**Geriatric-Competent Care**

*This is the text version of* Geriatric-Competent Care, Session I: Caring for Individuals with Alzheimer’s Disease, Next Steps after Diagnosis*, which contains the same information as the slide presentation and was prepared to meet 508 compliance standards.*

**Slide 1**

**Geriatric Competent Care**

Caring for Individuals with Alzheimer’s Disease

August 12th 2015

[Images] This slide contains the official logo of Resources for Integrated Care: Resources for Plans and Providers for Medicare-Medicaid Integration. This slide contains three stock photos from The Lewin Group of physicians and caregivers helping adults with disabilities. This slide contains a link to the website for Resources for Integrated Care: www.ResourcesForIntegratedcare.com

**Slide 2**

**Competent Care**

Caring for Individuals with Alzheimer’s Disease

Next Steps after Diagnosis: Preparing the Patient/Client and their Caregivers

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**Slide 3**

**Overview of Session**

* This is the second session of a two-part series, “Geriatric-Competent Care: Caring for Individuals with Alzheimer’s Disease.”
* Each session will be interactive (e.g., polls and interactive chat functions), with 60 minutes of presenter-led discussion, followed by 30 minutes of presenter and participant discussions.
* Video replay and slide presentation are available after each session at: [www.resourcesforintegratedcare.com](http://www.resourcesforintegratedcare.com)

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**Slide 4**

**Next Steps after Diagnosis of Alzheimer’s Disease**

* Developed by:
  + The American Geriatrics Society
  + Community Catalyst
  + The Lewin Group
* Hosted by:
  + The Medicare-Medicaid Coordination Office (MMCO) Resources for Integrated Care

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**Slide Five**

**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 CreditTM.
* 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.

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**Slide Six**

**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](http://www.resourcesforintegratedcare.com/)

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**Slide Seven**

**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

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**Slide Eight**

**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 Association California Southland, Los Angeles

[Images] This slide contains an image of Robert Schreiber Lisa Gwyther and Debra L Cherry. This slide contains the official logo of Resources for Integrated Care: Resources for Plans and Providers for Medicare-Medicaid Integration. This slide contains a number in the lower left hand corner of the slide to indicate that this is the eighth slide in the presentation. This slide contains a link to the website for Resources for Integrated Care: [www.ResourcesForIntegratedcare.com](http://www.ResourcesForIntegratedcare.com)

**Slide Nine**

**Webinar Outline/Agenda**

* Audience Poll on Workplace and Professional Discipline
* 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)

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**Slide Ten**

**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.

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**Slide Eleven**

**Preparing the Patient and Caregivers**

Rob Schreiber MD, CMD

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**Slide Twelve**

**Overview**

* Confirm the Diagnosis
* Identify the Stage
* Goals and Values
* Education
* Medication
* Ongoing Support

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**Slide Thirteen**

**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?

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**Slide Fourteen**

**Stages of Alzheimer’s Disease (I)**

* Early Stage
  + Anterograde amnesia with rapid rate of forgetting
  + Changes in executive function, impaired judgment, or problem solving ability
  + Intrusion errors and anomina
  + 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

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**Slide Fifteen**

**Stages of Alzheimer’s Disease (II)**

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

[Images] This slide contains an image of an elderly Alzheimer’s patient. This slide contains the official logo of Resources for Integrated Care: Resources for Plans and Providers for Medicare-Medicaid Integration. This slide contains a number in the lower left hand corner of the slide to indicate that this is the fifteenth slide in the presentation. This slide contains a link to the website for Resources for Integrated Care: [www.ResourcesForIntegratedcare.com](http://www.ResourcesForIntegratedcare.com)

**Slide Sixteen**

**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

[Images] This slide contains a Venn diagram showing the overlap between my life and my values. This slide contains the official logo of Resources for Integrated Care: Resources for Plans and Providers for Medicare-Medicaid Integration. This slide contains a number in the lower left hand corner of the slide to indicate that this is the sixteenth slide in the presentation. This slide contains a link to the website for Resources for Integrated Care: [www.ResourcesForIntegratedcare.com](http://www.ResourcesForIntegratedcare.com)

**Slide Seventeen**

**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

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**Slide Eighteen**

**Two Types of Medication (I)**

Acetylcholinesterase inhibitors (AChEIs)

* Donepezil
* Galantamine
* Rivastigmine

Glutamate pathway modifiers

* (memantine hydrochloride)

