

Dementia Care in Residential Long-Term Care

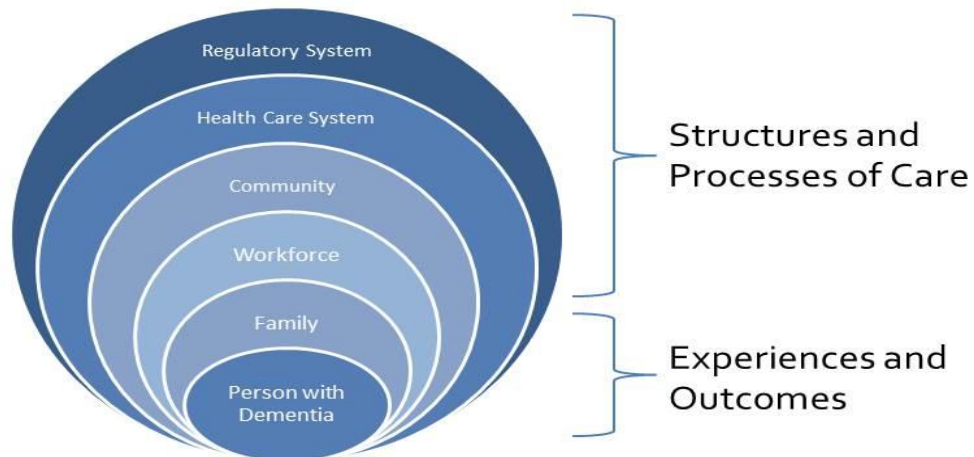
Sheryl Zimmerman, PhD
University Kenan Distinguished Professor
University of North Carolina at Chapel Hill



#DementiaCareSummit

Context

Residential long-term care as a system of care



Dementia is a progressive disease }
Care involves more than dementia } Transitions and Coordination

Structures of Care



Nursing home (NH) and assisted living (AL)

- 15,640 NHs (1.4 million residents); 65% dementia
- 30,200 AL communities (835,200 residents); 40% dementia
- Both play an important role; do not constitute a continuum of care
- Key differences: regulation, staffing, health care oversight
 - The relationship between staffing and quality in AL is unknown

Specialized dementia care

- In 15% of all NHs (2103)
- In 22% of all AL communities (2013)
- Specialization is variable; outcomes are inconsistent
- Research has progressed to focus on processes of care

Dementia is a Progressive Disease

Cognitive Impairment	Nursing Home	Assisted Living
None to mild	39%	58%
Moderate	25%	23%
Severe	37%	19%
	62%	42%

Supportive care needs (activities of daily living) increase over time

- Bathing, dressing, grooming, toileting, walking, eating
- Technology can supplement workforce shortages
 - Cognitive aids, physiological sensors, environmental sensors, advanced integrated sensor systems
 - Few aids were developed specifically for people with dementia; few clinical trials have been conducted

Processes of Care



Antipsychotics to treat behavioral and psychological symptoms

- Behavioral/psychological symptoms: 97% of people with dementia
- Black box warnings from the FDA
- NHs: 23.9% (2011) → 15.7% (2017) following National Partnership
AL: 27% (2016); needs similar national attention

Non-pharmacological practices

- Numerous evidence-based practices, little evidence of true use
 - Pleasant sensory stimulation: "We have TVs and radios"
 - Reminiscence therapy: "We use shadow boxes"

Care Involves More than Dementia

Number of Comorbidities Among Persons with Dementia	Nursing Home	Assisted Living
0	2%	10%
1-2	10%	32%
3-4	32%	30%
5-6	38%	14%
7 or more	18%	14%
	} 88%	
	} 58%	

Primary morbidities: Arthritis, heart disease, depression

Emerging concern: Medical care needs in assisted living

- Integrated care models exist
- Research trials are indicated

Transitions and Coordination

Events	<u>Residents with Moderate/Severe Dementia</u> Incidence Rate per 100 residents/quarter	
	Nursing Home	Assisted Living
New/worsening morbidity	21.7	21.1
Hospitalization	10.0	14.2
Mortality	4.2	3.7

Few interventions are tailored for persons with dementia; those that are tailored are not widely used

- Goals of Care (nursing homes)
- Geriatrics Team Intervention (assisted living)

