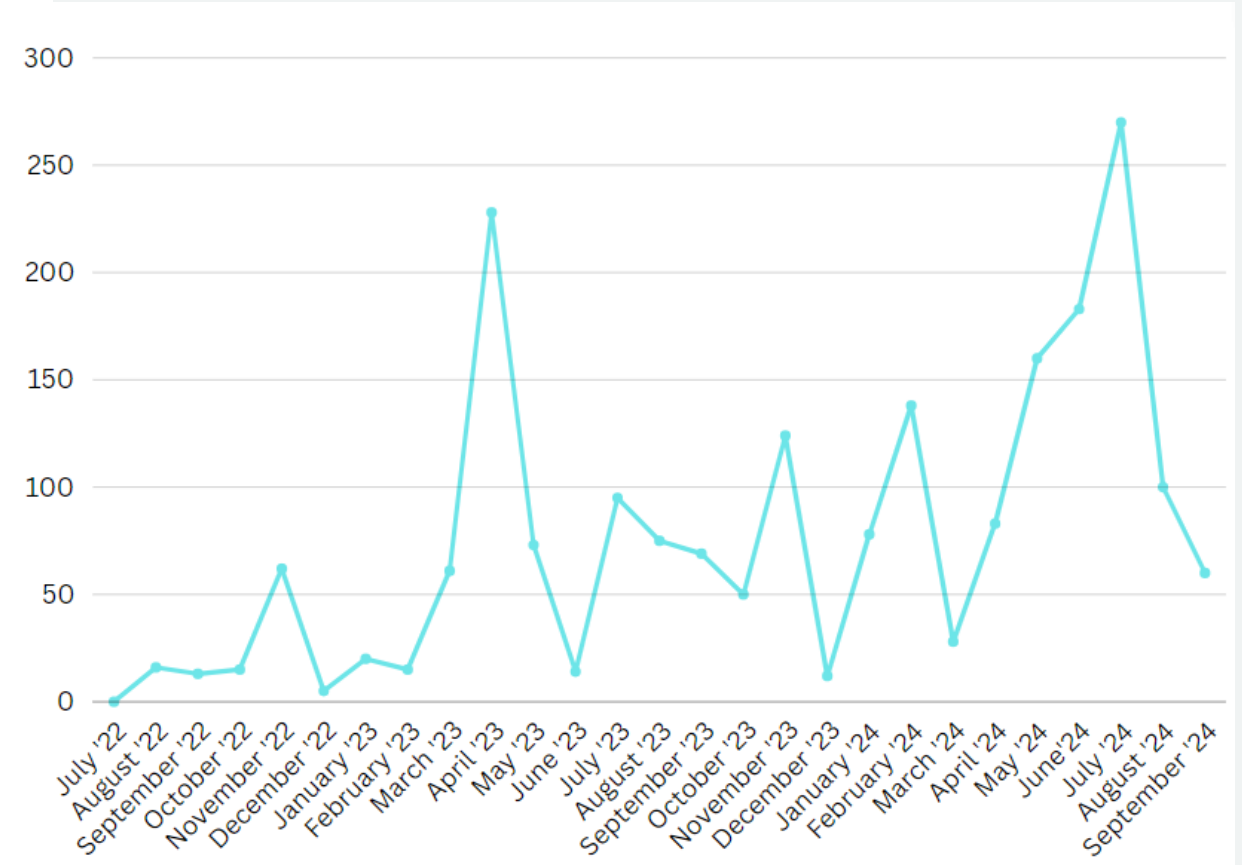
