



**Acadia Hospital**

*Empowering People to Improve Their Lives*

EMHS MEMBER

# **Building Quality Into Outpatient Dementia Care For Mainers**

**Cliff Singer MD**

Chief, Geriatric Mental Health and Neuropsychiatry

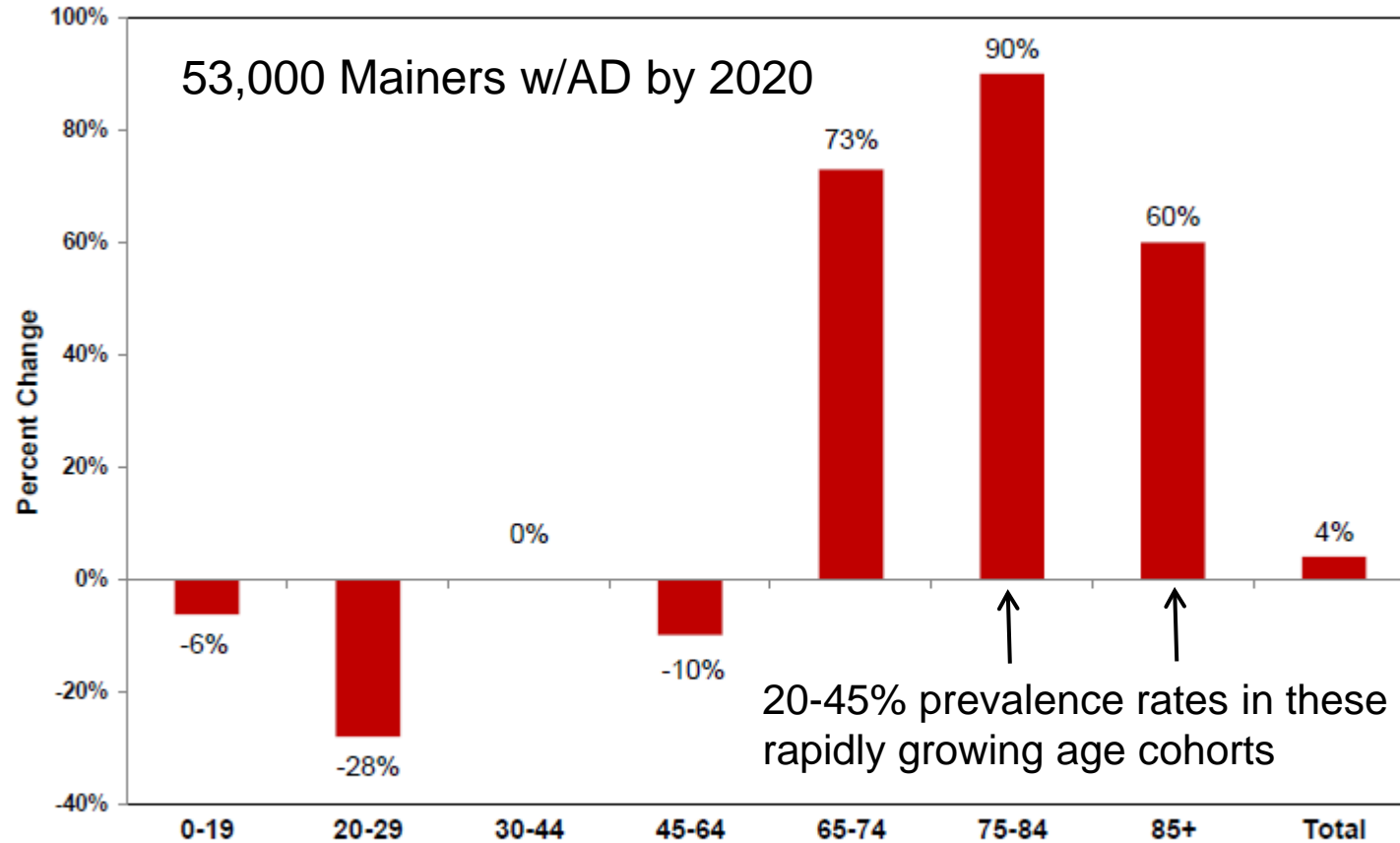
Principal Investigator, Alzheimer's Disease Clinical Research Program