Few studies examine transition to palliative or end-of-life care

Experiences and Outcomes



Person with Dementia

Function: ambulation, eating/drinking, cognition, continence

Health: acute events, discomfort/pain, depression, chronic illness

Health care: ambulatory care, emergency department, hospital

Psychosocial: agitation, choice/control, engagement, quality of life

Family Members

Function, health, health care, psychosocial, relationships, cost

Staff

Function, health, health care, psychosocial, relationships, turnover

MEASUREMENT

Person-centered measurement development is in its infancy

Research Recommendations

Nursing Homes and Assisted Living

1. Develop and evaluate practices to integrate dementia care with care of other conditions, provided by a workforce that is also caring for persons without dementia
2. Promote development and widespread adoption of protocols for transitions in care, and to address behavioral and psychological symptoms of dementia
 - Incorporate the Alzheimer's Association 2018 Dementia Care Recommendations
 - Employ the NIH Stage Model to evaluate success
3. Develop and evaluate assistive technologies specifically with/for persons with dementia
4. Develop and evaluate person-centered measures responsive to the variable and complex structures and processes of care, and the multiple stakeholders and numerous desired outcomes; also examine changes over time in outcomes
 - Incorporate the Alzheimer's Association measurement recommendations

Assisted Living

1. Examine staff mix and outcomes to determine recommended staffing ratios
2. Examine models of integrated health care

References (Select)

SLIDE 3

- Centers for Medicare & Medicaid Services. *Nursing Home Data Compendium 2015 Edition*. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/nursinghomedatacompendium_508-2015.pdf.
- Harris-Kojetin L, Sengupta M, Park-Lee E et al. *Long-Term Care Providers and Services Users in the United States: Data from the National Study of Long-Term Care Providers, 2013–2014*. National Center for Health Statistics. Vital Health Stat 3(38). 2016.
- Zimmerman S, Gruber-Baldini AL, Sloane PD et al. Assisted living and nursing homes: Apples and oranges? *Gerontologist*. 2003;43:107-117.
- Zimmerman S, Sloane PD, Eckert JK et al. How good is assisted living? findings and implications from an outcomes study. *J Gerontol B Psychol Sci Soc Sci*. 2005;60(4):S195-204.
- Zimmerman S, Anderson WL, Brode S et al. Systematic review: effective characteristics of nursing homes and other residential long-term care settings for people with dementia. *J Am Geriatr Soc*. 2016;61(8):1399-1409.
- Zimmerman S, Cohen LW, Washington T, Ward K, Giorgio, P. Measures and instruments for quality improvement in assisted living. *Ann Longterm Care*. 2016;24(9):15-24.

SLIDE 4

- Zimmerman S, Sloane P, Reed D. Dementia prevalence and care in assisted living. *Health Affair*. 2014;33(4):658-666.
- Bharucha AJ, Anand V, Forlizzi J et al. Intelligent assistive technology applications to dementia care: current capabilities, limitations, and future challenges. *Am J Geriatr Psychiatr*. 2009;17(2):88–104.

SLIDE 5

- Scales K, Zimmerman S, Miller SJ. Evidence-based nonpharmacological practices for behavioral and psychological symptoms of dementia. *Gerontologist*. In press.
- Centers for Medicare & Medicaid Services. *Data Show National Partnership to Improve Dementia Care Achieves Goals to Reduce Unnecessary Antipsychotic Medications in Nursing Homes*. <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-10-02.html>.
- Government Accountability Office. *Antipsychotic Drug Use: HHS Has Initiatives to Reduce Use among Older Adults in Nursing Homes, but Should Expand Efforts to Other Settings*. <http://www.gao.gov/assets/670/668221.pdf>.

SLIDE 6

- Hyde J, Perez R, Forester, B. Dementia and assisted living. *Gerontologist*. 2007;47:551–67.

SLIDE 7

- Hirschman KB, Hodgson NA. Evidence-based interventions for transitions in care for individuals living with dementia. *Gerontologist*. In press.
- Sloane PD, Zimmerman S, Gruber-Baldini AL, Hebel JR, Magaziner J, Konrad TR. (2005). Health and functional outcomes and health care utilization of persons with dementia in residential care and assisted living facilities: comparison with nursing homes. *Gerontologist*. 2005;45:5124-132.