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

ALZHEIMER'S ASSOCIATION

2

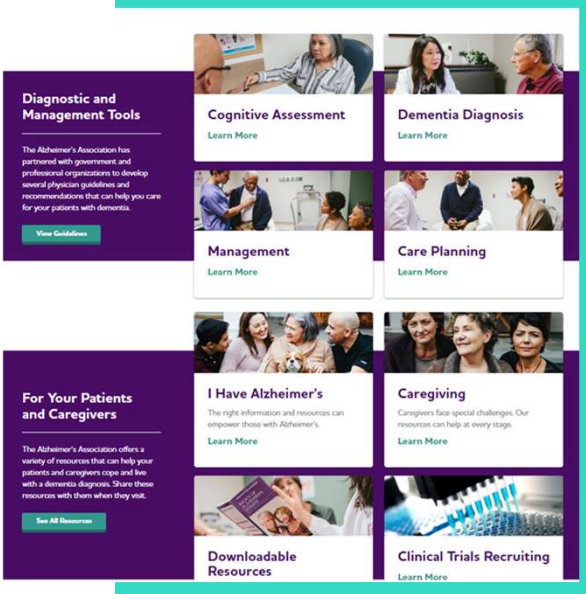
Assessment + Readiness

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.

3

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



4

KNOWLEDGE

Primary care providers don't know what to do before and after diagnosis.

INCENTIVES

Disease is not a priority, and providers are not adequately reimbursed to address it.

