



1

## Objectives

- Health System Assessment Readiness – What does it mean?
- The Alzheimer's Association approach to support
- Data to help address current state
- Other factors to consider

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# Assessment + Readiness

Health system readiness is the ability of a health system to *promptly* and *sustainably* adapt its policies, infrastructure and processes to support the integration of innovative approaches to care.

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## Goals: Alzheimer's Association's Health Systems Initiative

- To understand the needs of clinicians so we can help them meet the complex care needs of individuals and families
- To support clinicians with strategies and solutions that can ensure quality care for people living with dementia

**Diagnostic and Management Tools**

The Alzheimer's Association has partnered with government and professional organizations to develop several physician guidelines and recommendations that can help you care for your patients with dementia.

[View Guidelines](#)

**Cognitive Assessment**  
[Learn More](#)

**Dementia Diagnosis**  
[Learn More](#)

**Management**  
[Learn More](#)

**Care Planning**  
[Learn More](#)

**For Your Patients and Caregivers**

The Alzheimer's Association offers a variety of resources that can help your patients and caregivers cope and live with a dementia diagnosis. Share these resources with them when they visit.

[See All Resources](#)

**I Have Alzheimer's**  
The right information and resources can empower those with Alzheimer's.  
[Learn More](#)

**Caregiving**  
Caregivers face special challenges. Our resources can help at every stage.  
[Learn More](#)

**Downloadable Resources**

**Clinical Trials Recruiting**  
[Learn More](#)

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<p><b>KNOWLEDGE</b></p> <p>Primary care providers don't know what to do before and after diagnosis.</p>	<p><b>INCENTIVES</b></p> <p>Disease is not a priority, and providers are not adequately reimbursed to address it.</p>
<p><b>CAPACITY</b></p> <p>No time in the model for in-depth interaction to diagnose early</p>	<p><b>MINDSET</b></p> <p>Belief that it's a disease of "medical futility," difficult to diagnose and doesn't change treatment</p>

**Source: Alzheimer's Association health care market research, 2017-2018**

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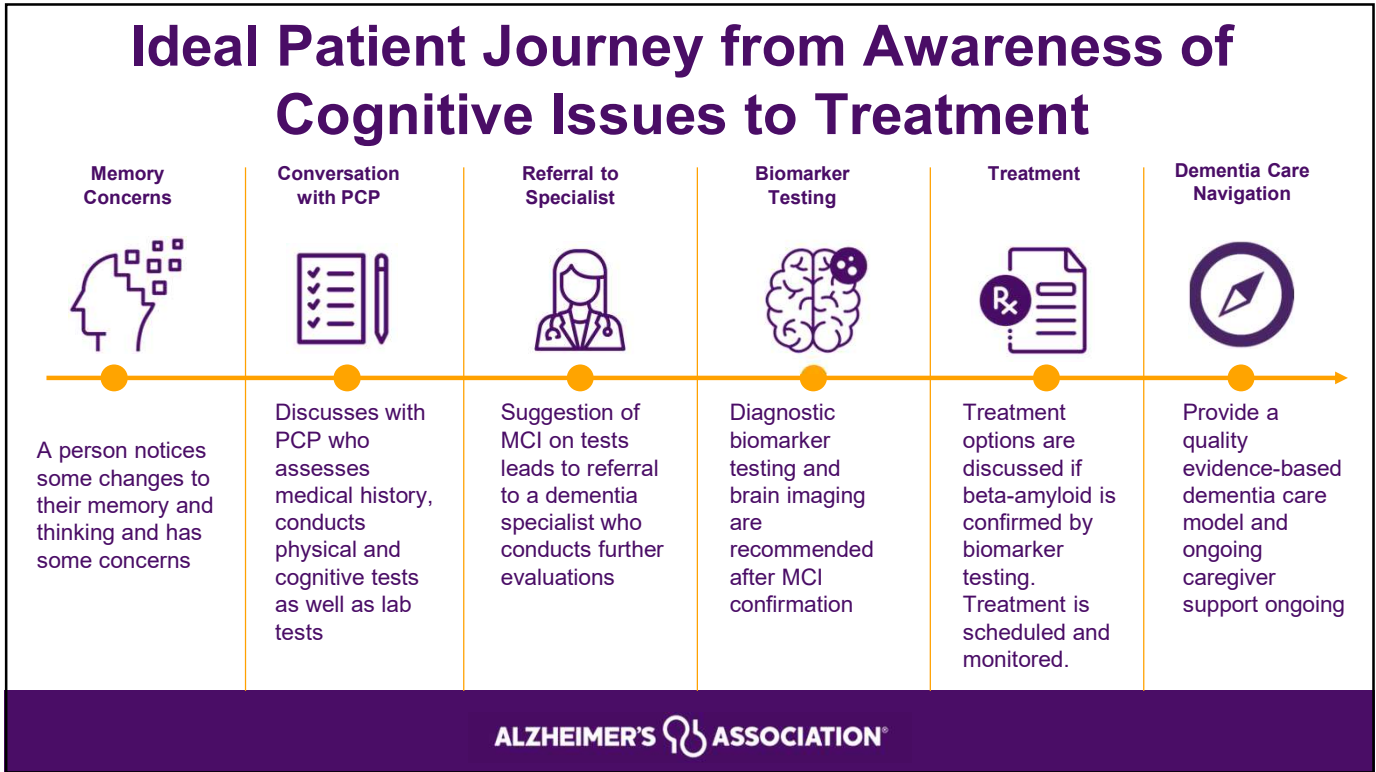


