Building a Dementia-Friendly Care Model: Spotlight on HealthPartners

Individuals dually eligible for Medicare and Medicaid are almost three times as likely to have Alzheimer's disease and related dementias (ADRD) than people eligible for Medicare only,[1] and twenty-three percent of all dually eligible individuals aged 65 and over are diagnosed with ADRD.[2] People with ADRD, as well as their family and friend caregivers, have unique needs that can be addressed by health plans. This Spotlight, highlighting HealthPartners, explores a dementia-friendly care model specifically designed to provide services and programs to effectively care for dually eligible beneficiaries with ADRD.

About HealthPartners

HealthPartners is the largest consumer-governed nonprofit healthcare organization in the United States. HealthPartners offers medical and dental coverage in Minnesota, Wisconsin, Iowa, Illinois, North Dakota, and South Dakota, and also has established clinics in Minnesota and Wisconsin.[3] The plan serves around 4,000 dually eligible individuals. This includes 474 dually eligible Minnesota Senior Health Options (MSHO) members with an ADRD diagnosis who currently participate in the dementia-friendly care model; about half of these members also have an associated family or friend caregiver receiving support through the model. In 2020, approximately 600 members with an ADRD diagnosis participated in the model.

About HealthPartners' Dementia-Friendly Care Model

In 2018, HealthPartners began developing their dementia-friendly care model in order to better address the unique and complex needs of individuals with ADRD. The typical model of care, which usually has clear priorities and options in terms of diagnosis and treatment, as well as clear roles for providers, may not fit the needs of people with ADRD. Given the complex nature of ADRD, which involves many aspects beyond clinical care, providers often do not have straightforward responsibilities when working with a patient with ADRD; therefore, care coordination can be complex, especially for dually eligible beneficiaries. HealthPartners decided to prioritize the creation of a flexible

[1] Office of the Assistant Secretary for Planning and Evaluation. (2017). *National Plan to Address Alzheimer's Disease: 2017 Update. Strategy 2.H: Improve Care for Populations Disproportionately Affected by Alzheimer's Disease and Related Dementias, and Population Facing Care Challenges*. Retrieved from https://aspe.hhs.gov/report/national-plan-address-alzheimers-disease-2017-update/strategy-2h-improve-care-populations-disproportionately-affected-alzheimers-disease-and-related-dementias-and-populations-facing-care.

[2] The Medicare Payment Advisory Commission, the Medicaid and CHIP Payment and Access Commission. (2017). *Beneficiaries Dually Eligible for Medicare and Medicaid*. Retrieved from https://www.macpac.gov/publication/data-book-beneficiaries-dually-eligible-for-medicare-and-medicaid-3/.

[3] HealthPartners. (n.d.). Quick Facts. Retrieved from https://www.healthpartners.com/about/facts/.

and innovative model that would allow people with ADRD to receive the various levels of care and support they need. This specific focus on ADRD is especially important for the dually eligible population due to additional risk factors that may impact the management of ADRD among this population, including advanced age, co-morbidities, and limited resources.

The HealthPartners dementia-friendly care model combines care coordination techniques and tailored supplemental benefits. In addition to serving the member, this approach also recognizes the needs and challenges that family and friend caregivers of people with ADRD have, and matches these individuals with needed services and supports.

Adapting to COVID-19

In addition to existing needs, dually eligible older adults with ADRD and their caregivers are now facing additional risks and challenges as a result of the COVID-19 pandemic. People with ADRD may have multiple co-existing conditions that could result in greater risk for developing a serious COVID-19 related infection, hospitalization, or death.[4] Additional factors related to ADRD may also increase an individual's risk of contracting COVID-19, including forgetting to follow infection control protocol, such as washing hands, due to cognitive decline.[5] Due to these increased risks, it is especially important to meet the needs of people with ADRD during the COVID-19 pandemic. In addition to highlighting general dementia-friendly care practices, this Spotlight also provides strategies for adjusting care coordination practices in light of COVID-19 (see the "Key Takeaways and Strategies for Adapting to COVID-19" section for more information).