CAPACITY

No time in the model for in-depth interaction to diagnose early

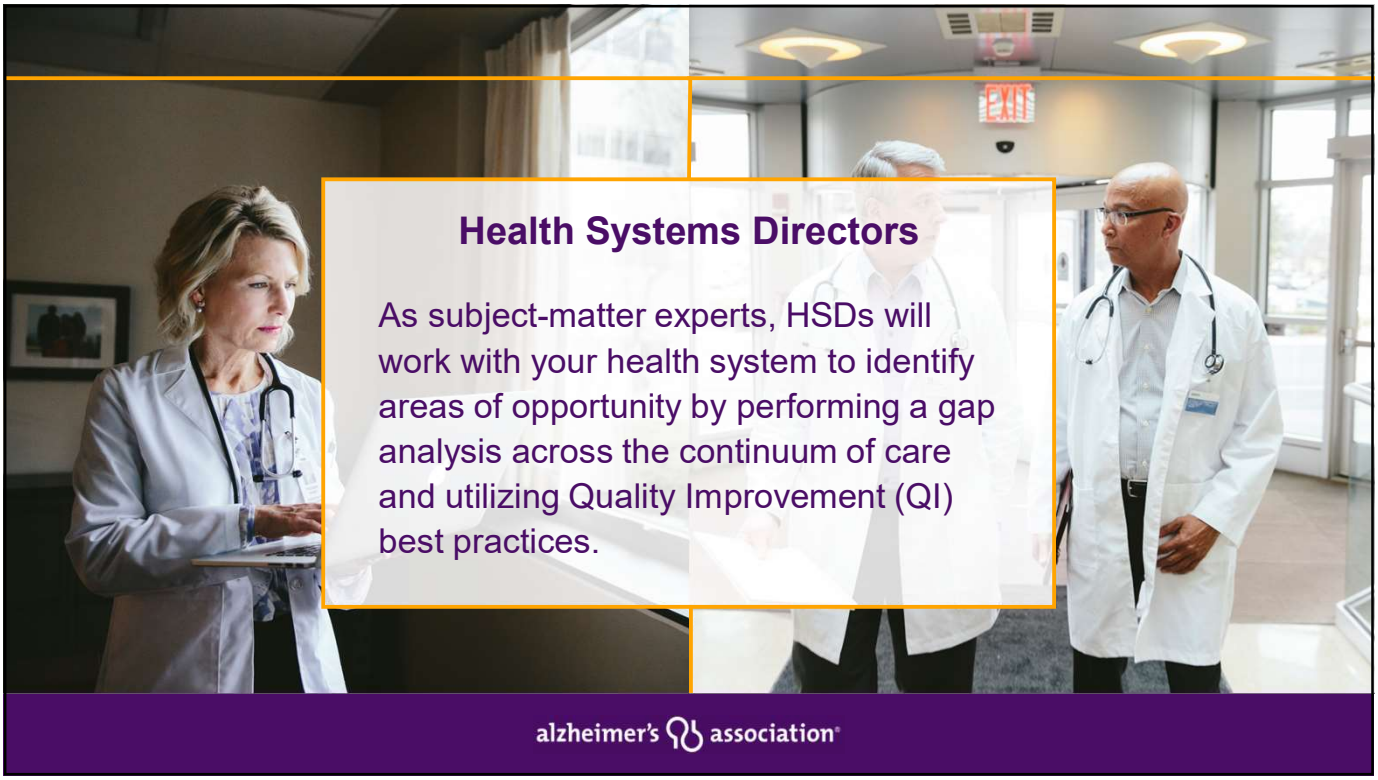
MINDSET

Belief that it's a disease of "medical futility," difficult to diagnose and doesn't change treatment

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

ALZHEIMER'S ASSOCIATION

5



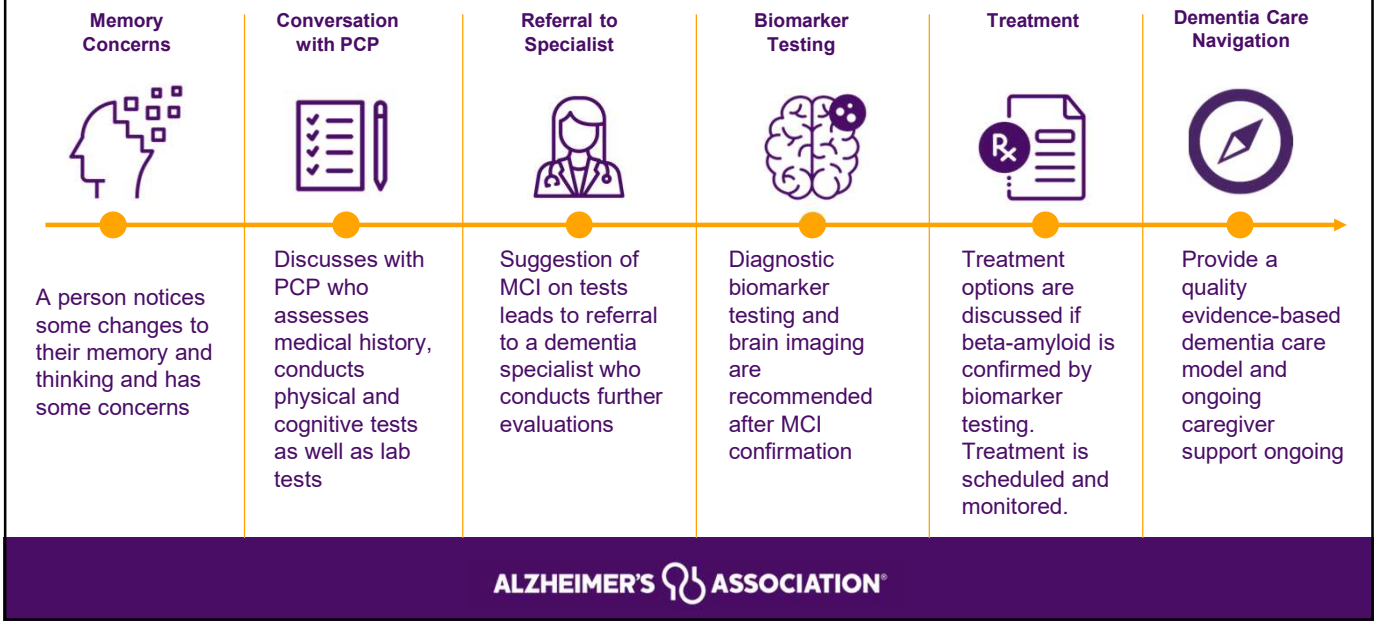
Health Systems Directors

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.