[Images] This slide contains a figure showing the continuous process of the release of acetylcholine from the receptors and the breaking down of acetylcholine by acetylcholinesterase. This slide contains the official logo of Resources for Integrated Care: Resources for Plans and Providers for Medicare-Medicaid Integration. This slide contains a number in the lower left hand corner of the slide to indicate that this is the eighteenth slide in the presentation. This slide contains a link to the website for Resources for Integrated Care: [www.ResourcesForIntegratedcare.com](http://www.ResourcesForIntegratedcare.com)

**Slide Nineteen**

**Two Types of Medication (II)**

Glutamate pathway modifiers  
(memantine hydrochloride)

[Images] This slide contains a figure showing how memantine hydrochloride blocks excess glutamate to stabilize postsynaptic signal detection. This slide contains the official logo of Resources for Integrated Care: Resources for Plans and Providers for Medicare-Medicaid Integration. This slide contains a number in the lower left hand corner of the slide to indicate that this is the nineteenth slide in the presentation. This slide contains a link to the website for Resources for Integrated Care: [www.ResourcesForIntegratedcare.com](http://www.ResourcesForIntegratedcare.com)

**Slide Twenty**

**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

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**Slide Twenty One**

**Healthy Behaviors to be Emphasized by PCP**

Control of chronic disease(s)

Physical activity

Nutrition

Mental stimulation

Mood

Sense of purpose

Socialization

Sleep hygiene

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**Slide Twenty Two**

**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

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**Slide Twenty Three**

**PCP Collaboration with Community Based Organizations**

Critically important roles

Long Term Services and Supports provided by Area Agency on Aging

* National Association of 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

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**Slide Twenty Four**

**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

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**Slide Twenty Five**

**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

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**Slide Twenty Six**

**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

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**Slide Twenty Seven**

**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

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**Slide Twenty Eight**

**Working with Families After Diagnosis**

Lisa P. Gwyther, MSW, LCSW

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**Slide Twenty Nine**

**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

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**Slide Thirty**

**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)

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**Slide Thirty One**

**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.

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**Slide Thirty Two**

**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

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**Slide Thirty Three**

**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

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**Slide Thirty Four**

**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

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**Slide Thirty Five**

**Dementia Family Care: Balancing Autonomy**

Whose needs?

Competing loyalties and commitments?

How long?

How much?

How to evaluate risk, cost, and benefit?

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**Slide Thirty Six**

**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

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**Slide Thirty Seven**

**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

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**Slide Thirty Eight**

**Decision-Making Hazards**

Unrelenting serial crises

Old promises

Chasing ghosts

Conflicting perceptions, expectations

Control issues

Too few good choices

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**Slide Thirty Nine**

**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

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**Slide Forty**

**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

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**Slide Forty One**

**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

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**Slide Forty Two**

**Home Alone: “She Fired the Help”**

Telephone? Mail?

Med management?

Day/Night?

Travel outside home?

Bathroom/ continence?

Falls/ injuries? Kitchen risks?

Weight loss/ food management

Available discreet surveillance?

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**Slide Forty Three**

**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

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**Slide Forty Four**

**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

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**Slide Forty Five**

**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

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**Slide Forty Six**

**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….?

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**Slide Forty Seven**

**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

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**Slide Forty Eight**

**The Power of Pleasant Events & Support Groups**

Evidence-based tailored, dignified and purposive alternative to “you need to take care of yourself”

Behavioral activation for mild depression

Immediate practical consumer help

Share difficult feelings – failure, regret

Express disappointment in professionals, family, self and person with Alzheimer’s

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**Slide Forty Nine**

**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

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**Slide Fifty**

**Duke Dementia Roundtable: Interprofessional Team Training**

Duke Geriatric Education Center: HRSA Alzheimer’s Supplement (NAPA Workforce Enhancement Aim)

Accessible PACE setting as site host

Duke team (MD, MSN, SW, PA) led anchored facilitated interactive instruction over 2 yrs. of 8 monthly one-hour trainings after lunch networking time

The Alzheimer’s Project – video triggers free online

25 participants per session representing all disciplines and 25 community-based agencies from 3 counties

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**Slide Fifty One**

**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”

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**Slide Fifty Two**

**Dementia Resources**

[Images] This slide contains a collage of various book covers of dementia resources. This slide contains the official logo of Resources for Integrated Care: Resources for Plans and Providers for Medicare-Medicaid Integration. This slide contains a number in the lower left hand corner of the slide to indicate that this is the fifty second slide in the presentation. This slide contains a link to the website for Resources for Integrated Care: [www.ResourcesForIntegratedcare.com](http://www.ResourcesForIntegratedcare.com)

