

Clinical Services Update

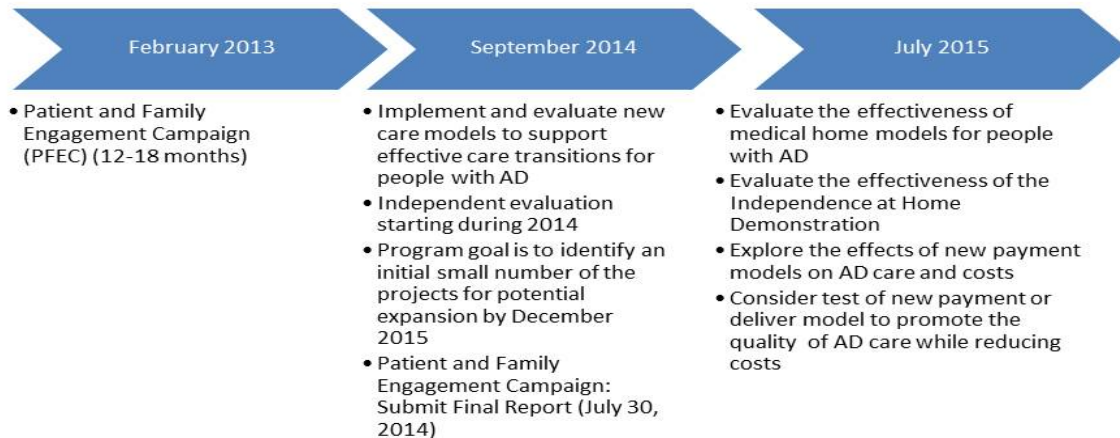
April, 2014

Shari M. Ling M.D.
Deputy Chief Medical Officer
Centers for Medicare & Medicaid Services (CMS)
Center for Clinical Standards & Quality

Road Map

- Innovative Models
- Care Transitions
- Patient and Family Engagement Campaign
- Workforce Education
- Technical Solutions

Implementation Milestones



Health Care Innovation Awards Round 2

In May 2013, the Innovation Center announced a 2nd round of *Health Care Innovation Awards*, specifically soliciting proposals in 4 specific categories of care:

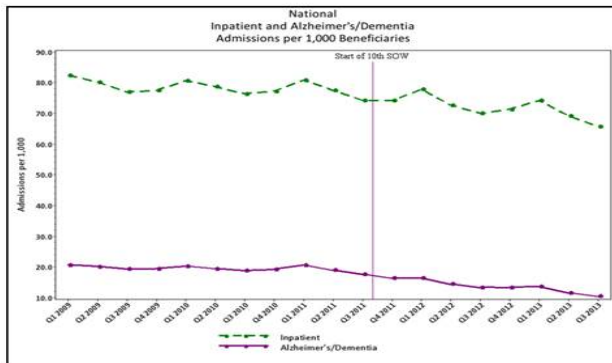
- One of the four categories, “improve care for populations with specialized needs,” designates proposals that target care for persons with AD as a priority population for funding.
- Awards are expected to be announced by the Spring/Summer 2014.

Care Transitions: National Inpatient and Alzheimer's/Dementia Annual Admissions per 1,000 Beneficiaries

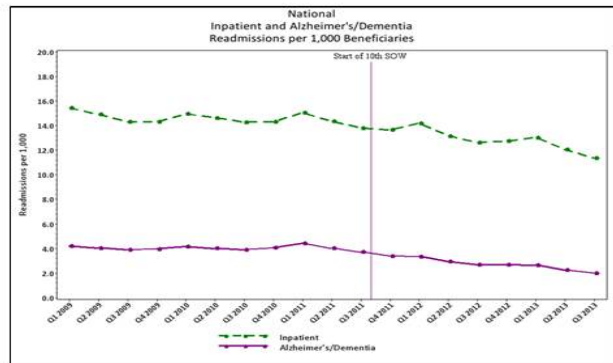
Start Date	End Date	Eligible Beneficiaries	Inpatient Hospitalizations		Alzheimer's/Dementia Hospitalizations	
			Admissions	Admissions per 1,000 Benes	Admissions	Admissions per 1,000 Benes
01/01/2009	12/31/2009	34,943,557	11,073,504	316.90	2,784,616	79.69
01/01/2010	12/31/2010	35,482,297	11,100,183	312.84	2,761,930	77.84
01/01/2011	12/31/2011	36,022,892	11,042,902	306.55	2,653,296	73.66
01/01/2012	12/31/2012	36,685,228	10,699,398	291.65	2,116,603	57.70

