

PROJECT ECHO MINISERIES:

BEST PRACTICES IN DEMENTIA CARE

Hosted in collaboration with the
Alzheimer's Association



Seven weekly sessions

Thursday, 3 – 4 p.m. ET | March 7 – April 18

nhpco.org/projectecho

Reimbursement, Quality, and Regulatory

April 4, 2024



Disclosures

Disclosure

The faculty and planners for this educational event have no relevant financial relationship(s) with ineligible companies to disclose.

Data Collection

In order to support the growth of the ECHO® movement, Project ECHO® collects participation data for each ECHO® program. Data allows Project ECHO® to measure, analyze, and report on the movement's reach. Data is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives.

Evaluation

Please complete program evaluation materials following each session.

Ground Rules and Video Teleconferencing Etiquette

- This is an all share-all learn format; judging is not appropriate
- Respect one another – it is ok to disagree but please do so respectfully
- Participants – introduce yourself prior to speaking
- One person speaks at a time
- Disregard rank/status
- Remain on mute unless speaking and eliminate or reduce environmental distractions to improve sound/video quality
- Use video whenever possible; make eye contact with the camera when you are speaking
- **Do not disclose protected health information (PHI) or personally identifiable information (PII)**

Today's Agenda

- Introduction of Faculty – NHPCO Team
- Didactic Presentation – Faculty
- Case Study Presentation – Faculty
- Discussion – Session Participants, Faculty, and NHPCO Team
- Key Takeaways – Faculty and NHPCO Team
- Closing Remarks – NHPCO Team

