Administration for Community Living

BRIDGING HEALTHCARE AND SOCIAL SERVICES FOR PEOPLE LIVING WITH DEMENTIA AND THEIR CAREGIVERS

Erin Long, MSW
Team Lead, Alzheimer's & Dementia Programs
Administration on Aging
Administration for Community Living

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Administration for Community Living (2012)

Founding principle: People with disabilities and older adults should be able to live where they choose, with the people they choose, and fully participate in their communities.

Older Americans Act (OAA)

(Medicare, Medicaid, **OAA** enacted in 1965)

*…assures that preference will be given to providing services to older individuals with **greatest economic need** and older individuals with **greatest social need** with **particular attention to low-income older individuals**, including **low-income minority older individuals**, older individuals with **limited English proficiency**, and older individuals residing in **rural areas**.*

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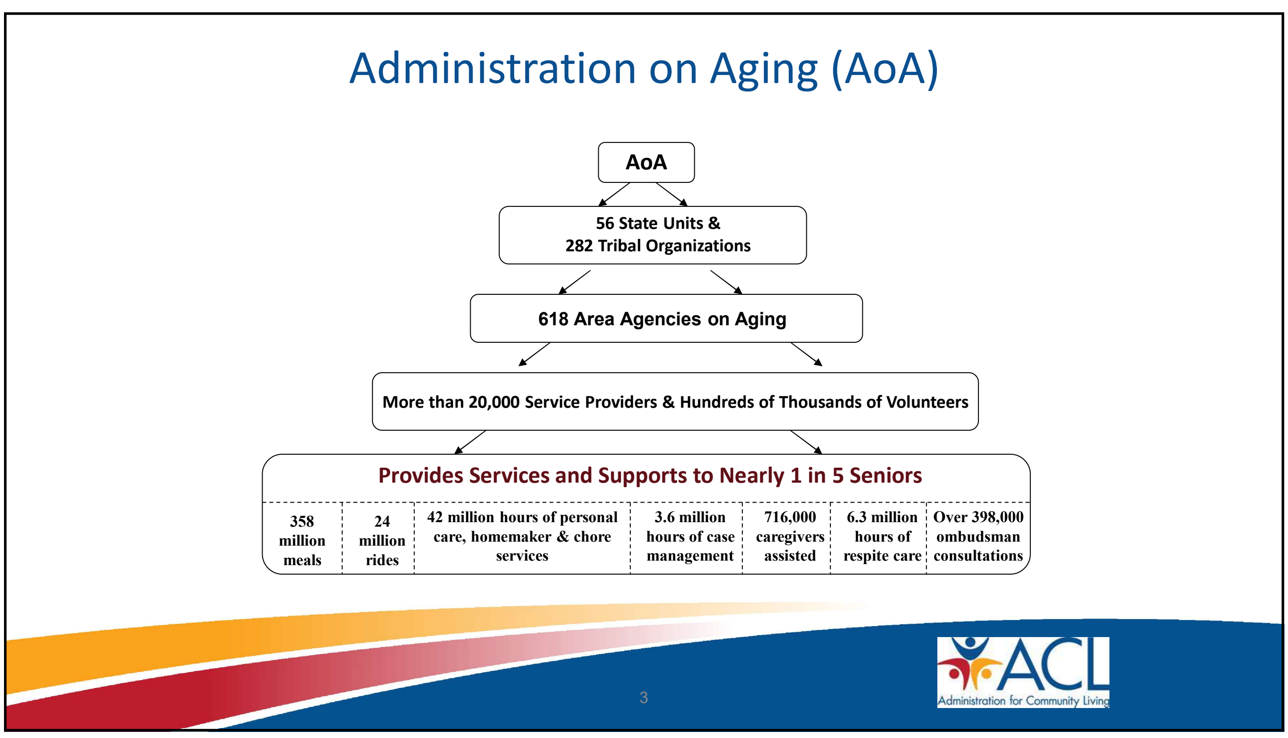

