

Improving Dementia Care Practices - A Health System Approach

Applications from the [GSA KAER Toolkit for Primary Care Teams](#)

GSA Momentum Discussions Podcast from The Gerontological Society of America

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Host:

Jennifer Pettis, MS, RN, CNE

Director of Strategic Alliances

The Gerontological Society of America



Guest:

Amy Boehm

Senior Health Systems Director

Alzheimer's Association



Jen Pettis:

Welcome to this GSA Momentum Discussion podcast episode titled *Improving Dementia Care Practices - A Health System Approach*. Momentum Discussions highlight topics experiencing great momentum in the Field of Gerontology. We are grateful to Genentech, Lilly, Eisai, and Otsuka for their support of the GSA KAER Toolkit for Primary Care Teams and today's podcast. My name is Jen Pettis. I am the Director of Strategic Alliances at The Gerontological Society of America, and I'm pleased to serve as the host for today's Momentum Discussion Podcast episode. I'm delighted to be joined by my colleague and a member of the Expert Advisory Panel for the GSA KAER Toolkit for Brain Health, Amy Boehm. Amy is a Senior Health System Director with the Alzheimer's Association, and she works with care providers in Ohio, Michigan, and West Virginia to leverage the Alzheimer's Association resources and training while taking a health systems approach to improve dementia care. Amy, thank you for taking time from your busy schedule to share your insights around improving dementia care practices with a health system approach.

Amy Boehm:

Hi Jen, thanks for the invitation. I am super excited to be here, and I love having this conversation, and having it with you is extra special. Thanks for the invite.

Jen Pettis:

Thank you so much. In December 2019, the Alzheimer's Association announced that it had launched a new health systems initiative and that initiative aimed at facilitating and enhancing dementia care in the clinical setting. Why did the Association believe that it was important to take that health system approach?

Amy Boehm:

To share some back history, many people know the Alzheimer's Association for the great work that we do in supporting patients and caregivers after the time of diagnosis. We have fantastic community education, we have support groups, and we do care consultations. Many people have been to our website and see the amazing resources that we have there. In 2019, the Alzheimer's Association launched our health system initiative to go from being known as a social service agency to entering the world of public health. We're working with health systems in a new way. In addition to all the great work that we're doing in the community with our programs, we're also partnering with health systems across the country to drive the early detection of dementia. Our new focus is on the early and accurate detection of dementia and to improve the quality of care delivered after the time of diagnosis.

Much of the work that we're doing is truly asking questions, probing questions, and talking about why the time is right to start focusing on dementia care. In our 2023 [Facts and Figures](#), some alarming figures stated included that more than 6 million Americans are now living with Alzheimer's and other related dementia. We expect that number to double by 2050. We need to focus on supporting health systems as they are dealing with this disease, while providing support to patients and caregivers who are on this journey.

Jen Pettis:

Turn now to focus on primary care and why the Association feels that changing practices around brain health and primary care is urgently needed. Can you discuss some of the Association's findings shared in the [2019 special report on Alzheimer's detection in primary care settings](#) paving a path forward? We certainly need a path forward to that public health approach that you mentioned. How are these findings driving the Association's health systems work?

Amy Boehm:

Every year we do a special report as we release our Facts and Figures. In 2019, our special report focused on this disease as it impacts primary care physicians. We surveyed physicians across the country regarding their patients who have been impacted with the disease, and found that, despite a strong belief among seniors that brief cognitive assessments are important, we are finding that only half are being assessed for cognitive decline. Far fewer are receiving routine assessments along the way. We know that, in general, seniors trust their physicians to recommend testing, whether that be testing for cognition testing or testing for cancer screenings. They trust their clinician to let them know when it's time to have this test. On the other side, we're talking to physicians who are often waiting for their patients to ask them a question or share problems and challenges they are experiencing.

On one side we have the patient waiting for the clinician to say something, on the other side we have the clinician waiting for their patient to address the concern. As a result, the conversation is not happening at all. We're targeting health systems in general while putting a special emphasis on working with primary care clinicians because they're seeing patients on a regular basis and, many times, it would be a primary care clinician identifying if something is changing with the patient that they are serving. We want to do our part to equip clinicians with the tools and resources they need, but also get them thinking differently about this disease so that they feel confident to have discussions around cognitive impairment and brain health with their patients. We want to drive this conversation around brain health when it comes to risk reduction, and primary care clinicians are in a role and setting to see changes in health and have these conversations.

