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THE FORTY-FIRST

# AGHE ANNUAL MEETING AND EDUCATIONAL LEADERSHIP CONFERENCE

FEB. 26 - MAR. 1 2015 • NASHVILLE, TENNESSEE

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WyGEC

# Alzheimer's Disease Education for the Healthcare Workforce: Outcomes, Future Directions, & Collaboration Opportunities with GECs

Christine McKibbin, PhD & Catherine Carrico, PhD
Wyoming Geriatric Education Center
University of Wyoming
February 26, 2015

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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# Disclosures:

- This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under UB4HP19198 Geriatric Education Center for $2.1 million 2010-2015. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
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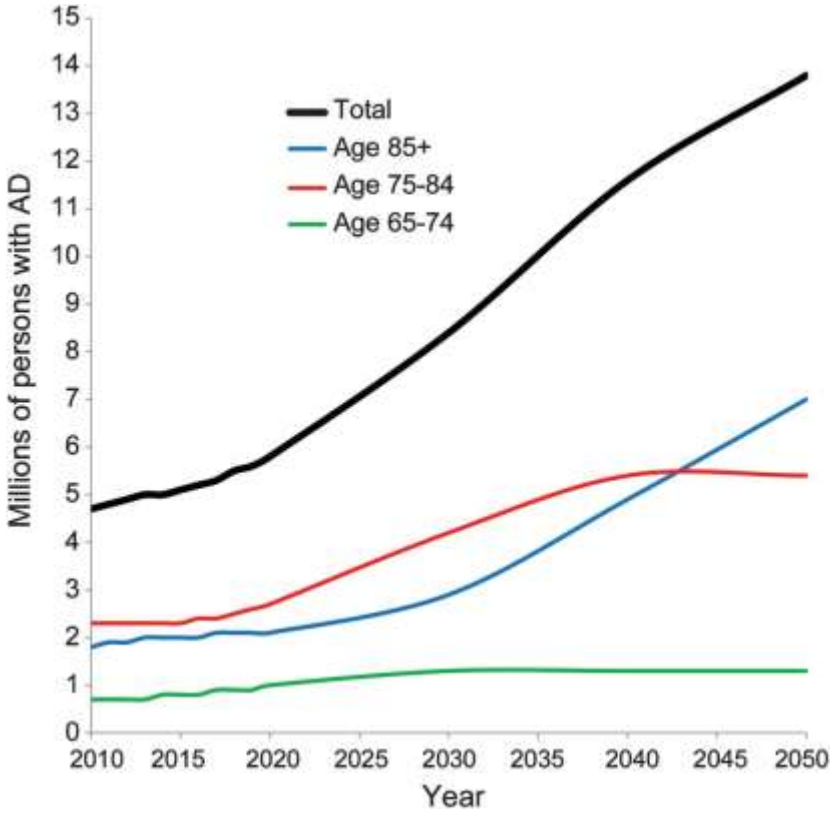
# Alzheimer's Disease:

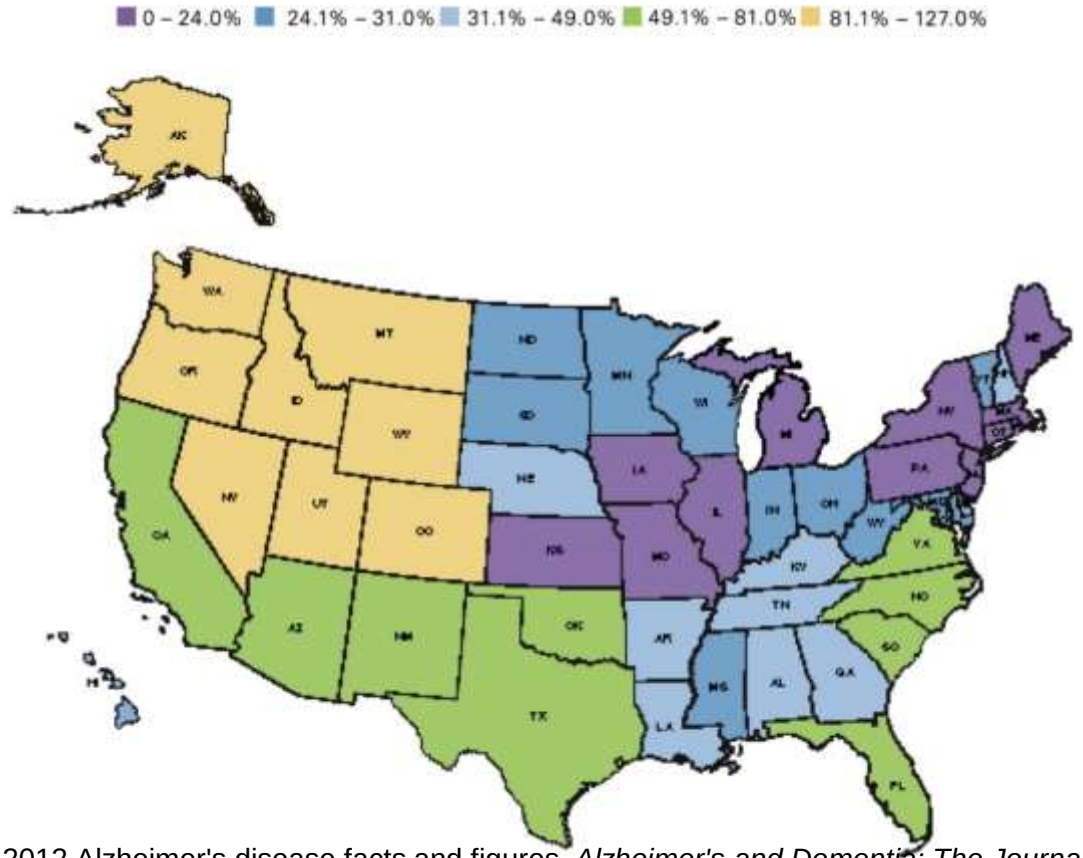
- Debilitating condition
- Substantial care is required
- Sixth leading cause of death

# Increases in Alzheimer's Disease:



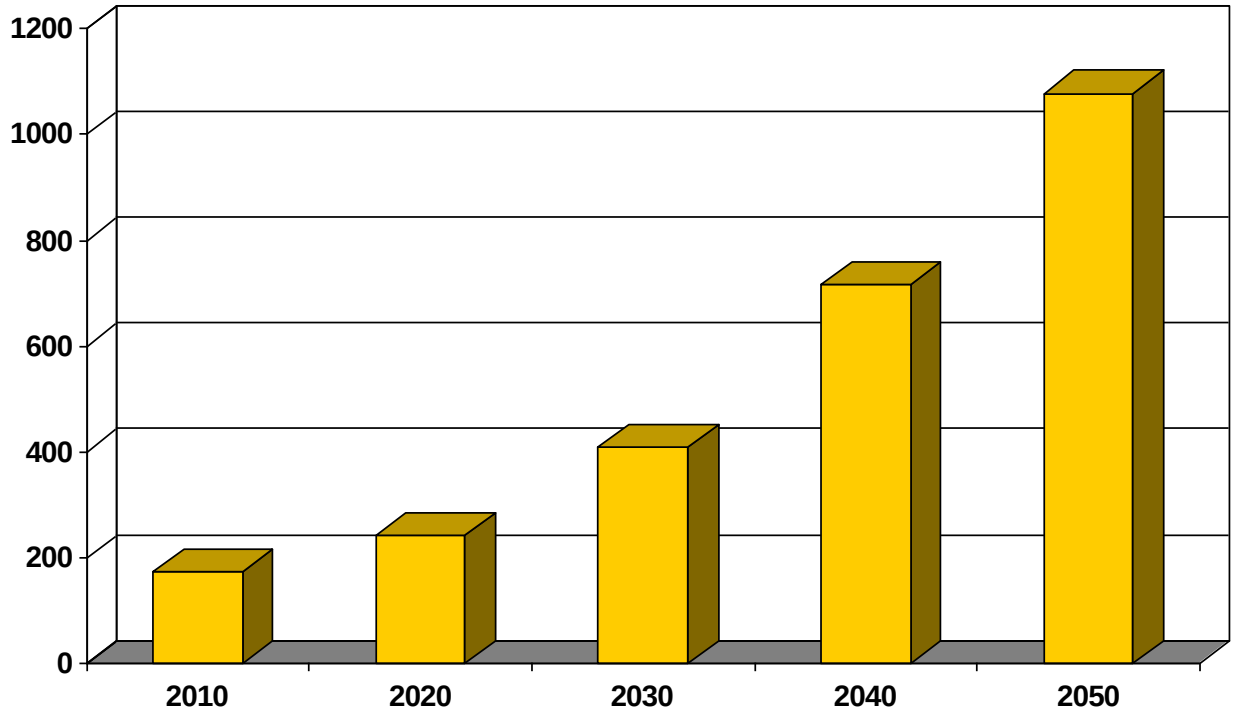

Hebert et al., *Neurology,* 2013.

# Increases in Alzheimer's Disease in the U.S.:




Alzheimer's Association. 2012 Alzheimer's disease facts and figures. *Alzheimer's and Dementia: The Journal of the Alzheimer's Association*. March 2012; 8:131–168.

# Costs to U.S. of Alzheimer's in 2050:




Alzheimer's Association. 2012 Alzheimer's disease facts and figures. *Alzheimer's and Dementia: The Journal of the Alzheimer's Association*. March 2012; 8:131–168.

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# Preparation to Serve:

- Too few specialty mental health providers
- Need to train a variety of health professionals
- Better understanding of dementia needed
- Variability in understanding of Alzheimer's

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# National Alzheimer's Project Act:

- Authorizes the creation of a national plan
  - Prevent and effectively treat Alzheimer's by 2050
  - Enhance care quality and efficiency
  - Expand supports
  - Enhance public awareness
  - Improve data to track progress

- Obama administration invested $156 million
- $26 million for support and education
  - Outreach to enhance providers' knowledge

# Supplemental Funding:

FY 2012-13 & 2013-14: Prevention & Public Health funds

- $2 million to 45 Geriatric Education Center Grantees
  - Train health care practitioners
  - Provide training as continuing education and free of charge
  - Partnerships to disseminate widely
  - Provide trainings for distribution on centralized website
  - Report on reach and outcomes

FY 2014-15: Additional funding through HRSA discretionary funds

- Added objective of training lay and family caregivers

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# Training Goals:

- Grantees should provide training on the latest clinical guidelines and on how to work with patients with the disease and their families.
  - Assessment of AD
  - Recognizing signs and symptoms
  - Manage the disease in the context of other health conditions
  - Refer to appropriate clinical trials
  - Be knowledgeable about long-term supports and when to refer
  - Signs of caregiver burden and depression


AGEC
Arkansas Geriatric Education Center

# Alzheimer's Disease Education

The Arkansas Geriatric Education Center Initiative

February 27, 2015

Ronni Chernoff, PhD

The AGEC conducts biannual needs assessments of our target audience of health professionals

Alzheimer's disease and dementia are always ranked the #1 topic that respondents request programs

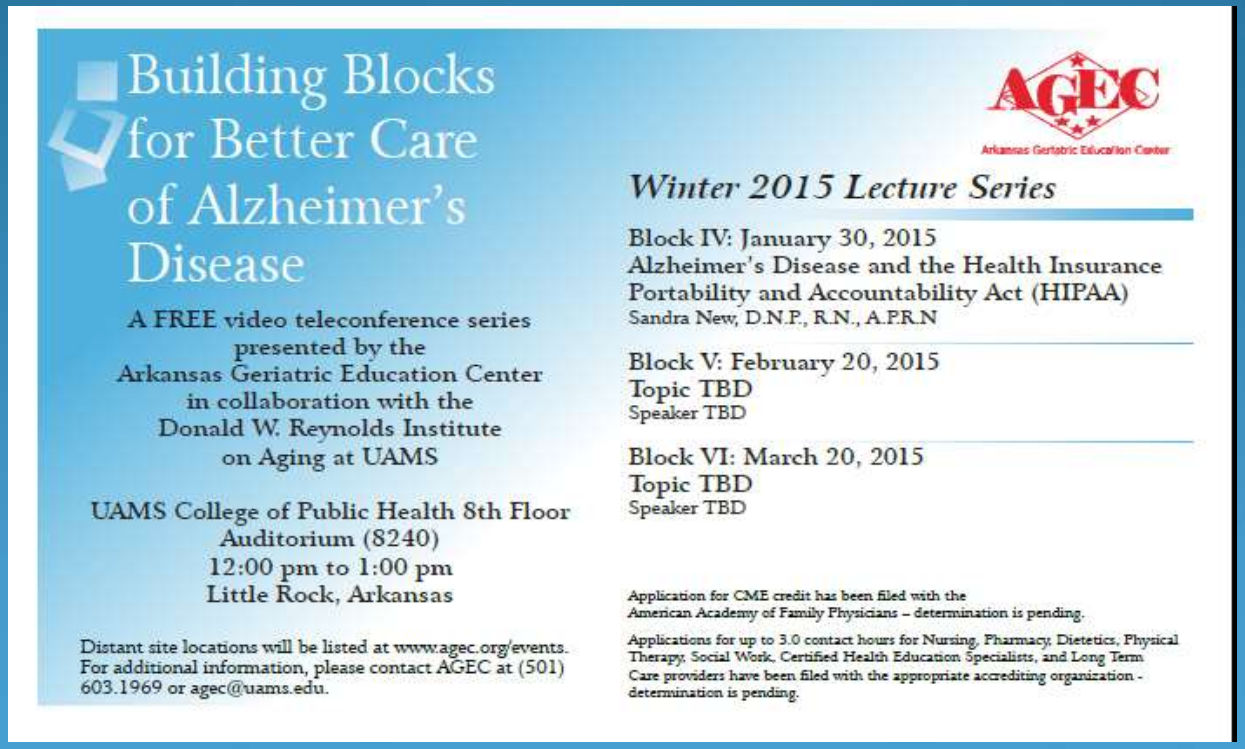
The AGEC conducts biannual needs assessments of our target audience of health professionals

Alzheimer's disease and dementia are always ranked the #1 topic that respondents request programs

Because Arkansas is a rural state, we have found that providing CE programs by live interactive television through our university and the Rural Hospital Network has been acceptable, accessible, and well-attended by health care providers throughout the state.

