Geriatric-Competent Care: Caring for Individuals with Alzheimer’s Disease

After The Diagnosis Of Alzheimer's Disease: Preparing The Patient And Caregivers

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Geriatric-Competent Care: Caring for Individuals with Alzheimer’s Disease

After The Diagnosis Of Alzheimer's Disease: Preparing the Patient/Client and Caregivers
Overview

- This is the second session of a four-part series, “Geriatric-Competent Care: Caring for Individuals with Alzheimer’s Disease.”

- Each session will include 60 minutes of presenter-led discussion, followed by a 30 minutes questions-and-answer session.

- Video replay and slide presentation are available after each session at: www.resourcesforintegratedcare.com
After The Diagnosis Of Alzheimer's Disease: Preparing the Patient/Client and Caregivers

Developed by:
- The American Geriatrics Society
- Community Catalyst
- The Lewin Group

Hosted by:
The Medicare-Medicaid Coordination Office (MMCO)
Resources for Integrated Care
Continuing Education Information

▪ **Accreditation:**
The American Geriatrics Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

▪ **Continuing Medical Education (CME):**
The American Geriatrics Society designates this live educational activity for a maximum of 1 AMA PRA Category 1 Credit™.

▪ **Continuing Education Credit for Social Workers:**
The National Association of Social Workers (NASW) designates this webinar for a maximum of 1 Continuing Education (CE) credit.
Support Statement

This webinar is supported through the Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) to ensure beneficiaries enrolled in Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. To support providers in their efforts to deliver more integrated, coordinated care to Medicare-Medicaid enrollees, MMCO is developing technical assistance and actionable tools based on successful innovations and care models, such as this webinar series.

To learn more about current efforts and resources, visit Resources for Integrated Care at: www.resourcesforintegratedcare.com

Renée Markus Hodin, Deputy Director, Center for Consumer Engagement in Health Innovation at Community Catalyst.
Webinar Planning Committee and Faculty Disclosures

The following webinar planning committee members and webinar faculty have returned disclosure forms indicating that they (and/or their spouses/partners) have no affiliation with, or financial interest in, any commercial interest that may have direct interest in the subject matter of their presentation(s):

**Planning Committee:**
- Gregg Warshaw, MD
- Nancy Wilson, MSW

**Faculty:**
- Rob Schreiber, MD, CMD
- Lisa P. Gwyther, MSW, LCSW
- Debra L. Cherry, PhD
Introductions

- **Robert Schreiber, MD, CMD**, Medical Director of Evidence-based Programs; Hebrew SeniorLife Department of Medicine; Medical Director of the Healthy Living Center of Excellence; Clinical Instructor of Medicine, Harvard Medical School

- **Lisa Gwyther, MSW, LCSW**, Associate Professor, Department of Psychiatry and Director, Alzheimer’s Family Support Program, Center for the Study of Aging and Human Development, Duke University

- **Debra L. Cherry, PhD**, Executive Vice President, Alzheimer's Greater Los Angeles
Webinar Outline/Agenda

- Preparing the Patient and Caregivers
- Working with Families after Diagnosis
- The Dementia Cal MediConnect Project
- Q&A
- Evaluation Survey
- Post-test (for CME/CE Applicants)
Webinar Learning Objectives

Upon completion of this webinar, participants will be able to:

- Identify common reactions to a diagnosis of dementia and relevant actions needed over the course of the illness.
- Be prepared to assess family needs and provide guidance around the varying roles families may perform as caregivers: care coordinator, direct care provider, and long-distance support.
- Display knowledge of teamwork and strategies needed to help patients and families of different backgrounds access valuable home and community-based resources.
Preparing the Patient and Caregivers

Rob Schreiber MD, CMD
Overview

- Confirm the diagnosis
- Identify the stage
- Goals and values
- Education
- Medication
- Ongoing support
Confirm the Diagnosis

- Is it Alzheimer’s disease?
- What does this mean to the person/family?
- Do they understand the diagnosis?
- Have they had education about dementia and an understanding of the course of the disease?
Stages of Alzheimer’s Disease

**Early Stage**
- Anterograde amnesia with rapid rate of forgetting
- Changes in executive function, impaired judgment, or problem solving ability
- Intrusion errors and anomia
- Visuospatial difficulties
- Mood disorder