Components of HealthPartners' Dementia-Friendly Care Model

1. Identifying Members in Need of ADRD Support

The first step to delivering dementia services to members is to identify those who may benefit from supports and services. HealthPartners leverages information from three sources to find members with a new ADRD diagnosis who may benefit from dementia-friendly services: claims data, health risk assessments, and established relationships with members and their caregivers. HealthPartners scans these data on an ongoing basis in order to connect members who have received a new ADRD diagnosis to a care coordinator who can facilitate the development of a dementia care plan.

A crucial component of the dementia-friendly care model is identifying the needs of caregivers. Family and friend caregivers often play a large role in the care of someone with ADRD, and a caregiver's well-being is critical to the overall care for the member with ADRD. HealthPartners acknowledges the stress that many caregivers experience. To identify these issues, care coordinators will complete a caregiver burden assessment based on communication with the member and their caregiver. In order to support caregivers, HealthPartners has made many caregiver resources available as part of their dementia-specific supplemental benefit offering (see the "Offering Supplement Benefits" section for more information). Additionally, HealthPartners works to meet the caregiver's needs by providing them with online support resources and information, as well as connecting them to established community-based organizations that can provide ad-hoc respite services, counseling on safe medication use, palliative care consultations, and other supports.

[4] Center for Disease Control. (2020). Preparing for COVID - 19 in Nursing Homes. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html.
[5] The Alzheimer's Association. (2020). Coronavirus (COVID-19): Tips for Dementia Caregivers. Retrieved from https://www.alz.org/help-support/caregiving/coronavirus-(covid-19)-tips-for-dementia-care.

HealthPartners also provides long-term services and supports to members with ADRD and their caregivers, including adult day services, short-term respite services, nurse visits in the home, durable medical equipment for the home (including electronic beds and bathroom safety equipment), personal emergency response systems, and direct support workers to assist with daily personal care.

2. Communicating with Members and Providers

Once members are identified as experiencing ADRD, they are supported by the dementia-friendly care model. The member and their caregiver are then partnered with a care coordinator who has been trained in ADRD-specific care coordination strategies (see the "Educating Care Coordinators" section for more information) and will conduct an assessment in-person at the member's home. After the initial assessment, the care coordinator, together with the member and their caregiver, determine if follow up via in-person visits or over the phone would best meet the needs of the member. Follow-up meetings are scheduled on an ongoing basis at a frequency determined by various factors including care complexity, stability of the member's condition, member and family choice, and the care coordinator's professional judgement, with in-person visits occurring at least annually. Communication between the care coordinator, the member, and family members or caregivers is essential in providing coordinated and dementia-specific care. Frequent communication allows the member and their family to express any needs or stressors they have and work with the care coordinator to fill any gaps in their care plan.

An additional key component of the dementia care model is an intentional focus on cultural humility. Cultural humility includes understanding members' preferences, beliefs, and experiences with ADRD, including their level of engagement and comfort with western medicine, in order to best serve HealthPartners' diverse membership. This focus on cultural humility stems from an organizational commitment to health equity, the diversity of HealthPartners' dual eligible membership (the most diverse of any MSHO plan in the state), and the increased risk for ADRD in racial and ethnic minority populations.[7] HealthPartners has pursued strong partnerships with community organizations representing Hmong, East African, African American, Vietnamese, and Korean populations to learn more about how these populations prefer to learn about and address ADRD in order to best communicate with members to meet their needs.

Dementia-Friendly Services for Individuals Living in Congregate Care Settings

Individuals with ADRD living in congregate care settings, such as skilled nursing or assisted living facilities, may face additional challenges. For example, individuals with ADRD residing in nursing homes, or those who require the level of care provided in a nursing home, have higher rates of hospitalizations (as well as potentially avoidable hospitalizations) and emergency department visits than those residing in the community.[6] As a result, for its members with ADRD living in congregate care settings, HealthPartners has worked to facilitate receipt of primary care services on site as opposed to requiring the members to travel to a provider office. If members with ADRD are able to receive primary care where they live, they are able to avoid the challenges associated with traveling to an unfamiliar environment.

[6] Feng, Z., Coots, L. A., Kaganova, Y., & Wiener, J. M. (2014). Hospital and ED use among Medicare beneficiaries with dementia varies by setting and proximity to death. *Health Affairs*, 33(4), 683–690. https://pubmed.ncbi.nlm.nih.gov/24711331/.