Acadia Hospital and Eastern Maine Medical Center

# Objectives

- Learn elements of high quality dementia care of older adults
- Improved understanding of obstacles to developing and sustaining programs
- Name three strategies to overcome some of the obstacles

## Projected Percent Maine Population Change by Age Cohort, 2010-2030



Source: U.S. Census Bureau

# Maine's State Plan 2012

## State Plan for Alzheimer's Disease and Related Dementias in Maine



- Primary Goals:
  - Increase awareness
  - Provide timely diagnosis, treatment and high quality care
  - Offer better support to caregivers
  - Enhance access to high quality LTC

# State Plan Goals for Detection

- Coordinate care across all health care settings to ensure early and accurate diagnosis state-wide
- Utilize PCMH model to improve dementia care in the primary care setting
- Teach PCP to use the Annual Wellness Visit to do cognitive screening with validated instruments

# Elements of Quality by State Plan

- Routine screening for mild cognitive impairment
- Annual re-assessment of cognition and function
- Accurate diagnosis and staging
- Treatment of cognitive decline
- Screening and treatment of neuropsychiatric sx
- Safety counseling
- End of life counseling

# Principles for a Dignified Diagnosis

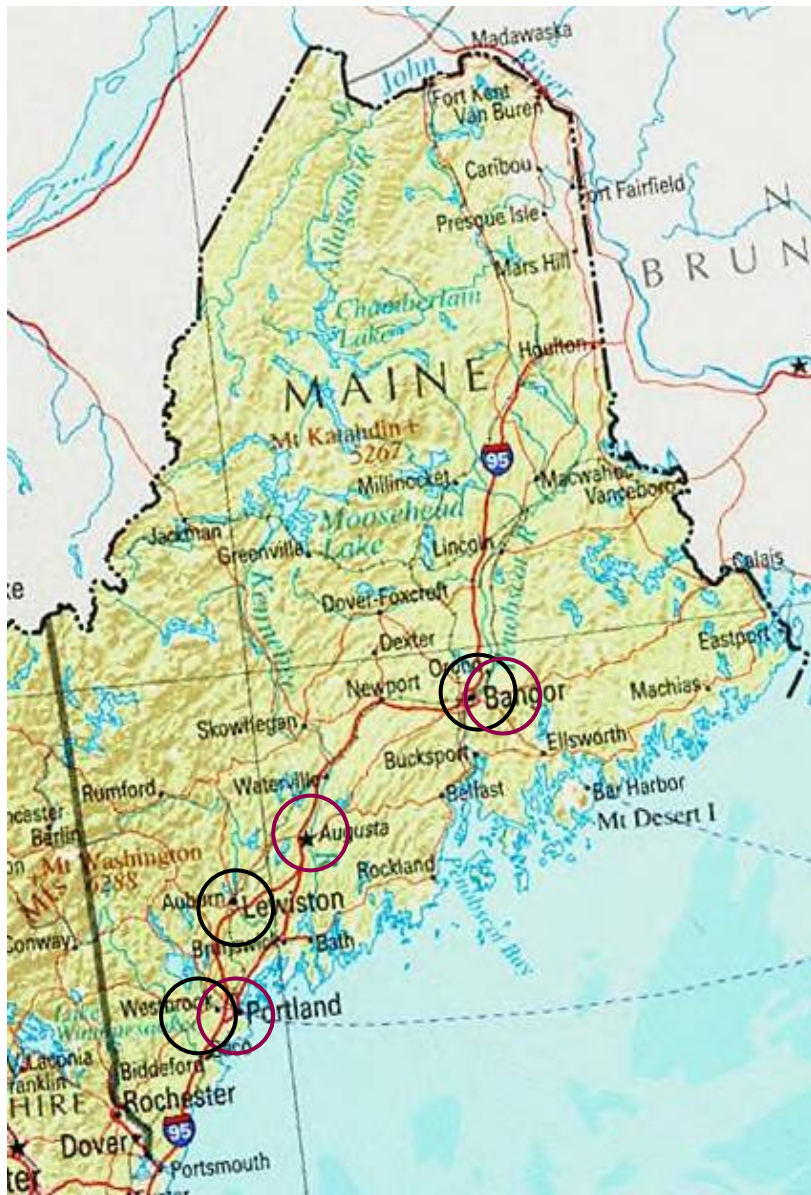
Adapted from the Alzheimer's Association