alzheimer's association

6

Ideal Patient Journey from Awareness of Cognitive Issues to Treatment



ALZHEIMER'S ASSOCIATION

7

Health System Readiness: Key Factors

ALZHEIMER'S ASSOCIATION

8

Clinical Readiness

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

9

Operational Readiness

- Infrastructure
- Resources
- Leadership buy-in, commitment

10

Technological Readiness

- Data Management
- EHR support
- Interoperability

ALZHEIMER'S ASSOCIATION

11

Assessing Readiness: Framework & Tools

ALZHEIMER'S ASSOCIATION

12

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 | CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION | ADC Alzheimer's and Dementia Care PROGRAM | Institute for Healthcare Improvement Age-Friendly Health Systems | ACEP Geriatric Emergency Department Accreditation | UCSF

ALZHEIMER'S ASSOCIATION

13

Alzheimer's Association Technical Support

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

ALZHEIMER'S ASSOCIATION

14

Identifying Current State

ALZHEIMER'S ASSOCIATION®

15

General Dementia Data Sets

Data Element	Criteria to review	Key Considerations
Review of patients served?	**Review of Patient Demographic Information** • Number of Patients 65+ • Gender and Ethnicity • Marital Status/Living Situation	• Age is the greatest risk factor for dementia • ⅔ of people living with dementia are women • Social isolation was associated with about a 50% percent increased risk of dementia[4]
How many of our patients (65+) are living with dementia?	**Diagnostic/ procedural codes for dementia (ICD-10)** • G31.84 –Mild Cognitive Impairment • G30.0 – Alzheimer's disease with early onset • G30.1 – Alzheimer's disease with late onset • G30.9 – Other Alzheimer's disease • G30.9 – Alzheimer's disease, unspecified • G31.83 - Dementia with Lewy bodies* • G31.09 - Frontotemporal dementia * • F05.X - Delirium due to known physiological condition • F03.90 – Unspecified Dementia without Behavioral Disturbance. • F01.50 - Vascular dementia without behavioral disturbances • R41.81- Age related cognitive decline	• ½ of people living with dementia do not have a diagnosis • Highest risk factor for dementia is age (65+) • An estimated 11% of people 65+ and 32% of 85+ have dementia • ⅔ of people living with dementia are women

ALZHEIMER'S ASSOCIATION®

16

General Dementia Data Sets Cont.

Data Element	Criteria to review	Key Considerations
Of those impacted by dementia, how many are manifesting behavioral health symptoms?	**Diagnostic/ procedural codes for dementia with behavioral issues (ICD-10)** • G31.83 - Dementia with Lewy bodies • G31.09 - Frontotemporal dementia • F03.91 unspecified dementia with behavioral disturbances • F01.51 - Vascular dementia with behavioral disturbances • F02.80 dementia in other diseases classified elsewhere with behavioral disturbances • F02.81 dementia in other diseases classified elsewhere with behavioral disturbances • F10.96- Wernicke-Korsakoff syndrome or psychosis • A81.00 - Creutzfeldt-Jakob disease unspecified • G31.01- Pick's Disease • F10.27- Alcohol dependence with alcohol-induced persisting dementia • F10.97- Alcohol use, unspecified with alcohol-induced dementia	• Psychological symptoms and behavioral abnormalities in dementia are common such as depression, anxiety psychosis, agitation, aggression, disinhibition, and sleep disturbances. • Approximately 30% to 90% of patients with dementia suffer from behavioral or psychiatric symptoms. • Nearly all community-dwelling elderly individuals with dementia will develop psychiatric symptoms within 5 years[1] • Behavioral issues in dementia patients can increase caregiver burden.