**Middle Stage**
- Progressive Memory Loss
- Fluent aphasia with circumlocutions, semantic paraphasias, and impaired comprehension
- Progression of executive dysfunction and visuospatial difficulties
- Apraxia
- Agnosia
- Behavioral problems
- Functional decline
Stages of Alzheimer’s Disease

Late Stage

- Memory severely compromised
- Severe functional impairment - loss of activities of daily living (ADLs)
- Speech limited with echolalia
- Bradykinesia, rigidity, gait disorder
- Behavioral disturbances
Goals of Treatment

- What matters most to the individual and family?
- Focus on quality of life and function
- Education
- Maintain and, if possible, improve cognition
- Manage comorbidities
- Behaviors
- Work with interdisciplinary team
Education of Family and Caregiver

- Often lacking
- Standardized approach
  - Who does it?
  - What is covered?
- PCP needs to work collaboratively with interdisciplinary team (IDT) with expertise
  - Social worker, Nursing
  - Virtual Consult with social worker at the Alzheimer’s Association
- Ongoing support network
Two Types of Medication

- **Acetylcholinesterase inhibitors (AChEIs)**
  - Donepezil
  - Galantamine
  - Rivastigmine

- **Glutamate pathway modifiers** (memantine hydrochloride)

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**Fig. 1.** After signalling, acetylcholine is released from receptors and broken down by acetylcholinesterase to be recycled in a continuous process.
Two Types of Medication

- Glutamate pathway modifiers (memantine hydrochloride)
Medication Impact

- No evidence that medication slows the underlying disease process in patients with Alzheimer's disease

- Some evidence that 1/3 of patients see some benefit with functional improvement and/or behavior changes
Healthy Behaviors to be Emphasized by PCP

- Control of chronic disease(s)
- Physical activity
- Nutrition
- Mental stimulation
- Mood
- Sense of purpose
- Socialization
- Sleep hygiene
Caregivers: Critical Role

- Dementia caregiving is associated with high emotional strain, poor physical health outcomes, and increased mortality.

- Primary care providers should *routinely identify Medicare beneficiaries who are family caregivers* as part of the Health Risk Assessment in Medicare’s annual wellness visit:
  - Track the beneficiary’s health status and potential risks from caregiving, including physical strain, emotional stress, and depression.
  - Monitor their health status with visits involving their loved one.
PCP Collaboration with Community Based Organizations

- Critically important roles

- Long Term Services and Supports provided by Area Agency on Aging
  - National Association of Area Agencies on Aging
    202.872.0888  http://www.n4a.org/
  - Home supervision, Adult Day Care, Meals on Wheels, transportation, care management, and monitoring
  - Caregiver support, environmental support

- Money follows the person
Ongoing Support of the Patient and Caregiver/Family

- Support groups
- Educational program
  - Coping with Memory Loss
  - Caregiver Support Series
  - Evidence based Programs
    - Powerful Tools for Caregivers
- 24/7 hour hotline Alzheimer’s Association 1.800.272.3900

http://www.alz.org/

- IDT counseling for alternative housing arrangements as disease progresses
Ongoing Management

- Regular visits
- Social support by IDT
- Sleep issues
- Caregiver check in
- Identify goals of care and update
- Prevention of adverse drug reaction
  - Over the counter medications
  - Other medications with anticholinergic impact including allergy meds, anxiolytics, antidepressants, urinary frequency meds
- Hospitalization avoidance
- Access to urgent care and Emergency Department avoidance
Treatment of Behaviors

- In early stages, behavior and personality changes
  - Irritability, Anxiety, Depression
- In later stages, other symptoms may occur
  - Anger, Agitation, Aggression
  - General emotional distress
  - Physical or verbal outbursts
  - Restlessness, pacing
  - Hallucinations
  - Sleep disorders

- Behaviors will occur in almost all cases and there are treatments
Summary

- PCP collaboration with interdisciplinary team
- Understand the individual’s values and goals
- Education, healthy behaviors, and community supports are critical components to effective treatment
- Medications will not change the disease trajectory
- Behaviors should be expected and plan for treatment
- Caregiver support is essential
Working with Families After Diagnosis

Lisa P. Gwyther, MSW, LCSW
More than Memory

“I want to be treated just like normal. Alzheimer’s isn’t my whole life. Am I a case? I thought I was just one of the Ramblers…”

Radio interview, Tommy Thompson
NC Red Clay Ramblers Musician
We Do Wonder

“I get tired of asking when and what is going to happen, but I don’t want to keep my mouth shut all the time. I want to be part of something. We people with Alzheimer’s actually do wonder how things happen and why. We want things to be like they used to be – it hurts like hell”.