**Health Systems Directors**

As subject-matter experts, HSDs will work with your health system to identify areas of opportunity by performing a gap analysis across the continuum of care and utilizing Quality Improvement (QI) best practices.

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# Health System Readiness: Key Factors

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## Clinical Readiness

- Staff capacity
- Training considerations
- Willingness to adapt to new protocols and/or processes

## Operational Readiness

- Infrastructure
- Resources
- Leadership buy-in, commitment

## Technological Readiness

- Data Management
- EHR support
- Interoperability

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## Assessing Readiness: Framework & Tools

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## Framework & Tools

- SWOT Analysis, ORC Assessment, PEST Analysis
- Supporting guidance and framework from partner organizations: WHO, CDC, IHI, other evidence-based care models, Alzheimer's Association

**BENJAMIN  
ROSE**  
Let's rethink aging.

  
Indiana University Health

  
U.S. CENTERS FOR DISEASE  
CONTROL AND PREVENTION

  
Alzheimer's and Dementia Care  
PROGRAM

  
Institute for  
Healthcare  
Improvement  
  
  
Age-Friendly  
Health Systems

  
**ACEP Geriatric**  
Emergency Department Accreditation

  
UCSF

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## Alzheimer's Association Technical Support

- Identify key champions
- Establish current state baseline using data
- Help create ideal state/outcomes
- Inform the plan

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# Identifying Current State

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## General Dementia Data Sets

Data Element	Criteria to review	Key Considerations
Review of patients served?	<b>Review of Patient Demographic Information</b> <ul style="list-style-type: none"> <li>• Number of Patients 65+</li> <li>• Gender and Ethnicity</li> <li>• Marital Status/Living Situation</li> </ul>	<ul style="list-style-type: none"> <li>• Age is the greatest risk factor for dementia</li> <li>• ¾ of people living with dementia are women</li> <li>• Social isolation was associated with about a 50% percent increased risk of dementia<sup>4</sup></li> </ul>
How many of our patients (65+) are living with dementia?	<b>Diagnostic/ procedural codes for dementia (ICD-10)</b> <ul style="list-style-type: none"> <li>• G31.84 –Mild Cognitive Impairment</li> <li>• G30.0 – Alzheimer's disease with early onset</li> <li>• G30.1 – Alzheimer's disease with late onset</li> <li>• G30.9 – Other Alzheimer's disease</li> <li>• G30.9 – Alzheimer's disease, unspecified</li> <li>• G31.83 - Dementia with Lewy bodies*</li> <li>• G31.09 - Frontotemporal dementia *</li> <li>• F05.X - Delirium due to known physiological condition</li> <li>• F03.90 – Unspecified Dementia without Behavioral Disturbance.</li> <li>• F01.50 - Vascular dementia without behavioral disturbances</li> <li>• R41.81- Age related cognitive decline</li> </ul>	<ul style="list-style-type: none"> <li>• ½ of people living with dementia do not have a diagnosis</li> <li>• Highest risk factor for dementia is age (65+)</li> <li>• An estimated 11% of people 65+ and 32% of 85+ have dementia</li> <li>• ¾ of people living with dementia are women</li> </ul>

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## General Dementia Data Sets Cont.