ALZHEIMER'S ASSOCIATION

17

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?	**Medications prescribed for Alzheimer's disease** 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.	• ½ of people diagnosed with dementia are unaware of the diagnosis • Alzheimer's drugs do not change the progression of the illness • Non-pharmacological options are the first line of treatment to manage BPSD (behavioral and psychological symptoms of dementia)
How many dementia patients are receiving psychiatric medications?	• **What common psychiatric medications are your providers prescribing for your dementia patients?**	• ½ of people diagnosed with dementia are unaware of the diagnosis • Differential diagnosis between dementia and other neuropsychiatric disorders should always include assessments for depression, *delirium*, and use of psychoactive substances, as well as investigate the use of benzodiazepines, anti-epileptics and pattern of alcohol consumption.[3]

ALZHEIMER'S ASSOCIATION

18

Data Analysis of Acute or Behavioral Health

Key Performance Area	Measure	Source	Benefit
Diagnosing ADRD	• Total number of patients 65+ • % of 65+ Population documented with diagnoses Alzheimer's disease and related dementias (ADRD) • % of patients who were diagnosed with ADRD at admission vs. discharge	Electronic Health Record	• Understand relative size of ADRD population to system • Diagnose more and earlier-stage ADRD • Identify gaps in diagnostic process and enhance coordination with primary care
Behavioral Health (BH) Care Transitions	• % of 65+ behavioral health admissions from the Emergency Department • % 65+ ED admission with and without dementia • % of admissions through ED to BH from Long Term Care (LTC) or Skilled Nursing Facilities (SNF)	Electronic Health Record	• Enhance patient experiences • Decrease unnecessary admission the Emergency Department
Care Transitions - Inpatient ALOS	ALOS of 65+ ADRD Pop vs. 65+ Non-ADRD Pop • Total System • By System Hospital • By MS-DRG	Electronic Health Record	• Identify opportunities to right-size and improve ALOS
30-day Readmission Rate	30-day Readmission Rate • In Total by System Hospital • Comparing ADRD Population vs Non-ADRD – By Hospital or Behavioral Health Facility – By Hospital and MS-DRG – Readmission from LTC-SNFs	• CMS PUF • QIO Partner	• Identify opportunities to right-size and improve 30-day readmissions
Hospital-acquired Conditions	Rate of Hospital-acquired Conditions (Falls, Pressure Injuries, Pneumonia, UTI) • In Total by System Hospital • Comparing ADRD Population vs Non-ADRD – By Hospital – By Hospital and MS-DRG	Electronic Health Record	• Reduce HACs and improve LOS
Emergency Department ALOS	ED LOS of 65+ ADRD Pop vs. 65+ Non-ADRD Pop • Total System • By System Hospital	Electronic Health Record	• Reduce delays in treatment, potential avoidable readmissions

19

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

ALZHEIMER'S ASSOCIATION

20

Create Ideal/Future State

ALZHEIMER'S ASSOCIATION

21

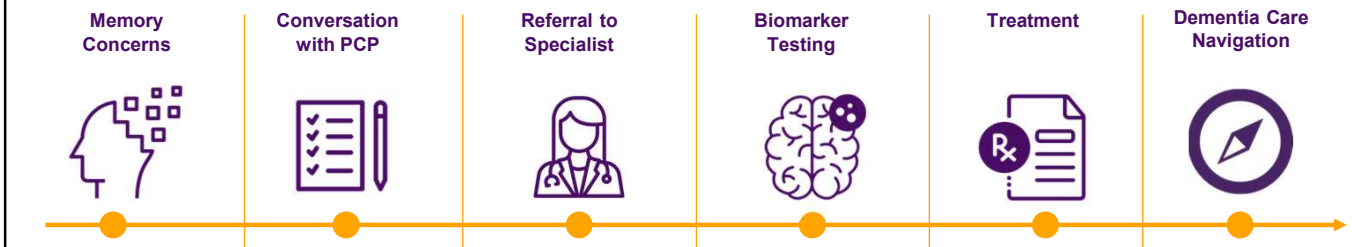
Define the vision

- 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?