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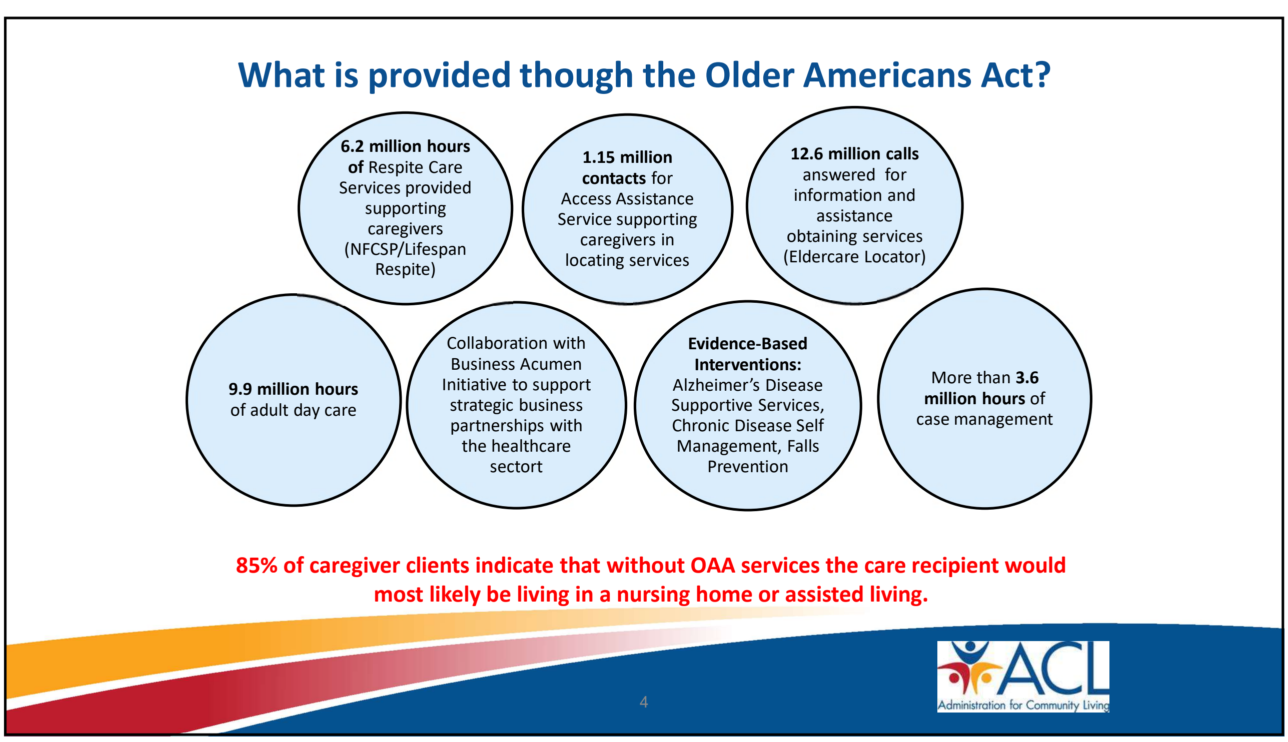

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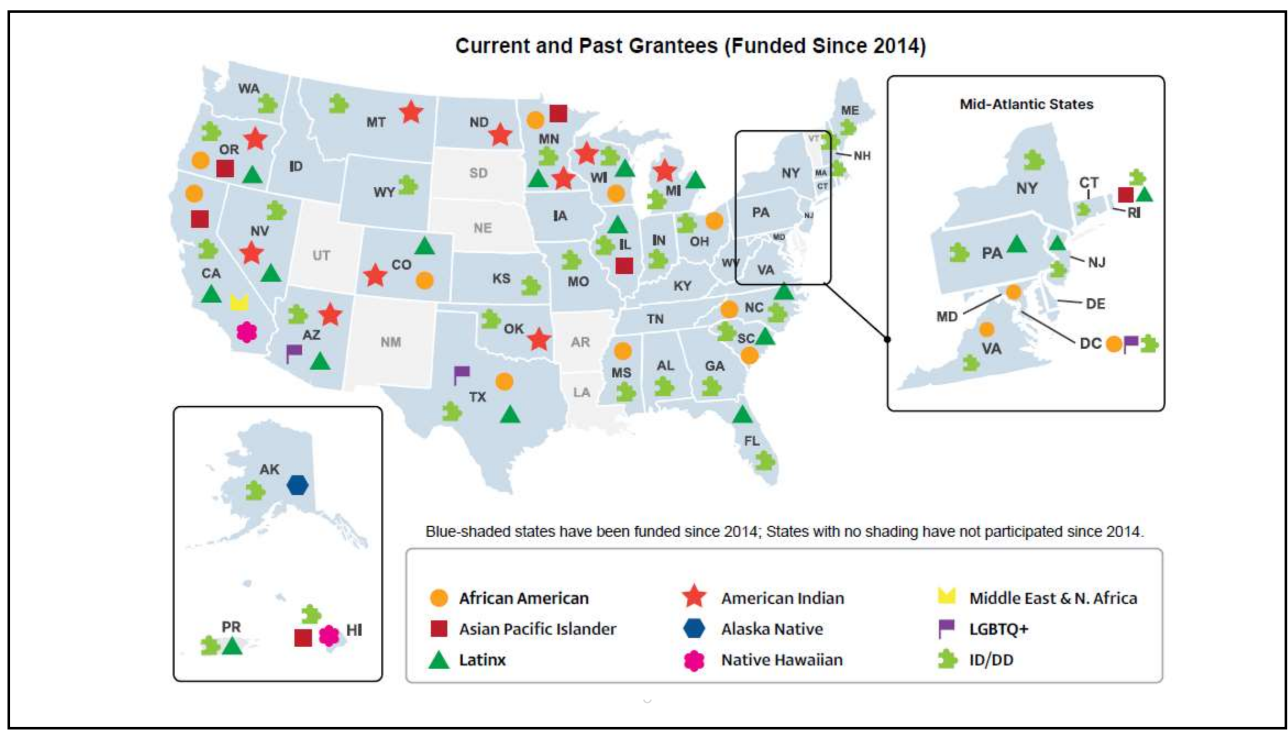