Cary S. Henderson, PhD.

Partial View (1998)
What Do Families Say?

- There is never enough of me or enough of the quality affordable help I need.
- People tell me to take care of myself – yeah, right!
- I’m losing “me” and “us” – I miss having him in control.
- I need a “Charlie app.”
- I’m proud to be her caregiver, but it’s something I do, not who I am.
- We Southerners pass down guilt and regret like pound cake recipes and broaches.
Family Care Happens

- It’s just a question of when and for how many
- Family care affects all relationships
- Family care is rarely fair or equal
- Many families see no choice
- Family care disrupts lives
What Can Families Expect?

- Organizing daily and adapting work schedules
- Finding, asking for, and using new help
- Solving new problems
- Making, carrying out, and living with the consequences of decisions
- Dealing with relationship changes, imbalances in family give-and-take
- Dealing with resentment, disappointed expectations, and uncertainty
What Must Families Do?

- Define and negotiate complex, changing situations
- Perform physically intimate and/or medically complex tasks
- Manage emotions, behavioral changes, and communication
- Modify expectations
- Capitalize on preserved capacities
Dementia Family Care: Balancing Autonomy

- Whose needs?
- Competing loyalties and commitments?
- How long?
- How much?
- How to evaluate risk, cost, and benefit?
Decision Points in Post-Diagnosis Dementia Care

- Changes in handling money, alcohol, driving, travel, meds
- Changes in safety – fraud, neglect, wandering, falls, exploitation, live-alones
- Navigating HIPAA and Health/Services systems
- Resistance to change, services, moves
- Illness, injury, change in caregiver
Preparing Families for Tough Decisions

- New problems aren’t necessarily related to what you do or don’t do. The person is unhappy because s/he is living with unwanted dependency.
- It’s easy to second guess or criticize from a distance.
- Doubts are inevitable, but doing nothing is risky.
- Choices, options and lives are different from what they were. It’s impossible to know what s/he would have done if your positions were reversed.
- People with dementia often take out frustration on close family.
Decision-making Hazards

- Unrelenting serial crises
- Old promises
- Chasing ghosts
- Conflicting perceptions, expectations
- Control issues
- Too few good choices
Early Stage Families Need Explanations

- He’s not himself – lost interest, initiative, short fuse, will never go anywhere
- She reads my reminders but doesn’t follow them
- He goes to the bank every day, but he doesn’t pay bills or taxes. The neighbors, banker & pharmacy are complaining
- It took her an hour to get to the beauty shop on the corner
- He messes up minor repairs, but he won’t let us help – it’s costly
Moderate Dementia: Prepare Families for Changes

- Rejection of help: I showered this morning
- Perseveration: Kleenex, Vitamins, checking and searching
- Shadowing
- Disinhibition: Public vs. private behavior, eating only sweets
- Misidentifications: Not my real husband
- Confabulation (not lies)
- Delusions: suspicious, theft, infidelity
- Visuospatial changes: falls, balance
Safety and Alzheimer’s Disease

- Financial protections – paid stranger $1700 for gutters
- Driving
- Medication management, OTCs, toxins
- Guns, power tools, kitchen, bathroom
- Safe Return/Medic Alert/ Silver Alert
- Monitoring: Low and high tech
Home Alone: “She Fired the Help”

- Telephone? Mail? Online?
- Med management?
- Day/Night?
- Travel outside home?
- Bathroom/ continence?
- Falls/ injuries? Kitchen risks?
- Weight loss/ food management
- Available discreet surveillance?
Family Resistance to Community Help

- Stigma & Urban Legends
- Cost/ Preserving assets or saving for rainy day
- Denial/ Poor judgment
- Too many changes at once
- Loss of control
- Overwhelming disclosure in assessment – privacy issues
How Care Managers Can Help

