UCLA Alzheimer’s and Dementia Care: Comprehensive coordinated, patient-centered

David Geffen School of Medicine at UCLA
Director: David B. Reuben, MD
Medical Director: Zaldy S. Tan MD, MPH
Lead Dementia Care Manager: Leslie Evertson, GNP
Support/Disclaimer

- Opportunity CMS-1C1-12-0001 from Centers for Medicare and Medicaid Innovation (1C1CMS330982-01-00) (Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies)

- UCLA Claude Pepper Older Americans Independence Center funded by the National Institute on Aging (5P30AG028748)
What we will cover

• Background
• The UCLA Alzheimer’s and Dementia Care program
• First year findings
• Challenges
• The future
The Gray Plague

- Prevalence of dementia

<table>
<thead>
<tr>
<th>Age range</th>
<th>% affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-74</td>
<td>5%</td>
</tr>
<tr>
<td>75-84</td>
<td>15-25%</td>
</tr>
<tr>
<td>85 and older</td>
<td>36-50%</td>
</tr>
</tbody>
</table>

- 5.4 million Americans have Alzheimer’s
The Dementia Quality Problem

• Poor quality of care: 38-44% of ACOVE Quality Indicators met
  – Conducting a cog evaluation if pos screen (25%)
  – Checking medication to see if contributors (9%)
  – Providing caregiver support (29%)
  – Monitoring for Behavioral/Psychological sx (45%)

• Poor linkages to community-based Resources
The Consequences

• $130 billion in health care (2011)
• 3 times as many hospital stays
• Higher medical provider, nursing home, home health, and prescription drug costs
• 15 million caregivers provided 17 billion hours of care worth $203 billion (2010)
The UCLA Alzheimer’s and Dementia Care Program - Background

• Based, in part, on Indiana University program serving indigent population that:
  – reduced behavioral symptoms and caregiver stress by half at 12 months
  – reduced ED visits, hospitalizations, and 30-day readmission by almost half

• Lynchpin is Dementia Care Manager (NP) whose role is to tailor and facilitate the delivery components
The UCLA Alzheimer’s and Dementia Care Program

• Works with physicians to care for patients by
  – Conducting in-person needs assessments
  – Developing and implementing individualized dementia care plans
  – Monitoring response and revising as needed
  – Providing access 24/7, 365 days a year for assistance and advice

• Co-management model that does not take over total care of patient
Needs Assessment

- Pre-visit information (questionnaire and standardized patient/caregiver instruments)
- In-person visit (90 minutes) with Dementia Care Manager, family, and patient
- Needs and resources assessed
- Supervised by geriatrician Medical Director
- Care plan drafted and physician contacted for input and approval
What Patients and Families Get

• Counseling and education
• Linkage to UCLA programs (e.g., support groups, education)
• Linkage to community-based services
• All patients have ongoing follow-up at intervals determined by the care plan
• Usually first follow-up is within 1-2 weeks
What Physicians get

- E-mail with specific recommendations
  - Medical (physician can accept or decline)
  - Education and social services (DCM does)
- Detailed note in clinical record
- Coordination of care, including completing forms
- Phone call if there is a safety concern
- Periodic follow-up e-mail correspondence
Roles of Community-based Organizations

- Advisory and communication by serving on the Steering Committee
- Provision of services to patients and families (e.g., support groups, dementia care management, adult day health)
- Workforce development focusing on family and caregiver (e.g., Savvy Caregiver)
Access

- 24h/d access, 365 d/year for dementia-related issues
  - Daytime hours: Dementia Care Manager
  - Nights/weekends/holidays: Geri on-call
- Depending upon nature of the call, may refer to PCP coverage or manage and let the PCP know what was done
Monitoring

• All patients are seen at least yearly by Dementia Care Manager
• Most more frequently at intervals determined by the care plan
• Dementia Care Manager panel size = 250
Current Business Model

• Bill for Medicare services, co-payment to individual
• All other services free of charge
  – Care coordination with PCPs and CBOs
  – Telephone follow-up
  – Support groups
  – Education
• Ongoing philanthropy
First Year Findings (N=307)

• Mean age 81.9
• Gender: 63% female
• Diagnosis:
  – Alzheimer’s disease: 41%
  – Lewy-Body: 4%
  – Vascular: 7%
  – Other, mixed or unknown: 48%
• Mean MMSE score 16.4
• Caregiver: 40% spouse, 47% child
First 307 Patients: Services Provided

- Referral to support groups: 77%
- Caregiver training: 64%
- Referral to Safe Return program: 63%
- Referral to CBO: 57%
- Medication adjustment: 36%
- Recommend for additional eval: 32%
- POLST: 23%
Caregiver Findings

- 35% had received advice
- 19% knew how to access community services
- 32% felt confident handling dementia problems
- 79% felt patient's regular doctor understands how memory or behavior problems complicate other health conditions
- 28% agreed that they have a healthcare professional who helps them work through dementia problems
Challenges

- Software to serve the program
- Physicians and other providers
  - Communication/areas of responsibility
- Hot button issues
  - Driving/APS
- Engaging CBO to perform optimally
- Caregiver support and training
- Sustaining the program
Goals

• Full complement of staff: 4 Dementia Care Managers
• Full complement of patients/families: 1000 within 2 years
• Fully operational software
• Financially viable business model
• Medicare coverage for program
• Spread of program beyond UCLA
Recruiting Patients

- Referred spontaneously by physicians
- Identified from ICD-9 billing codes 290.0, 290.1, 290.2, 290.3, 290.4, 331.0 from EHR
- All must have referring physicians to whom recommendations can be conveyed
Planned Evaluation

• Better care including quality indicators and caregivers’ ratings of care
• Better outcomes including fewer behavioral symptoms, less caregiver stress/depression
• Lower health care utilization including ED visits and hospitalizations
• Reduced costs