**Slide Fifty Three**

**Online Resources for Families**

http://www.alz.org/documents/mndak/taking\_action\_workbook.pdf

http://hartfordauto.thehartford.com/UI/Downloads/Crossroads.pdf

http://files.consumerfinance/gov/f/201310\_cfpd\_lay\_fiduciary\_fuides\_agents.pdf

https://www.alz.org/national/documents/brochure\_communication.pdf

https://www.nia.nih.ogv/alzheimers/topics/caregiving

www.bathingwithoutabattle.unc.edu

http://nihseniorhealth.gov/

[Images] This slide contains the official logo of Resources for Integrated Care: Resources for Plans and Providers for Medicare-Medicaid Integration. This slide contains a number in the lower left hand corner of the slide to indicate that this is the fifty third slide in the presentation. This slide contains a link to the website for Resources for Integrated Care: [www.ResourcesForIntegratedcare.com](http://www.ResourcesForIntegratedcare.com)

**Slide Fifty Four**

**The Dementia Cal MediConnect Project: A Case Example from California’s Dual-Eligible Pilot Project**

Debra L Cherry PhD

[Images] This slide contains an image of Debra L Cherry PhD. This slide contains the official logo of Resources for Integrated Care: Resources for Plans and Providers for Medicare-Medicaid Integration. This slide contains a number in the lower left hand corner of the slide to indicate that this is the fifty fourth slide in the presentation. This slide contains a link to the website for Resources for Integrated Care: [www.ResourcesForIntegratedcare.com](http://www.ResourcesForIntegratedcare.com)

**Slide Fifty Five**

**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.

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**Slide Fifty Six**

**Impact of Alzheimer’s Disease in California**

[Images] This slide contains a graphic showing that ten percent of the nation’s Alzheimer’s patients live in California. This slide contains the official logo of Resources for Integrated Care: Resources for Plans and Providers for Medicare-Medicaid Integration. This slide contains a number in the lower left hand corner of the slide to indicate that this is the fifty sixth slide in the presentation. This slide contains a link to the website for Resources for Integrated Care: [www.ResourcesForIntegratedcare.com](http://www.ResourcesForIntegratedcare.com)

**Slide Fifty Seven**

**Cost of Care**

Alzheimer’s Association. 2015 Alzheimer’s Disease Facts and Figures.

Bynum,J. (2011) Unpublished data from the Medicare Current Beneficiary Survey for 2008.

[Images] This slide contains a chart showing that beneficiaries with moderate to severe CI chose Medicare and Medicaid more money than those without moderate to severe CI. This slide contains the official logo of Resources for Integrated Care: Resources for Plans and Providers for Medicare-Medicaid Integration. This slide contains a number in the lower left hand corner of the slide to indicate that this is the fifty seventh slide in the presentation. This slide contains a link to the website for Resources for Integrated Care: [www.ResourcesForIntegratedcare.com](http://www.ResourcesForIntegratedcare.com)

**Slide Fifty Eight**

**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 Association (ALZ Direct Connect)

Technical assistance to create systems change

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**Slide Fifty Nine**

**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

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**Slide Sixty**

**Promote Better Detection of Patients with Dementia**

Review of HRA content

Adoption of a validated screening tool

* Example: AD 8 (ref.: Galvin JE et al (2005) Neurology)

Train care managers and others to screen for dementia using this tool

Develop a follow-up protocol if cognitive screen is positive

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**Slide Sixty One**

**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

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**Slide Sixty Two**

**Challenges to Family Caregiver Engagement (I)**

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

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**Slide Sixty Three**

**Challenges to Family Caregiver Engagement (II)**

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

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**Slide Sixty Four**

**Recognize and Partner with Family/Informal Caregivers (I)**

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.alz.org/socal)

(Ref: Vickrey B, et al. (2006) Annals of Internal Medicine)

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**Slide Sixty Five**

**Recognize and Partner with Family/Informal Caregivers (II)**

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.alz.org/socal)