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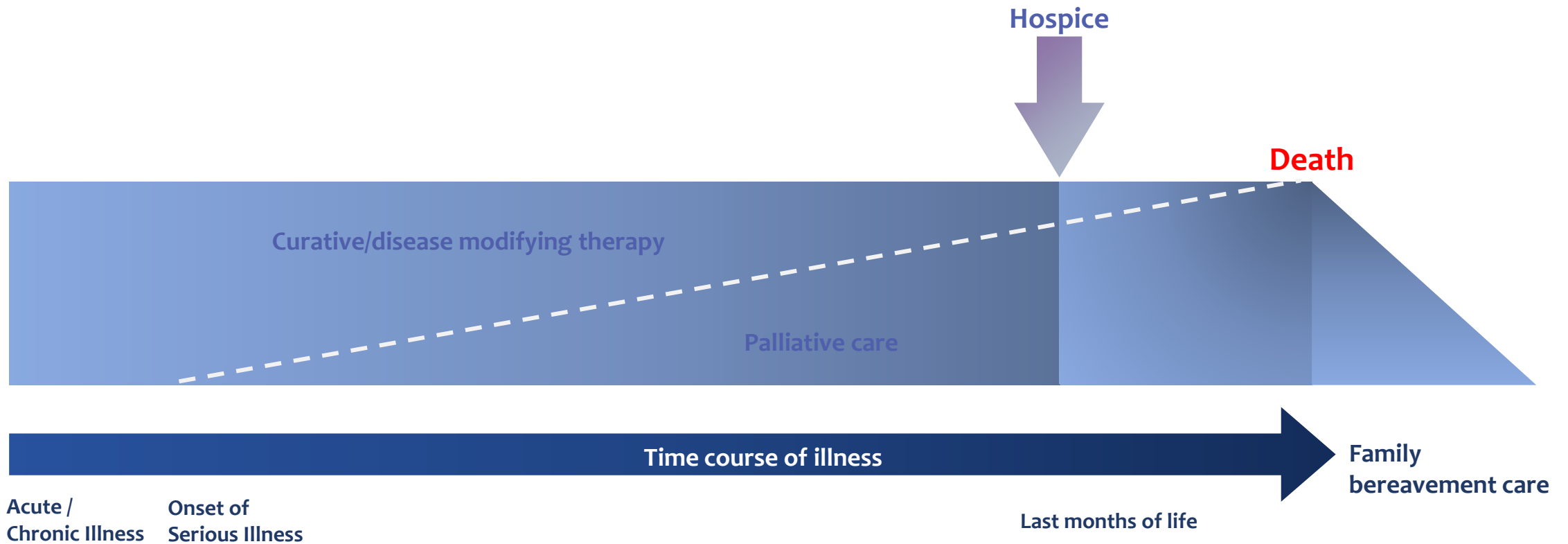
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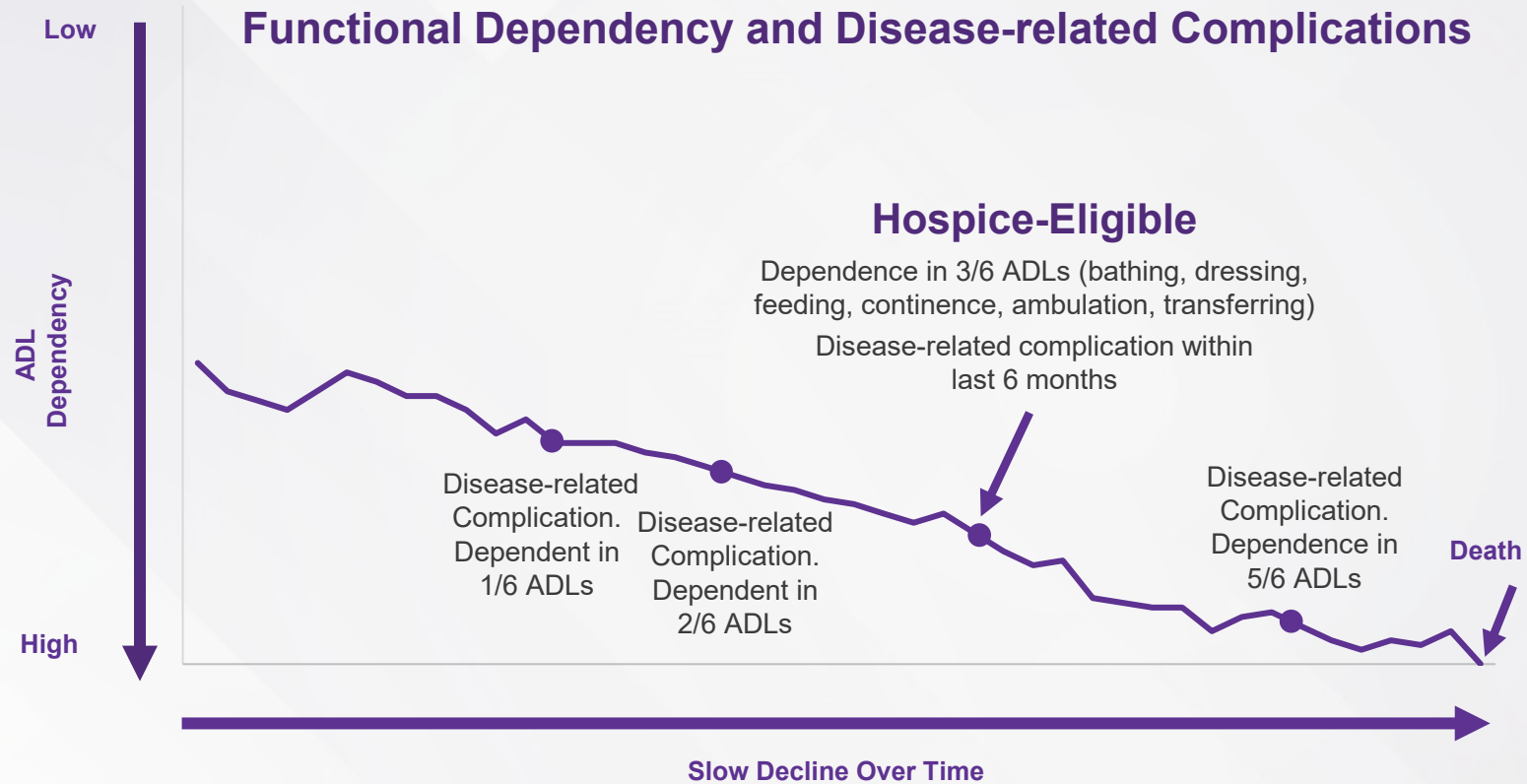


Didactic Presentation

Overview of Palliative Care & Hospice



Dementia Natural History



Disease-related complications include, but are not limited to:

- UTI
- Sepsis
- Febrile episode
- Delirium
- Pneumonia
- Hip fracture
- Difficulty eating or dysphagia
- Dehydration
- Feeding tube (decision)
- Weight loss

Dementia Quality Measurement Set: AAN, APA, and Other Stakeholders

- Initial measures developed in 2009
- Updated and revised measures in 2015 with exception of cognitive measure - 3 added, 3 retired, and 6 greater specificity
- 9 process areas where quality could be improved
- Prodromal states such as MCI were outside of scope (separate measures published 2019). Underlying considerations
- Dementia is a syndrome not a disease
- Umbrella term of numerous diseases/disorders that cause symptoms cognitive/functional decline
- Dementia is a terminal illness



Measure 1: Disclosure of Dementia Diagnosis

- Description/Numerator: Patients and patient/caregiver dyads with a diagnosis of a qualifying dementing disorder or disease who have been told (1) that they have dementia and (2) what disease is most likely responsible
- Denominator: All patients with a diagnosis of a qualifying dementing disorder or disease.
- Exclusions: Diagnosis previously disclosed, disclosure offered, but patient declines information on their diagnosis, and patient does not have caregiver

Rationale: Diagnosis of AD should be disclosed to patient (and caregiver as appropriate). Disclosures should be individually tailored...accompanied by information and counseling as well as useful contacts such as Alzheimer's groups...

Patients and caregivers should be provided with education and support. Many do not receive dementia diagnosis. Only 45% of people with Alzheimer's disease or their caregivers report being told of their diagnosis.

Diagnosis is an unmet need...Many community-residing individuals with dementia and their caregivers have unmet needs for care, services, and support

Measure 2: Education and Support of Caregivers for Patients with Dementia

- Description/Numerator: Percentage of patients with dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND were referred to additional resources for support in the last 12 months.
- Denominator: All patients with dementia
- Exclusions: Patient does not have a caregiver. Caregiver is trained and certified in dementia care. Patient/caregiver dyad has been referred to appropriate resources and connection to those resources confirmed.

Rationale: By providing education as well as resources to caregivers it is anticipated that caregiver will act on information received connecting to support networks and gain a greater understanding of dementia. As a result, caregiver burden will decrease, caregiver and patient Quality of Life will improve, and caregiver and patient physical health will improve.

There is evidence that dementia-related needs for care, services and support for patients with dementia in the community and their caregivers are unmet. Caregiver stress..., often results in physical and emotional distress in the caregiver. The patient and the caregiver will inevitably face challenges related to cognitive and behavioral decline... Helping to guide the patient and the caregiver through these challenges is an essential aspect of providing good clinical care.

Measure 3: Functional Status Assessment for Patients with Dementia

- Description/Numerator: Patients with dementia for whom an assessment of functional status was performed at least once in the last 12 months.
- Denominator: All patients with dementia
- Exclusions: None

Rationale: Maintaining or increasing physical functioning levels is a desired outcome. This is key to maintaining quality of life and reducing caregiver burden. This requires regular assessment of function in multiple domains.

In routine practice, persons with dementia may not be assessed regularly for changes in their ability to perform both basic and instrumental activities of daily living. Frequent and comprehensive assessments will allow health care providers to track these changes and to make timely interventions aimed at preserving function or mitigating disability. When planning interventions to improve or maintain function, it is important to consider a broad range of causes of functional impairment, including impaired cognition.

Measure 4: Screening and Management of Behavioral and Psychiatric Symptoms Associated with Dementia

- Description/Numerator: Patients with dementia for whom there was a documented screening for behavioral and psychiatric symptoms, including depression in the last 12 months and for whom, if screening was positive, there was also documentation of recommendations for management in the last 12 months.
- Denominator: All patients with dementia
- Exclusions: None

Rationale: Decreasing the rate of behavioral and psychiatric symptoms of dementia is a desired outcome. These symptoms, including depression, have serious adverse impact on quality of life for patients and caregivers and increase the risk of institutionalization. They may go unrecognized and untreated by health care providers if they are not actively screened for with specific attention to discrete symptom domains.

Behavioral and psychiatric symptoms, including depression, are very common in dementia, are major sources of disability and distress, and are frequently not detected or appropriately treated. Regular screening for and treatment of these symptoms will improve the quality of life for patients and reduce caregiver burden.