- Family and person-centered information, assessment and plan – update as goals, priorities change
- Decisional support and acknowledgement
- Reminders re: imperfection, uncertainty
- Help with feelings: failure, loss of control, guilt, regret, grief, depression, anxiety, anger
- Fresh perspective, appraisal of options, adaptation or coping tips, skills-based problem solving, and self care strategies
What Families Need and Prefer

- Reliable, current and trusted continuing source of information
- Help with symptom management (Alzheimer’s Medical Advisor in testing)
- Help navigating health/social service system
- Criteria for evaluating quality/cost/benefit of services
Families Ask Care Managers

- Why does she say we never visit but we do?
- How can she be so nice to strangers and so mean to us?
- I’ve never lied to my mother, but the truth isn’t working…
- I can’t NOT take it personally – We never fought like this.
- Why couldn’t she remember the good stuff?
- How long will it be until….?
Evidence-Informed Family Interventions

- Treat depression/anxiety
- Increase pleasant events
- Psychoeducation/skills training/Healthy Ideas
- Problem solving skills
- Exercise/Mindfulness/Stress Management/Relaxation strategies
- Support groups – creating community
- Respite
Respite: What Do We Know?

- Most preferred, least available, and least affordable
- Timing, dosing, frequency, intensity, flexibility, and quality affect use and outcomes
- By the time respite is needed, there is a need for many other community supports
Summary: To Support Family Care

- Listen and assess before plan or recommend
- Make no assumptions – culture trumps
- Offer something to do and more than 1 option
- Don’t underestimate the power of the telephone, email, and hard copy
- Prepare them: They will change their minds
- Offer previews: No commitments
- Quality services for individual “suffering” & “benefits”
DEMENTIA RESOURCES

The 36-Hour Day
A Family Guide to Caring for People Who Have Alzheimer's Disease, Related Dementias, and Memory Loss

Caring for a Person with Alzheimer's

Can't we talk about something more PLEASANT?

SLOW DANCING WITH A STRANGER
Lost and Found in the Age of Alzheimer's
Online Resources for Families

- https://www.nia.nih.gov/alzheimers/topics/caregiving
- www.bathingwithoutabattle.unc.edu
- http://nihseniorhealth.gov/
The Dementia Cal MediConnect Project: A Case Example from California’s Dual-Eligible Pilot Project

Debra L. Cherry, Ph.D
Funding

This project was supported, in part by grant number 90 DC 2002-01-00, from the Administration on Aging, U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201 and the California Department of Aging. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living or California Department of Aging policy.
Dementia Cal MediConnect Project: Components

- Advocacy with health plans
- Care manager training and support
- Caregiver education and respite
- Support services through referrals to Alzheimer’s organizations (ALZ Direct Connect)
  - Website: www.alzgla.org/professionals
- Technical assistance to create systems change
Cost of Care

Average Cost of Care for Beneficiaries with Moderate to Severe CI

Average Cost of Care for Beneficiaries without Moderate to Severe CI

Medicare vs Medicaid
Care Manager Training: Progress to Date

Care manager training (8 hours)
- 14 trainings total
- 8 health plans plus several PPGs, and contracted LTSS agencies
- N = 279 / Original goal was 100 over 3 years

Dementia Care Specialist trainings (12 hours)
- 8 health plans participating plus 1 PPG and contracted LTSS agencies
- N= 44 specialists trained to date

Case conferences
- 5 health plans participating, plus PPGs, and contracted agencies
Resources Available

Dementia Care Management Toolkit

The Dementia Care Management Toolkit provides healthcare professionals with tools to support dementia care management. It includes assessment instruments to help identify people with dementia and their family, and to assess their needs. The contents of this toolkit are not all-inclusive and are meant to complement and enhance existing care management tools and practices. Clinical judgement should be used when working with individuals and families, and procedures, policies, regulations, laws, and mandates should always be followed.