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

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**Slide Sixty Six**

**Keeping Home Safe**

[Images] This slide contains a flyer detailing how to keep one’s home safe for those with Alzheimer’s or dementia. This slide contains the official logo of Resources for Integrated Care: Resources for Plans and Providers for Medicare-Medicaid Integration. This slide contains a number in the lower left hand corner of the slide to indicate that this is the sixty sixth slide in the presentation. This slide contains a link to the website for Resources for Integrated Care: [www.ResourcesForIntegratedcare.com](http://www.ResourcesForIntegratedcare.com)

**Slide Sixty Seven**

**Medications**

[Images] This slide contains a flyer detailing how to help those living with Alzheimer’s or dementia safely take their medications. This slide contains the official logo of Resources for Integrated Care: Resources for Plans and Providers for Medicare-Medicaid Integration. This slide contains a number in the lower left hand corner of the slide to indicate that this is the sixty seventh slide in the presentation. This slide contains a link to the website for Resources for Integrated Care:[www.ResourcesForIntegratedcare.com](http://www.ResourcesForIntegratedcare.com)

**Slide Sixty Eight**

**Bathing**

[Images] This slide contains a flyer describing how to help someone with Alzheimer’s or dementia safely bathe. This slide contains the official logo of Resources for Integrated Care: Resources for Plans and Providers for Medicare-Medicaid Integration. This slide contains a number in the lower left hand corner of the slide to indicate that this is the sixty eighth slide in the presentation. This slide contains a link to the website for Resources for Integrated Care:[www.ResourcesForIntegratedcare.com](http://www.ResourcesForIntegratedcare.com)

**Slide Sixty Nine**

**Caregiver Education**

Health plans are challenged to identify caregivers for disease education

Easier sites for delivery of caregiver education

* PACE
* Adult Day Health Care Centers
* Other MLTSS

Consider

* Training health plan health educators
* Making referrals to CBOs for education
* Plain language education is hard to find

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**Slide Seventy**

**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

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**Slide Seventy One**

**Benefits of Partnerships with CBOs**

Wide array of supportive services

Alzheimer’s Association services

* Support groups
* Early stage programs
* On-line and face-to-face education
* Care consultants
* 24/7 Helpline (800-272-3900)
* MedicAlert®+Safe Return®

Also consider partnerships with AAAs

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**Slide Seventy Two**

**Practice Change Reported by Care Managers**

When working with a member who may have ADRD…

[Images] This slides a chart showing how care managers change their practice depending on if the diagnosis is done at baseline or at the six month mark. Care managers are more likely to refer the patient to available resources after the six month mark. This slide contains the official logo of Resources for Integrated Care: Resources for Plans and Providers for Medicare-Medicaid Integration. This slide contains a number in the lower left hand corner of the slide to indicate that this is the seventy second slide in the presentation. This slide contains a link to the website for Resources for Integrated Care:[www.ResourcesForIntegratedcare.com](http://www.ResourcesForIntegratedcare.com)

**Slide Seventy Three**

**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/informal caregiver(s)

Adoption of caregiver assessment tools

Adoption of standardized care plans

Integration of caregiver education and support

Partnerships with CBOs - Adoption of ALZ Direct Connect Fax Referral

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**Slide Seventy Four**

**Dementia Cal MediConnect Team**

Project Co-Directors:

* Lora Connolly, MSG
* Director  
  California Department of Aging
* Debra Cherry, PhD

Executive Vice President  
Alzheimer’s Association,  
California Southland Chapter

Project Manager:

* Jennifer Schlesinger, MPH, CHES

Director, Professional Training and  
Healthcare Services  
Alzheimer’s Association, California Southland Chapter

Project Evaluator:

* Brooke Hollister, PhD

University of California, San Francisco  
Institute for Health and Aging

For Project Materials Go To:

* www.alz.org/socal
* Professional Training Tab

Alzheimer’s Association, California Southland Chapter Team Members:

* Dawn Davis
* Susan Howland, MSG
* Cora Mahon, MSW, ASW

Alzheimer’s Association, Northern California and Northern Nevada Chapter Team Members:

* Bonnie Bollwinkel, LCSW
* Elizabeth Edgerly, PhD
* Ruth Gay, MS, Team Lead
* Pauline Martinez, MA
* Alexandra Morris, MA
* Angie Pratt, MAS

Alzheimer’s Association California Council:

* Susan DeMarois

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Slide Seventy Five

Questions

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**Slide Seventy Six**

**Evaluation Form and Post-Test**

Thank you for joining our webinar. Please take a moment to complete a brief evaluation on the quality of the webinar.

If you are applying for CME/CE credit you must complete the evaluation as well as the post-test at this time.

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