

Where Dementia is Primary





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Integrated Memory Care

A single site solution with

Full-scope primary care for people living with dementia

Nurse-led, physician-supported, model

Both clinic and assisted living-based

Classes, groups, and psychotherapy for family care partners

Recognized as

Patient-Centered Medical Home (NCQA)

Best Practice Exemplar (Institute for Patient-Family Centered Care)

Age Friendly Health System (IHI/Hartford)

GUIDE Model participant: Established track (CMMI)



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Why Integrated?

SEEMS LIKE COMMON SENSE...

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Case in Point

78-year old with mixed Alzheimer's and vascular dementia

Blood sugar is wildly variable throughout the day, ranging from 75-295.

Blood pressure elevated (above goal) during check-in at memory clinic

Agitation symptoms present including verbal aggression toward family caregiver

Considering residential care



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Who Owns the Problem?

In a care fragmented scenario:

Is the primary issue agitation (dementia symptom) or hypo-hyperglycemia (diabetes)?

You see what you look for; you look for what you know

Managing diabetes, high BP is not the role of neurology

Stepping into an ongoing management plan represents dis-continuity of care

No reason a person living with dementia cannot have chronic disease exacerbations and agitation/disease progression

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IMC Design Principles

Population Served

Over 2500 patients + family care partners since 2015



Clevenger CK, Cellar J, Kovaleva M, Medders L, Hepburn K. Integrated Memory Care Clinic: Design, Implementation, and Initial Results. J Am Geriatr Soc. 2018;66(12):2401-2407. doi:10.1111/jgs.15528

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One Stop Shopping

Primary Care	Dementia Care	Caregiver Services
Annual wellness visits	Disease and goals of care priorities	Caregiver-only visits with practitioners
Screening and preventive care that	Cognitive, behavioral, and	
is context-appropriate	functional assessments	Psychoeducation classes (Savvy Caregiver)
Chronic disease management	Disclosure/clarification of diagnosis	
	and stage	Stage-based support groups
Deprescribing and Rx management		
	Anticipatory guidance, advance	Ad hoc dementia education
Minor acute illness management	care planning	
		Psychotherapy and coaching
Post-hospital follow-up	Coordination with adult day,	= 00 + 16 0 H / H
Consultanting with house hoolth	assisted living, home care	Facilitated family therapy/meetings
Coordination with home health,	Customized companies care	
specialists	Customized companion care	
	After hours direct access	

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Patient/Family-Driven

Co-designed and Co-produced

- Workflows
- Quality measures
- Communications

Active Patient-Family advisory council

Monthly input

Appointment-level feedback



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Co-Production Model of Care

"Services, unlike goods, are always 'coproduced'. Failure to recognise this unique character of a service and its implications may limit our success in partnering with patients to improve health care."

Useful model for

Professional development

Service delivery system design

Understanding and measuring benefit



Batalden M, Batalden P, Margolis P, et al. Coproduction of healthcare service. *BMJ Qual Saf*. 2016;25(7):509-517. doi:10.1136/bmjqs-2015-004315

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Thoughtful Utilization of Services

Specialists

- Goal-aligned
- Re-patriate back to IMC

Screenings

Consideration of prognosis and life expectancy

Medications

- Taper or lower high-risk drugs
- Deprescribe or avoid anticholinergic

Emergency department

After hours access to IMC provider

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Candid Discussions about Sensitive Topics

Staging and prognostication: clarity of diagnosis and expectations

Goals of care: What Matters Most

Advance care planning: What to expect and Formal documentation

Safety concerns: Home including firearms, Medication, Financial, Driving

Structured:

- Cognitive Assessment and Care Planning
- Annual Wellness Visits
- Late-Stage Caregiver Class

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Connecting with Community Services



Written care plans including "My Team"

Adult day programs

Home respite

Man-panions

Medicaid waiver programs

Support groups

Caregiver education

Advocacy

Residential care

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Aggressive Symptom Management

Behavioral and psychological symptoms of dementia

- Agitation
- Disinhibition
- Aggression
- Anxiety
- Hallucinations
- Delusions
- Depression



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Access to Dementia Expert Clinicians

Direct phone line (no call center)

Nurse phone triage and coordination

Same-day appointment

Next available appointment

Family counseling/therapy

After-hours direct line



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High-Functioning Team

Interprofessional

- Nurse practitioner (primary and psychiatric)
- Registered nurses
- Social work
- Community health workers
- Program staff
- Supporting physicians

Roles/responsibilities matched to patient/family needs

Daily huddles

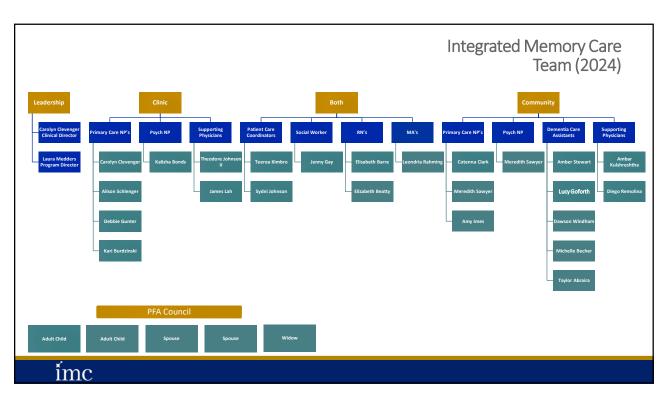
Weekly and monthly case conferences

Staff meetings and semi-annual retreats



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Measures of Benefit

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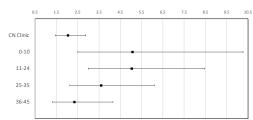
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Results: Outcomes (2019-21)

Risk of Hospitalization (any reason)

- Compared to case-matched controls in Primary Care, OR: 2.037; 95% CI: 1.440-2.882
- Compared to case-matched controls in Primary Care WITH Cognitive Neurology Consult, OR: 1.662; 95% CI: 1.260-2.193

Adjusted Odds Ratio: Categorical ADL



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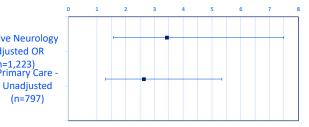
Results: Outcomes (2019-21)

Deprescribing High-Risk Medications

• Likelihood to deprescribe for PLWD who presents with benzo prescription on first visit

- · Includes lorazepam, temazepam, clonazepam, **Cognitive Neurology** - Adjusted OR alprazolam, diazepam (n=1,223) Primary Care -
- Compared to case-matched controls in Primary Care, OR: 3.183; 95% CI: 1.401-7.231
- · Compared to case-matched controls in Primary Care WITH Cognitive Neurology Consult, and adjusted for dementia stage, OR: 3.205; 95% CI: 1.353-7.592

Odds Ratio: Benzodiazapines



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(n=797)

Contact and More Information



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