# Slide 1

# Alzheimer’s Advisory Council

**Executive Office of Elder Affairs**

**Elizabeth Chen, Secretary**

**September 1, 2021**

**3:00 - 5:00 pm**

**Video Conference**

Slide 2

## Agenda

1. **Welcome, Meeting Logistics, Introductions (10 min)**
2. **Diagnosis & Services Navigation Workstream (50 min)**
3. Diagnosis Implementation Team (25 min)
4. Services Navigation Implementation Team (25 min)
5. **Council Member Roundtable: Updates & Discussion (35 min)**
6. **Closing Remarks and Final Roll Call (10 min)**

Slide 3

## Alzheimer’s Advisory Council

## Moving from Planning to Action, 2021

**Workstream: Diagnosis & Services Navigation**

**Implementation of Recommendations - Status and Discussion**

**September 1, 2021**

Workstream Leads

Representative Tricia Farley-Bouvier

James Wessler

Slide 4

# Implementation Team Members

**LEGEND: Blue - Diagnosis Implementation Team | Purple - Services Navigation Implementation Team**

Representative Tricia Farley-Bouvier

(Workstream Co-lead)

Council Member

James Wessler

(Workstream Co-lead)

Council Member

Chief Executive Officer, Alzheimer's Association,

MA/NH Chapter

and New England Regional Leader

Kathryn C. Burns, MHA

Chief Executive Officer

Greater Lynn Senior Services, Inc.

Hollis D. Day, MD, MS

Chief of Geriatric Medicine, Boston

Medical Center and Associate Professor of Medicine, Boston University School of Medicine

James Lavery

Council Member

Director, Bureau of Health Professions Licensure

Massachusetts Department of Public Health

Liz McCarthy

Health Systems Director

Alzheimer’s Association, New England Region

Ellen M McDonough

Former Director of Clinical Services

Elder Services of Cape Cod & the Islands

Nicole McGurin, MS, CDP

Family Services Director

Alzheimer's Association, MA/NH Chapter

Molly Purdue, PhD

Executive Director

Cape Cod Alzheimer's Family Support Center

Caitlin Roy

Options Counselor

Aging Services of North Central Massachusetts

Rebecca Starr, MD, AGSF

Medical Director, Geriatrics

Cooley Dickinson HealthCare

Karyn B. Wylie, MS, LSW

MA Aging & Disability Resource Consortia (ADRC) Coordinator

MA Executive Office of Elder Affairs

Hagen Yang, MD

Neurologist

Atrius Health

Braintree - Harvard Vanguard

Slide 5

## Diagnosis and Services Navigation

**As described by the Council in the Alzheimer’s State Plan:**

**Recommendation #1 (Diagnosis)**

Significantly increase the numbers of undiagnosed or cognitively impaired residents who are diagnosed with dementia and informed of their diagnosis

**Recommendation #2 (Services Navigation)**

Ensure that after a dementia diagnosis, individuals and their families have access to comprehensive information and care planning services

Slide 6

1. Diagnosis

**Recommendation #1 (Diagnosis)**

**Team Lead: James Wessler**

Significantly increase the numbers of undiagnosed or cognitively impaired residents who are diagnosed with dementia and informed of their diagnosis

Clinician Toolkit

* Available online
* Full complement of resources

Disclosure to Caregiver(s)

* Increase awareness of mandate

Practice Change in Primary Care

* Pilot implementation
* Measurement and evaluation

Slide 7

## Diagnosis Implementation Status

**Updates & Accomplishments**

* Clinician Toolkit: reviewed existing resources, including assessment tools for low-literacy/IDD populations
* Identified pilot in primary care as best method to evaluate practice change
* Collaborated with DPH to inform Health Systems of ACOP deadline extension to 10/1/2022

**Next Steps**

* Identify & recruit PCP practice(s) to implement change in diagnostic process
* Develop Clinician Toolkit, possibly collaborating with MHA for distribution
* Work with BORIM to drive adoption of diagnosis/treatment plan disclosure requirement

Slide 8

## Diagnosis

## Challenges and Solutions

**Challenges**

* Engaging BORIM
* Engaging MHA
* Pilot site recruitment

**Solutions**

* Initial meeting held with MHA
* Identified existing template for pilot recruitment
* Continue to seek engagement with BORIM

Slide 9

## Diagnosis

## Discussion (15 min)

**Questions**

* Are there examples of successful practice changes? How were those successes achieved?
* How can we measure adherence with diagnosis/treatment plan disclosure?

