

# **Service Provider Recommendations**

# **Dementia Care Virtual Summit Meeting**

**July 2020** 

Prepared by: **Service Providers Stakeholder Group** 

Additional information can be found at the Summit website (<a href="https://www.nia.nih.gov/2020-dementia-care-summit">https://www.nia.nih.gov/2020-dementia-care-summit</a>) or the National Alzheimer's Project Act website (<a href="https://aspe.hhs.gov/national-alzheimers-project-act">https://aspe.hhs.gov/national-alzheimers-project-act</a>). The opinions and views expressed in this report are those of the authors. They do not necessarily reflect the views of HHS, the contractor or any other funding organization.

# National Research Summit on Care, Services and Supports for Persons with Dementia and their Caregivers

2020 Dementia Care Virtual Summit Meeting:
Service Providers Stakeholder Group Research Recommendations

### Moonshot Goal

"By 2025, there is wide-spread adoption of evidence-informed and evidence-based, person-centered care and support to maximize ability and quality of life for all people living with dementia."

## We recommend research be conducted that measures the impact of ...

- 1. Person-centered care that addresses the diversity, equity, and inclusion of all individuals living with dementia and their caregivers.
- 2. Standardized outcomes and evaluations across all care settings that measure the quality of life and quality of care and compare them so as to assure that their outcomes are achieved amongst all people no matter their age, ethnicity, sex, gender, geographic location or socio-economic status.
- 3. Quality of care when provided during transitions across all settings.
- 4. Approaches that proactively promote well-being--including those focusing on preventing distress, maximizing non-pharmacological interventions and reducing the use of psychotropic medications, and balancing the need to support an individual's desire and preferences for autonomy with their safety.
- 5. Promotion of early stage care planning, assessment, and evaluation of the person living with dementia's preferences, and advance care coordination--including advance care and end-of-life planning, and the use of palliative and hospice care.
- 6. Interventions designed for efficient health care utilization that meets objectives of cost savings, efficiencies, personal preferences, and sustainability.
- 7. Methods and processes designed to develop the workforce, including efforts to increase the size, capabilities, diversity, and cultural competence of the dementia work force, as well as methods designed to effectively train workers to deliver high-quality, person-centered care.

- 8. Expanded reach of quality dementia care and services for diverse populations including those with intellectual and physical disabilities; without English language proficiency; living alone; of all ages; and of other ethnic, gender, socio-economic or geographic groups which have traditionally been under-served.
- 9. Improvements in detection and diagnosis by health care providers--including their ability to identify, address, and treat dementia within the context of likely comorbidities.
- 10. Methods designed to increase access to and the spread of effective practices to manage dementia, along with ways to increase the speed of adoption of those practices via the development of a National Network or Center of Excellence in Care that would be able to produce tools, processes, and strategies in dissemination and implementation science in dementia care across the nation with equal emphasis on rural areas and diverse populations.

## **Appendix A: List of Service Providers Stakeholder Group Members**

## **Co-Chairs**

Doug Pace Alzheimer's Association

Sarah Lock AARP

#### Members

Lisa Baron Memory Care Home Solutions

Basia Belza University of Washington

Ellen Blackwell CMS

Alice Bonner Institute for Healthcare Improvement

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