Data Element	Criteria to review	Key Considerations
Of those impacted by dementia, how many are manifesting behavioral health symptoms?	<b>Diagnostic/ procedural codes for dementia with behavioral issues (ICD-10)</b> <ul style="list-style-type: none"> <li>G31.83 - Dementia with Lewy bodies</li> <li>G31.09 - Frontotemporal dementia</li> <li>F03.91 unspecified dementia with behavioral disturbances</li> <li>F01.51 - Vascular dementia with behavioral disturbances</li> <li>F02.80 dementia in other diseases classified elsewhere with behavioral disturbances</li> <li>F02.81 dementia in other diseases classified elsewhere with behavioral disturbances</li> <li>F10.96- Wernicke-Korsakoff syndrome or psychosis</li> <li>A81.00 - Creutzfeldt-Jakob disease unspecified</li> <li>G31.01- Pick's Disease</li> <li>F10.27- Alcohol dependence with alcohol-induced persisting dementia</li> <li>F10.97- Alcohol use, unspecified with alcohol-induced dementia</li> </ul>	<ul style="list-style-type: none"> <li>Psychological symptoms and behavioral abnormalities in dementia are common such as depression, anxiety psychosis, agitation, aggression, disinhibition, and sleep disturbances.</li> <li>Approximately 30% to 90% of patients with dementia suffer from behavioral or psychiatric symptoms.</li> <li>Nearly all community-dwelling elderly individuals with dementia will develop psychiatric symptoms within 5 years<sup>1</sup></li> <li>Behavioral issues in dementia patients can increase caregiver burden.</li> </ul>

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## General Dementia Data Sets Cont.

Data Element	Criteria to review	Key Considerations
How many patients are prescribed dementia-related medications? Of these, how many have the diagnosis?	<b>Medications prescribed for Alzheimer's disease</b> Donepezil (Aricept) all stages of Alzheimer's disease. Galantamine (Razadyne) mild-to-moderate Rivastigmine (Exelon) mild-to-moderate Alzheimer's as well as mild to moderate dementia associated with Parkinson's disease. Memantine (Namenda) and a combination of memantine and donepezil (Namzaric®) moderate to severe Alzheimer's.	<ul style="list-style-type: none"> <li>½ of people diagnosed with dementia are unaware of the diagnosis</li> <li>Alzheimer's drugs do not change the progression of the illness</li> <li>Non-pharmacological options are the first line of treatment to manage BPSD (behavioral and psychological symptoms of dementia)</li> </ul>
How many dementia patients are receiving psychiatric medications?	<ul style="list-style-type: none"> <li><b>What common psychiatric medications are your providers prescribing for your dementia patients?</b></li> </ul>	<ul style="list-style-type: none"> <li>½ of people diagnosed with dementia are unaware of the diagnosis</li> <li>Differential diagnosis between dementia and other neuropsychiatric disorders should always include assessments for depression, <i>delirium</i>, and use of psychoactive substances, as well as investigate the use of benzodiazepines, anti-epileptics and pattern of alcohol consumption.<sup>3</sup></li> </ul>

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## Data Analysis of Acute or Behavioral Health