- Talk to the patient directly and tell the truth
- Test early, Explain the purpose of the tests
- Take the patient's and family's concerns seriously
- Deliver the news in plain language
- Coordinate with other care providers
- Give people tools for living with the disease
- Work with people on a plan for healthy living
- Recognize that each person with dementia is an individual
- Dementia is a journey, provide ongoing support

# Referral to Dementia Specialist

- Inconclusive diagnosis
- Atypical presentation
- Young onset (<65)
- Family/patient desire for second opinion
- Challenging symptoms
- Access to clinical trials





○ Geriatric Medicine Assessment  
Maine Medical Center  
Maine General Hospital  
EMMC Geriatric Medicine

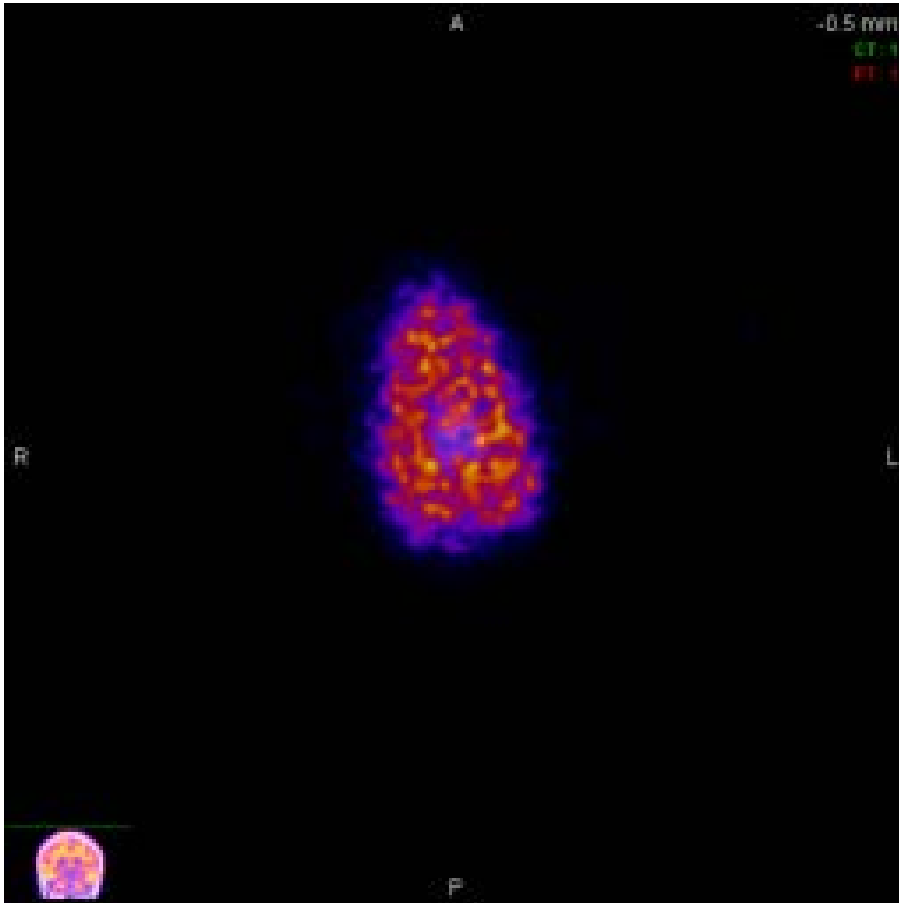
○ Geriatric Psychiatry/Behavioral Neurology  
Acadia Hospital  
EMMC Neurology Associates  
St. Mary's Hospital  
MMC Neurology

Plus various neurologists,  
neuropsychologists,  
neuropsychiatrists around the  
state

