## Honoring Elders and Preventing Culture Loss Through Dementia Care at Home



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Norton Sound Health Corporation Nome, Alaska 2023-2025 Indian Health Services Dementia Grant Awardee

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## **Patient Support Services**

- Medical Social Work
- Patient Lodging
- In-Home Programs
- Translators
- Volunteer Chaplains



Norton Sound Health Corporation Patient Support Services 2024

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# Our discussion for today:

Our goal: Honoring Elders and Preventing Culture Loss Through Dementia Care at Home

- · Where we live
- Who we serve
- NSHC clinical services, including our In-Home programs
- I.H.S. Dementia Grant funded efforts
- Unique challenges and possible solutions





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## Norton Sound/Bering Straits Region

- The region equates in size to the state of West Virginia
- Regional population is 10,046 (2020 census)
- The Bering Straits region is circled in the graph below



https://home.nps.gov/locations/alaska/what-we-do.htm

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## Norton Sound/Bering Straits Region

- Our region includes 15 villages (ranging from 90-835 residents) in addition to the hub city of Nome (3,700).
- The villages are accessible by flight (~35 min-1.5 hours), boat, or snowmachine.



https://beringstraits.com/history-region/

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## Our People



https://www.uaf.edu/anla/collections/map/

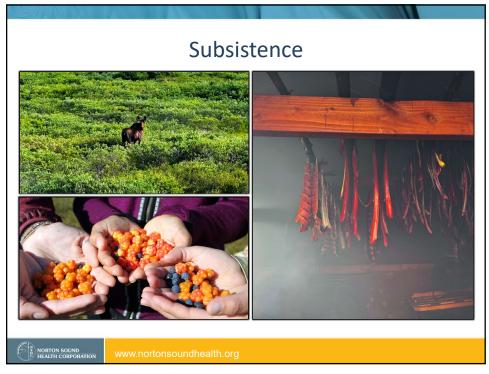
- 3 Alaska Native cultures in the region: Iñupiaq, Central Yup'ik, St Lawrence Island Yupik
- 20 sovereign tribal governments
- Our regional population is 74.7 % Alaska Native (per 2020 Census)



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# **NSHC** Mission/Vision

Mission: Providing quality health services and promoting wellness within our people and environment.

#### Core Values:

- Integrity
- Cultural Sensitivity and respect for traditional values
- · Always learning and improving
- Compassion
- Teamwork
- Pride

Our Vision is Excellence in Tribal Health: Our people are thriving in mind, body, and spirit.





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### Governance and Board

- The NSHC Board is a consumer-directed Board with each of the 20 tribal entities of the region choosing their own representative to the Board. In this way, our patients have a direct say in what clinical care and additional services are provided.
- NSHC is a member of the Alaska Native Tribal Health Consortium of 229 tribes.







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### Norton Sound Health Corporation

- NSHC provides all primary, emergency, and acute inpatient care for region
- Critical Access Hospital of 18 Acute Care beds, including a Swing Bed program (1046 admissions in FY23)
- Primary Care services (16,592 appointments in FY23)
- Emergency Department / Level IV Trauma Center (6313 encounters in FY23)
- Weekly Specialty clinics with providers from Alaska Native Medical Center
- Additional services: Audiology, Optometry, Rehabilitation services (PT, OT, SLP), Dental, Pharmacy, Lab
- Long Term Care (18 beds, expanding to 30)
- Emergency Medical Services, including Air Ambulance



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## Village Clinics

- 2 sub-regional clinics
  - Pharmacy
  - Radiology
- 13 regional village clinics
- 28,590 patient clinic visits in FY23





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# Village Health Services

- Advanced Practice Providers
- Community Health Aides
- Dental Health Aides
- Village Based Counselors
- Clinic Travel Clerks
- HAT Training



Native Village of Koyuk, photo courtesy of Alicia Reitz



St Michael Community Health Aides

 Itinerant Physicians, Mental Health Therapists, and Ancillary services

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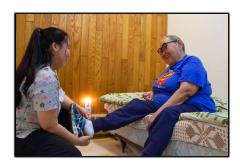
### **Current services**

#### **Patient Support Services:**

- Medical Social Work
- Patient Lodging (13,400 bed nights in FY23)
- Interpretation services

#### Home-based services:

- Personal Care Services
- Medicaid Waiver programs for patients with developmental disabilities and elders
- Conflict-Free Care Coordination





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## Social Services support



#### Assist with:

- Complex discharge planning
- · Advanced Care planning
- · Care placements
- Interpersonal and family violence
- Legal representation
- Food/housing insecurity
- Financial assistance
- Bereavement

#### FY23:

- 1329 patients served
- 6828 patient encounters

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### In-Home Care Coordination

- Home and Community-Based Medicaid Waiver case management
- D.D. mini grants (funded by Alaska Mental Health Trust Authority)
- Level of Care eligibility for Assisted Living Home/Nursing Home Placement
- FY23: 674 patient encounters





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## In-Home Support Program

- Home and Community-Based Medicaid Waiver direct support services
- Personal Care Services (funded by Medicaid)
- Dementia Grant (funded by IHS)
- Bridge Funded Services (funded by Board through general NSHC funds)
- FY23: 2674 home visits



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### I.H.S. Dementia Grant Awardee FY 2023-2025



#### Our Goal:

- Honoring Elders and Preventing Culture Loss Through Dementia Care at Home
- The grant supports elders to live in their community of choice and their caregivers, through five drivers of care.