The Arkansas Geriatric Education Center has sponsored 18 one-hour video teleconferences on topics related to Alzheimer's Disease over the past 3 years

# Building Blocks for Better Care of Alzheimer's Disease



## Building Blocks for Better Care of Alzheimer's Disease

A FREE video teleconference series
presented by the
Arkansas Geriatric Education Center
in collaboration with the
Donald W. Reynolds Institute
on Aging at UAMS

UAMS College of Public Health 8th Floor
Auditorium (8240)
12:00 pm to 1:00 pm
Little Rock, Arkansas

Distant site locations will be listed at www.agec.org/events. For additional information, please contact AGEC at (501) 603.1969 or agec@uams.edu.

AGEC
Arkansas Geriatric Education Center

*Winter 2015 Lecture Series*

Block IV: January 30, 2015
Alzheimer's Disease and the Health Insurance Portability and Accountability Act (HIPAA)
Sandra New, D.N.P., R.N., A.P.R.N

Block V: February 20, 2015
Topic TBD
Speaker TBD

Block VI: March 20, 2015
Topic TBD
Speaker TBD

Application for CME credit has been filed with the American Academy of Family Physicians – determination is pending.

Applications for up to 3.0 contact hours for Nursing, Pharmacy, Dietetics, Physical Therapy, Social Work, Certified Health Education Specialists, and Long Term Care providers have been filed with the appropriate accrediting organization - determination is pending.

# ALZ Program Topics year 1

Overview of the Alzheimer Brain

Alzheimer's Disease: Natural Progression/Symptoms

Alzheimer's Non-pharmacological Management

Pharmacological Management of Alzheimer's

Communication Issues with Alzheimer's Patients

Myths of Alzheimer's Disease

# ALZ Program Topics year 2

The Genetics of Alzheimer's Disease

Early Alzheimer's Disease and Other Types of Dementia

Caregiving Issues and Alzheimer's Disease: Dealing with Difficult Behaviors

Behavioral Non-Pharmacologic Management of Alzheimer's Disease

Legal Planning Issues Concerning Alzheimer's Disease

Future Directions and Research Update of Alzheimer's Disease

# ALZ Program Topics year 3

Behavioral Issues and Alzheimer's Disease

Co-Morbidities and Alzheimer's Disease

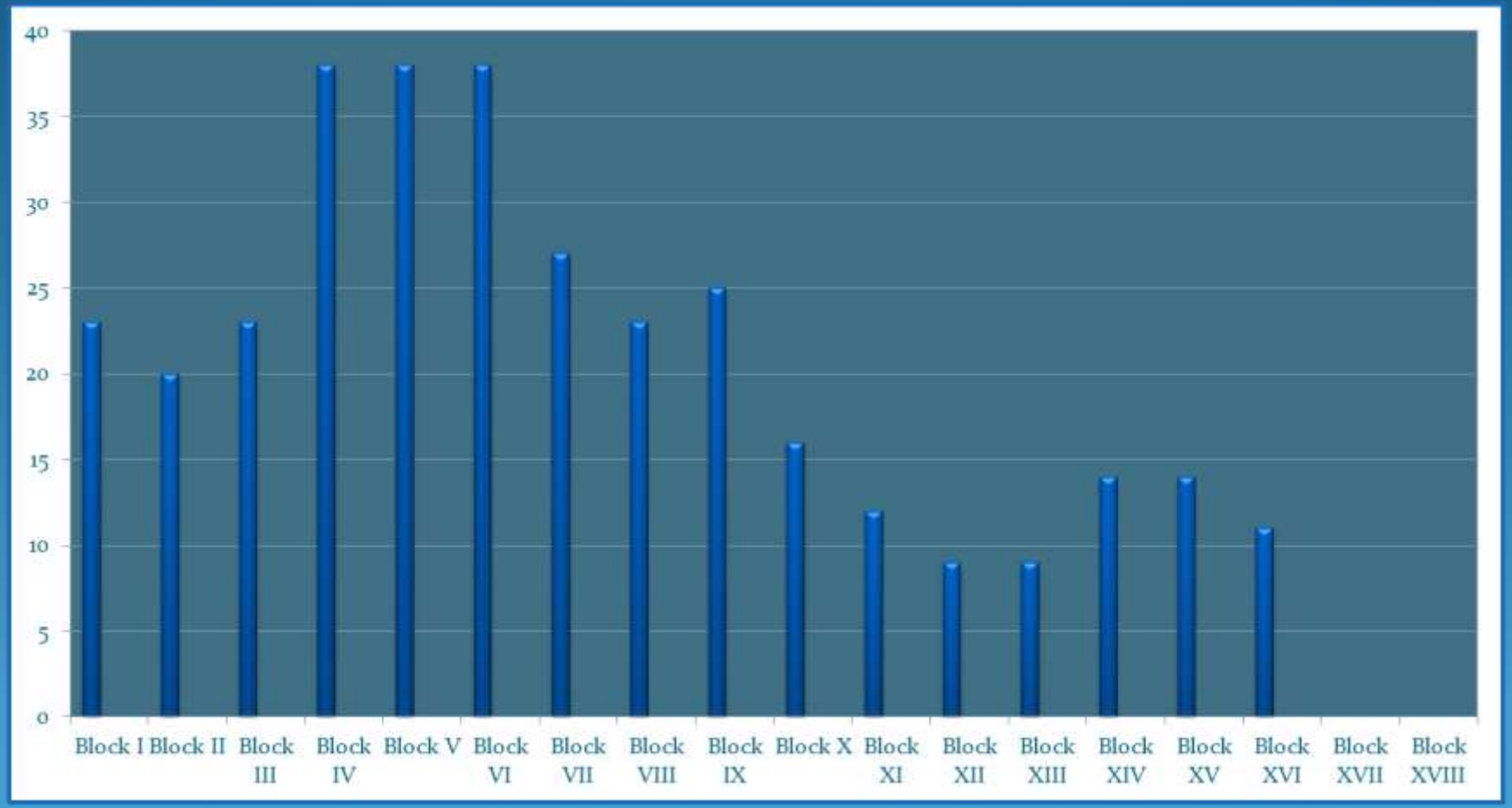
Exercise and Dementia

Alzheimer's Disease and HIPAA

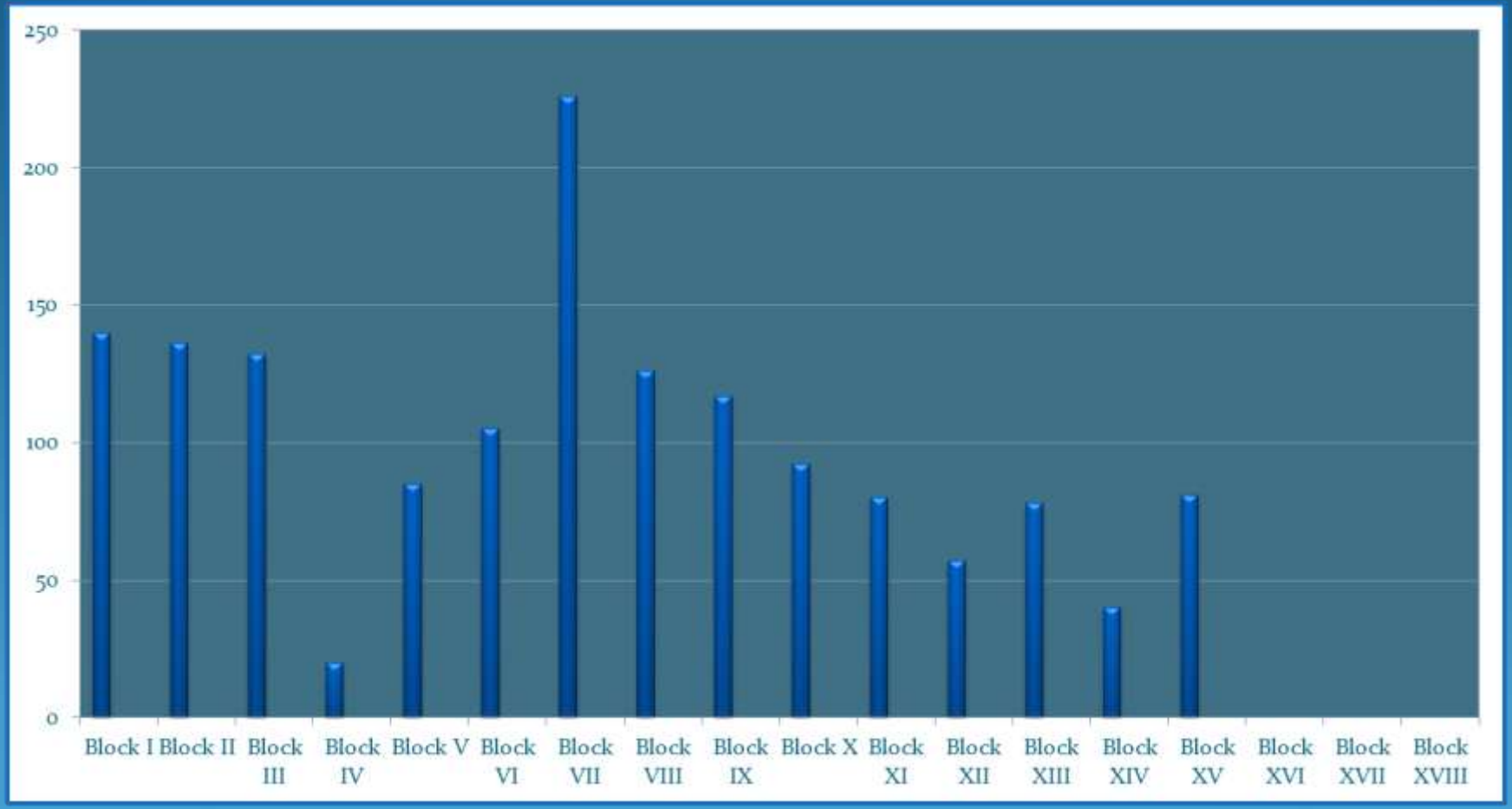
Nutritional Factors and Alzheimer's Disease Prevention

Delirium, Dementia and Depression

# Number of Remote Receiver Sites



# Number of Attendees



Receiver sites have ranged from 9-38 (mean 20) and total attendance has ranged from 20-226 (mean 101) for a total of 1515 participants

At the time of the program, demographic data is collected along with sign-in sheets and evaluation forms

At 45 days after each program we send a “Pearls” card reinforcing 2-3 major points made by the speaker

At 90 days after the program we send a brief evaluation form to ascertain whether the new information has been useful, whether they have shared new information with colleagues, and whether they have changed their practice and how

We have also sponsored 4 Geriatric Grand Rounds and eleven 3-5 hour face-to-face conferences

Geriatric Grand Rounds are broadcast to remote receiver sites throughout Arkansas via the interactive television network