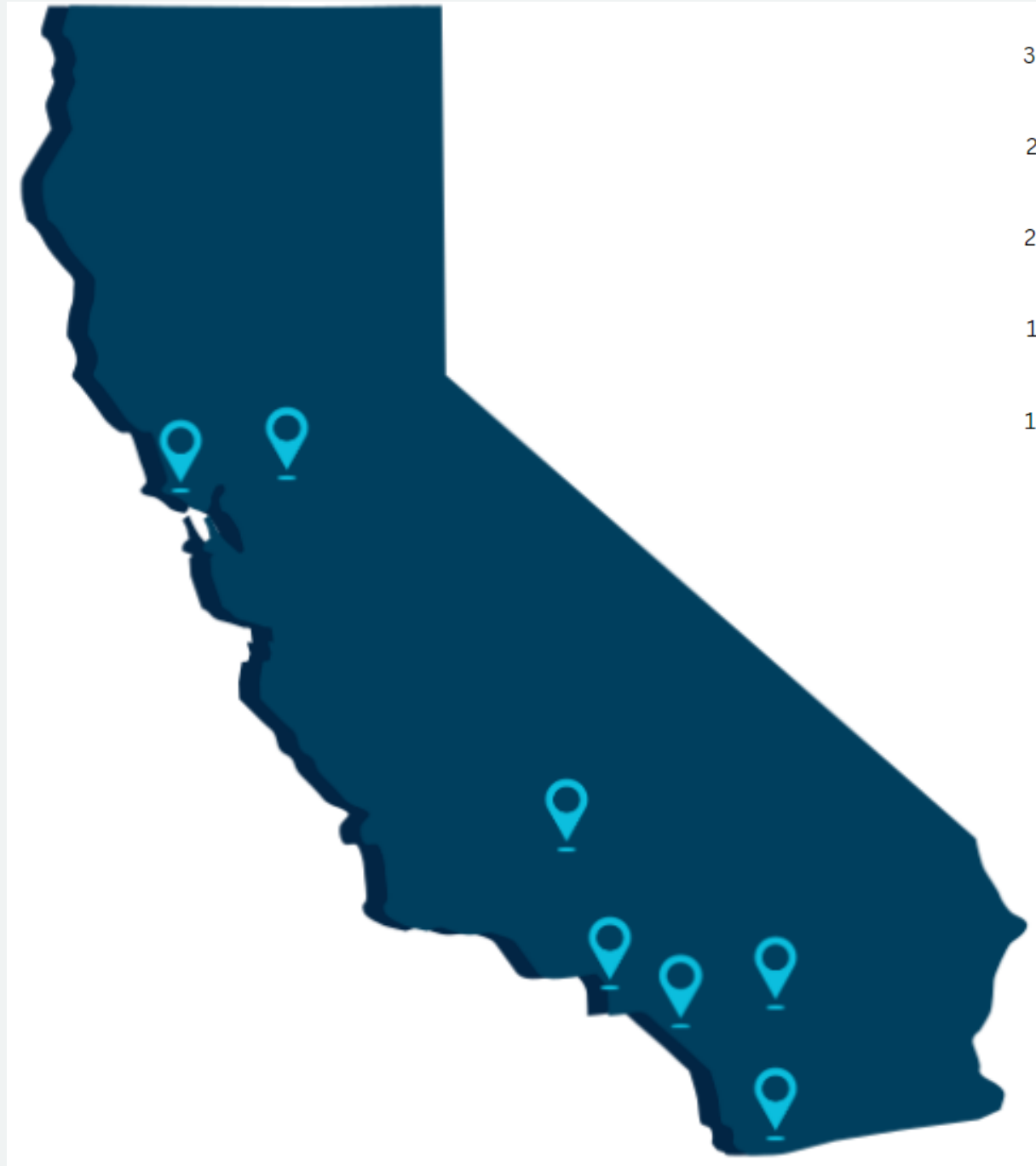
Minahil Khan
Project Manager



