Person Centered Care Planning:
A View from the Clinic

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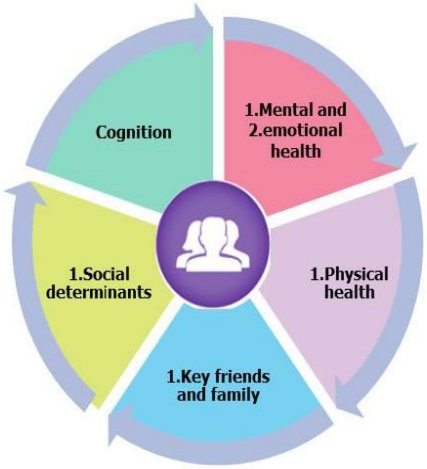
April 29, 2019

Person Centered Care for Dementia: Principles and Process

- Person > disease(s)
- Key friends and family
- Clinician roles = consultant, technician, container of uncertainty
  - Eliciting concerns, understanding, priorities
  - Advising from evidence + judgment
  - Integrating complexity
  - Negotiating goals
  - Evaluating goal attainment
  - Adjusting and revising
  - Anticipating and counseling
  - Mitigating risk

Person-Centered Dementia Care: 5 Domains



Modified from Borson & Chodosh, Clin Geri Med 30; 395-420 (2014)

CMS Cognitive Impairment Care Planning Code 1.0 – Alzheimer's Association Workgroup

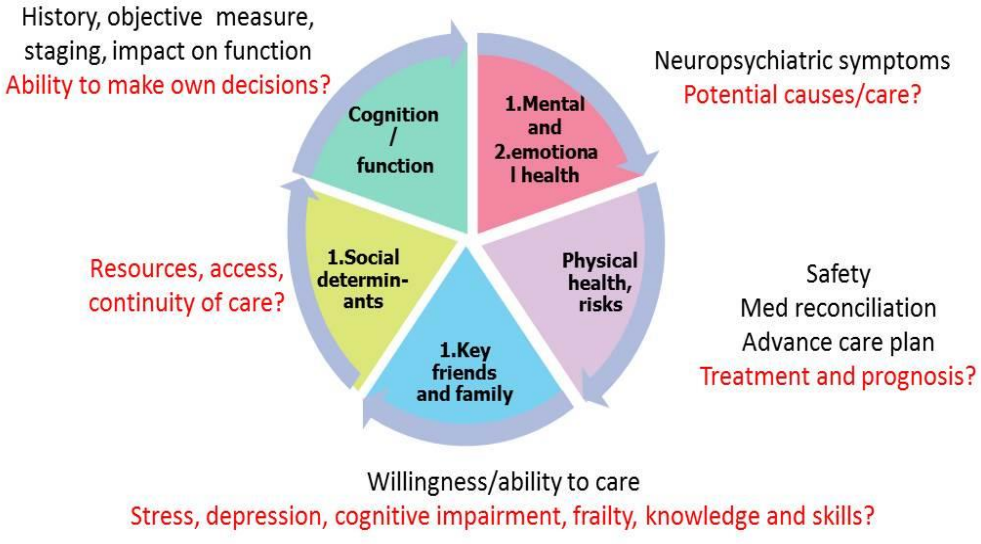
- Interprofessional collaboration
- Goals
  - Explain in plain language - purpose and elements of CPT 99483
  - Encourage uptake in primary care
    - Illustrate simple ways to meet required 9 elements
  - Identify gaps – the evidence of collective experience
  - Anticipate potential barriers to use

Borson, Chodosh, Cordell et al. Alz Dementia 13: 1168-1173 (2017)

Key innovations

- Acknowledges complexity (9 elements)
- Explicitly includes caregivers
- Requires written, shared care plan
- Offers good value for providers and health systems
- Allows combination with other select codes – reflects realities of 'care on the ground'…and the phone…and when patient is not present…and…

CPT 99483 vs. Person-Centered Care Planning



Person-Centered Care Planning 2.0: Putting It into Practice

- What providers need in order to change their practice
- Person-centered measures, e.g. Managing Your Loved One's Health
- Payment incentives for comprehensive dementia care (already in CPC+ models of primary care)
- Systems of care
  - Dementia care teams - adapting local resources
  - Standardized documentation and care plan templates
  - Electronic accountability and referral tools
  - Population and outcome research management