# Grand Rounds #1

From Concussion to Dementia: Targeting Dysregulated Brain Inflammation

**Speaker:** Linda J. Van Eldik, PhD

University of Kentucy

# Grand Rounds #2

## Modulating Innate Immune Networks in Aging and Prodromal Alzheimer's Disease

Speaker: Greg Cole, PhD

UCLA

# Grand Rounds #3

## Biomarkers of Preclinical Alzheimer's Disease: The Challenge of Differentiating Aging from Early AD

Speaker: Marilyn Albert, PhD
Johns Hopkins

# Grand Rounds #4

## Sleep Disorders in Alzheimer's Patients

Speaker: Kathy Richards, PhD
George Mason University

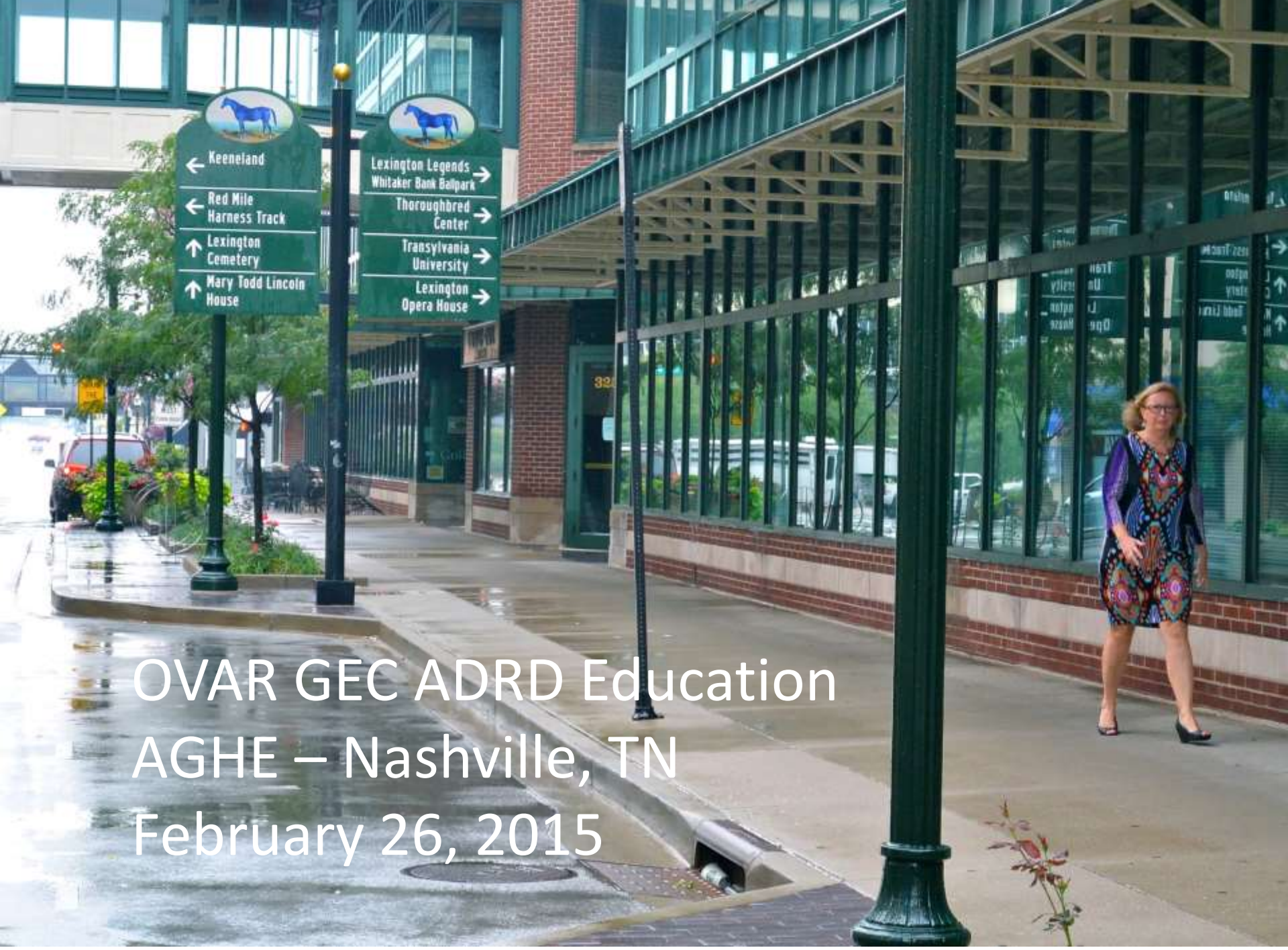
# Co-sponsored programs

Co-sponsored programs have been conducted in Little Rock, Ft Smith, El Dorado, Texarkana, Springdale and Hot Springs

To date, there have been 516 attendees at 6 of these programs
Data is incomplete at this date for the other 5 programs

We project another 300-500 participants when all the data are reported

SUCCESS: In the 3 years of our Alzheimer's Education project we will have reached almost 3000 rural health practitioners




# OVAR GEC ADRD Education
# AGHE – Nashville, TN
# February 26, 2015

# Ohio Valley Appalachia Regional Geriatric Education Center

- Alzheimer's Disease and Related Dementias Education
  - Student and practitioner training
  - Standardized patients
  - Distance “Series on Aging” focusing on ADRD

# Training for practitioners and students

- Use of “theatre” approach to eldercare.

# Breaking News on the Horizon: How close are we to curing Alzheimer's?"

**Jim Galvin, MD**
**Professor of Neurology**
**New York University**

**Greg Jicha, MD-PhD**
**Professor of Neurology**
**University of Kentucky**

**Marwan Sabbagh, MD**
**Professor of Neurology**
**Banner Health**

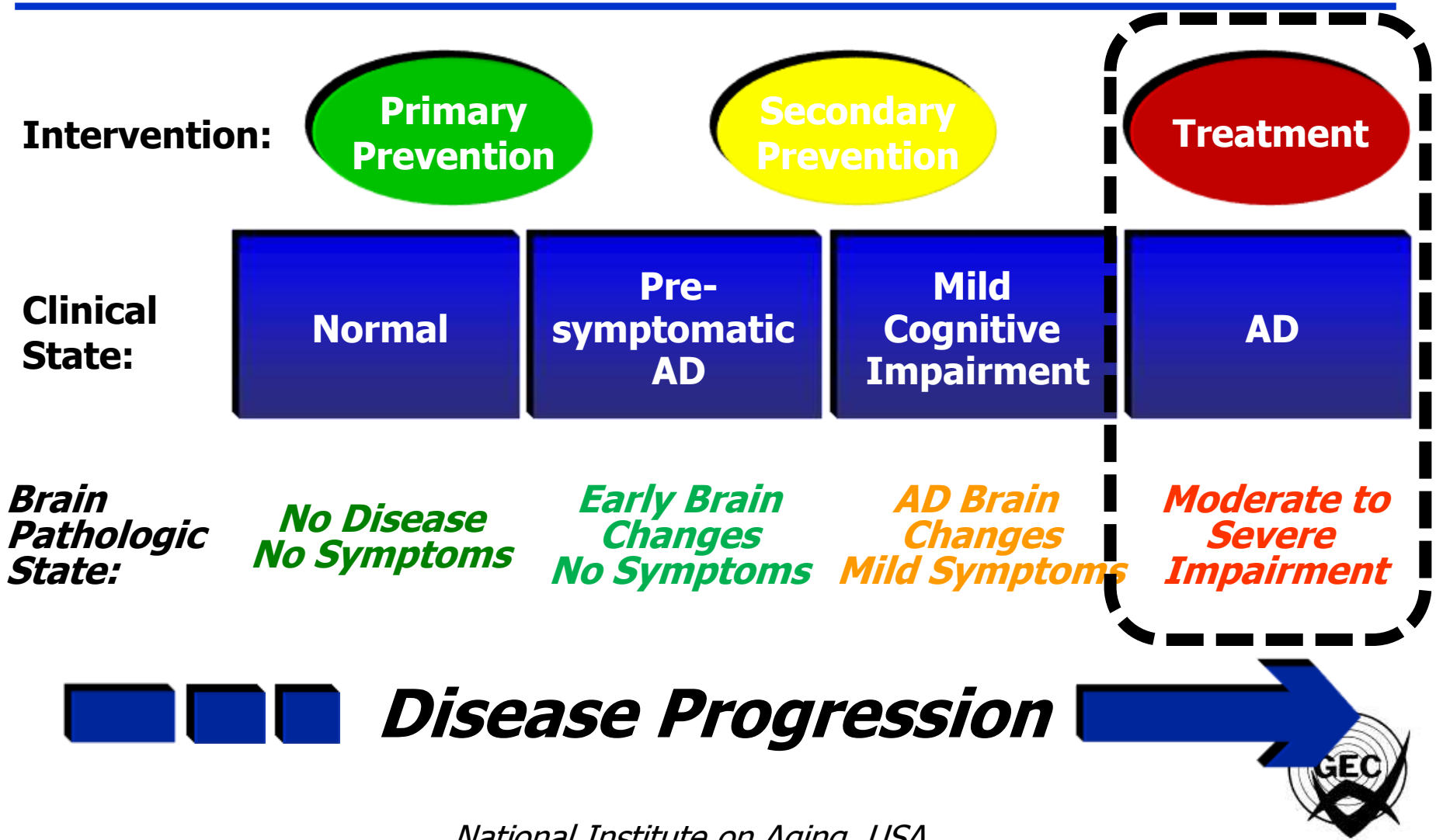
# Learning Objectives

1. Identify current FDA-approved treatment options for patients with Alzheimer's disease

2. Discuss the risks and benefits of clinical trial research participation for patients and families

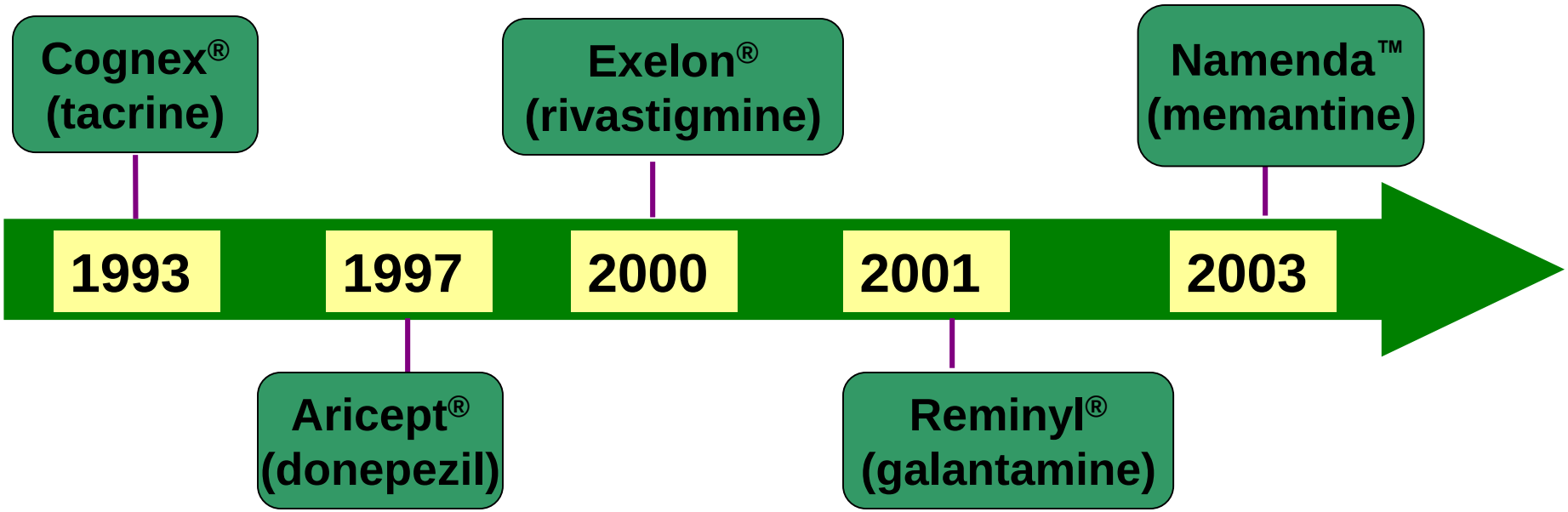
3. Discuss the latest trends in clinical research for the prevention and treatment of Alzheimer's disease