Jen Pettis:

In 2021, the Alzheimer's Association reported that total payments for caring for Americans aged 65 and older with Alzheimer's or other dementia surpassed a quarter of a trillion dollars, an increase of nearly 50 billion from the year before. What is behind those costs and how does that relate to your health system approach?

Amy Boehm:

Part of the discussion around this disease is how it is a very costly disease for health systems and for our country, in general. Alzheimer's is a complicated disease to manage. We realize that more than 95% of patients with Alzheimer's or another related dementia are also experiencing other comorbidities, including diabetes, hypertension, etc. We realize that people with Alzheimer's have more hospitalizations with roughly 24% of those hospitalizations being preventable. In addition, people with Alzheimer's have more emergency room visits, although the admissions are not specifically for their Alzheimer's disease.

Amy Boehm:

For example, if someone has diabetes and also they're dealing with Alzheimer's, they might be forgetting to take their medication or taking it at different times, or they could be dealing with behavior issues and having outbursts and maybe a caregiver doesn't know what to do, which will land a patient into the emergency room. Therefore, it's not the Alzheimer's disease itself that is landing them into the emergency room, but it's typically due to their having this disease, whether it's diagnosed or not.

Having Alzheimer's is impacting the cost when you start looking at length of stay, readmission, hospitalizations in general, which drives up the cost of this disease. At the Association, we believe that for us to really get control of this, we need to focus on making sure that patients are receiving an early and accurate diagnosis as well as getting on a strong care management plan to deal with the journey that they're about to embark on. The Alzheimer's Association believes that getting an early diagnosis is important.

An early diagnosis is important for both the patient and the caregiver because it will relieve them of the anxieties that they're facing with an unknown cause of cognitive decline that they're experiencing. It also gives the caregiver and the patient an opportunity to have meaningful discussions around the journey on which they are embarking. Questions they have include what will happen when a patient can no longer stay at home? What does that mean for the patient and what is involved in those next steps? Another conversation could include when will the patient choose to stop driving. If the patient is dealing with cognitive decline issues, by having those conversations and the earlier a diagnosis is made, patients are able to be part of those conversations and think about what that means for the caregiver. Patients can be part of the discussion to determine how their journey will unfold for them, even though they may forget what their plan is in five years, they are able to express what is meaningful who are able to participate in the conversation about their health and their lifestyle. Think about what that means for the caregiver and that burden that is most likely being relieved from them as they're having their loved one in the decision-making process, hence an early diagnosis is crucial.

Jen Pettis:

At GSA we're pleased to have the opportunity to partner with the Alzheimer's Association, including our recent collaboration in Ohio where I was able to share the [GSA KAER Toolkit for Primary Care Teams](#) during some health system trainings. From your perspective, how does the KAER Toolkit address an unmet need for primary care providers?

Amy Boehm:

First of all, kudos to GSA for creating this Toolkit and all the stakeholders that you were able to bring together to create this amazing Toolkit. Please visit the website, look at the electronic copy which includes many links that you can click and takes you to a lot of amazing resources out there. What I see of value with the GSA KAER Toolkit is that it is a one-stop shop for those who are interested in driving change within their practice. We have had many conversations with clinicians around the 2019 Facts and Figures report, where we found that clinicians need guidance. These clinicians need guidance on what to do, guidance on which assessment tools to use, what should be those next steps if they notice cognitive decline, and how to disclose a diagnosis of dementia. We have heard from clinicians that they need this and the KAER Toolkit provides all of that with Kickstarting conversations, Assessing, Evaluating, Referring to resources. It's all in one package. It truly is a valuable resource for those clinicians who are serious about driving change within their practice as they're serving more and more of the aging population.

Jen Pettis:

Thank you for the kind words about GSA's work. We're certainly proud of it. What about the Association's work? How do you and your colleagues support health systems that choose to work with the Association?

Amy Boehm:

In 2019, we launched the health system initiative, which meant that our organization invested in health system directors across the country. We are broken up by regions. The work that I do is in Region 10, which includes Michigan, Ohio, and West Virginia. We have health system directors that serve regions across the country. We have roughly 22 health system directors that are doing the working with health systems and having this conversation about their health systems. I had a meeting this morning with a health system via Zoom, in which they said, tell us a little bit more about this health system initiative and what we could be doing to partner with the Alzheimer's Association. It truly is more than just a partnership.