Key Performance Area	Measure	Source	Benefit
Diagnosing ADRD	<ul style="list-style-type: none"> <li>Total number of patients 65+</li> <li>% of 65+ Population documented with diagnoses Alzheimer's disease and related dementias (ADRD)</li> <li>% of patients who were diagnosed with ADRD at admission vs. discharge</li> </ul>	Electronic Health Record	<ul style="list-style-type: none"> <li>Understand relative size of ADRD population to system</li> <li>Diagnose more and earlier-stage ADRD</li> <li>Identify gaps in diagnostic process and enhance coordination with primary care</li> </ul>
Behavioral Health (BH) Care Transitions	<ul style="list-style-type: none"> <li>% of 65+ behavioral health admissions from the Emergency Department</li> <li>% 65+ ED admission with and without dementia</li> <li>% of admissions through ED to BH from Long Term Care (LTC) or Skilled Nursing Facilities (SNF)</li> </ul>	Electronic Health Record	<ul style="list-style-type: none"> <li>Enhance patient experiences</li> <li>Decrease unnecessary admission the Emergency Department</li> </ul>
Care Transitions - Inpatient ALOS	ALOS of 65+ ADRD Pop vs. 65+ Non-ADRD Pop <ul style="list-style-type: none"> <li>Total System</li> <li>By System Hospital</li> <li>By MS-DRG</li> </ul>	Electronic Health Record	<ul style="list-style-type: none"> <li>Identify opportunities to right-size and improve ALOS</li> </ul>
30-day Readmission Rate	30-day Readmission Rate <ul style="list-style-type: none"> <li>In Total by System Hospital</li> <li>Comparing ADRD Population vs Non-ADRD               <ul style="list-style-type: none"> <li>By Hospital or Behavioral Health Facility</li> <li>By Hospital and MS-DRG</li> <li>Readmission from LTC-SNFs</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>CMS PUF</li> <li>QIO Partner</li> </ul>	<ul style="list-style-type: none"> <li>Identify opportunities to right-size and improve 30-day readmissions</li> </ul>
Hospital-acquired Conditions	Rate of Hospital-acquired Conditions (Falls, Pressure Injuries, Pneumonia, UTI) <ul style="list-style-type: none"> <li>In Total by System Hospital</li> <li>Comparing ADRD Population vs Non-ADRD               <ul style="list-style-type: none"> <li>By Hospital</li> <li>By Hospital and MS-DRG</li> </ul> </li> </ul>	Electronic Health Record	<ul style="list-style-type: none"> <li>Reduce HACs and improve LOS</li> </ul>
Emergency Department ALOS	ED LOS of 65+ ADRD Pop vs. 65+ Non-ADRD Pop <ul style="list-style-type: none"> <li>Total System</li> <li>By System Hospital</li> </ul>	Electronic Health Record	<ul style="list-style-type: none"> <li>Reduce delays in treatment, potential avoidable readmissions</li> </ul>

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## Additional Prevalence Rate Questions

- What is the prevalence of patients with ADRD by the presence of coexisting chronic disease (COPD, Diabetes, HF) & ADRD
- Falls
  - Overall: Total with falls, ADRD/Total with ADRD

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# Create Ideal/Future State

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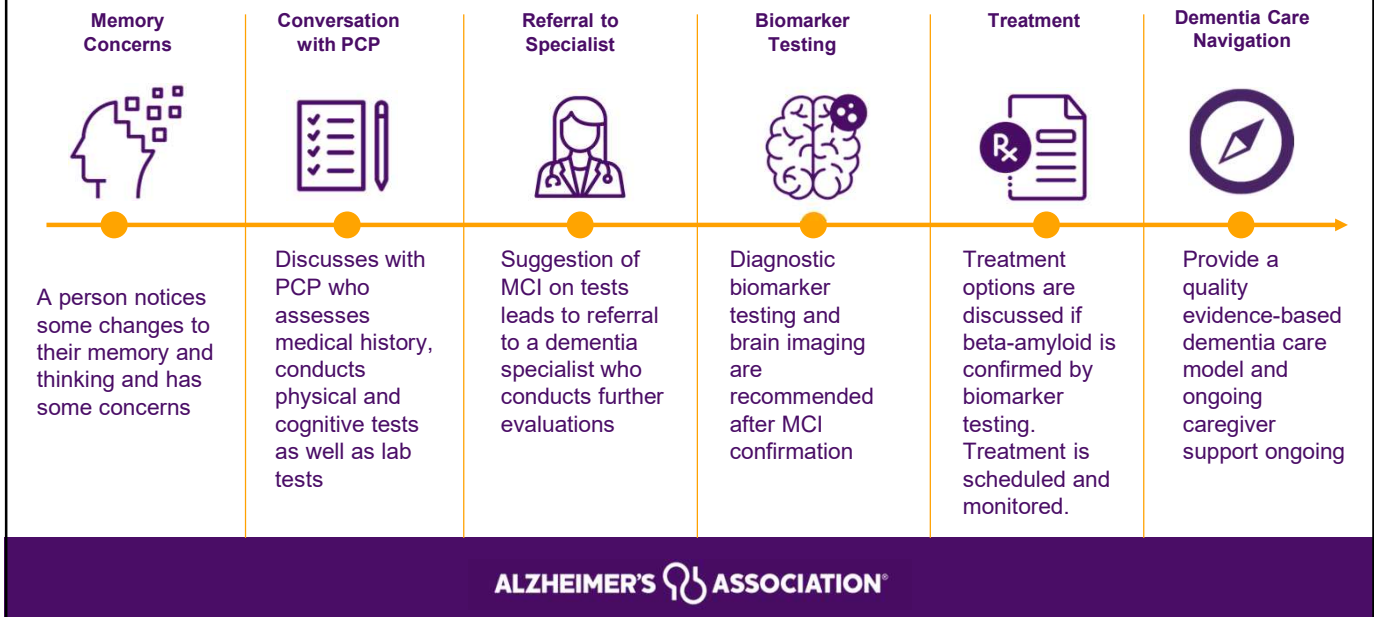
## Define the vision