Alzheimer's Events 2009 - 2013

ADMISSIONS



RE-ADMISSIONS



Patient & Family Engagement Campaign (PFEC)

Focus: The QIO shall design its PFEC work to target behaviors among beneficiaries that address Care for Individuals Diagnosed with Dementia

- Generate processes designed to increase awareness and engagement by providing decisive tools, so patients and families make better decisions related to health care services they receive;
- Enable patients, their families, care givers and the public in general to interact among themselves and obtain information related to health care services they receive related to Dementia / Alzheimer's Disease.

PFEC – Dementia/Alzheimer's

Five (5) QIOs are involved with PFEC targeting clinical diagnosis of dementia/Alzheimer's disease

Participating QIOs

- California (HSAG)
- Kentucky (HCE)
- Michigan (MPRO)
- Missouri (Primaris)
- New York (IPRO)

The QIOs have established their tactics for achieving success

End: July 2014

Persons Impacted

State/QIO	# Directly Reached	# Indirectly Reached
California (HSAG)	1250	n/a
Kentucky (HCE)	630	n/a
Michigan (MPRO)	560	n/a
Missouri (Primaris)	339	29,704
New York (IPRO)	160 (80 beneficiaries w/ 80 graduate caregivers)	882

Lessons Learned

- Beneficiaries are receptive to using technology and knowledge to actively engage in their healthcare;
- For some of the target audience the QIOs have learned that Hispanic communities have providers of care but many have English as a second language and are located in a high crime area;
- Identified that many have limited knowledge of dementia-care best practices, resources; and that many may be unaware, due to recent diagnosis of dementia or Alzheimer's disease, of evidence-based practices for quality of life practices;
- Learned that dementia-care resources exist, but beneficiaries have limited understanding of how helpful these resource can be to caregivers;
- Recognized that beneficiaries and families require education regarding the need, and ability, of being responsible for their healthcare decisions;
- Acknowledged that care is poorly coordinated between hospitals and community resources;

Health Resources and Services Administration (HRSA) ADRD Activities

- Reviewing 45 Geriatric Education Centers applications for continued funding for ADRD education and training
- Writing statement of work for contract for unified curricula
- GEC grantees are working with the National Task Group on Intellectual Disabilities and Dementia Practices to develop an ADRD curricula focused on individuals with intellectual disabilities

HRSA ADRD Activities

- HRSA geriatrics grantees are currently participating in monthly conference calls with representatives of other Federal agencies to learn about those agencies' dementia programs.
- Partnering with ACL to provide training to the ADRC network

Technical Solutions in the Clinical Environment

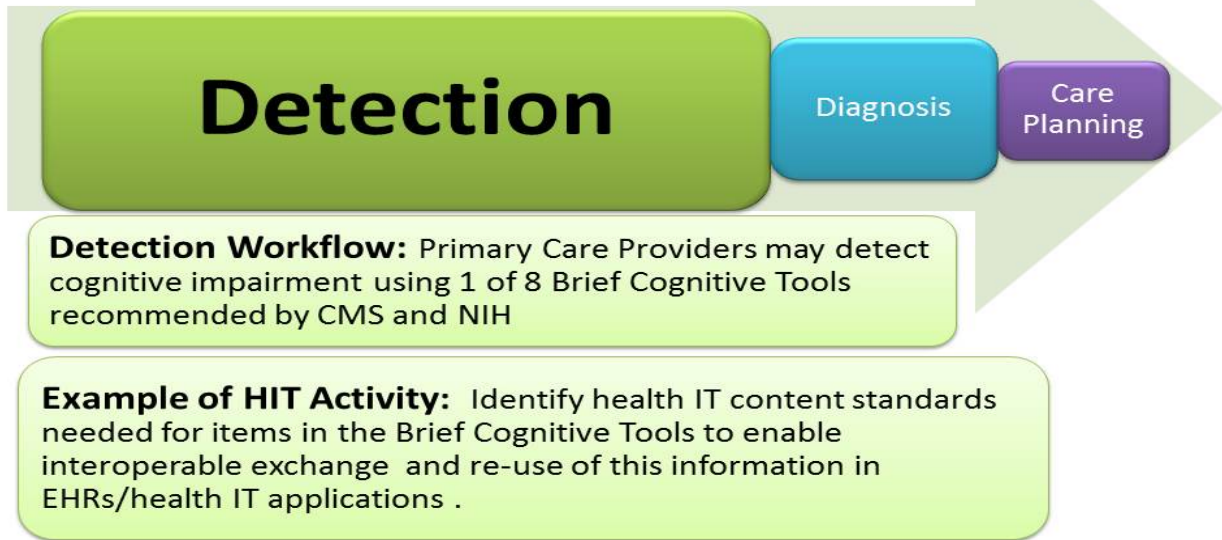
- Physicians and hospitals are eligible for incentive payments for their meaningful use of certified EHR technology. As of April 2013:
 - more than 291,000 professionals, representing more than 50% of the nation's eligible professionals, received EHR incentive payments; and
 - over 3,800 hospitals, representing about 80 % of eligible hospitals (including Critical Access Hospitals) received EHR incentive payments¹.
- Certified EHR technology must use certain specified health IT standards.
- Health IT standards support health information exchange and reuse.