Measure 5: Safety Concern Screening and Follow-Up for Patients with Dementia

- Description/Numerator: Patients with dementia or their caregiver(s) for whom there was a documented safety screening in two domains of risk: dangerousness to self or others and environmental risks; and if screening was positive in the last 12 months, there was documentation of mitigation recommendations, including but not limited to referral to other resources.
- Denominator: All patients with dementia
- Exclusions: Patient unable to communicate and informant not available.

Rationale: Reducing injuries, including those associated with falls, accidents, and aggression are desired outcomes. These are devastating complications of dementia that have serious adverse impact on the quality of life of patients and caregivers. It is possible to reduce the risk of these outcomes by means of simple preventive measures... may be overlooked by health care providers if they don't screen for safety risks...

Screening for safety concerns is a major unmet need of persons with dementia. Caregivers may be caught unprepared...Numerous Internet resources are available...Local organizations...may have adult day care programs that offer socialization...designed to promote well-being... Some respite for caregivers may be found through these resources.. A health care provider who is familiar...is able to provide guidance to supportive resources that reinforce safety...

Measure 6: Driving Screening and Follow-Up for Patients with Dementia

- Description/Numerator: Patients with dementia for whom there was a documented screening for driving risks and for whom, if screening positive, there was also documentation they were informed of alternatives to driving in the last 12 months.
- Denominator: All patients with dementia
- Exclusions: None

Rationale: Reducing the number of driving accidents in persons with dementia is a desired outcome. As dementia progresses driving skills will deteriorate. Screening at a regular interval will identify potential deficits and should lead to a conversation with patient exploring all reasonable options for remaining mobile in their community... As deficits are addressed and alternate transportation methods instituted...patients experiencing driving accidents should be reduced.

Health care providers are often reluctant to raise the issue of driving safety with their patients because they don't feel competent to assess driving safety and because patients frequently resist discussing it. Providers may consider referring patients to a driving center to conduct a driving assessment. "...except for on-road assessment, there is no single tool at present that should be used to determine fitness to drive."

Measure 7: Advance Care Planning and Palliative Care Counseling for Patients with Dementia

- Description/Numerator: Patients with dementia who 1) have an advance care plan or surrogate decisions maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan AND Patients with dementia or their surrogate decision maker who 2) received comprehensive counseling regarding ongoing palliation & symptom management, and end of life decisions within two years of initial diagnosis or assumption of care.
- Denominator: All patients with dementia
- Exclusions: Patients who at time of intake had advanced dementia for whom there was no record of advance care planning or surrogate decision-maker prior to their admission.

Rationale: Dementia is under-recognized as a terminal disease. Individuals with advanced cognitive impairment who did not have an advanced directive had a 15% greater chance of a burdensome transition at end of life.

Growing evidence indicates that patients want to engage in advance care plan discussions to ensure their wishes are met, but few patients with dementia are engaged in these discussions. All providers have a responsibility to review existing care plans... The work group encourages engagement of patients in this decision-making process early in the course of the disease and assure patients decisions made will be adhered to without interference from caregivers or treatment team members when clinically appropriate. There is also evidence indicating that patients and surrogate decision makers are not being engaged in ongoing palliation and symptom management...

Measure 8: Pain Assessment and Follow-Up for Patients with Dementia

- Description/Numerator: Patients with dementia who underwent documented screening for pain symptoms at every visit and if screening was positive also had documentation of a follow-up plan.
- Denominator: All patients with dementia
- Exclusions: None

Rationale: By documenting screening and treating pain for all patients with dementia including those who are not able to verbally communicate, it is anticipated that patient quality of life and movement will improve. Current dementia measures do not specifically include pain assessment in people with dementia. There is a growing body of evidence that pain impacts outcomes.

Evidence indicates that pain is frequently undertreated and poorly managed in older persons, particularly in those with cognitive impairment. Under-treatment of pain in dementia is frequent; its risk increases with the severity of dementia.

Pain symptoms in a patient with dementia can present as non-verbal expressions, pain behaviors, depression symptoms, cognitive decline, functional decline, neuropsychiatric symptoms, including agitation and aggression...