Resources available for download at:
www.alzgla.org/professionals

- The A8D Dementia Screening Interview
- Caregiver Stress/Strain Instrument
- Tool for Identifying an Informal or Family Caregiver
- Care Needs Assessment Tool
- IDEA! Strategy for Managing Challenging Behavioral Symptoms
- Standardized Care Plans
- Plain Language Fact Sheets
Challenges to the Recognition of Dementia

- Some HRAs were not screening for cognitive impairment
- Difficulty making contact with members
- Families of the Duals may be less likely to bring dementia to the physician’s attention
- Providers in diverse communities may share cultural views about dementia and help families to hide or deny the disease
Promote Better Detection of Patients with Dementia

- Review of HRA content
- Adoption of a validated screening tool
  

- Train care managers and others to screen for dementia using this tool
- Develop a follow-up protocol if cognitive screen is positive
Monitor for Safety Issues

- Many families do not understand the disease
- Many families do not understand medication regimes
- Families are working and not at home to provide supervision
- Grandparents relied upon to care for children
- Grandchildren relied upon to care for person with dementia
Challenges to Family Caregiver Engagement

Medical providers may not have institutionalized systems for identifying, documenting, and engaging the caregiver

- Poor management of co-morbid conditions
- Apparent non-compliance
- Medication mismanagement
- Behavior symptom mismanagement
- Unnecessary hospital readmissions, ER visits, and possibly even nursing home placement
Challenges to Family Caregiver Engagement

Deciding who is “the caregiver”

- Caregiving may not be dyadic
- Decision-maker may not be apparent
- Family caregiver may not self-identify
  - Dementia seen as normal aging
  - Denial of need
  - Stigma
Recognize and Partner with Family/Informal Caregivers

- Document who does what in the record so it can be shared

- Assess informal/family caregiver’s needs
  
  Caregiver Assessment Tool
  
  Benjamin Rose Institute Caregiver Strain Index
  
  (Ref: Bass, Noekler & Reschlin, 1996; Bass D, et al, 1994b)

- Assign patient & caregiver to a Dementia Care Manager
  
  Standardized Care Plans (Derived from ACCESS and available at www.alzgla.org/professionals )
  
Recognize and Partner with Family/Informal Caregivers

- Provide or refer informal/family caregiver for education
  
  **Plain Language Fact Sheets** (English-Spanish)
  
  (hallucinations, home safety, anger, getting lost, bathing, medications and more to come at [www.alzgla.org/professionals](http://www.alzgla.org/professionals))

- Links to home and community-based services need to be suitable for lower income people
  - No cost or low cost legal and financial planning
  - Transportation to medical appointments
Keeping Home Safe

People with Alzheimer’s or dementia may have trouble knowing what is dangerous or making safe decisions. By helping him or her feel more relaxed and less confused at home, you can help stop accidents.

WHAT CAN YOU DO?
Keep Things Simple
- make sure rooms are neat
- place “often used” items in the same place
- remove things that might break and aren’t needed

Look at the Floor
- remove small rugs, rugs that are thick, or rugs that might slide on floors
- don’t shine or wax floors
- keep items off floors... cords, books, toys, bags, boxes, etc.
- make sure bathroom and kitchen floors are kept dry and avoid walking with wet feet
- use tables and chairs that are stable enough to lean on

Remove Dangerous Items
- keep all medicines... vitamins, aspirin, prescriptions... in a locked box, cabinet, or drawer
- place knives, scissors, guns, sharp tools, matches, and lighters out of sight or in a locked area
- move all cleaning supplies to a high shelf or lock them away
- take off knobs from the stove and oven

Don’t Leave Him or Her Alone
- in the kitchen with the stove or oven on
- in the bathroom with water running
- anywhere with burning cigarettes, cigars, or pipes
- near an open or unlocked door or gate
Medications

People with Alzheimer’s or dementia may need help with taking their medicine. Taking too much... or too little... or not following the directions... can be dangerous.

WHAT CAN YOU DO?

Watch Closely
- make sure he or she
  - takes the right number of pills at the right times
  - follows the directions on the medication
- do not leave medications in a pill box or cup on the counter
- do not leave him or her alone to take their medicine

Lock Away Medicine
- make sure all medications are out of sight and out of reach

Talk to ALL the Doctors
- do not stop giving any medicine without asking the prescribing doctor first
- bring all medicines in a bag or box to every doctor
  - include vitamins, herbs, teas, creams, and other pills from the drugstore
- ask the doctor if medicines can be mixed into foods or drinks
  - this is helpful if you are having trouble getting your person to take their pills

NOTE: If you notice sudden changes like violent behaviors or trouble with bathroom accidents, call the doctor.
- these changes could be caused by a reaction to a medication or a new illness
Bathing

People with Alzheimer’s disease or dementia may be afraid of bathing or uneasy with having someone help them with bathing. Sometimes they worry about falling or can have trouble knowing which is the hot versus the cold water faucets.