[7] Alzheimer's Association. (2020). 2020 Alzheimer's Disease Facts and Figures. Retrieved from https://alzjournals.onlinelibrary.wiley.com/doi/full/10.1002/alz.12068.

Another essential aspect of the program is communication between the care coordinator and the member's care team. Because dually eligible individuals are at higher risk for transitions in care settings, frequent communication between the health plan and the care delivery team is essential so the care coordinator can stay updated on the member's care. At HealthPartners, care coordinators and providers work within the same medical record system and have established collaborative communication protocols that allow each party to stay abreast of any changes to a member's care plan and health status. Each time someone with ADRD has a change in condition, their cognition may be impacted. This makes it especially important for care coordinators to have access to updated information related to the member's health status. Additionally, care coordinators frequently make visits to hospitals, nursing homes, and provider offices to connect with practitioners about the member and their care plan. HealthPartners ensures that care coordinators complement, rather than duplicate, what is occurring at the point of care; by staying in frequent communication with providers, care coordinators are able to identify ways to supplement the member's care and offer additional context about the situation. For example, a care coordinator may learn about emerging symptoms from the family caregiver and will then share those symptoms with the clinical team.

3. Offering Supplemental Benefits

HealthPartners has intentionally designed many of their supplemental benefits to support the dementia-friendly model and members with ADRD. While many of these benefits are available to all members, some are only available to members with a dementia diagnosis per Medicare's new Special Supplemental Benefits for the Chronically Ill (SSBCI) policy.[8] Supplemental benefits are not simply a generalized resource, but can serve as a tool to address specific gaps or needs. Some supplemental benefits that HealthPartners offers to people with ADRD include:

- **Tablets (iPads):** Members use iPad apps specifically designed for people with ADRD in order to maintain cognitive status through brain games, exercise by doing light strength training, and learn about falls prevention methods. The iPads are also programmed with many caregiver support apps and tools, as well as a library featuring materials and tools developed by the Alzheimer's Association. In addition to providing iPads, HealthPartners also has made technical support and iPad user lessons available to help members use the tool.
- **Animatronic cats:** Animatronic cats can assist caregivers in supporting the mood regulation of individuals with ADRD, in addition to reducing stress and anxiety levels in this population.[9] Animatronic cats provide companionship to people with ADRD, and individuals are able to cuddle and pet the robotic animal.
- **Home modifications for falls prevention:** Home modifications, such as improved lighting or bathroom safety equipment, can help people with ADRD safely avoid fall hazards in their home and lower their risk of falling.
- **Caregiver supports**: HealthPartners offers caregiver training and education services, including caregiver coaching and counseling, family memory care services, and psychotherapy, as well as transportation to and from these services if needed.

4. Educating Care Coordinators about ADRD

[8] Centers for Medicare and Medicaid Services. (2020). *Implementing Supplemental Benefits for Chronically Ill Enrollees*. Retrieved from https://www.cms.gov/Medicare/Health-Plans/HealthPlansGenInfo/Downloads/Supplemental_Benefits_Chronically_Ill_HPMS_042419.pdf.

[9] Petersen, S., Houston, S., Qin, H., Tague, C., and Studley, J. (2016). The Utilization of Robotic Pets in Dementia Care. *Journal of Alzheimer's Disease*, *55*(2), 569-574. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5181659/.

In order to provide optimal service to members, HealthPartners provides ADRD-specific education for care coordinators. Mandatory educational sessions are held every month. These trainings focus on a wide variety of topics related to ADRD, such as:

- Clinical considerations related to ADRD, including the impact of ADRD on co-occurring conditions, disease progression, and optimal care practice
- Behavior management strategies, including stress management, activities for persons with ADRD, and the use of animatronic cats
- Challenges related to caregiving, including stress and isolation, respite opportunities, and accessing available services
- Advanced care planning, including education on early conversations with members and families related to advanced directives, documentation of hospice and palliative care wishes, and care goals
- Pharmacological management, including information on how care coordinators can best collaborate with pharmacy staff, medication management, and potential impact of medications on cognitive decline
- Cultural humility, including strategies for determining how cultural beliefs may impact service preferences, and how members and caregivers may prefer to be engaged by clinicians in regards to ADRD

In addition to attending trainings, care coordinators regularly participate in geriatrician-led case rounds where the complexities of assisting members with ADRD are discussed. During these case rounds, care coordinators have real-time access to the HealthPartners' Medical Director, who is able to share ADRD expertise for case consultations, as well as the HealthPartners' Director of Neuropsychology and staff from the HealthPartners Center for Aging and Memory Loss.