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# 1. Increase Awareness and Recognition of Dementia

- · Health Fairs in every regional village
- Media Publications:
  - Quarterly newsletter to every post office box
  - Radio PSAs
- Inupiag Translation of 10 Warning Signs
- Training opportunities for Community Health Aides on recognizing dementia





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### 1. Increase Awareness and Recognition of Dementia

#### Problems:

- · Organizing community events
- Providing information to elders in their primary language



#### Solution:

- Partnering with the senior center and senior housing to offer in-person events at elder congregate locations
- Native language radio series of elders presenting resources for brain health and caregiving

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## 2. Make an Accurate and Timely Diagnosis

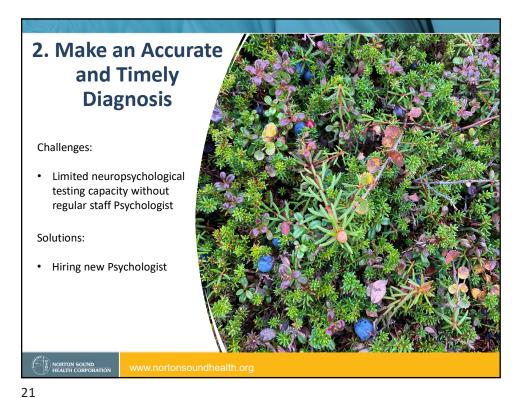
- Dementia MDT team facilitated implementation of standardized screening tools
- Team utilized Population Health tracking tool and in-house referrals to make recommendations for provider follow-up for screening/diagnosing
- Quality/EHR has provided education on how to optimize ICD codes and improved charting practices
- Provider Education: Dr. Bruce Finke presented to medical staff January 2024; continuing guidance to medical staff from physician champion Dr. Ryan McClaine
- 2024 Primary Care HRSA Goal of increased dementia screening

Grant Year 1: 1.1% of our Alaska Native regional patients have a diagnosis of dementia



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# 3. Provide an Interdisciplinary Assessment to Identify Need for Services and a Plan of Care

- Dementia MDT meets monthly to review 4 patients and make recommendations for follow-up referrals, imaging, lab work, therapies, and other ancillary services.
- Team members include: Physician Champion, Primary Care Provider, ancillary services, Village clinics, and Patient Support
- Dementia MDT also discusses improvements to standard clinical and departmental processes



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# 3. Provide an Interdisciplinary Assessment to Identify Need for Services and a Plan of Care

#### Challenges:

#### Solution:

- Need for home-based assessments
- Itinerate providers have increased home visits
- · Increase telehealth services at home
- Limited access to services
- Swing bed admission for evaluation and respite
- IHS and Medicaid funded travel and lodging
- Reimbursement for provider assessments
- Implement billing for multidisciplinary assessments



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# 4. Provide comprehensive, person-centered Management and Referral to meet needs



- MDT recommendations are sent to primary care providers and RN care coordination and added to E.H.R.
- Created pathway for Home-based support referrals to be made in E.H.R.
- Provided coordinated supportive services to families
- Two thirds of diagnosed patients received a clinical care encounter during the grant year



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# 4. Provide comprehensive, person-centered Management and Referral to meet needs

#### Challenges:

 Rotating providers and turn over in staff limits consistency in patient contact and follow up

#### Solution:

- Created standardized Order Set for EHR recommending imaging, labs, and medication review
- Still exploring solutions for more coordinated follow up across our continuum of care
- Standardized EHR includes village clinics and tertiary care at ANMC





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## **5. Support Caregivers**

- Social Services, In-Home Care Coordination, and Patient Benefits provide support with:
  - Legal representation
  - Medicare/Medicaid enrollment
  - State and federal benefits such as Social Security
  - Advanced Directives and estate planning
  - Assisted Living Home/Long Term Care placements
  - Connection to caregiver resources
- In-Home Programs provides hourly respite, paid caregiver supports, staff training opportunities, and RN care coordination

#### Grant Year 1:

- 175+ hours of respite through grant
- Additional 1,500+ hours through other payer sources

#### Impact:

Prevent out of community placements and culture loss

"My house is a home again"

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## **5. Support Caregivers**



#### Challenges:

- Lack of in-region caregiver training and peer support
- Environmental supports and home modifications
- Barriers to employment, lack of eligible respite staff

#### Solutions:

- Develop a caregiver support program
- Find funding sources and contractors
- Workforce development

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## Strengths of our region

- Communities watch out for their elders and others
- Honoring Elders
- Family caregivers
- Sharing resources
- Subsistence (proxy hunting)
- Elder lunches at schools
- Multigenerational housing
- Inter-regional collaboration
- Educational support (CNA, PCA, Nursing)



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## Unique needs and challenges of the region

- Remoteness
- Weather
- High cost of shipping/supplies
- Lack of Housing
  - Environmental modifications are difficult to arrange, and there is a lack of housing contractors
- Transportation
  - High cost of airfare to/from/within the region
  - Alternative vehicles (ATVs, snowmobiles)
- 5 villages do not have running water/sewer
- · Work force shortage
- · Access to patient/staff training
- Few paid caregiver support systems

Need for chore services:

- Hauling water
- Hauling trash
- "Honey bucket" disposal
- Hauling Fuel
- Snow removal
- Chopping wood

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# 10 Year Vision For Honoring Elders and Preventing Culture Loss Through Dementia Care at Home

- Standardized dementia care in all clinical settings
- · Increased capacity for cognitive testing
- Helping the region see the value of early recognition and diagnosis for early intervention and supports
- Follow up case management
- Home safety assessments/environmental modifications

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