- What does success look like?
- How will this align with other metrics/goals?
- What are the best possible outcomes in patient care along the dementia care continuum?

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## Ideal Patient Journey from Awareness of Cognitive Issues to Treatment and Care



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## Conduct Gap Analysis

- What gaps exist between current state and ideal state?
- What is going well?
- What are the barriers?

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# Develop the Plan

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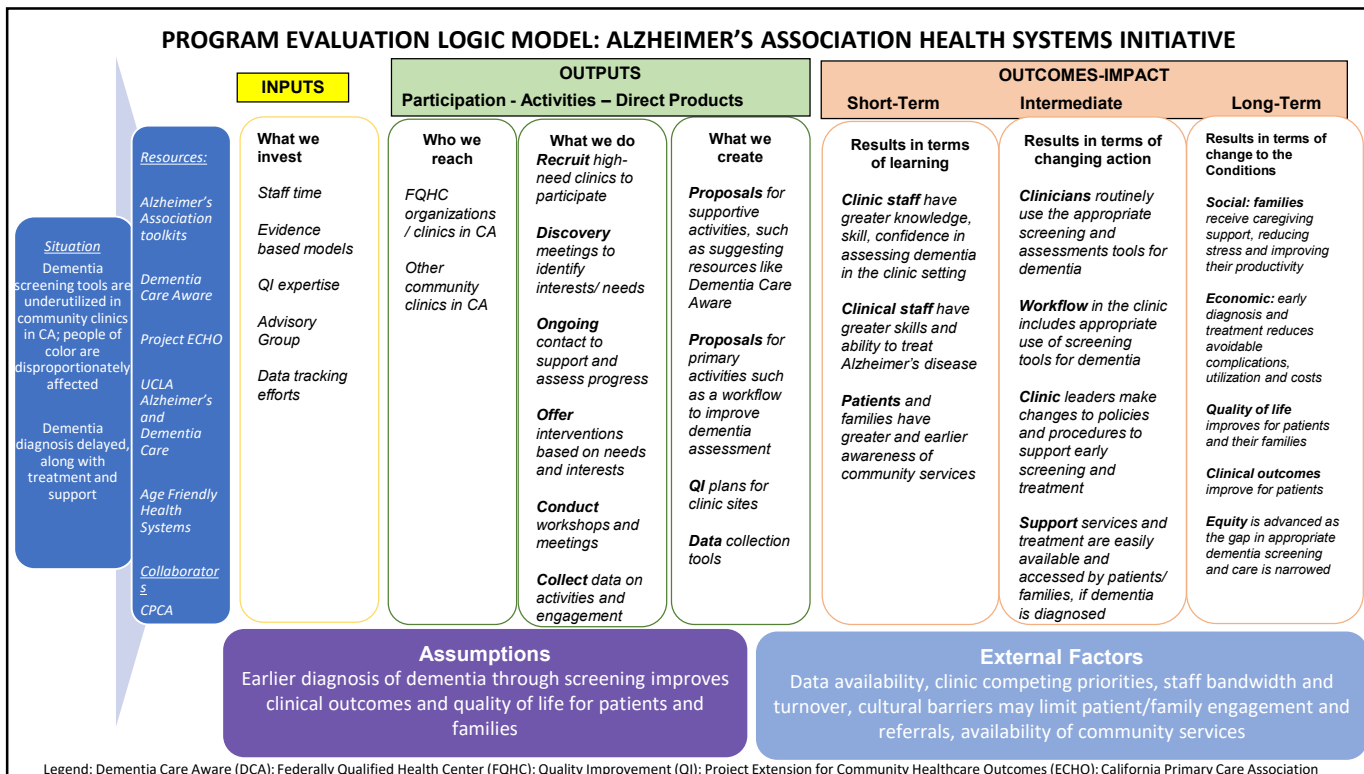
## Building the Roadmap