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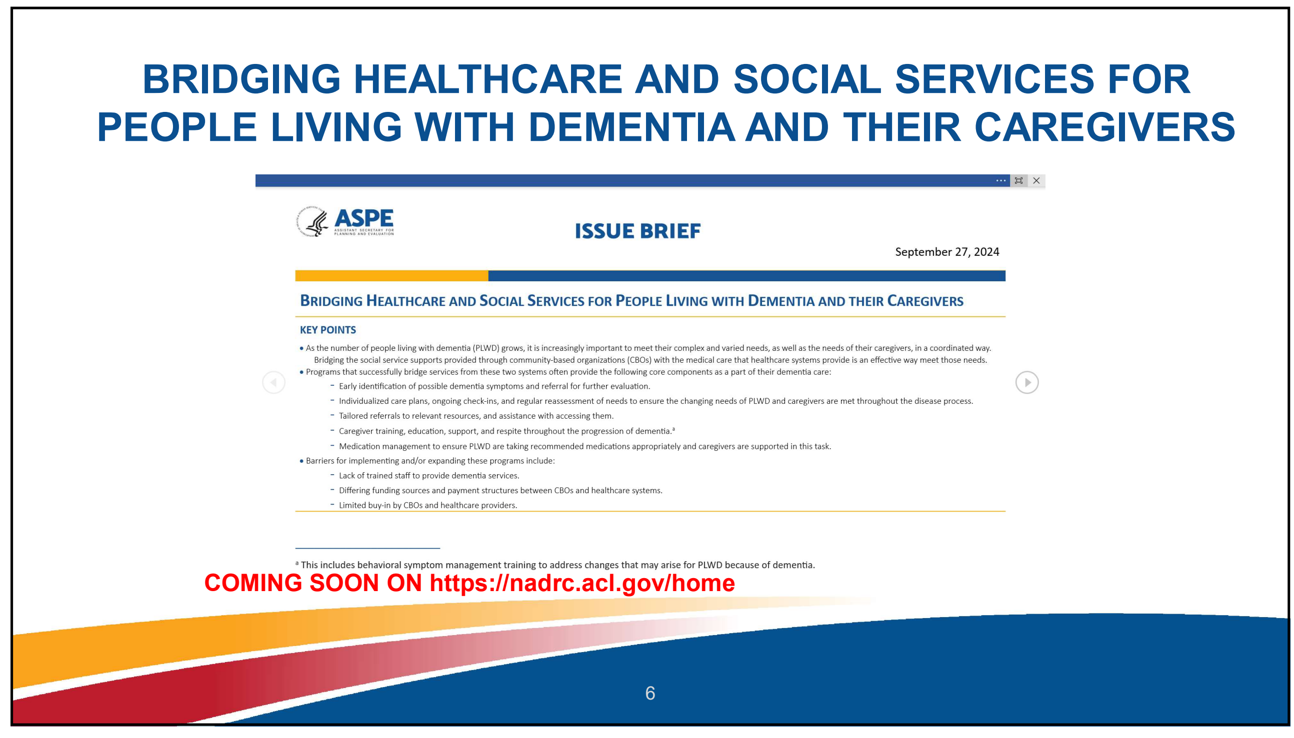

