Health System-based Models of Dementia Care:

*Characteristics, Challenges & Opportunities*

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Health System-based Dementia Care Models:  
Characteristics

- Administered and/or financed by health care provider organization
- Includes medical management of dementia
- Key personnel includes nurse or nurse-practitioner +/- physician employed by health system
- Supplemental referrals to community-based organizations / resources
- Coordination of community-based services (variable)
- Utilizes electronic health record system

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UCLA Health
Indiana University Aging Brain Center (ABC)

- Hospital-based covering Indianapolis and Lafayette, Indiana
- Care management focused on improving self-management, problem-solving and coping skills
- Targeted conditions
  - Dementia (26%), dementia & depression (17%) and depression (57%)
- Team
  - 1. Care coordinator Assistants (non-licensed): primary liaison between care team and patients/caregivers
- Contact – In-person / Telephone
- Population – Medicare/Medicaid

UCLA Alzheimer’s and Dementia Care Program (ADC)

- Health system based with 4 outpatient clinical sites in Los Angeles and Ventura counties
- Care management focused on medical and psychosocial issues, caregiver training/support
- Targeted condition – Dementia
- Team – Dementia Care Managers (NPs), Dementia Care Manager Assistants (non-licensed), Geriatrician, Partnering MD, Community Based Organizations
- Contact: In-person / Telephone / Electronic communication
- Population – Medicare (FFS and MA) & Commercial for under 65
The Veterans Affairs Partners in Dementia Care Program (PDC)

• VA Medical Centers and Alzheimer’s Association Chapters
  • Boston, Houston, Providence, Oklahoma City and Beaumont
• Targeted condition – Dementia
• Team - relationship between a healthcare organization (VA) and a community based organization (Alzheimer’s Association)
  • Care Coordinators (one at the VA and one at the Alz Assoc)
  • Administrative assistant
• Contact – telephone / electronic communication
• Population – Veterans

Evaluation

• VA PDC showed reduced number of hospital admissions and ED visits
• Indiana ABC and UCLA ADC reduced caregiver stress
• UCLA ADC demonstrated reduced nursing home placement and cost savings
• Limitations: No randomized controlled trials
Other Health System-based DC Models

- Alzheimer’s Disease Coordinated Care for San Diego Seniors (ACCESS)
  - Provider education and communication protocols for SW care managers
  - Higher rates of guideline-adherent care and higher cholinesterase inhibitor use
  - Caregivers had higher care satisfaction, better self-efficacy, caregiving mastery, & social support and fewer reported unmet needs for behavior problem assistance

- Care Ecosystem (UCSF)
  - Telephone-based supportive care intervention delivered by ‘Care Team Navigator’ (CTN)
  - CTN triage complex medical or social issues to nurse, social worker or pharmacist

Opportunities for Future Research

1. Study ways to enhance efficiency and cost-effectiveness of care management (PCORI, CMS, Foundations)
2. Identify essential components of effective programs (NIA)
3. Refine health-system / CBO relationships (CMS, ACL)
   - HIPAA, IT, communication, payments, liability issues
4. Enhance workforce training and development (HRSA)
5. Provide informal and formal caregiver training and support (HRSA, CMS)