1. Update on the Adoption of Health Information Technology and Related Efforts to Facilitate the Electronic Use and Exchange of Health Information: A Report to Congress. Prepared by: ONC. June 2013.
http://healthit.gov/sites/default/files/rtc_adoption_of_healthit_and_related_efforts.pdf

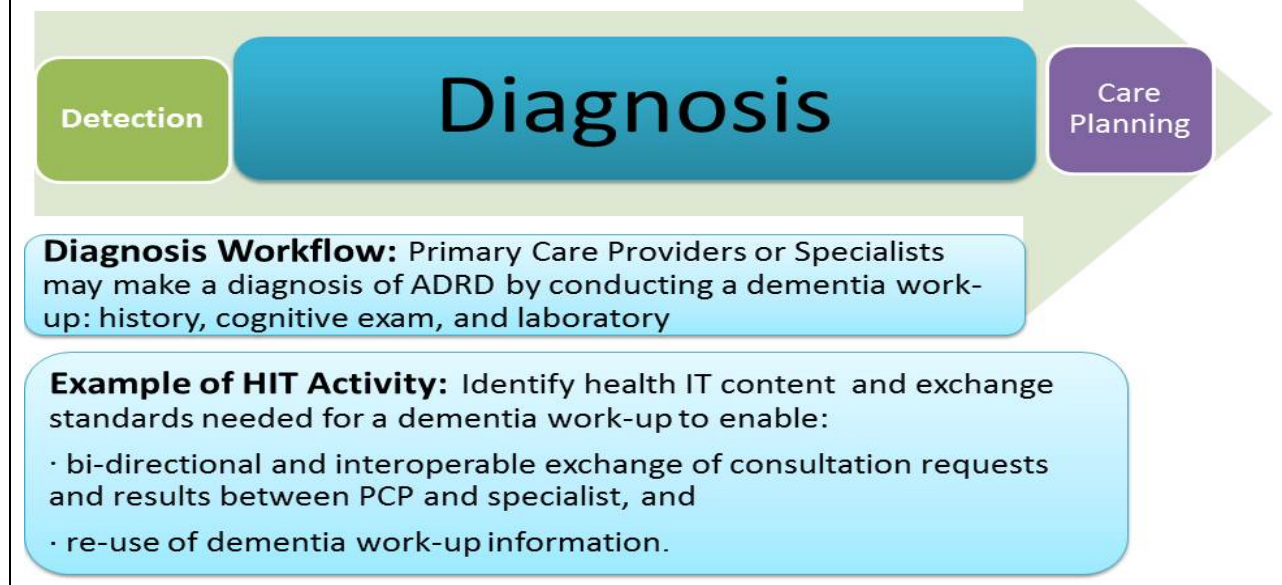
Clinical Workflow in Caring for Persons with ADRD



Opportunities to Apply Health IT Solutions to Clinical Workflow: Some Examples



Opportunities to Apply Health IT Solutions to Workflow: Some Examples



Opportunities to Apply Health IT Solutions to Workflow: Some Examples



Care Planning Workflow: Care planning for persons diagnosed with ADRD would:

- engage individual/family members/other care team members; and
- address: all health concerns; individual/family member/caregiver preferences, availability and needed supports; I&R to community supports; and need for advance care planning.

Example of HIT Activity: Identify and fill gaps in Health IT standards to allow for the interoperable exchange of care plans and content needed on behalf of persons with ADRD.