Measure 9: Pharmacological Treatment of Dementia

- Description/Numerator: Patients with dementia or their caregivers with whom available guideline appropriate pharmacological treatment options and non-pharmacological behavior and lifestyle modifications were discussed at least once in the last 12-month period.
- Denominator: All patients with dementia
- Exclusions: None

Rationale: Pharmacologic therapy to address symptomatic progression and occupational therapy to maximize function and safety are available and should be discussed with patients and their caregivers, with the goal of improving quality of life and delaying or preventing institutionalization.

Guideline-adherent dementia interventions occurred in 33-91% of primary care practices according to a meta-analysis. Individual health care providers can provide counseling about simple interventions...to caregivers: redirecting and refocusing, providing tolerable social interaction, adhering to good sleep hygiene, ceasing activities that provoke frustration, addressing and ameliorating triggers, and offering soothing measures (music, aromas)... OT is available in most medical centers...interventions, such as cognitive behavior or dialectical behavior therapy...and others will be available

GUIDE to Quality, Reimbursement and Innovation

Guiding an Improved Dementia Experience Model (GUIDE)

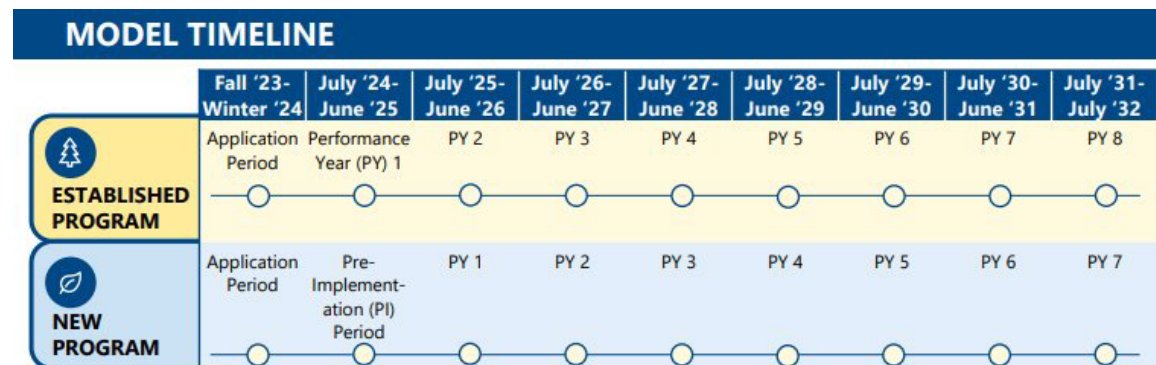
Goals:

- Focus on dementia care management
- Improve quality of life for people living with dementia (PLWD)



Guiding an Improved Dementia Experience Model (GUIDE)

- Standard approach to care - offers a 24/7 support line, central role of a care navigator
- Caregiver training, education and support
- Focus on care coordination, quality of life for PLWD and respite support
- Focus on reducing disparities in access to dementia care services
- Alternative payment methodology to model participants (may utilize “Partner Organizations”)



Guiding an Improved Dementia Experience Model (GUIDE)

- The GUIDE Model / monthly dementia care management payment (DCMP) does not follow total cost of care
- Model participants will use a set of new G-codes created for the GUIDE model to submit claims for the monthly DCMP and the respite codes.
- Respite services will be paid an annual cap of \$2,500 per beneficiary

	Monthly payment rates for beneficiaries with caregiver			Monthly payment rates for beneficiaries without caregiver	
	Low complexity dyad tier	Moderate complexity dyad tier	High complexity dyad tier	Low complexity individual tier	Moderate to high complexity individual tier
First 6 months (New Patient Payment Rate)	\$150	\$275	\$360	\$230	\$390
After first 6 months (Established Patient Payment Rate)	\$65	\$120	\$220	\$120	\$215

Billable services included under DCMP:

- Chronic Care Management (CCM)
- Principal Care Management
- Transitional Care Management
- Advance Care Planning
- Technology-based check-ins

Other services (not included in the DCMP) will continue to be billed under Medicare traditional fee-for-service (FFS)