Key Takeaways and Strategies for Adapting to COVID-19

Health plans can reference the below table for key strategies for implementing and managing each of the four components of HealthPartners' dementia-friendly care model, as well as COVID-19-specific adaptations:

Component	Key Takeaways	COVID-19 Strategies
Identifying Members in Need of ADRD Support	• Analyze a variety of data sources (e.g., claims data, health risk assessments, and utilization reports) regularly to identify members with an ADRD diagnosis who may benefit from dementia-friendly services • Assess the needs of caregivers, and work with community-based organizations to offer supports and services	• Place special emphasis on identifying all new ADRD diagnoses, as members with ADRD may have new needs based on the impact of COVID-19 (e.g., reduced access to in-person supports and services)
Communicating with Members and Providers	• Promote the use of multiple communication methods between care coordinators, members, and families, including in-person meetings, phone calls, and video chat as appropriate • Advocate for care coordinators and providers to use the same medical	• Conduct initial assessments using video call • Rely on video and phone calls to communicate with members and families • Reduce care coordinator attendance at in-person appointments, and promote virtual communication between care coordinators and providers

Component	Key Takeaways	COVID-19 Strategies
	record system in order to stay up-to-date on the member's care • Encourage care coordinators to make in-person visits to facilities to connect with the member's care team • Focus on learning more about members' cultural beliefs and experiences with ADRD, and offer translated member material that prioritizes the most useful information and benefits unique to the member's needs	• Emphasize that care coordinators should stress to members that there are safe ways to see clinicians in-person if necessary, and that clinicians support in-person appointments if they are needed for members to stay current with their care • Learn more about members' cultural beliefs by conducting research or developing intentional partnerships with community organizations that offer cultural expertise; engage members and caregivers in this discussion virtually
Offering Supplemental Benefits	• Use supplemental benefits as a tool to address specific needs • Consider offering new or existing supplemental benefits that may be especially helpful for members with ADRD as a dementia-friendly package • Find and offer innovative solutions for member and caregiver needs (e.g., animatronic cats)	• Make new use of existing supplemental benefits to address evolving needs (e.g., encourage the use of iPads for video chats with care coordinators) • Explore the possibility of offering new benefits allowed under Medicare's SSBCI policy
Educating Care Coordinators about ADRD	• Provide consistent, ongoing education about ADRD diagnosis, treatment, and implications to care coordinators	• Offer remote education opportunities for care coordinators focused on evolving COVID-19 science, guidelines, and best practices • Train care coordinators on the importance of screenings, routine immunizations, and seasonal flu vaccinations that may have been missed due to COVID-19-related cancellations

Additional Resources

We invite you to learn more about ADRD and COVID-19 from the following resources:

Navigating COVID-19: Supporting Individuals with Dementia and their Caregivers

This webinar provides information on how COVID-19 presents in and affects people with ADRD, strategies for family and friend caregivers for supporting those with ADRD living at home during COVID-19, and opportunities for health care systems to meet the needs of people with ADRD diagnosed with COVID-19. A Q&A document is also available.

Supporting Family Caregivers of Older Adults Through Times of Stress and Isolation

This webinar offers strategies for supporting caregivers and their loved ones, up-to-date information on facilitating access to health and social supports from which caregivers might benefit, and practical tips for addressing the specific needs of caregivers experiencing social isolation and stress-related conditions. A Q&A document on the topic is also available.

Supporting Family Caregivers of Older Adults Through Times of Stress and Isolation: A Panel Discussion

In response to continued interested in supporting family caregivers through times of stress and isolation following the above webinar, Resources for Integrated Care hosted a panel discussion to provide additional information and answer audience questions from the webinar.

Supporting Family Caregivers of Older Adults Through Times of Stress and Isolation Resource Guide

This supplemental resource guide includes information about providing resources and supports to family and friend caregivers of older adults, particularly during times of stress and isolation.

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This spotlight is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to www.resourcesforintegratedcare.com. The list of resources in this guide is not exhaustive. Please submit feedback to RIC@lewin.com.