ALZHEIMER'S ASSOCIATION

22

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



Memory Concerns	Conversation with PCP	Referral to Specialist	Biomarker Testing	Treatment	Dementia Care Navigation
A person notices some changes to their memory and thinking and has some concerns	Discusses with PCP who assesses medical history, conducts physical and cognitive tests as well as lab tests	Suggestion of MCI on tests leads to referral to a dementia specialist who conducts further evaluations	Diagnostic biomarker testing and brain imaging are recommended after MCI confirmation	Treatment options are discussed if beta-amyloid is confirmed by biomarker testing. Treatment is scheduled and monitored.	Provide a quality evidence-based dementia care model and ongoing caregiver support ongoing

ALZHEIMER'S ASSOCIATION

23

Conduct Gap Analysis

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

ALZHEIMER'S ASSOCIATION

24

Develop the Plan

ALZHEIMER'S ASSOCIATION

25

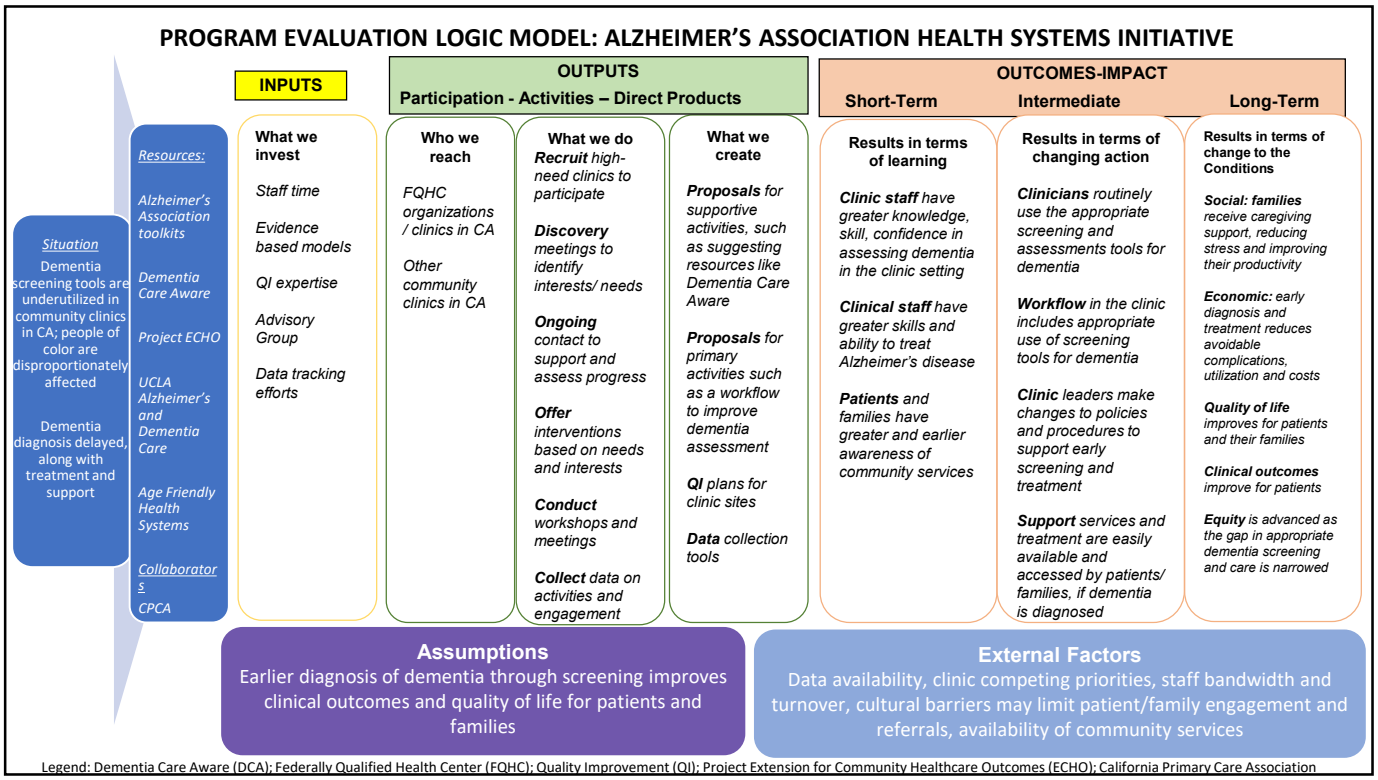