Didactic Presentation Q&A

Attendee Location Poll

Case Study Presentation

Situation

- 82 y/o patient with multiple comorbid conditions who is referred to your home-based palliative care program due to unmet needs that surfaced during an encounter with the primary care physician.
- The medical records indicate the patient has missed 2 recent previous appointments and arrived at the most recent one where patient was unkempt and had a daughter present for the first time.
- The daughter had expressed concern as even though his memory has not seemed to change much, he has experienced two MVAs in the last couple of months.
- You are struck by how much the patient has changed in the last 6 months including:
 - Weight loss 5% body weight
 - Blood pressure increased 180/100
 - Appears to have a new tremor and daughter reports visual hallucinations
 - Not wanting to get dressed for the day and seems disinterested in things he used to enjoy
 - Gait is slower and slightly unsteady
 - Some bruising which he reports as several recent falls due to losing balance

Background

- The patient has seen the same primary clinician for 17 years since enrolling in traditional Medicare
- Multiple chronic conditions include the following:
 - Heart Failure Preserved Ejection Fraction- NYHA Class III secondary to shortness of breath/fatigue
 - Hypertension well controlled 30 years
 - Hypercholesterolemia
 - Obesity with obstructive sleep apnea
 - Peripheral vascular disease with stable claudication about ¼ block
 - COPD- previous tobacco use, but quit 7 years ago after an exacerbation necessitating a hospital stay
 - Osteoarthritis multiple joints
 - BPH
 - Glaucoma
- No advance care plan exists

Assessment

- Lewy Body Dementia
 - Mild to moderate stage
 - New diagnosis
- Functional impairment/Dependent IADL's
 - Finances, meal prep, laundry, medications, driving
- Behavioral and psychiatric symptoms
 - Depressive symptoms
 - Visual hallucinations
- Safety concerns
 - Driving
- Advance care planning
- Pharmacologic and non-pharmacologic treatment

Discussion and Recommendations

Discussion and Recommendations

- What safety concerns should be addressed for this patient?
- What are the pharmacologic and non-pharmacologic treatment considerations?

Key Takeaways

- Important considerations
 - Dementia is a syndrome not a disease
 - Umbrella term of numerous diseases/disorders that cause symptoms cognitive/functional decline
 - Dementia is a terminal illness
- Many individuals with dementia and their caregivers were not told of their diagnosis
- Caregiver support is critical
- Patients should be routinely assessed for changes in their functional abilities
- Safety screening, specifically related to driving, is an important assessment point
- Behavior and psychological symptoms are common in dementia, and often not appropriately assessed or treated

References

1. Dementia Quality Measurement Set https://www.aan.com/siteassets/home-page/policy-and-guidelines/quality/quality-measures/15dmmeasureset_pg.pdf
2. CMS GUIDE Model <https://www.cms.gov/priorities/innovation/innovation-models/guide>
3. Lawton Instrumental Activities of Daily Living Scale https://geriatrictoolkit.missouri.edu/funct/Lawton_IADL.pdf
4. Barthel ADL Index <https://www.sralab.org/sites/default/files/2017-07/barthel.pdf>
5. Katz Index of Independence in Activities of Daily Living <https://www.alz.org/careplanning/downloads/katz-adl.pdf>
6. Functional Activities Questionnaire <https://www.alz.org/careplanning/downloads/functional-activities-questionnaire.pdf>
7. Pain Assessment in Advanced Dementia (PAINAD) <https://geriatrictoolkit.missouri.edu/cog/painad.pdf>
8. Pain Assessment Checklist for Seniors with Limited Ability to Communicate (PACSLAC) <https://geriatricpain.org/pacslac>
9. Pain Assessment for the Dementing Elderly (PADE) https://geriatricpain.org/sites/geriatricpain.org/files/2023-06/PADE_Final%20with%20logo.pdf

Session Evaluation and Certificate of Completion

- Your feedback is valuable as we plan upcoming sessions! Please complete the [Project ECHO Dementia Care Miniseries Post-Session Evaluation](#)
- Project ECHO sessions are not accredited for continuing education, but we are able to offer a confirmation of completion for participants who attend at least five live sessions and complete all session evaluations as well as a final miniseries evaluation

Upcoming Sessions

Date: April 11

Topic: Building and Supporting an Empowered Workforce

Date: April 18

Topic: Summary and Wrap-Up

Additional Information

NHPCO Project ECHO webpage:

<https://www.nhpc.org/regulatory-and-quality/quality/projectecho/>

For more information:

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