- Prioritize interventions
- Create specific action steps
- Assign responsibility
- Set measurable goals
- Measure progress and continuously improve




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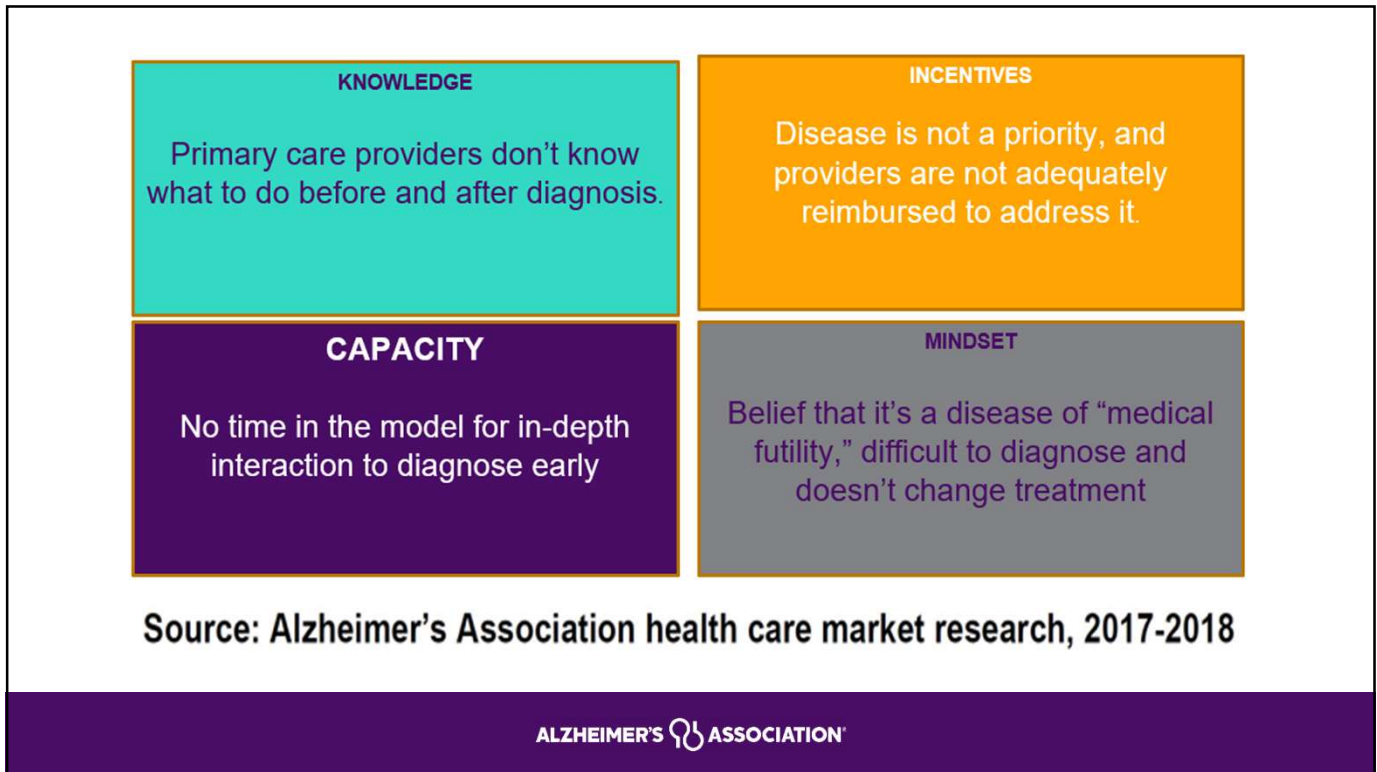
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# Common Challenges & Solutions



