Innovations in the Delivery of Dementia Care in a rapidly evolving health care landscape

Brent Forester, MD, MSc
Chief, Division of Geriatric Psychiatry, McLean Hospital
Medical Director, Behavioral Health and Evaluation & Research
Partners Population Health, Partners HealthCare
Associate Professor of Psychiatry,
Harvard Medical School

Disclosures

Grants and Research Support Last 12 months:
◆ National Institute of Aging
◆ Rogers Family Foundation, Spier Family Foundation
◆ Eli Lilly, Biogen

Consulting: Eli Lilly, Biogen
The Facts on Early Diagnosis and Disclosure

Only about HALF of people with Alzheimer’s are diagnosed.

Among just those with the disease, only 33% are aware of their diagnosis.

Of those diagnosed, only 45% of them or their caregivers are aware of the diagnosis.

>80% of medical care for dementia occurs in general medical settings

Medicare reimbursement for dementia care planning: CPT Code 99483

Health Care System Transformation

<table>
<thead>
<tr>
<th>Yesterday’s Health Care</th>
<th>Today’s Health Care</th>
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<tbody>
<tr>
<td>• Care built around the institution</td>
<td>• Care built around the <strong>patient</strong></td>
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<tr>
<td>• Payments incentivize <strong>more</strong> care</td>
<td>• Payments incentivize <strong>better</strong> care</td>
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<tr>
<td>• Responsible for <strong>immediate</strong> outcome</td>
<td>• Responsible for <strong>ongoing</strong> health</td>
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<tr>
<td>• Grudging acceptance of cost</td>
<td>• <strong>Unable to sustain</strong> cost burden</td>
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Partners Accountable Care Organizations

Our contracts 7 years in...

As of May 2018

Partners currently manages ~650,000 lives in various accountable care relationships.

41% of our primary care lives are part of our risk contracts

COMMERCIAL
- Alternative Quality Contract (AQC)
- ~350k Covered Lives
  - Younger population; specialists critical to management

MEDICAID
- MassHealth ACO
- ~100k Covered Lives
  - Population with significant disability, mental health, and/or substance use challenges

SELF-INSURED
- Partners Plus
- ~100k Covered Lives
  - Commercial population, but Partners at full risk for cost and quality

MEDICARE
- Next Generation ACO
- ~100k Covered Lives
  - Elderly population; care management central to trend management

Partners Memory Care Initiative

Needs Assessment

Barriers to providing optimal patient care

- Lack of education in diagnosis and management
- Limited knowledge of access to resources
- Limited access to specialists
- Not enough time
- Complex family/social dynamics
- Not enough staff support
- Limited disease understanding

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Partners Memory Care Initiative

Needs Assessment

Other identified challenges:
- Distinguishing dementia from normal memory loss or depression
- Discussing dementia, delivering diagnosis
- Managing behavioral symptoms, medications
- Difficulty accessing specialty care when indicated

Opportunities:
- Improved care coordination
- Connection of patients to resources in community and at Partners
- Advance care planning
- Caregiver support

Partners Memory Care Initiative

Goals & Objectives

• Primary program goal:
  “To deliver high quality care for individuals with cognitive impairment by facilitating evidence-based assessment and treatment in the primary care setting, over the full illness trajectory, and for both patient and caregiver”

• Specific aims:
  1. Support & train PCPs
  2. Improve patient health outcomes
  3. Improve caregiver health status
  4. Reduce total healthcare costs
Partners Memory Care Initiative

Program Parameters

- Collaborative Dementia Care:
- Establish care team which collaborates with PCP to provide:
  - Timely & regular patient assessment & severity stratification
  - Assistance with diagnosis, disclosure, and difficult conversations
  - Care planning
  - Medication management
  - Caregiver support
  - Connection to specialties (neurology, geri psych) and other PHM programs (Collaborative Care, iCMP)
  - Connection to community resources

Partners Memory Care Initiative

Full List of Objectives

Improved assessment
1. Increase rate of diagnosis for (true positive) cases of dementia
2. Improve rate of disclosure of diagnosis to patient/caregiver

Improved disease management
3. Improve rate of advanced care planning
4. Increased numbers of serious illness conversations
5. Improved rate of medication review. Leading to:
   a. Decrease in number of harmful medications prescribed (i.e. deprescribing)
   b. Increase in number of evidence-based medications for dementia prescribed
6. Improved access to specialty care and community resources

PCP training
7. Improve PCP knowledge of and comfort with managing dementia, esp. behavioral symptoms

Health outcomes
8. Reduction in caregiver stress and depression symptoms
9. Improvement in patient health outcomes: depression, quality of life, behavioral & psychological symptoms of dementia (significant improvement in cognitive status not expected, but will be measured)
10. Reduced healthcare system utilization: decreased number of ED visits and Inpatient days

Costs
11. Decreased Total Medical Expenditure (TME)
Chronic Condition Management

Problem: Memory Impairment

**Patient Goals:**
- Adhere to medication regime
- Adapt to lifestyle changes and restrictions
- Participate in social and family activities
- Patient identified goal

**Tasks:**
- Care Management regular follow up
- Address psychosocial issues relating to memory impairment
- Custom Intervention / Task
- Consider referral to Dementia Care Coordinator
- Alzheimer’s Association