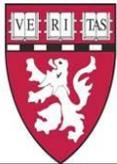




Innovations in the Delivery of Dementia Care in a rapidly evolving health care landscape

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Partners Health



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FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL



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

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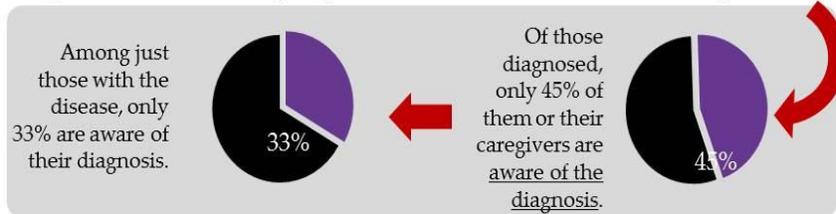
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The Facts on Early Diagnosis and Disclosure



Only about **HALF** of people with Alzheimer's are diagnosed.



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

Medicare reimbursement for dementia care planning: CPT Code 99483

Alzheimer's Association, 2018, Facts and Figures
Center for Population Health

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Health Care System Transformation



Yesterday's Health Care

- Care built around the **institution**
- Payments incentivize **more** care
- Responsible for **immediate** outcome
- **Grudging** acceptance of cost

Today's Health Care



- Care built around the **patient**
- Payments incentivize **better** care
- Responsible for **ongoing** health
- **Unable** to sustain cost burden

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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



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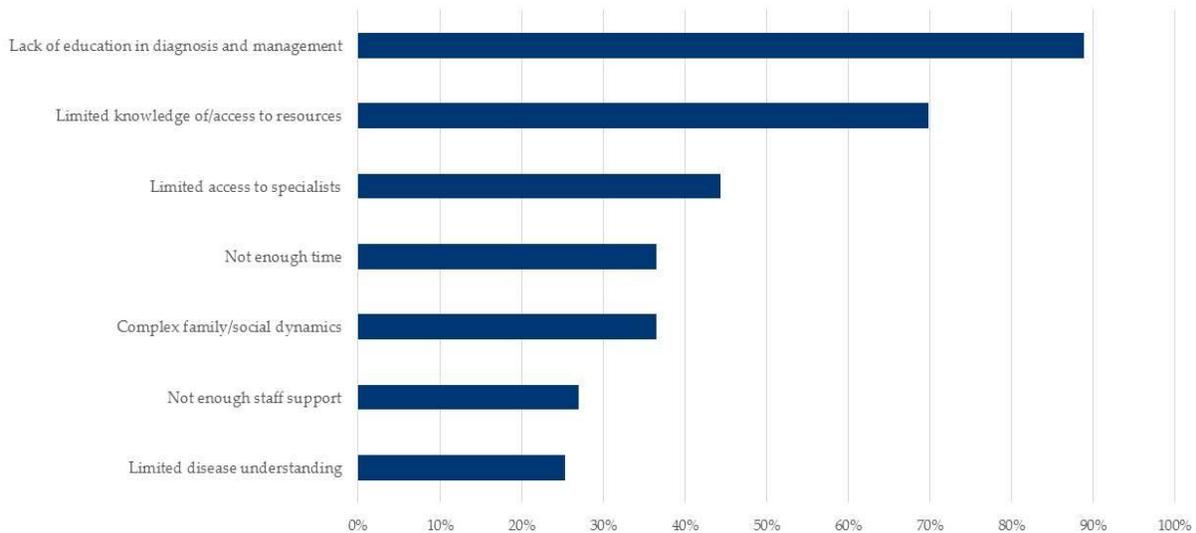
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Partners Memory Care Initiative

Needs Assessment



Barriers to providing optimal patient care



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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

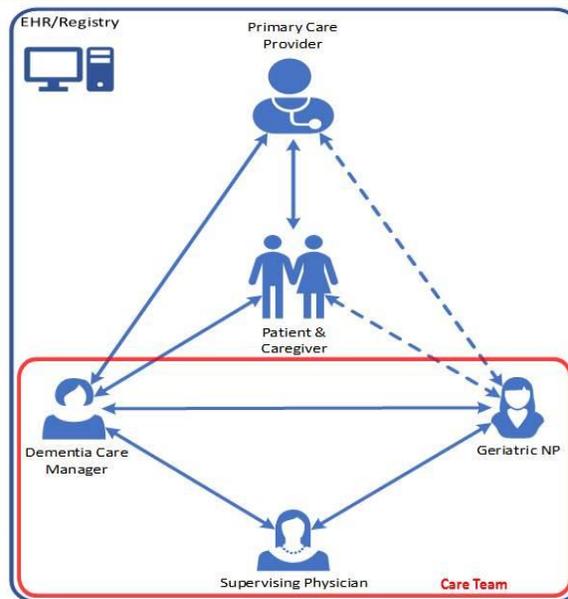
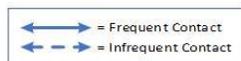


Partners Memory Care Initiative



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)

Partners eCare: Interdisciplinary Patient Plan of Care (IPPOC)



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

Carman, Carl B.
 Male, 78 years, 06/19/1939
 MRN: 8860926
 PCP: BAHADOR, LILA M

Language: English
 Last Height: 171.250 cm
 Allergies: Penicillins
 Primary Ins: MEDICARE
 CDM: 10004252
 Patient Gateway: Code expired
 Health Maintenance: Due
 FTY: Hospice Patient, Vis...

My Shots: Note
 Specialty: Comments
 Code: Prior
 Advance Dire...
 MCA-ST: Not...

Social Work Assessments - 8/15/2018 visit with Socialworker Phsamb, LICSW for Patient Outreach

ICMSP Social Work Assessment Behavioral Health Assessment Resource Specialist PN Peer Support

Consult Orders
 Orders resulted during the current encounter:
 Referring provider: None
 None

Contacts
 Incoming Call Outgoing Call Other
 Permanent Comments
 Deaf in right ear.
 No contacts

Reason for Call
 None

History

Diagnosis	Date	Comment	Source
Anemia			Provide
Arthritis			Provide
Atrophy			Provide
Chronic kidney disease (CKD)			Provide
Chronic obstructive pulmonary disease			Provide
IPPOC			Provide
Congestive heart failure			Provide
Coronary artery disease			Provide
Crohn's disease			Provide