BRIDGING HEALTHCARE AND SOCIAL SERVICES FOR PEOPLE LIVING WITH DEMENTIA AND THEIR CAREGIVERS

ASPE
ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

ISSUE BRIEF

September 27, 2024

BRIDGING HEALTHCARE AND SOCIAL SERVICES FOR PEOPLE LIVING WITH DEMENTIA AND THEIR CAREGIVERS

KEY POINTS

- As the number of people living with dementia (PLWD) grows, it is increasingly important to meet their complex and varied needs, as well as the needs of their caregivers, in a coordinated way. Bridging the social service supports provided through community-based organizations (CBOs) with the medical care that healthcare systems provide is an effective way meet those needs.
- Programs that successfully bridge services from these two systems often provide the following core components as a part of their dementia care:
  - Early identification of possible dementia symptoms and referral for further evaluation.
  - Individualized care plans, ongoing check-ins, and regular reassessment of needs to ensure the changing needs of PLWD and caregivers are met throughout the disease process.
  - Tailored referrals to relevant resources, and assistance with accessing them.
  - Caregiver training, education, support, and respite throughout the progression of dementia.[a]
  - Medication management to ensure PLWD are taking recommended medications appropriately and caregivers are supported in this task.
- Barriers for implementing and/or expanding these programs include:
  - Lack of trained staff to provide dementia services.
  - Differing funding sources and payment structures between CBOs and healthcare systems.
  - Limited buy-in by CBOs and healthcare providers.

[a] This includes behavioral symptom management training to address changes that may arise for PLWD because of dementia.

COMING SOON ON https://nadrc.acl.gov/home

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Purpose & Methods

1. Identify the core components of successful dementia care programs that bridge the two systems and highlight examples from the field
2. Better understand barriers and promising practices for bridging CBOs and healthcare systems in the provision of comprehensive dementia care

- Environmental Scan
- Stakeholder Interviews
  - 12 stakeholders from CBOs, healthcare systems, government agencies, policy experts

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Core Components of Programs that Coordinate Care Between CBOs and Healthcare Systems

- Dementia services using multidisciplinary teams
  - Identification of symptoms
  - Care planning
  - Referrals
  - Ongoing reassessment of needs
  - Caregiver support
  - Medication management

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Key Challenges

- Rapidly increasing demographics
- Increasing complexity of needs of individuals and families
- **Referrals by the healthcare sector without sharing in the costs of care**

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Barriers to Coordinating Care

- Workforce challenges
- Different funding sources and payment structures
- Orgnaizational buy-in
- Communication and data sharing

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Limited Availability of Trained Dementia Care Workforce

- Struggle with sufficient trained staff limiting ability to provide or expand services.
- Inadequate funding and compensation
- Lack of dementia-specific training for health and social services staff
  - Training requirements for professionals outside of the medical field lacking or inconsistent
  - Limited opportunities for specialized medical education and clinical placements in dementia care

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Funding Sources and Payment Structures Challenges

- Separate funding sources
- Healthcare coverage through Medicare/Medicare Advantage
- CBOs not typically eligible to bill Medicare
- Updates to Medicare do not address CBO challenges
- Social supports not covered by traditional payment structures
- Limited reimbursement for services (training/education) to the caregiver training and education
- Funding through OAA to support delivery of LTSS limited
- Leads to long waitlists for services and unmet needs

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Promising Practices & Recommendations to Address Funding Challenges

- Increase understanding that investment in meeting the social-related needs of PLWD and caregivers leads to long term cost savings
- Create "Community Care Hubs" to lower risk for CBOs and healthcare providers to build partnerships and facilitate collaboration
- Encourage Medicare and Medicaid to cover wider menu of social services for PLWD and caregivers; complement, but not replace, OAA funding
- Adopt flexible payment designs or APMs capable of covering recommended services for dementia care both within and outside healthcare system

Challenges with Organizational Buy-In

- High initial costs and time commitment
- Change requires staff training and changes to organizational infrastructure
- Each system busy with their own work; hesitant to take on more

Aligning Priorities

- Identify champions in both systems to bridge cultures and gaps
- Build understanding of common goals, shared responsibility, collective vision
- Expand understanding and use of multidisciplinary approaches to deliver dementia care
- Align social services and healthcare that have demonstrated promising outcomes
- Programs make use of quality measures to monitor performance, evaluate client status and needs
- Identify and use technology-based solutions offer option to facilitate regular communication

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Communications & Data Sharing Challenges

- Need frequent communication, but…
- CBOs have less digital infrastructure, may not have capacity for data sharing
- CBOs Often encounter barriers when trying to access EHRs, and may not be able to add to EHR
- CBOs often not required to collect data so don't have evidence of outcomes
- Collection of quality metrics is ubiquitous within hospitals/healthcare settings; CBOs may need additional support
- Traditional quality and outcome measures used by healthcare systems may not reflect value of this coordinated care and priorities of PLWD

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Promising Practices for Communication & Data Sharing

- Hold regular meetings of care team to discuss PLWD and caregiver needs and review goals and care plans
- Create clear role definitions and protocols for communication, data sharing, and work processes
- Establish shared data system that facilitates automatic, closed loop referrals and information exchange between CBOs and healthcare systems

Considerations

- How can dementia care service and funding needs from the perspectives of both CBO's and healthcare systems be addressed?
- How to ensure value of necessary home and community-based services is recognized and financially supported?

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