**Dr. Jung-Ah Lee, PhD,
RN, FGSA, FAAN**
PI of NIH/NIA R01
Dementia Caregiver
Support Study

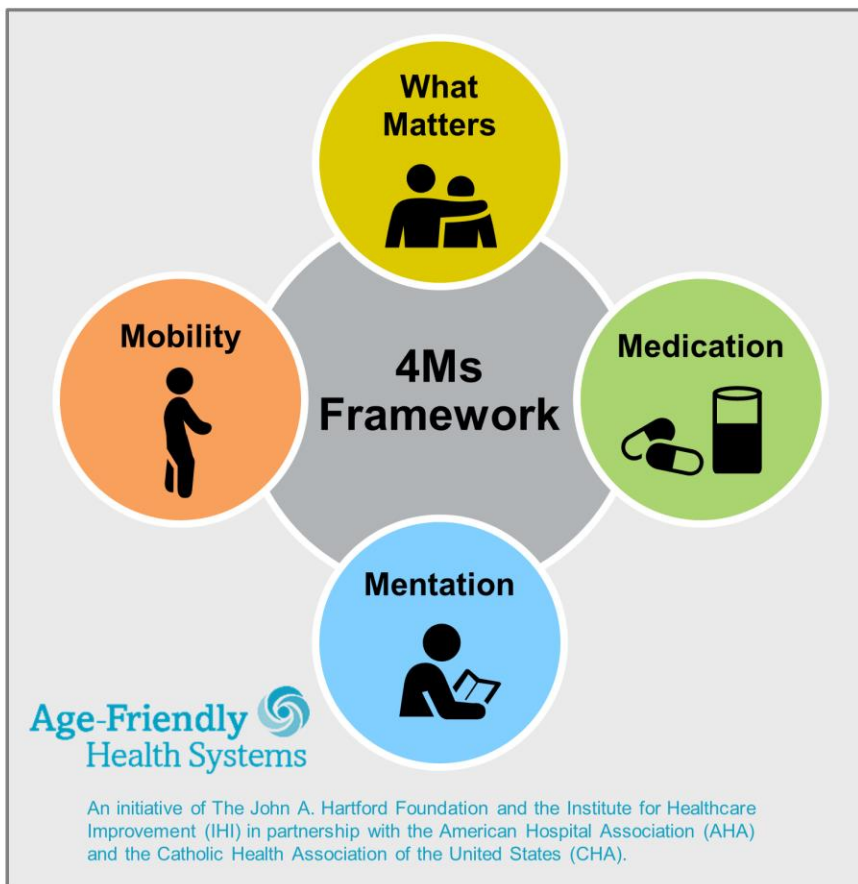


**Dr. Katherine de
Azambuja, MD**
Head, Geriatrics Clinic
at the UCI FQHC



Over **1,800** Providers trained from all over the state of California through our innovative hybrid and in-person synchronous trainings

Health System Transformation



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

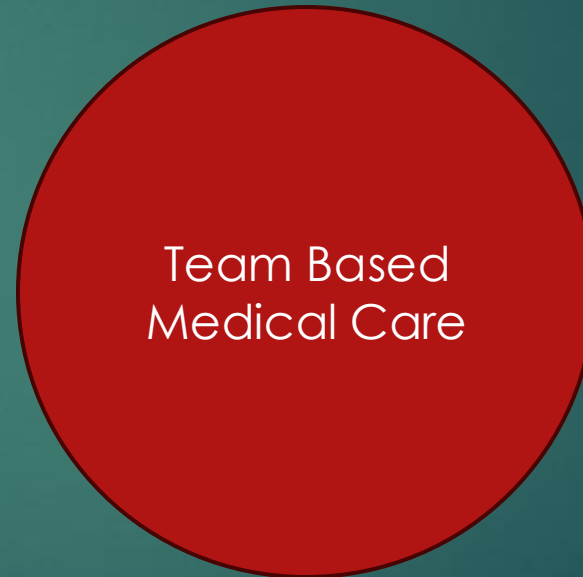
Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

What do we need for ideal dementia care?