# Alzheimer's Disease Course, Treatment, and Prevention



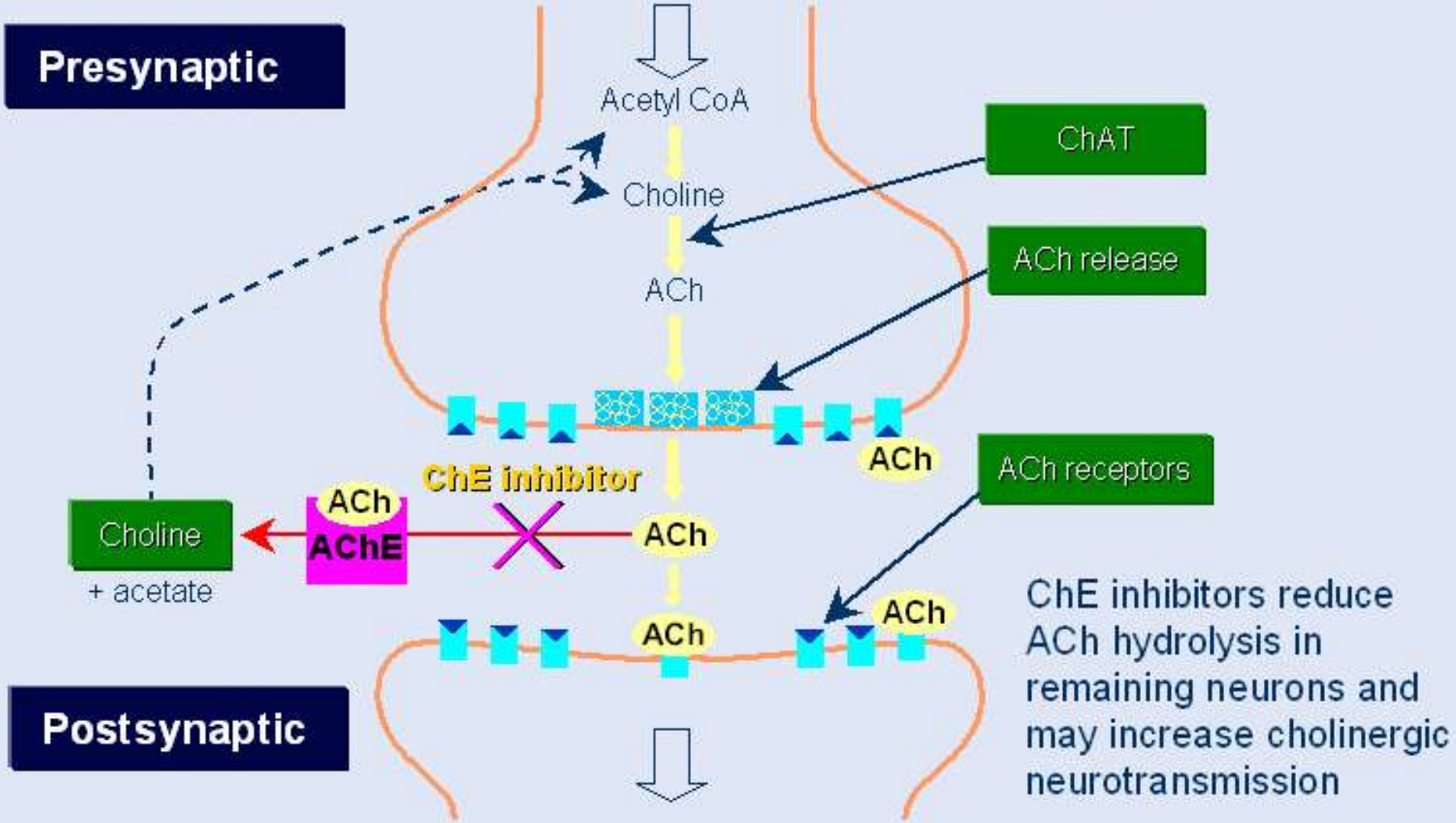

*National Institute on Aging, USA.*

# Current Treatments

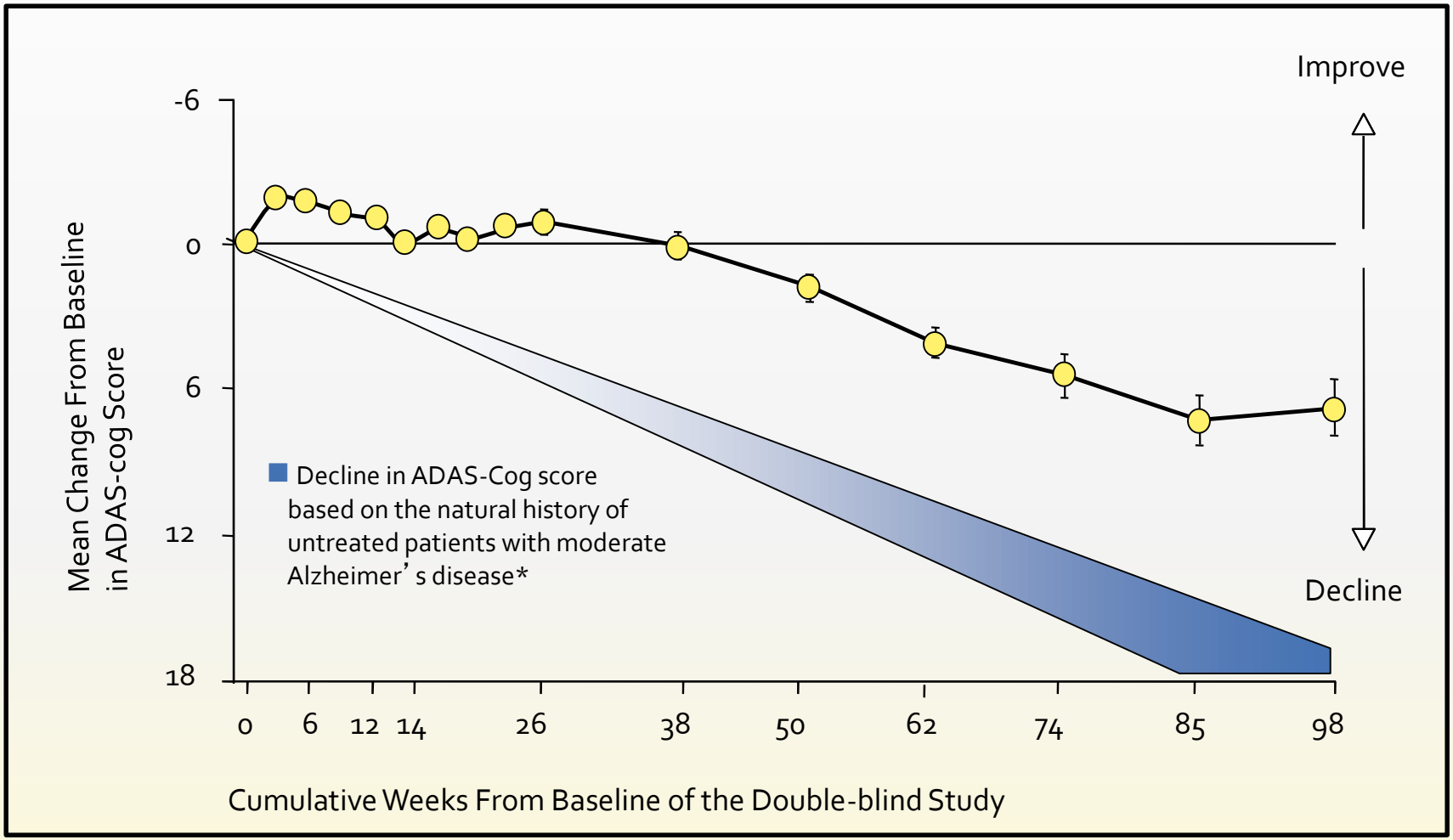



These drugs provide some relief of symptoms and may slow disease progression

# Cholinergic Synaptic Transmission



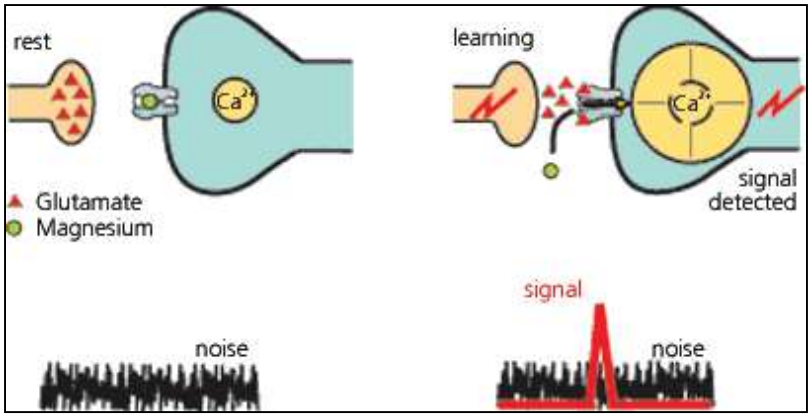
# Long-term Effects of Donepezil on Cognition: ADAS-Cog Mean Change From Baseline

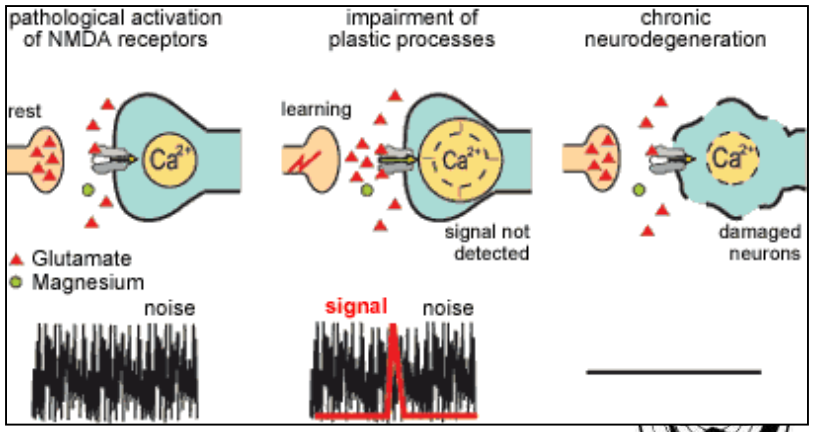


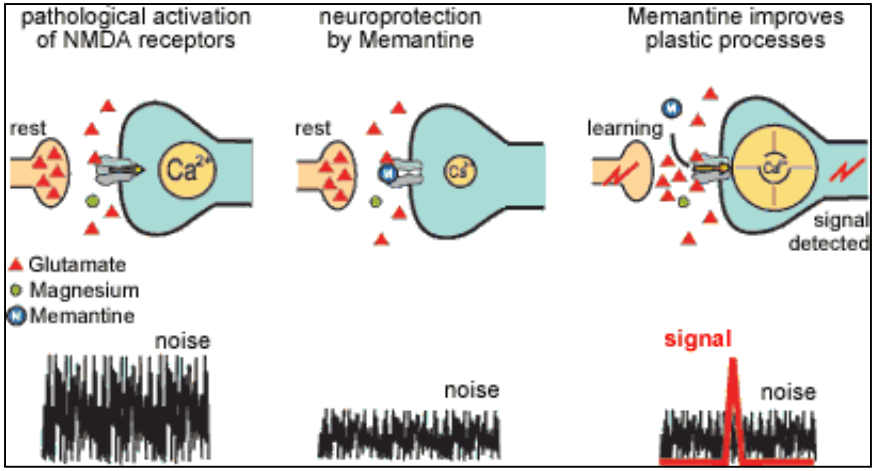

Rogers SL, Friedhoff, LT. *Eur Neuropsychopharmacol*. 1998;8:67-75; *Stern RG, et al. *Am J Psychiatry*. 1994;151:390-396.

# Enhancing cognition…

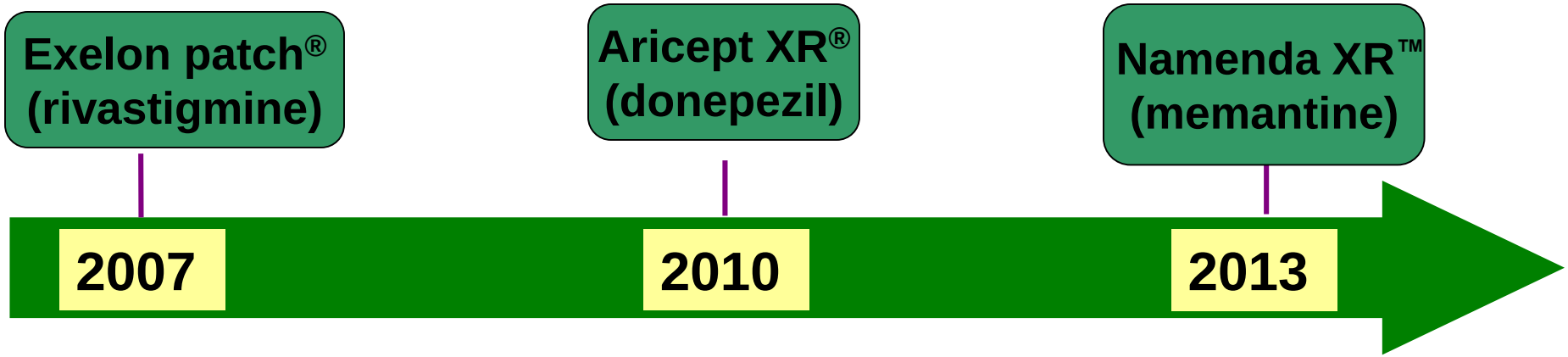
- Memantine
  - Acts via glutamate receptors found widespread through the cortex



# Do new higher dose formulations help?




- Modifications of existing drugs can lead to longer patent protection, but do they really help?
- Remember, these drugs help symptoms but do not change course of disease
- If they do not add benefit, why invest the time or money?