Building the Roadmap

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

ALZHEIMER'S ASSOCIATION

26

PROGRAM EVALUATION LOGIC MODEL: ALZHEIMER'S ASSOCIATION HEALTH SYSTEMS INITIATIVE



Legend: Dementia Care Aware (DCA); Federally Qualified Health Center (FQHC); Quality Improvement (QI); Project Extension for Community Healthcare Outcomes (ECHO); California Primary Care Association

27

Common Challenges & Solutions

ALZHEIMER'S ASSOCIATION

28

KNOWLEDGE

Primary care providers don't know what to do before and after diagnosis.

INCENTIVES

Disease is not a priority, and providers are not adequately reimbursed to address it.

CAPACITY

No time in the model for in-depth interaction to diagnose early

MINDSET

Belief that it's a disease of "medical futility," difficult to diagnose and doesn't change treatment

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

ALZHEIMER'S ASSOCIATION

29

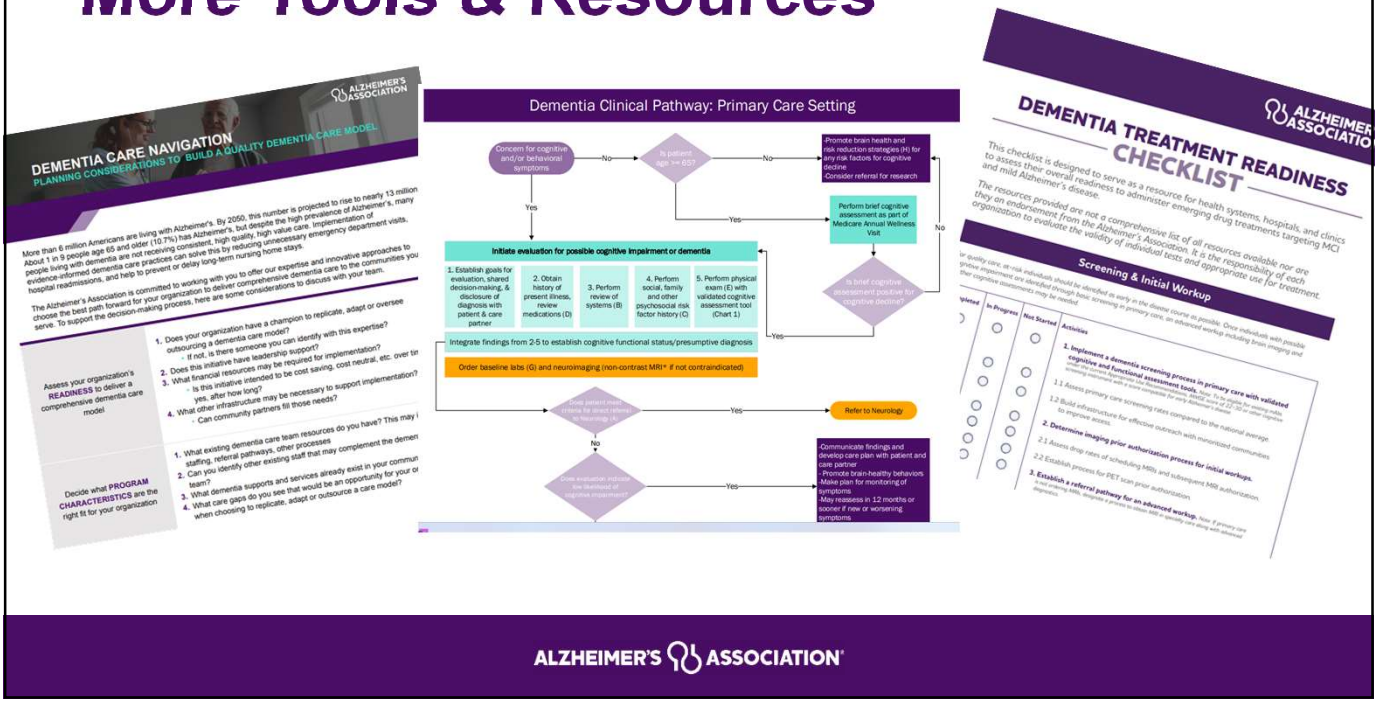
Tips, Tools and What Else You Need to Know