WHAT CAN YOU DO?

Prepare the Bathroom in Advance
- make sure the room is calm and warm
- run the water so it is not too hot or too cold
- don’t use bright lights if possible

Make the Bathroom Safe
- use a non-slip mat in the tub or shower and set a bath mat
- consider a tub seat
- fill the tub with only 4 inches of water
- remove things that may be dangerous such as razors, nail clippers, hair dryer, etc.
- watch carefully – don’t leave him or her alone

Allow Time & Be Positive
- allow your person to enjoy it... if he or she finds bath time relaxing
- stay calm
- be direct... “Your bath is ready now” instead of “Do you want to take a bath?”
- give one step directions...
  “Let’s wash your left arm...good!, now your other one”
- be patient... don’t rush

Be Realistic
- don’t argue or get frustrated... a daily bath may be too much
- consider a sponge bath instead of a tub bath
- show what you need from them... pretend to wash your arm so that he or she can copy
Challenges to Partnerships with CBOs

- Involves a culture change for both partners
  - MCOs expect timeliness and feedback
  - CBOs may not be HIPAA-compliant or have capacity for large quantities of referrals

- CBO services may require allocation of new resources

- Partners will need to invest time in order to better understand one another’s cultures and services
Benefits of Partnerships with CBOs

- Wide array of supportive services
- Alzheimer’s organizations services
  - Support groups
  - Early stage programs
  - On-line and face-to-face education
  - Care counselors
  - 24/7 Helplines
  - MedicAlert® Identification Bracelets

Also consider partnerships with AAAs
### Care Manager and DCS Practice Change

When working with a member who may have ADRD...

<table>
<thead>
<tr>
<th>Action</th>
<th>% Yes CM Baseline (n=276)</th>
<th>% Yes CM 6 Month (n=83)</th>
<th>% Yes DCS 6 Month (n=10)</th>
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<tbody>
<tr>
<td>I usually encourage them to receive a formal diagnosis</td>
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<tr>
<td>I usually determine whether they have an informal caregiver</td>
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<tr>
<td>I usually involve the informal caregiver in the care planning process</td>
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<tr>
<td>I usually refer the member to available HCBS</td>
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<tr>
<td>I usually refer the caregiver to available HCBS</td>
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<tr>
<td>I usually refer them or their informal caregiver to Alzheimer’s organizations</td>
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March 2016
Creating a Dementia Capable System of Care

- HRA/other assessments to include cognitive impairment and identification of caregivers
- Adoption of a validated screening tool
- Protocol for diagnosis if cognitive screen is positive
- Documentation of diagnosis in e-medical record
- Ability to identify family/friend caregiver(s)
- Adoption of caregiver assessment tools
- Adoption of standardized care plans
- Integration of caregiver education and support
- Partnerships with CBOs
Dementia Cal MediConnect Team

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For Project Materials Go To:
www.alzgla.org/professionals
Questions
More Resources!

- Save the date! The next webinar in this series will be held on **July 19th at Noon ET:**
  
  Care Transitions to and from the Hospital for Individuals with Alzheimer’s Disease and Related Dementias
  
  Stay tuned for a registration link.

- The *Geriatric Services Capacity Assessment* was developed to help health plans and health systems, including community providers, hospitals, and other health care delivery organizations, evaluate their current ability to meet the needs of older adults and to identify strategic opportunities for improvement. Please visit [www.ResourcesForIntegratedCare.com](http://www.ResourcesForIntegratedCare.com) to download this tool.
Evaluation Form and Post-test

Thank you for joining our webinar.

If you are applying for CME/CE credit you must complete the evaluation as well as the post-test - this will appear in a new browser window when the WebEx platform is closed.

- The post test must be completed by 2pm EDT in order to receive CME or CE credit.
- The evaluation must be completed by 5pm EDT in order to receive CME or CE credit.

If you have any questions, please email RIC@Lewin.com.