# Acadia Hospital Model for Quality in Outpatient Dementia Care

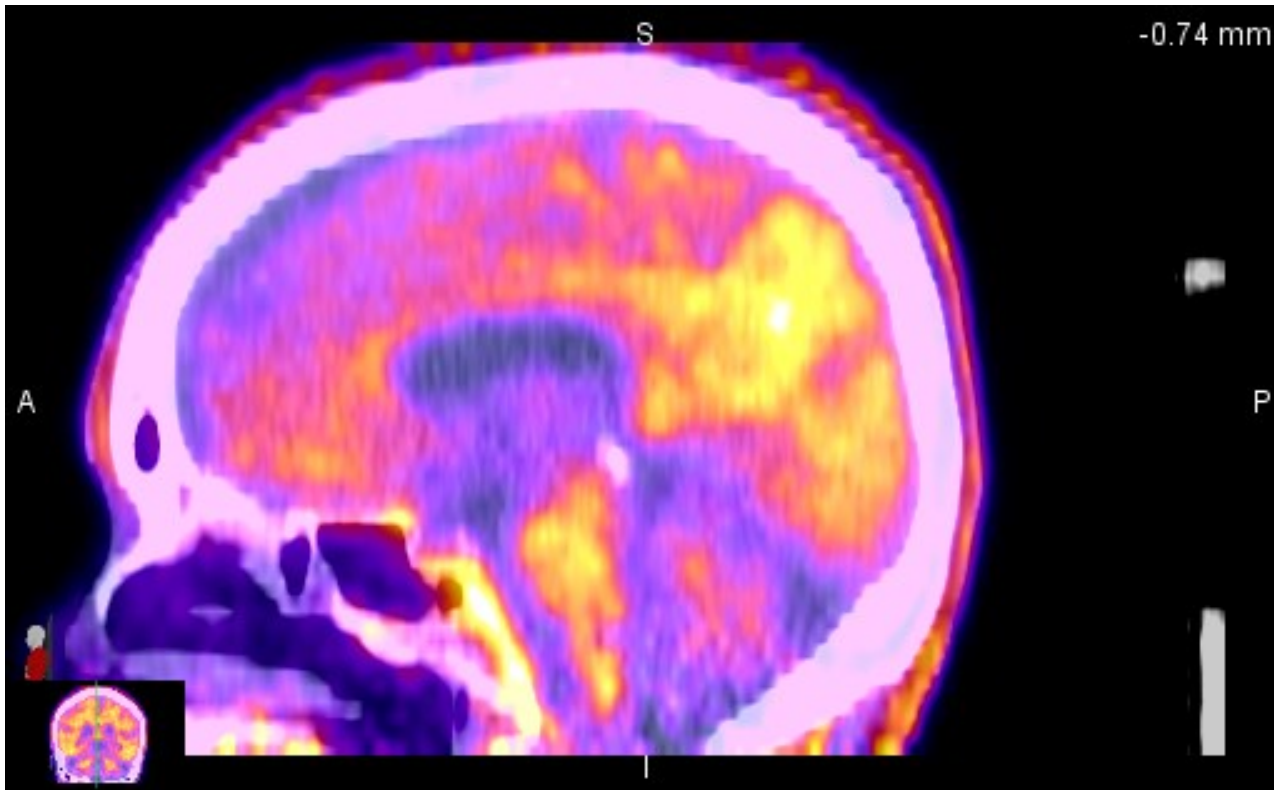
- Provide accurate diagnosis, incorporating biomarkers when practical, quantitative outcome measures
- Discussion of prognosis
- Discussion of treatment (cognition, depression, sleep)
- Counseling for brain health habits
- Inclusion of family and caregivers
- Referral for support services
- Help with guardianship, driving restrictions, safety issues, physical symptoms
- Discussion of advance care planning
- Incorporate clinical research as core clinical service

# Positive Amyvid (florbetapir) PET Series



73 yr. old female  
IDEAS Protocol for  
abeta-42 radiolabeling

# Positive Amyvid PET



73 yr. old female  
Clinical dx before:  
Mild NCD,  
unspecified

Diagnosis after:  
Mild NCD,  
probable AD

# Clinical Catchment Area for Acadia Hospital Geriatric Neuropsychiatry Program's Mood and Memory Clinic



95%

75%

# Clinic Quotes

- Son: “Mom, I’m worried about you starting to wander.”
- Mother: “Wander? Good grief! Well, maybe if I saw Tom Selleck!”