The work that we're doing is impacting change. Many times, the conversation is about more than just a quick fix that we can come in and provide. We are looking for changes that can be made in the fabric of the system. Which system level changes can be made for sustainability? This work sticks beyond just one clinical champion that we work with or beyond me coming in and saying, this work is important. We want to make sure that the work lasts, which is at the heart of what we're doing. We are going in and building relationships and discovering where there are gaps that a health system is experiencing as they're trying to tackle this disease and or tackle some of the other issues that the aging population is dealing with, including delirium or fall risk. We are discussing what other things we can do to support that. What we're doing is having conversations about improvement projects and what that might mean for a care setting or an entire system, and how that improvement project will then drive system level changes down the road.

Jen Pettis:

If a healthcare team or system leadership wants to improve dementia care, can you give them some suggestions for how to get started?

Amy Boehm:

Connect with your Alzheimer's Association health system director, who can be found on our website alz.org, where you can find on the health system page how to get in contact with your health system director. I always say, if this work was easy, it would already be done. However, this work is not easy. Most health systems out there have quality improvement teams already built into their system. If it's not the Alzheimer's Association that is leading the quality improvement project, we would like to be part of the discussion and provide some technical assistance by looking at the current state of care delivery within the health system.

The types of questions we ask include: How many 65 and older are you currently serving? What are you doing to screen for potential cognitive decline? What happens if cognitive decline is indicated? What are the next steps? These are some of the probing questions that we ask as we have worked with health systems across the country, we're starting to develop best practices and how other systems are tackling this work, allowing us to share resources. We've even connected similar health systems to share how this work is happening.

Amy Boehm:

Another form of assistance that we provide is offering motivation and support throughout this entire process. There are many roadblocks along the way in tackling this disease, but we provide motivation support, and then certainly we always make sure to connect the health system with all of the great community resources that the Alzheimer's Association and other organizations have to serve those after the time of diagnosis. The next thing to consider after people have been diagnosed is how we can support them. We bring the support and resources to full cycle with patients and caregivers by connecting them to our local program staff.

Jen Pettis:

I heard some great insights from you, and it's certainly been a wonderful discussion. A few key things that I heard include alarming statistics around healthcare utilization. One out of four times someone with Alzheimer's or related dementia goes to the hospital, it could have been prevented. The prevalence of older adults managing comorbidities means that 19 out of 20 have a comorbidity. The importance of the early diagnosis is to allow them to get a strong management plan to keep those comorbidities well managed and to allow their caregivers to have that support. You also said that if the work was easy, it would already be done. I think that that's a really important message.

It sounds like as the health system directors go into the organizations, they support the teams to assess the current state, to learn about their population, and to learn about their current practice. Those are skills that they can then apply, or they may already have. Either they are muscles they are strengthening, or maybe they're really learning those skills for the first time and those are things that they can then apply to other quality improvement priorities in their organization, which is valuable as well. What are some other key points that you'd like to mention to our listeners?

Amy Boehm:

We're also assisting hospitals as well as outpatient centers and primary care clinics with the movement to become age friendly. We are partnering with the [Institute for Healthcare Improvement](#) (IHI) to bring more health systems that age-friendly designation. Many of us have become experts in the 4Ms to get the special accreditation, focusing on What Matters, Medication, Mentation, and Mobility. We often partner with health systems to work through the designation process. We're also supporting more health systems in becoming Geriatric ED accredited. We are excited to be working with GSA, and we're hoping that additional primary care practices really utilize the Toolkit, and not only just review the toolkit, but I think that's where we have a unique opportunity to not only present them with this toolkit, but actually work with them to identify the different interventions in there that are listed and implement the fantastic resources in their practice or their organization. We are looking forward to expanding our reach as new treatments become approved. We are interested in being a trusted partner as more health systems tackle Alzheimer's and related dementias.

Jen Pettis:

Thank you so much Amy for all that you and your colleagues are doing and for sharing your work in health systems to improve dementia care. I also want to thank those who are listening to this episode of the GSA Momentum Discussion podcast. We hope our members and others find this podcast informative.

Announcement:

To learn more about The Gerontological Society of America, visit geron.org. The Gerontological Society of America was founded in 1945 to promote the scientific study of aging, cultivate excellence in interdisciplinary aging research, and education to advance innovations in practice and policy. For more information about GSA, visit geron.org.