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## Tips, Tools and What Else You Need to Know

- If this was easy, it would be done
- Highlight the impact of cognitive impairment on comorbidities
- Quality vs. Quantity
- No is usually not now or not in that way
- Align with current priorities and connect with dementia
- Screening is just the first step
- Marathon not a sprint
- If this was easy, it would be done
- Share and celebrate success



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# More Tools & Resources

### DEMENTIA CARE NAVIGATION

PLANNING CONSIDERATIONS TO BUILD A QUALITY DEMENTIA CARE MODEL

More than 6 million Americans are living with Alzheimer's. By 2050, this number is projected to rise to nearly 13 million. About 1 in 8 people age 65 and older (15.7%) has Alzheimer's, but despite the high prevalence of Alzheimer's, many people living with dementia are not receiving consistent, high-quality, high-value care. Implementation of evidence-informed dementia care practices can solve this by reducing unnecessary emergency department visits, hospital readmissions, and help to prevent or delay long-term nursing home stays.

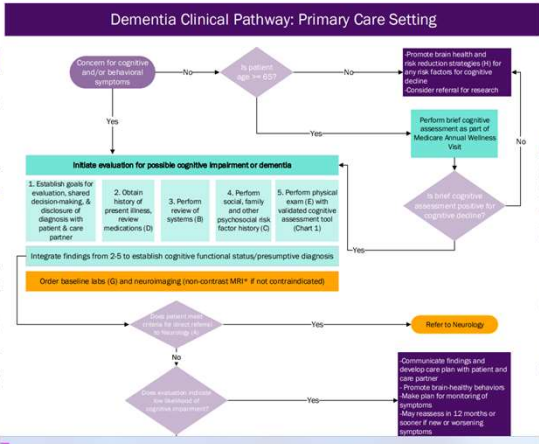
The Alzheimer's Association is committed to working with you to offer our expertise and innovative approaches to choose the best path forward for your organization to deliver comprehensive dementia care to the communities you serve. To support the decision-making process, here are some considerations to discuss with your team.

**Assess your organization's READINESS to deliver a comprehensive dementia care model**

1. Does your organization have a champion to replicate, adopt or oversee outsourcing a dementia care model?
  - If not, is there someone you can identify with this expertise?
2. Does this initiative have leadership support?
  - Is this initiative intended to be cost-saving, cost neutral, etc. over the long term?
3. What financial resources may be required for implementation?
  - Can community partners fill those needs?
4. What other infrastructure may be necessary to support implementation?
  - Can you identify other existing staff that may complement the dementia care team?

**Decide what PROGRAM CHARACTERISTICS are the right fit for your organization**

1. What existing dementia care team resources do you have? This may include:
  - referral pathways, other processes
2. Can you identify other existing staff that may complement the dementia care team?
3. What dementia supports and services already exist in your community?
4. What care gaps do you see that would be an opportunity for your organization to address?
  - Can you replicate, adopt or outsource a care model?



### DEMENTIA TREATMENT READINESS CHECKLIST

This checklist is designed to serve as a resource for health systems, hospitals, and clinics to assess their overall readiness to administer emerging drug treatments targeting MCI and mild Alzheimer's disease.

The resources provided are not a comprehensive list of all resources available nor are they an endorsement from the Alzheimer's Association. It is the responsibility of each organization to evaluate the validity of individual tools and appropriate use for treatment.