# Major FDA advances!

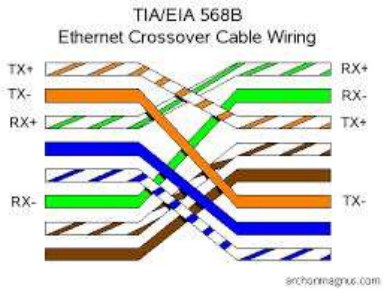
| Disease Stage | Subtle cognitive deficits alone | Increasing cognitive deficits Detectable functional deficits | Dementia |
|---|---|---|---|
| FDA Approval | Accelerated, based on an effect on cognition | Standard, based on a single combined measure of cognition and function (e.g., CDR-SB) | Standard, based on coprimary measures of cognition and function or global rating |

**Potential Regulatory Pathways in Early Alzheimer's Disease.**

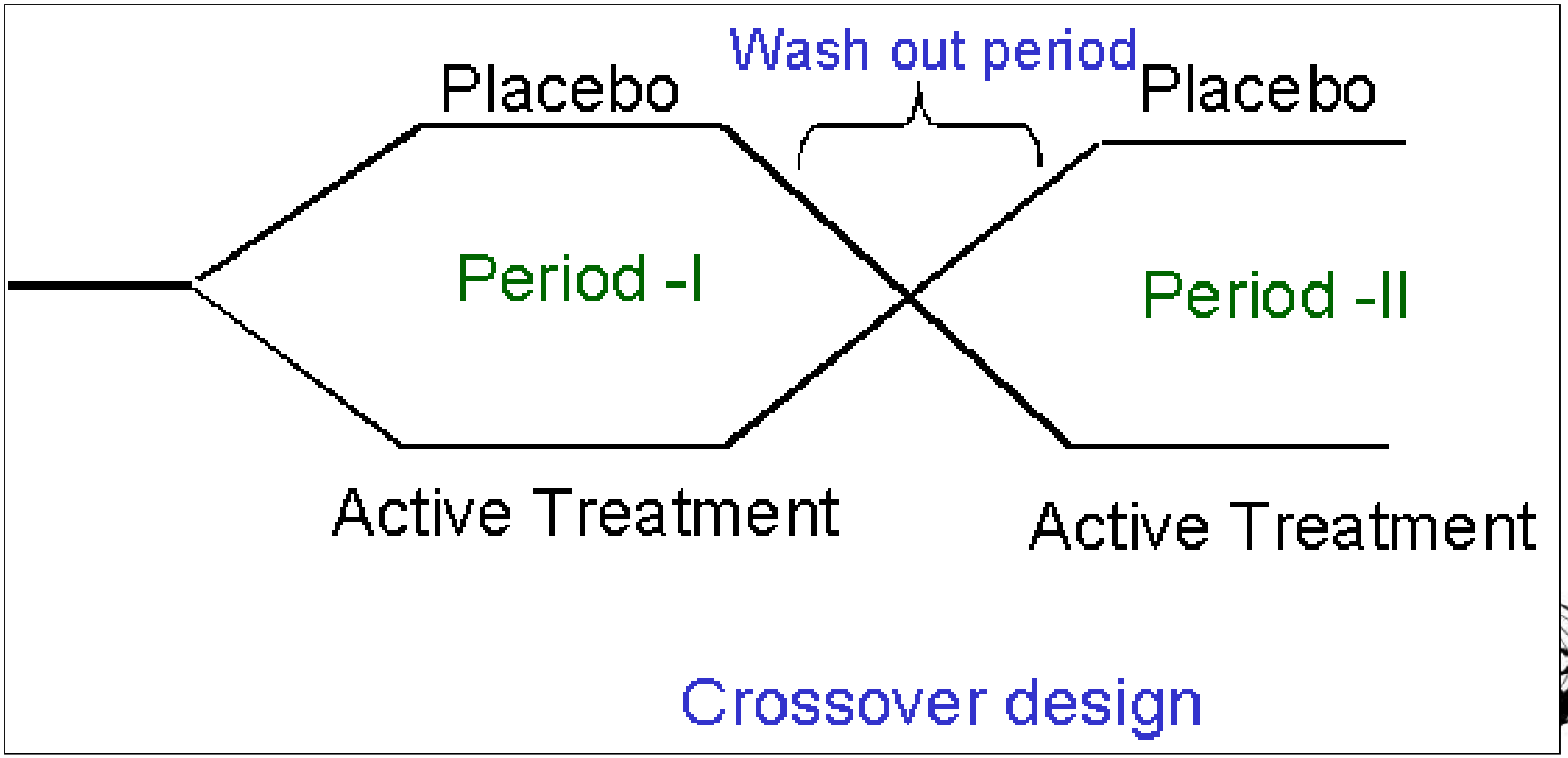
As the focus of drug development moves to earlier stages of Alzheimer's disease, new guidance from the FDA suggests potential approaches to trial design that allow for regulatory flexibility and innovation. CDR-SB denotes Clinical Dementia Rating Sum of Boxes score.


Kozauer & Katz, N Engl J Med 2013; 368:1169-1171

# Crossover design trials…

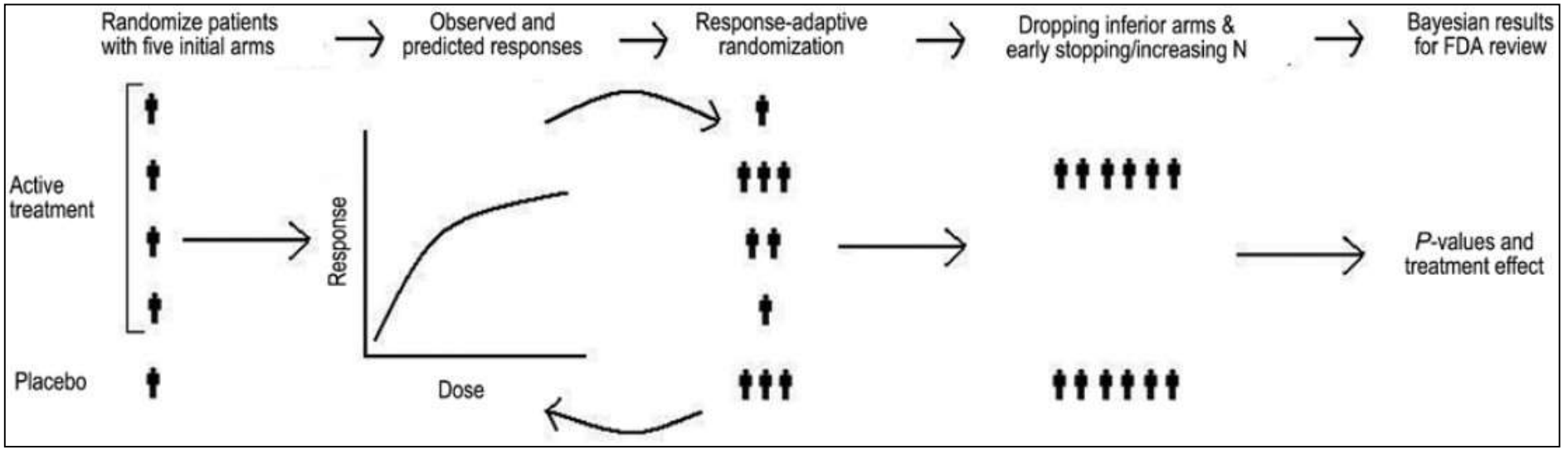



- Everyone has a chance at getting the real treatment at some time in the trial



# Adaptive trial design…

- Allows flexibility in adjusting doses as data is collected



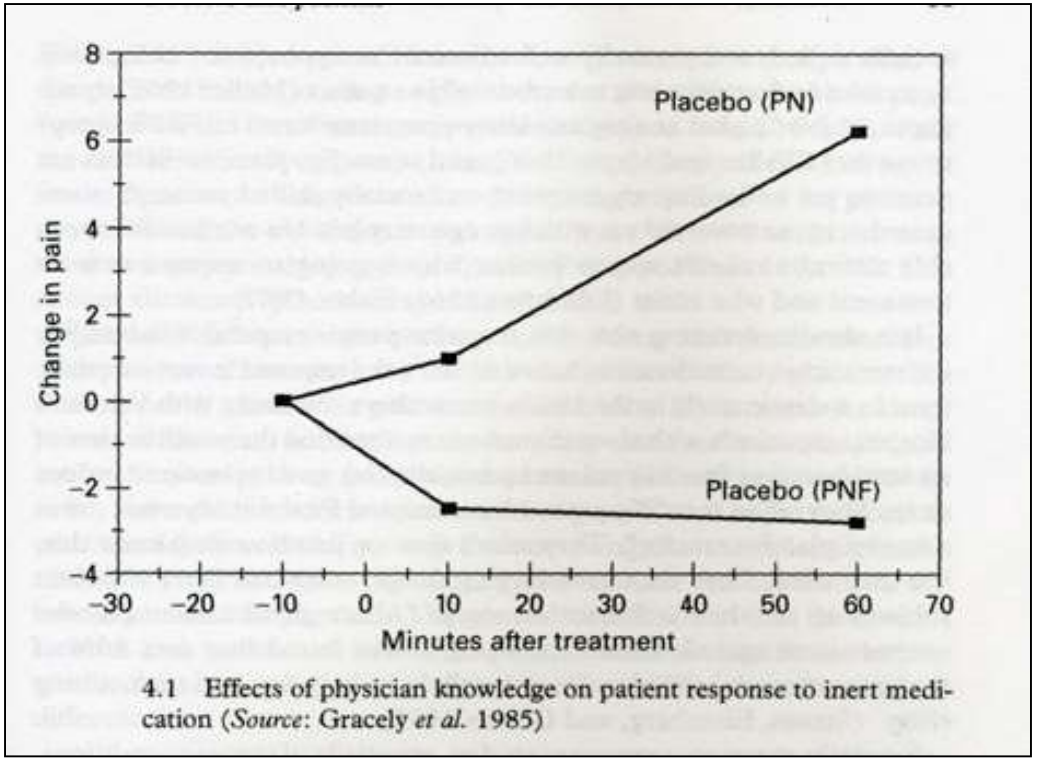

- Maximizes chances at getting optimal dose?
- We are seeing more of these as time goes on!

# Open label studies and extensions…

- Everyone gets the real medicine!
- Poor for establishing efficacy and not accepted by the FDA for anything but safety
- Great way to get early data as recruitment and retention issues are negated in regards to getting active treatment