# DHHS Dementia Capable Grant

- Federal grant to DHHS (2013-2015) to improve detection and treatment of dementia in primary care and create a single portal to AD Resource Centers in AAAs
- Medical consultants: Roger Renfrew and Cliff Singer

# Primary Care Component of DHHS Grant

- Annual Symposium for primary care education
- Projects to meet quality indicators in primary care practices
  - Maine General Health System
    - Drs. Roger Renfrew and Amy Madden
  - Eastern Maine Health System
    - Dr. Cliff Singer



# Acadia/EMHS Model

- Relies on Integrated Behavioral Health Program
  - Acadia Hospital-employed PMHNP and LCSW embedded in 20+ primary care and specialty practices, from Portland to Presque Isle, become in-situ dementia resources trained and supported by dementia and geriatric psychiatry experts at Acadia
    - Combination of in-person and telemedicine
- Rationale: Intrinsic skills of mental health practitioners aligned well with target QI and better access to training and supervision

# Trainings and supervision

- ½ day trainings for LCSW and PMHNP in December 2015 and September 2016
- Optional “shadowing” in Mood and Memory
- Informal case consults always available by phone or email with clinic staff

# Initial survey Results

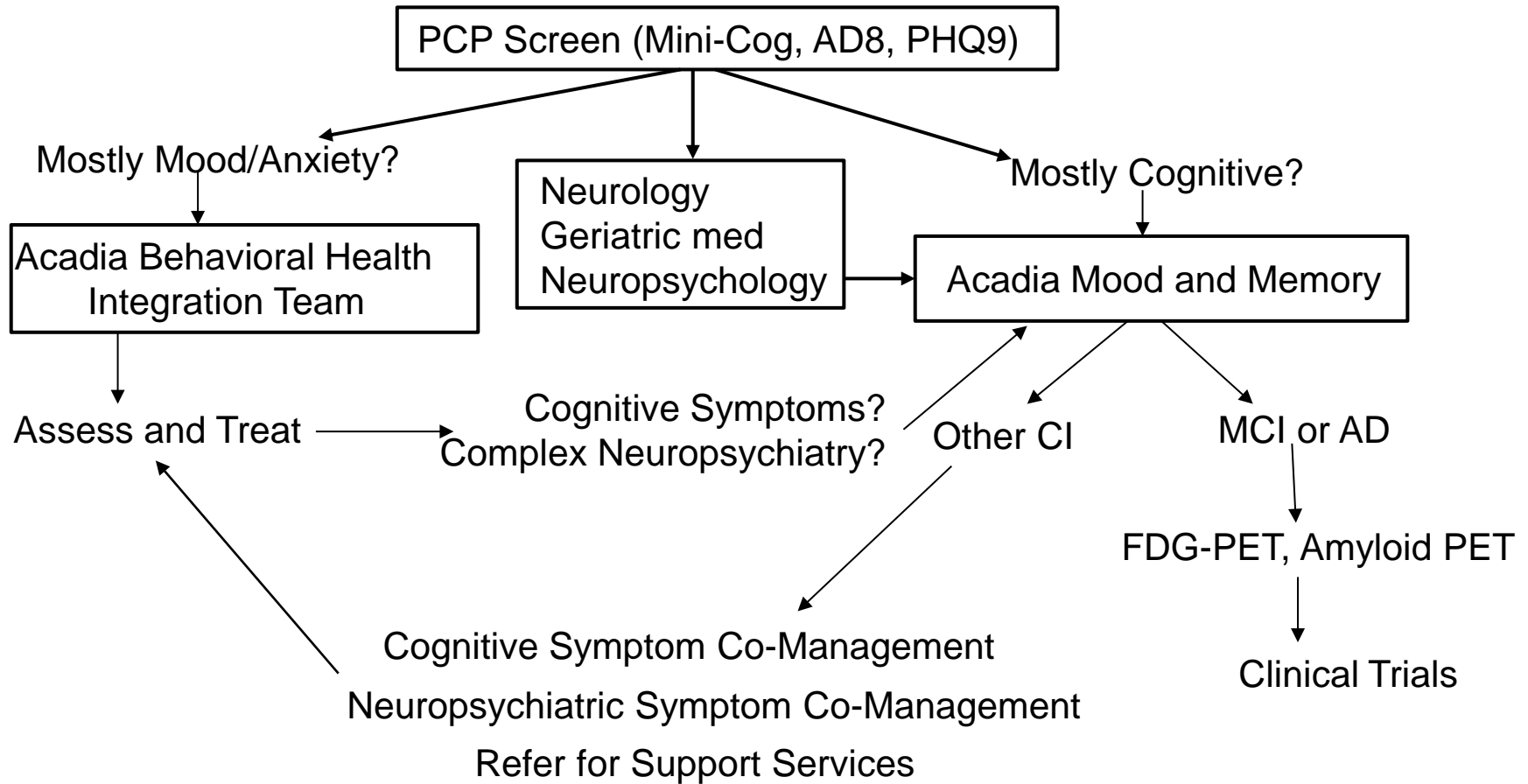
Suggest more training needed, esp. for PMHNPs