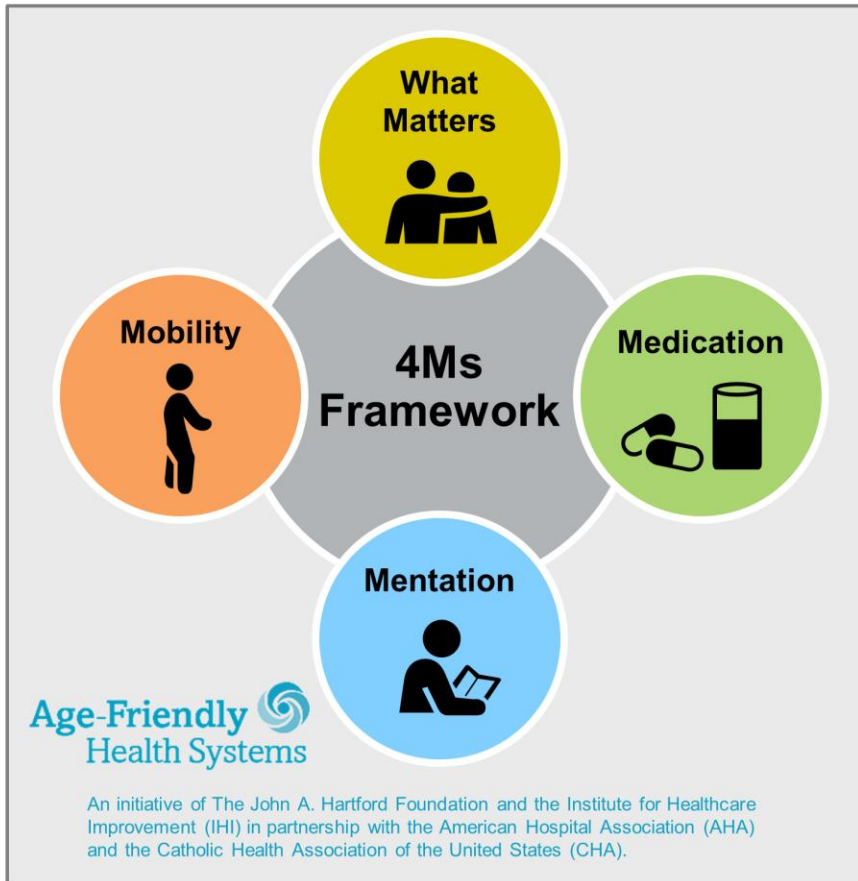


- ▶ Primary Care
- ▶ Geriatricians
- ▶ Neurologists
- ▶ Psychology
- ▶ Social Work
- ▶ Pharmacist
- ▶ Physical Therapy
- ▶ Nursing
- ▶ Health care coaches



Team Based Medical Care

Team Based Care



For related work, this graphic may be used in its entirety without requesting permission.
Graphic files and guidance at ihi.org/AgeFriendly

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M for What Matters Most?

- ▶ To Caregivers
 - ▶ Understanding
 - ▶ Support
 - ▶ Respite
 - ▶ To know they are doing everything possible.....(no regrets)

- ▶ Caregivers are:
 - ▶ **Resilient**
 - ▶ **Problem solvers**
 - ▶ **Selfless**
 - ▶ **Strong**

What Matters Most to PwD?

- ▶ To be ASKED!
- ▶ Safety
- ▶ Security
- ▶ Acceptance
- ▶ Friends
- ▶ Avoiding hospitals and emergency rooms
- ▶ Goal of care (including Advance Care Planning)

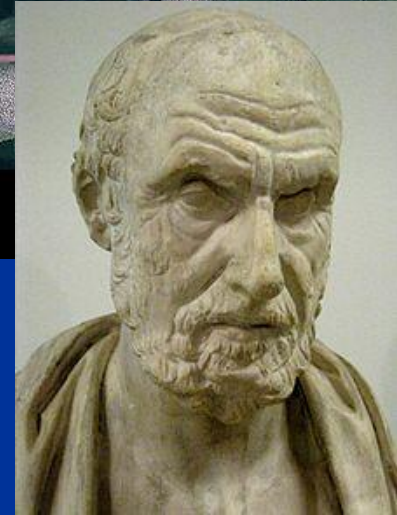
M for Mobility

- ▶ Keep moving safely!!
- ▶ Treating musculoskeletal problems
- ▶ Fall prevention
- ▶ Maintaining function
- ▶ Disease prevention
- ▶ Prehabilitation prior to surgery

Walking is man's best
medicine.

Hippocrates

 BrainyQuote®



UNIVERSITY of CALIFORNIA • IRVINE
SCHOOL OF MEDICINE

DISCOVER • TEACH • HEAL

M for Medications



- Avoid POLYPHARMACY
- Deprescribing
 - Poor side effect profile*
 - Duplications*
 - Ineffective*
- Prescribe what is necessary at necessary dose:
 - Avoid overtreating DM, HTN
 - Do treat depression, sleep disorders, pain

M for Mentation

Dementia

Depression

Anxiety

Dementia related behaviors



GUIDE

Guiding an Improved Dementia Experience



Administered by CMS for Medicare



Comprehensive coordinated dementia care



To improve quality of life for people with dementia



Reduce strain on their unpaid caregivers



Enable people with dementia to remain in their homes and communities.

GUIDE

UCI Population Health accepted as
a GUIDE a participant

Launch July 2024

GUIDE led by Geriatrics in
partnership with Neurology

Patients must be a UCI Primary Care
patient due to 24 hour access
requirement



Eligibility

- ▶ A beneficiary is eligible to receive services under the GUIDE Model if they meet the following criteria:
 - ▶ Has dementia, as confirmed by attestation from a clinician
 - ▶ Is enrolled in Medicare Parts A and B (not enrolled in Medicare Advantage)
 - ▶ Not on Medicare hospice benefit
 - ▶ Is not a long-term nursing home resident.

Benefits of GUIDE

- ▶ Care Navigation by PA with 20 years of dementia care experience and Geriatrics MD
- ▶ Comprehensive assessment including home visit
- ▶ Respite for caregivers of moderate to severe in collaboration with Alz OC
- ▶ Communication with primary care and specialists
- ▶ Education and support

Together we are Resilient

Je plie, et ne romps pas.

- Jean De La Fontaine French poet, fabulist and writer. 1621 - 1695