- 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

ALZHEIMER'S ASSOCIATION 30

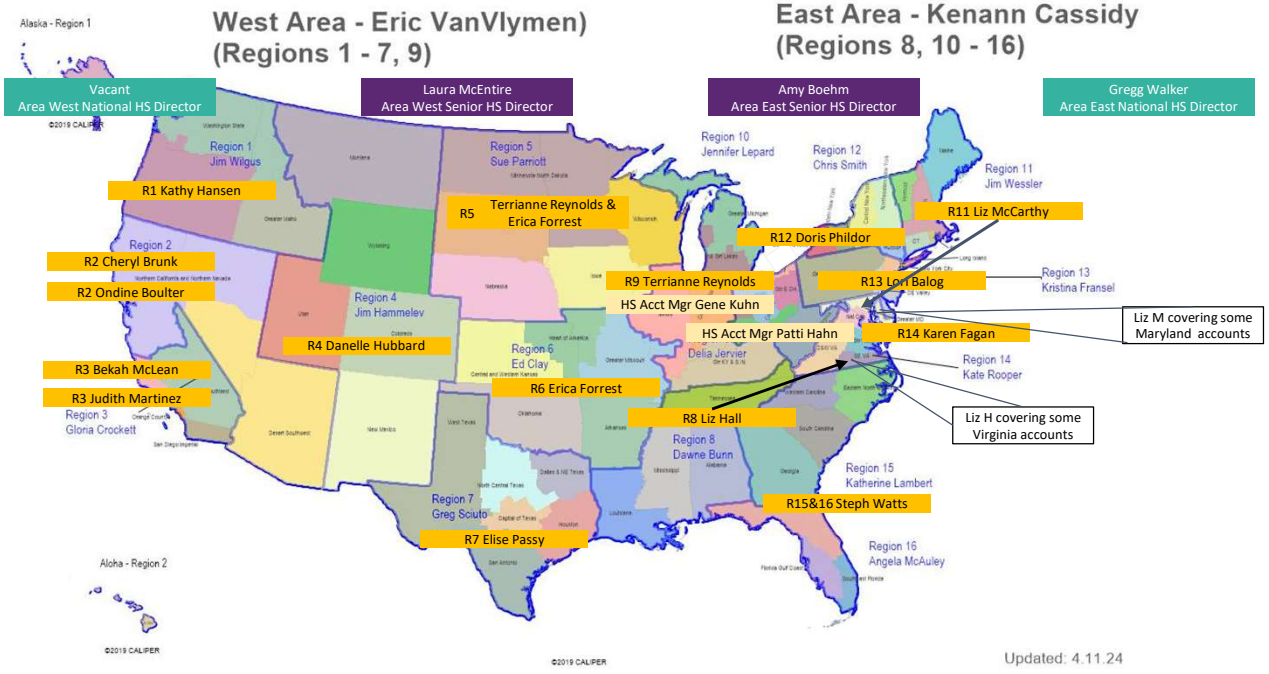
30

More Tools & Resources



31

Health Systems Directors



32

Amy Boehm
Senior Director, Health Systems
amboehm@alz.org

THANK YOU

ALZHEIMER'S ASSOCIATION

33