	1	2	3	4	5	6	7	8
LCSW	7.8	6.2	5.4	3.6	2.0	7.4	4.0	N/A
PMHNP	6.0	5.0	3.33	1.33	2.0	2.33	4.67	2.67

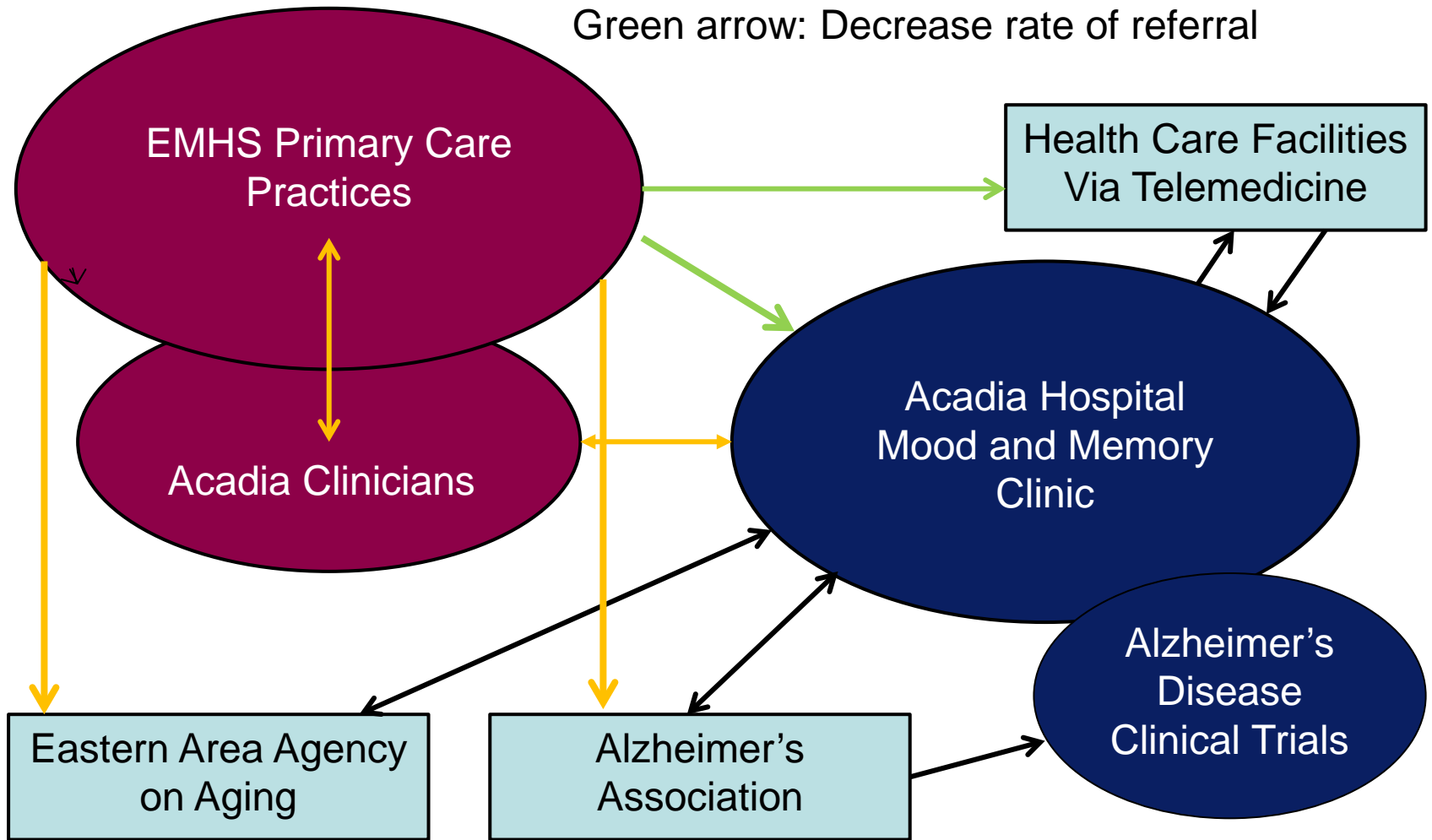
1= low level of confidence; 10= high level of confidence  
Mean scores shown; LCSW N=8; PMHNP=4