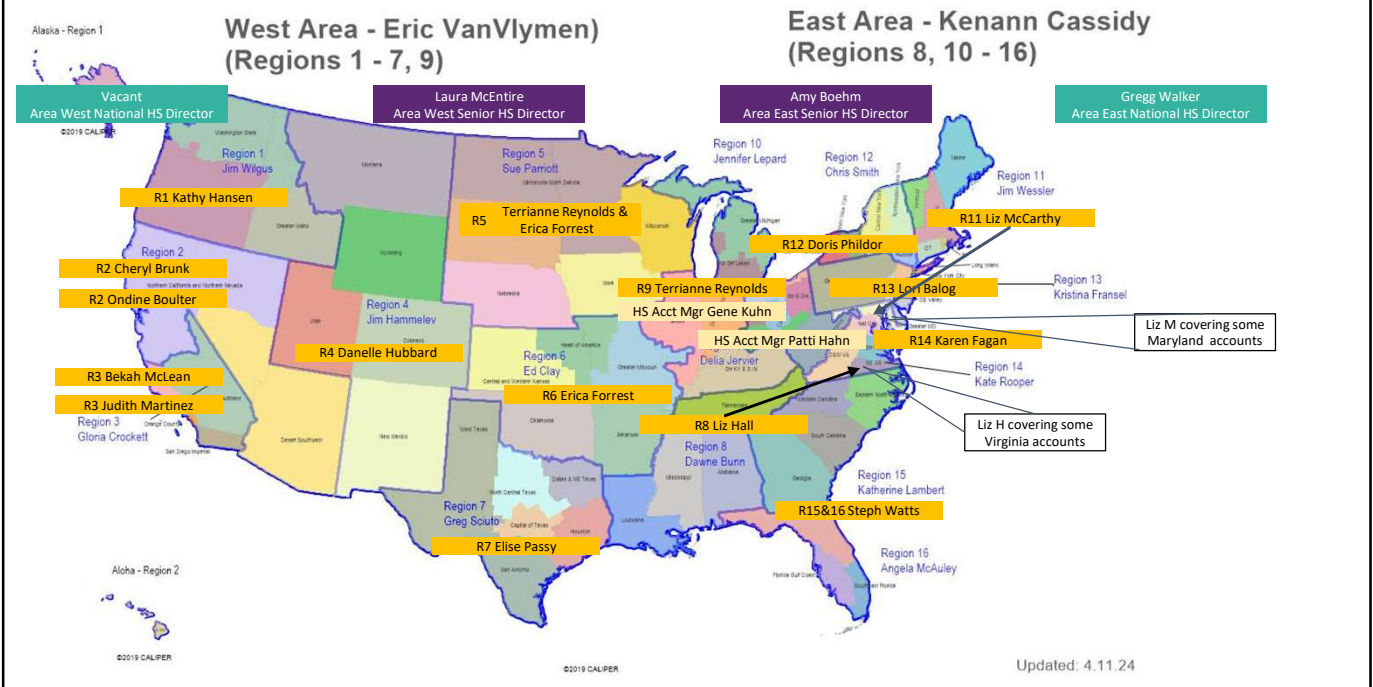
#### Screening & Initial Workup

Activity	In Progress	Not Started
1. Implement a dementia screening process in primary care with validated cognitive and functional assessment tools. <ul style="list-style-type: none"> <li>1.1 Assess primary care screening rates compared to the national average.</li> <li>1.2 Build infrastructure for effective outreach with standardized communication to improve rates.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
2. Determine imaging prior authorization process for initial workups. <ul style="list-style-type: none"> <li>2.1 Assess drop rates of scheduling MRIs and subsequent MRI authorization.</li> <li>2.2 Establish process for PET scan prior authorization.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
3. Establish a referral pathway for an advanced workup. <ul style="list-style-type: none"> <li>3.1 Establish a referral pathway for an advanced workup.</li> <li>3.2 Establish a referral pathway for an advanced workup.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

For quality care, at-risk individuals should be identified as early in the disease course as possible. Care individuals with possible prefrontal impairment are identified through basic screening in primary care, an advanced workup including brain imaging and their cognitive assessment may be needed.

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## Health Systems Directors



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**THANK  
YOU**