# Placebo's and the Placebo effect

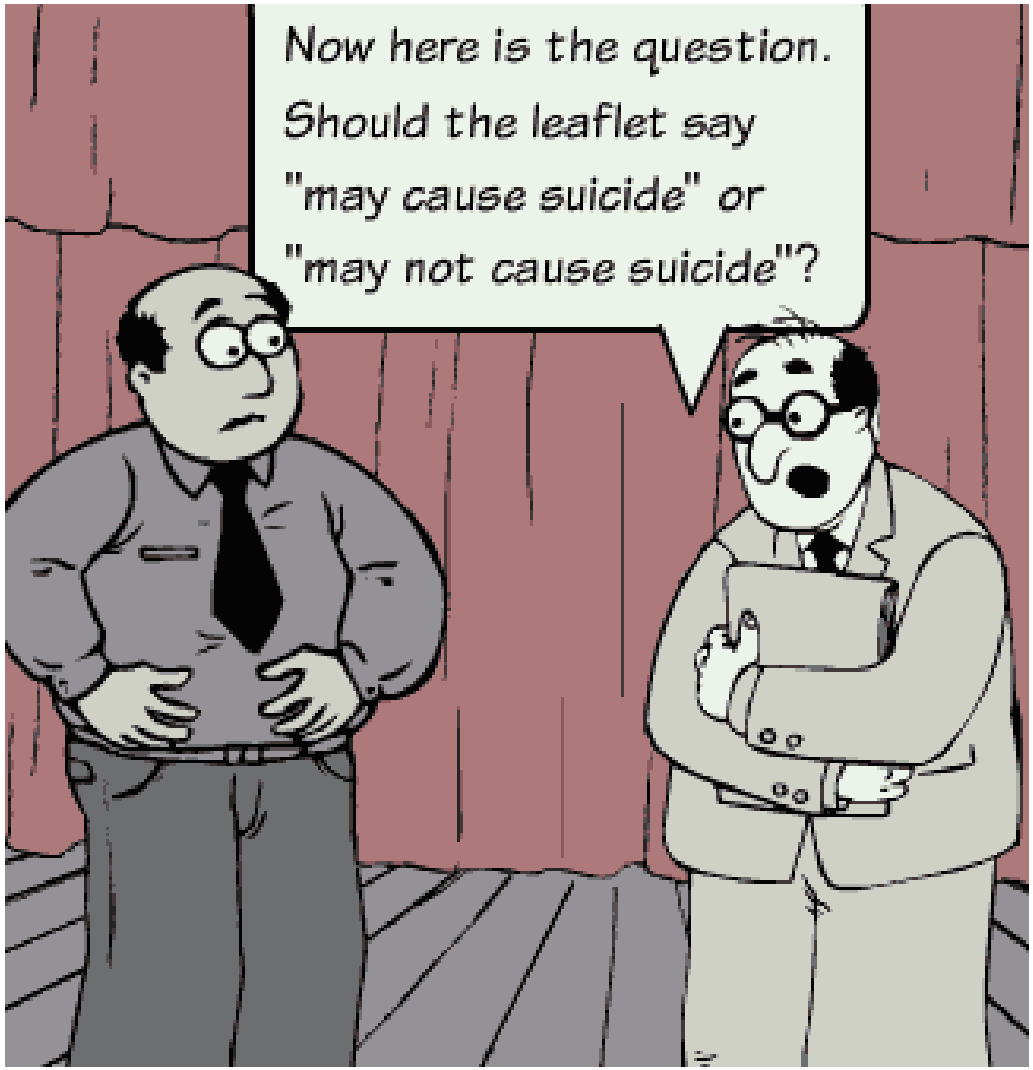
- The FDA mandates placebo control and will not yet accept historical controls for AD trials



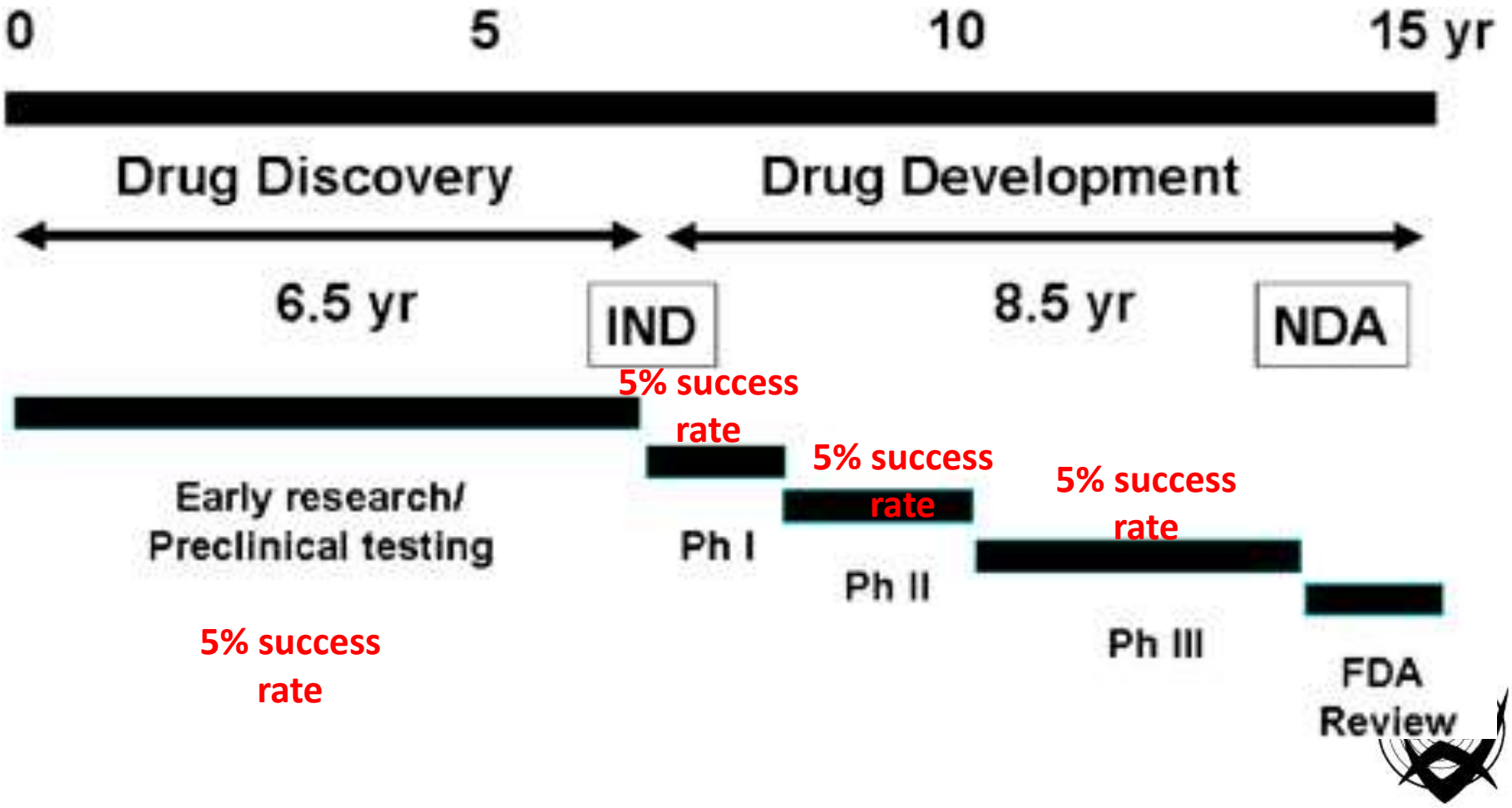

4.1 Effects of physician knowledge on patient response to inert medication (*Source*: Gracely *et al.* 1985)

"I'm part of a double-blind study to see how weight loss supplements help people lose weight. I'm guessing I received the sugar pill placebos."

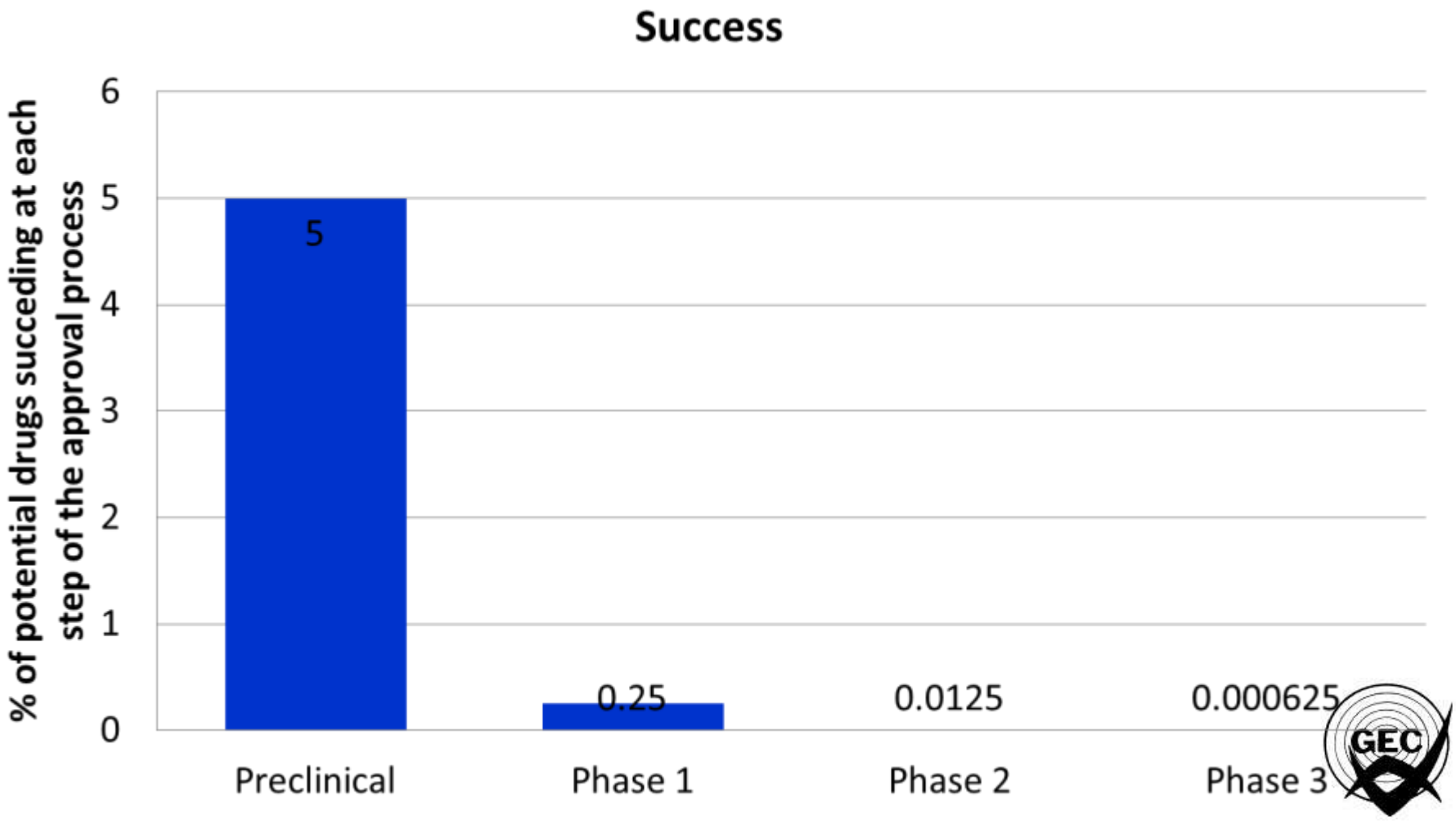
# Risk vs. benefit?



# Why don't we already have a cure for AD?



# Let's do the math!
# Less than 1/1000 drugs make it anywhere!



# Let's carry this further

- If we have 10 major drugs that made it to Phase 3 trials, then it stands that
  - 16,667 drugs have been developed for this purpose
  - If only 5% of drugs succeed at this stage, than there we would need to test 20 drugs before we would statistically get a hit
  - We need 10 more drug trials, but this could take years

# What about combination therapy? Are the newer approved agents really any better?

**Jim Galvin, MD**
**Professor of Neurology**
**New York University**

**Greg Jicha, MD-PhD**
**Professor of Neurology**
**University of Kentucky**

**Marwan Sabbagh, MD**
**Professor of Neurology**
**Banner Health**

What do you think is most important for medical professionals and participants to know about clinical trials?

With the amyloid cascade hypothesis in debate, should we hold out hope in this area?

**Jim Galvin, MD**
**Professor of Neurology**
**New York University**

**Greg Jicha, MD-PhD**
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**University of Kentucky**

**Marwan Sabbagh, MD**
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**Banner Health**

Other avenues include targets such as tau, inflammation, metabolics, nutrition/exercise, novel agents…

Where should we be most hopeful?

Jim Galvin, MD
Professor of Neurology
New York University

Greg Jicha, MD-PhD
Professor of Neurology
University of Kentucky

Marwan Sabbagh, MD
Professor of Neurology
Banner Health

# Should we be pursuing new lines of symptomatic (not disease-modifying) strategies?

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**Banner Health**

# How far off are we from a medicine to slow or stop the disease?

**Jim Galvin, MD**
**Professor of Neurology**
**New York University**

**Greg Jicha, MD-PhD**
**Professor of Neurology**
**University of Kentucky**

**Marwan Sabbagh, MD**
**Professor of Neurology**
**Banner Health**

# How do we move forward faster?

**Jim Galvin, MD**
**Professor of Neurology**
**New York University**

**Greg Jicha, MD-PhD**
**Professor of Neurology**
**University of Kentucky**

**Marwan Sabbagh, MD**
**Professor of Neurology**
**Banner Health**

# Enduring materials

SANDERS-BROWN CENTER ON AGING

NIA Grant P30 AG038383

**Alzheimer's Training**

- Welcome
- View Webcasts
- Faculty Information

KAPHTC
Kentucky and Appalachia Public Health Training Center

HRSA PHTC Grant #U86HP20156

Ohio Valley Appalachia Regional Geriatric Education Center

"The Ohio Valley Appalachia Regional Geriatric Education Center (OVAR/GEC) is a consortium of the University of Kentucky, University of Louisville, University of Cincinnati and East Tennessee State University. Our mission is to provide geriatric training for service providers, faculty, and students and to develop educational materials on issues concerning working with older adults.