1. Confidence in detecting cognitive impairment
2. Confidence in diagnosing MCI
3. Confidence in diagnosing dementia
4. Confidence in diagnosing AD
5. Confidence in diagnosing non-AD
6. Confidence in providing community services and support
7. Confidence in treating psychiatric symptoms
8. Confidence in prescribing for cognitive symptoms

# Acadia Dementia Care Integration



Orange arrows: Goal to increase referral rates  
Green arrow: Decrease rate of referral



# Challenges to Acadia/EMHS Approach

- Slow rate of referral internally: still mostly refer to dementia specialists
- Many lack confidence: Few PMHNPs can shadow and training alone doesn't improve skills sufficiently
- PMHNPs distracted by new initiatives in prescribing controlled substances and general psychiatry demands
- PCP recognition of clinicians' geriatric skills will take time
- Standards of care are increasingly sophisticated and it's hard for generalists to keep up with everything: Many families want dementia specialists

# Clinic Quotes

- Doctor: “How much is 8+7?”
- Patient: “Used to be 15.”
- Doctor: “Used to be? Do you think they changed it?”
- Patient: “Well, they’ve changed everything else!”

# Challenges for Any Outpatient Geriatric Clinic

- Winter and distance to specialty services in ME
- Long wait lists at specialty clinics
- Fee for service model
  - We lose money with our service model
  - How do we serve long term care facilities?
- Systemic dysfunction in geriatric care
  - Lack of alternatives to hospitals and nursing homes
  - Challenges in coordination of care
  - Challenges in reimbursing interdisciplinary care
  - Telemedicine not reimbursed by Medicare in Penobscot and Cumberland Counties
- Lack of quality outcomes measures and data



# Opportunities

- Acadia/EMHS
  - Continue to support primary care integration team with geriatric focused supervision and support
  - Telemedicine for dementia in ED/inpatient
  - Expanding clinical trial/research program
  - Prepare for Accountable Care/Population Health
    - “Aging Brain Medical Care Home”
- Project ECHO/Dirigo Maine Geriatric Society
- Follow recommendations in “Improving Care of Older Persons in Maine” MQC& MeHAF 2017

# Summary

- Elements of high quality outpatient dementia care include accurate diagnosis, caregiver inclusion, multidisciplinary, measured outcomes
- Obstacles include financial disincentives, lack of expertise, distance
- Strategies to improve care include on-going education, telemedicine, primary care integration of behavioral health team, integrated system models for population health and community services