Session VI

New Directions from Different Vantage Points
Building and Implementing Evidence



#DementiaCareSummit

Discussants

Mark Snowden, MD, MPH, University of Washington

Alan B. Stevens, PhD, Baylor Scott & White Health

Joseph E. Gaugler, PhD, University of Minnesota

Alice Bonner, PhD, RN, FAAN, Massachusetts Executive Office of Elder Affairs

Amy Kilbourne, PhD, MPH, Quality Enhancement Research Initiative (QUERI), Veterans Health Administration

Lisa Onken, PhD, National Institute on Aging



#DementiaCareSummit

Objectives

- Continue to push boundaries
- ☐ Reflect on and integrate Summit's major themes
- ☐ Identify areas possibly not addressed
- ☐ Identify novel models, approaches for building and implementing evidence from different perspectives



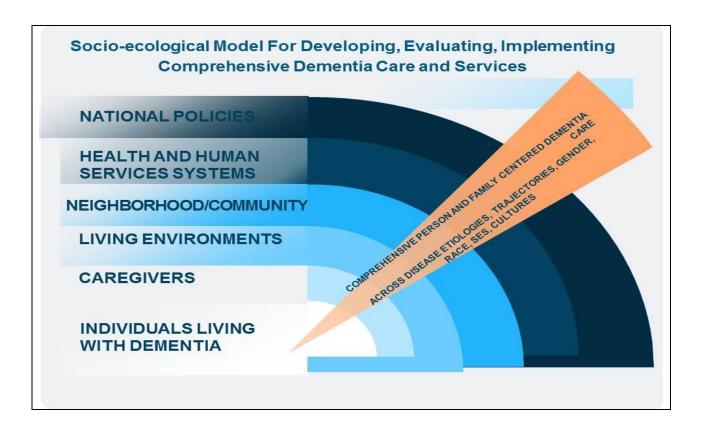
#DementiaCareSummit

Cycle of Despair Created by a Focus Only on Cure Reduced quality of life No hope No referrals or outreach to care and services Gitlin and Hodgson, 2018, Better Living with Dementia: Impacts on Individuals, Families, Communities and Societies, Academic Press



Principles

- No single solution, magic bullet or one point in time intervention, program, strategy that will/can address all unmet needs, over the disease trajectory, etiologies, race/gender/cultures
- Given multiple care and supportive service needs, care coordination and integration of care/services is imperative across clinical encounters, settings, professionals etc.
- Dementia care must reflect a blended model of social and medical approaches
- To be effective, strategies need to be identified through a systematic process involving assessment, treatment planning, implementation of specific care strategies tailored to individual/environmental needs/conditions, and evaluation of what works and what does not, followed by continuous opportunities for modification of treatment plans
- All health and human service professionals have a role in dementia care; there is not one professional group who can be the sole point of contact or provider or who "owns" dementia care
- Involvement of persons living with dementia and their caregivers in all aspects of care planning is essential



Implications

- Clinical considerations needing research attention
- Ways of involving community agencies, aging network, ADRC Centers, dementia associations in multi-site efforts to develop, test, implement and scale evidence
- Integrating social-medical care models and populationbased care planning and role of technology
- Strategies for making a difference in research on dementia care and bringing evidence to practice (local, state, national)
- Implications for new ways of generating and implementing evidence; role of implementation science and new pipeline considerations



#DementiaCareSummit