**Advice**

* With which organizations/stakeholders should we collaborate to distribute Clinical Toolkit?
* What resonates with Primary Care to change practice?nicity - Male

Slide 10

## 2. Services Navigation

**Recommendation #2 (Services Navigation)**

**Team Lead: Representative Tricia Farley-Bouvier**

Ensure that after a dementia diagnosis, individuals and their families have access to comprehensive information and care planning services

1. **Road Map**
2. **Dementia Care Coordination Program Expansion**
3. **PCP Interactions with Unsupported Individuals**

Slide 11

## Services Navigation Implementation Status

**I. Road Map**

**Updates and Accomplishments**

* Identified two-page document entitled, “Next Steps After an Alzheimer’s Diagnosis” (<https://www.nia.nih.gov/sites/default/files/2020-09/next-steps-after-alzheimers-diagnosis.pdf>) from the National Institute on Aging (NIA) of the National Institutes of Health (NIH)

**Next Steps**

* Interview PCPs to determine the most helpful information in a road map
* Determine how to best make the “Next Steps” document available to PCPs
* Determine how to integrate local resources
* Explore placing dementia information and links on electronic medical records (EMRs)

Slide 12

II. Dementia Care Coordination Program Expansion

**Dementia Care Coordination Process**

1. Health System obtains verbal consent from the caregiver
2. Health System sends referral to Alzheimer’s Association by secure fax or email
3. Alzheimer’s Association trained clinical staff contacts the caregiver and schedules a care consultation
4. Care Consultation reviews safety, communications, behavior community resources, legal/financial concerns, and other topics
5. After the call, an individualized Care Plan is sent to caregiver
6. Summary of Care Plan is sent to Health System referral source for inclusion in permanent medical record
7. Trained clinical staff makes follow up call to caregiver
8. Caregivers are encouraged to call our 24/7 Helpline at 800.272.3900 for ongoing support and can be referred again at any time

Slide 13

## Services Navigation Implementation Status

**II. Dementia Care Coordination Program Expansion**

**Updates and Accomplishments**

* 23 referring partners
* 1,739 referrals in FY 2021; more than 12,000 referrals since the start of the program in 2014
* Final year of 4-year program evaluation providing outcomes for providers and caregivers and recommendations for program improvement

**Next Steps**

* Expand funding to increase capacity of the program
* Add new referring partners with focus on underserved populations
* Implement program improvements from the evaluation

Slide 14

## Services Navigation Challenges and Solutions

**Challenges**

* Being able to engage with PCPs because of their tight schedules
* Balancing the need for information about local resources with information from statewide and national organizations
* Having printed information for PCPs that will be changing
* Time constraints delayed work on our third recommendation - to identify best practices in addressing the needs of unaccompanied or unsupported individuals diagnosed with dementia

**Solutions/Potential Strategies**

* Team members will have individual conversations with PCPs
* Direct people to Alzheimer’s Association and MassOptions
* Create a digital version of “next steps after diagnosis” document with links to local resources

Slide 15

## Services Navigation Discussion (15 min)

**Questions**

1. How can we best reach PCPs?
2. Do you know of any best practices or guidance for providers around addressing the needs of unaccompanied and/or unsupported individuals diagnosed with dementia?

Slide 16

Council Member Roundtable (35 min)

**Updates & Discussion**

1. **Quality of Care** (M. Brennan & L. Pellegrini)
2. **Caregiver Support & Public Awareness** (B. Meehan & H. Montesino)
3. **Physical Infrastructure** (E. Chen)
4. **Research** (E. Chen for A. Budson in absentia)
5. **Public Health Infrastructure** (J. Dave and J. Lavery)
6. **Equitable Access & Care Workstream: Equity & Inclusion Consultancy** (E. Chen for J. Jackson in absentia)

Slide 17

Next Steps

**Next Council Meeting – December 7, 2021, 3:00 to 5:00 pm**

1. Presentation and Discussion on the Physical Infrastructure Workstream
2. Council Member Roundtable: Updates & Discussion