On January 4, 2011, President Barack Obama signed into law the National Alzheimer's Project Act (NAPA), requiring the Secretary of the U.S. Department of Health and Human Services (HHS) to establish the National Alzheimer's Project. Under this new law, the OVAR/GEC, in partnership with Sanders-Brown Center on Aging and other university and community agencies, was funded by HHS to provide CE/CME training at no charge for health and social services providers across the region.

On behalf of the OVAR/GEC, our partners, and the older persons we serve, thank you for your interest in enhancing your knowledge about Alzheimer's disease! We appreciate your willingness to complete the HRSA registration form, one that makes possible the continuation of funding for these free educational offerings."

Cynthia D. Lamberth, MPH
Associate Dean, Workforce Development
University of Kentucky College of Public Health Director, Ohio Valley Appalachia Regional Geriatric Education Center

## Alzheimer's Training for Health Care Providers

**Course Description**

The diagnosis and treatment of dementia is an emerging healthcare imperative with close to 6 million persons in the US suffering from Alzheimer's disease. Specialized knowledge in diagnosis and treatment of dementing conditions is relegated to a small handful of specialty-trained behavioral neurologists and geriatric psychiatrists, supported by an equally small population of medical support staff including nurses, social workers, CNAs, and PT/OT staff. This is clearly inadequate to meet the burgeoning demand.

These educational activities will utilize a multidisciplinary team of health care providers to provide state-of-the-art training in the diagnosis and management of dementia specifically targeting providers in Appalachia Kentucky. The information provided will prove useful to health care providers irrespective of their individual clinical roles in the health care system, and will further broaden awareness of the need for a multidisciplinary approach in the management of dementia that is critical for the health of our aging population in these medically underserved, healthcare provider shortage areas.

**Get Started**

Before viewing any of the online presentations, you must complete the OVAR/GEC Participant Information Form (PIF) that collects the data required by the grantor. You will complete this form only once a year.

Start the Preliminary Survey

**Course Modules**

To register for a live session, contact Hardin Stevens at ovargec@uky.edu or (859) 257-1510.

| Live Program | Online Activity |
|---|---|
| Alzheimer's Disease: Diagnosis, Treatment, and Research Advances | View Online |
| Non-Alzheimer's Dementias: Dementia With Lewy Bodies, Frontotemporal Dementia and Vascular Dementia | View Online |
| End Stage Dementia and End-of-Life Care | View Online |
| Management of Behavioral and Psychiatric Co-morbidities in Dementia | View Online |
| Detecting and Diagnosing Pre-Clinical Alzheimer's Disease and Mild Cognitive Impairment | View Online |
| Promoting Brain Health and Preventing Memory Problems in Later Life | View Online |
| Safety Precautions in Older Patients: Medications, Driving Risks, and Home Environment | View Online |
| Recognizing Medical Disorders that Mimic Dementia | View Online |
| Confidentiality and Privacy of Health Information | View Online |

Each online presentation will require approximately 1.5 hours to complete. This includes time for evaluation and testing. You are encouraged to watch the material and complete the test/evaluation in one sitting, however, this is not a requirement. For example, you may choose to watch the video in one sitting, then return later to complete the test/evaluation. Once the evaluation is complete, a certificate of continuing education credit based upon the type of credit you requested will display. You can print it or it will be saved in your transcript for future reference.

Click here for more information on these and other training opportunities and for geriatric education resources.

**Alzheimer's Association Resources**

GEC


Cynthia Lamberth, MPH, CPH
***Director, OVAR GEC***
***Cynthia.Lamberth@uky.edu***

A|G|H|E | ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION

THE FORTY-FIRST AGHE ANNUAL MEETING AND EDUCATIONAL LEADERSHIP CONFERENCE
FEB. 26 - MAR. 1 2015 • NASHVILLE, TENNESSEE

WyGEC

# Distance Education: Dementia Care Certificate

Christine McKibbin, PhD
Catherine Carrico, PhD
Wyoming Geriatric Education Center
University of Wyoming
February 26, 2015

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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# Barriers to Training in Rural Areas:

- Geographic isolation
- Distance from tertiary care and teaching hospitals
- Lack of financial resources for travel
- Inability to take time away from work
- Organizational barriers

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# WyGEC Resources to Overcome Barriers:

- Well-versed staff in webinar delivery
- Recorded modules from:
  - The Diagnosis Dementia Webinar Series from national and regional experts
  - The Rocky Mountain Alzheimer's Summit with national and regional experts
  - Other previously recorded WyGEC training modules
- Access to UW online learning management system- WyoCourses

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# Distance Education:

- Dementia Care Certificate
  - Online, self-paced program
  - Delivery to many participants, across the U.S. and world
  - Free through June 2015
  - Widely used and well accepted
  - Modules are previously recorded WyGEC workshops, online trainings, and webinars that were taught by experts in the field
  - Utilizes the user-friendly program WyoCourses to host the online Certificate program

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WyGEC

# Marketing Efforts:

- Offered free for the first year; through June of 2015
- Marketed on the WyGEC website
- Mail merges to the WyGEC list serve and University of Wyoming Staff/Faculty list serve
- Promoted at WyGEC trainings and conferences
- Promoted locally to Nursing Homes, Assisted Livings, Hospitals, and Home Healthcares

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# Continuing Education:

- The Tripartite Committee on Continuing Education for Pharmacy in Wyoming approves this certificate program for individuals in Pharmacy
- The Wyoming Psychological Association approves this certificate program for continuing education credits for individuals in Psychology.
- The Wyoming Geriatric Education Center provides Certificates of Completion for all others including Nursing, Social Work, Physical Therapy, Occupational Therapy, Medicine, etc.

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# Dementia Care Certificate Introductory Level:

- Recommended for CNAs and other direct care workers.

- Required:
  - The Basics of Dementia
  - Skilled Nursing Facilities and Dementia
  - Medications and Dementia
  - Dementia and End-of-Life
- Electives:
  - Legal and Financial Next Steps
  - Early-Onset Alzheimer's Disease
  - Why and When to Consider Specialized Dementia Care
  - Understanding the Needs of Alzheimer's Patients and Supporting Family Care Partners
  - Managing Problematic Behavior
  - Dementia and Patients with Intellectual Disabilities
  - Safety: Falls in the Elderly
  - Dementia and HIPAA: Balancing Privacy and Beneficence
  - Caregiver Resources and Support

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# Dementia Care Certificate Advanced Level:

- Recommended for healthcare professionals with advanced degrees or others who have completed the intro level.

- Required:
  - Advances in Alzheimer's Disease Research
  - Diagnosis and Treatment of Dementia
  - Pharmacologic and Non-Pharmacologic Management of Alzheimer's Disease
  - Multidisciplinary Insights into End-of-Life Care
- Elective:
  - Legal and Financial Next Steps
  - Evidence-Based Treatment for Alzheimer's Family Caregivers
  - Chronic Disease Management
  - Pharmacological Interventions for Dementia in People with Intellectual Disability
  - Assessment: Mini-Cog Training for Clinical Use
  - Future Impacts of Alzheimer's Disease and Reverse Innovation
  - From Timely Detection to Dementia Capable Health Care Systems
  - Dementia and HIPAA: Balancing Privacy and Beneficence
  - Update on the Diagnosis of Alzheimer's Disease, from Preclinical to Dementia
  - Proactive Management of Cognitive Health in Patients with Diabetes

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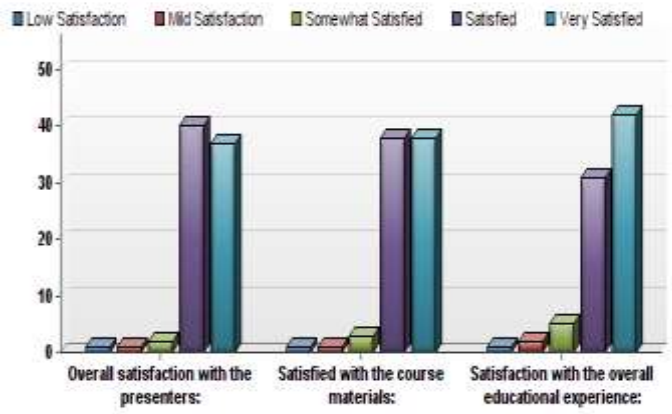
# Participants enrolled in Certificate:

- Over 430 individuals enrolled in the Dementia Care Certificate
  - Just Intro: 66 people
  - Just Advanced: 39 people
  - Both Levels: 333 people
- Participants Positions/Titles:
  - CNAs, Nurses, Social Workers, Physicians, Pharmacists, Physical Therapists, Occupational Therapists, Psychologists, Caregivers, CEOs, Dietitians, Spiritual Counselors, etc.
- Location of Participants:
  - Arizona, California, Canada, Colorado, Connecticut, Florida, Idaho, Illinois, Indiana, Louisiana, Massachusetts, Minnesota, Montana, Nebraska, New York, Oklahoma, Pennsylvania, South Carolina, South Dakota, Utah, Vermont, Washington, and Wyoming

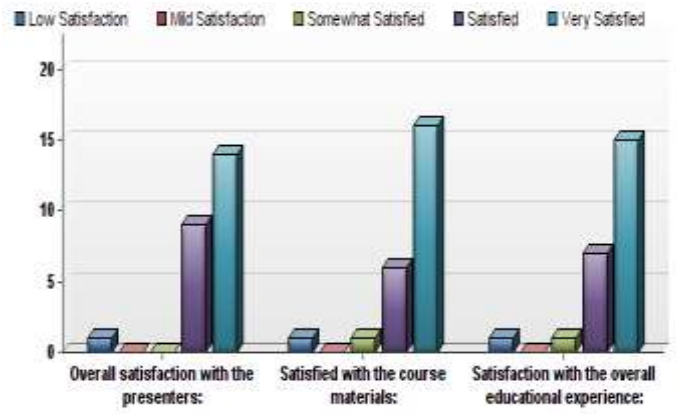
# Satisfaction:

- 67 people have completed the Introductory Level and 20 people have completed the Advanced Level. 16 of these individuals completed both levels.

Introductory Level




Advanced Level



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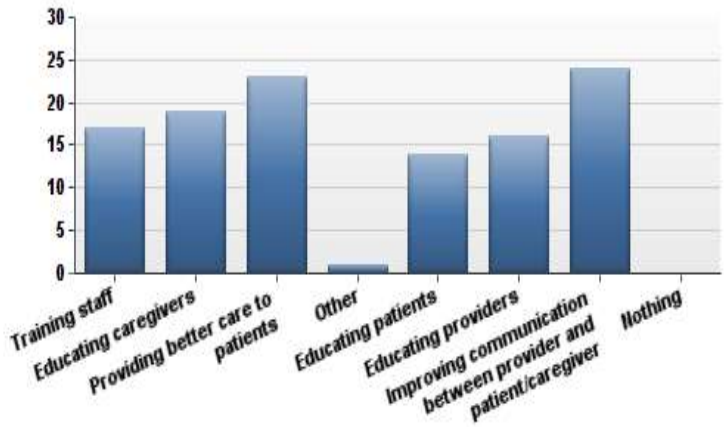
# Comments:

- "This certificate program is an excellent way to gain knowledge about dementia patients and people caring for this population."
- "I am very pleased as to how easy it was to get on the class site and it was very informative! Thank you very much!"
- "The overall course and modules were very informative and have brought a lot of attention to the portions of dementia that I did not know."
- "This was the most helpful online CEU I have ever taken. The material and the presentation were equally strong and useful in my practice."

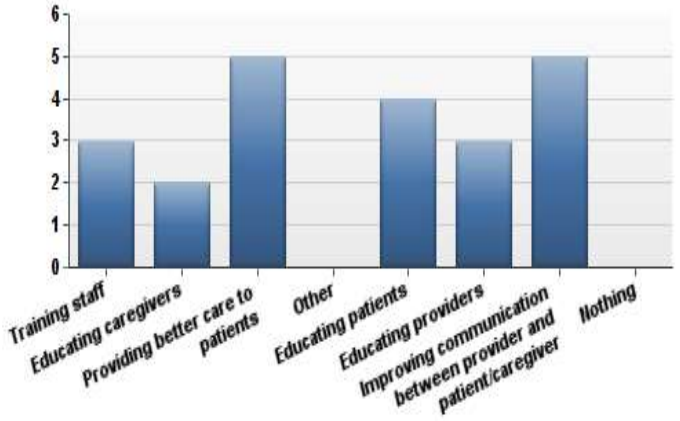
# Three month follow-ups:

As a result of participating in this continuing education program, I learned information that could help me improve dementia care/services by doing the following (Check ALL that Apply):

Introductory Level (n=27)




Advanced Level (n=6)



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# Future Directions:

- Continue to offer both levels of the Dementia Care Certificate to direct care workers and healthcare professionals
- We will continue to use the user-friendly WyoCourses program to host the online Dementia Care Certificate
- We will add new modules and update old materials as needed

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# Thank You!

# Team-based Interprofessional Competency (TIC) Training in Dementia Screening & Management

Zaldy S. Tan, MD, MPH[1]; Rachel M. Price, MSG[1]; JoAnn Damron-Rodriguez, PhD, LCSW[1]; Mary Cadogan, DrPH, RN, GNP-BC[1]; Daphna Gans, PhD[1]; Sharon Stein Merkin, PhD[1]; Lee Jennings, MD, MSHS[1]; Valerie Zamudio, MD[1]; Heather Schickedanz, MD[1]; Sam Shimomura, PharmD[2]; Dan Osterweil, MD, CMD[1]; Joshua Chodosh, MD, MSHS[1];
University of California, Los Angeles[1]; Western University of Health Sciences[2]

**February 26, 2015**
**AGHE Pre-Conference**
**Alzheimer's Disease Education for the Healthcare Workforce: Outcomes, Future Directions, and Collaboration Opportunities with Geriatric Education Centers**

CGEC
California Geriatric Education Center

**California Geriatric Education Center**

UCLA David Geffen School of Medicine

# Acknowledgements

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number HRSA, UB4HP19202. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

# Objectives

1. Develop a team-based interprofessional competency workshop in dementia screening and management
2. Measure learner satisfaction and change in attitudes and confidence in dementia screening and management

# Team-based Training for Dementia

- Alzheimer's and related dementias are under-recognized and under-diagnosed
- Each patient-clinician encounter is an opportunity to detect, diagnose and intervene
- Dementia care is a team sport
  - Medical
  - Behavioral
  - Psychosocial
  - Community-based services
  - Goals of care

# The Professions

- Physicians / Nurse Practitioners
- Nurses
- Pharmacists
- Social Workers

# TIC Training Components

- Identification of minimum profession-specific competencies for dementia
  - Highlight overlaps and interprofessional collaboration opportunities
- Writing/piloting competency stations
- Recruiting & training faculty facilitators and actors
- Creating evaluation measures

# Why Team Competency?

- Frances mentioned to her social worker that she forgets to take her coumadin occasionally
- Harry told his pharmacist he got lost driving to the pharmacy
- Marian's daughter told her doctor that she hasn't slept for days because her mother wanders at night
- Joe confided in his nurse that his blood sugars have been high since the microwave 'stopped working' and now eats only twinkies
- Lucia tells the nurse practitioner that she has trouble remembering names

# Defining Dementia Competencies

- Physicians / Nurse Practitioners
  - American Geriatrics Society/ American Medical Association/ Society of General Internal Medicine/ American Board of Family Medicine Foundation
- Nurses
  - American Association of Colleges of Nursing/ John A. Hartford Foundation Institute of Geriatric Nursing
- Pharmacists
  - American Association of Colleges of Pharmacy
- Social Workers
  - John A. Harford Foundation

# Physicians / NPs

## AAMC (Medical Students)

- Recognize, compare and contrast among the clinical presentations of delirium, dementia, and depression
- Formulate a differential diagnosis and implement initial evaluation in a patient who exhibits delirium, dementia, or depression
- In an older patient with delirium, urgently initiate a diagnostic work-up to determine the root cause (etiology)
- Perform and interpret a cognitive assessment in older patients for whom there are concerns regarding memory or function
- Develop an evaluation and non-pharmacologic management plan for agitated demented or delirious patients.

## Minimum Geriatric Competencies for IM/FM Residents

- Appropriately administer and interpret the results of at least one validated screening tool for each of the following: delirium, dementia, depression, and substance abuse
- Recognize delirium as a medical urgency, promptly evaluate and treat underlying problem
- Evaluate and formulate a differential diagnosis and workup for patients with changes in affect, cognition, and behavior (agitation, psychosis, anxiety, apathy)
- In patients with dementia and/or depression, initiate treatment and/or refer as appropriate.

# Nurses

- Incorporate into daily practice valid and reliable tools to assess the functional, physical, cognitive, psychological, social, and spiritual status of older adults.
- Assess older adults' living environment with special awareness of the functional, physical, cognitive, psychological, and social changes common in old age.
- Assess family knowledge of skills necessary to deliver care to older adults.
- Recognize and manage geriatric syndromes common to older adults.
- Recognize the benefits of interdisciplinary team participation in care of older adults.

# Social Workers

- Assess cognitive functioning and mental health status of older clients (e.g. depression, dementia)
- Administer and interpret standardized assessment and diagnostic tools that are appropriate for use with older adults (e.g. depression scale, Mini-Mental Status Exam).
- Provide social work case management to link elders and their families to resources and services
- Use educational strategies to provide older persons and their families with information related to wellness and disease management (e.g. Alzheimer's disease, end-of-life care).

# Pharmacists

- Ensure patients and caregivers can adhere to the drug regimen (including administration techniques) included in their therapeutic plan (s)
- Evaluate the actual or potential impact of drug-drug, drug-disease, and drug-food interactions on patient outcomes
- Develop monitoring plans to determine if the therapeutic objective(s) is/are being achieved

# TIC Training Components

- Identificationof minimum profession-specific competencies for dementia
  - Highlight overlaps and interprofessional collaboration opportunities
- Writing/piloting competency stations
- Recruiting & training faculty facilitators and actors
- Creating evaluation measures

# TIC Stations

## STATION 1: Dementia Screening

Case: A 75 year-old woman who presents with forgetfulness reported by her son.

Activity: List questions to assess patient presenting with cognitive/behavioral changes. Demonstrate ability to administer and interpret a Mini-Cog assessment.

## STATION 2: Differential Diagnosis

Case: A 69 year-old woman who had total hip arthroplasty last night. Upon admission, you performed a Mini-Cog, CAM and PHQ-2; results all negative. You come to check in on her the next day.

Activity: Observe the video and determine if person is demented or delirious. Determine management plan for delirious patient.

# TIC Stations

## STATION 3: Caregiver Stress

Case: A caregiver of a woman with advanced dementia comes to clinic and the physician speaks with her about caregiver stress.

Activity: Assess caregiver stress by using the Modified Caregiver Strain Index (MCSI) assessment. Interview the standardized caregiver (actor) and if caregiver is stressed, list suggested management.

## STATION 4: Management / Team Care Plan

Case: A 65 year-old woman presents to urgent care with a headache and a bruise on her forehead but no recollection of fall.

Activity: Interview the standardized patient (actor) and perform a team interview to determine if she has dementia; craft a team care plan and give recommendations to enhance medication safety.

# TIC Training Components

- Identification of minimum profession-specific competencies for dementia
  - Highlight overlaps and interprofessional collaboration opportunities
- Writing/piloting competency stations
- Recruiting & training faculty facilitators and actors
- Organize trainees into teams
- Creating evaluation measures

# TIC Training

## FACULTY

- 10 faculty trained to facilitate four interactive competency stations.
- Faculty comprised of physicians, social workers, nurse practitioners, nurses, and a pharmacist.

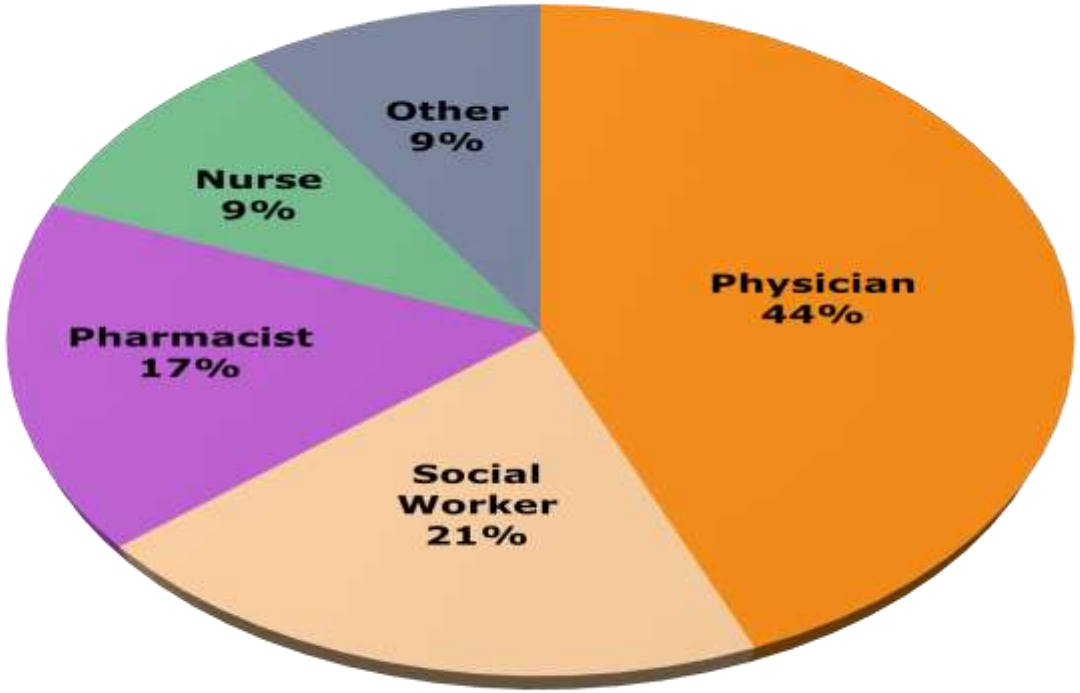
## TRAINEES

- Trainees were organized into teams of 5-6 members representing each profession.
- Each team rotated through all stations with tasks requiring interprofessional collaboration.
- Program was held annually for 3 years, with 40-48 professionals trained per year.

# TIC Training Evaluation

- Learners composition by profession
- Retrospective pre-/post-survey of attitudes/confidence on dementia screening and management; intention to teach others

# Outcomes

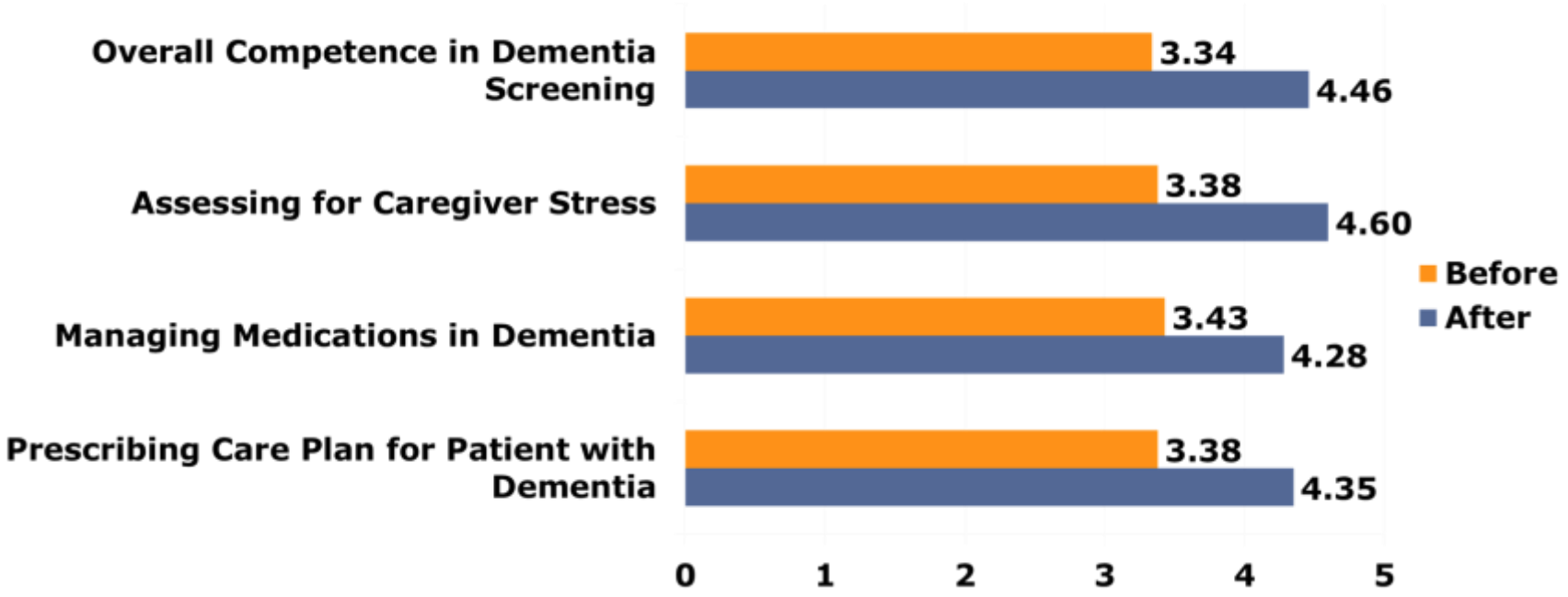



**2012 – 2014 Trainees by Profession**

N = 117

# Outcomes

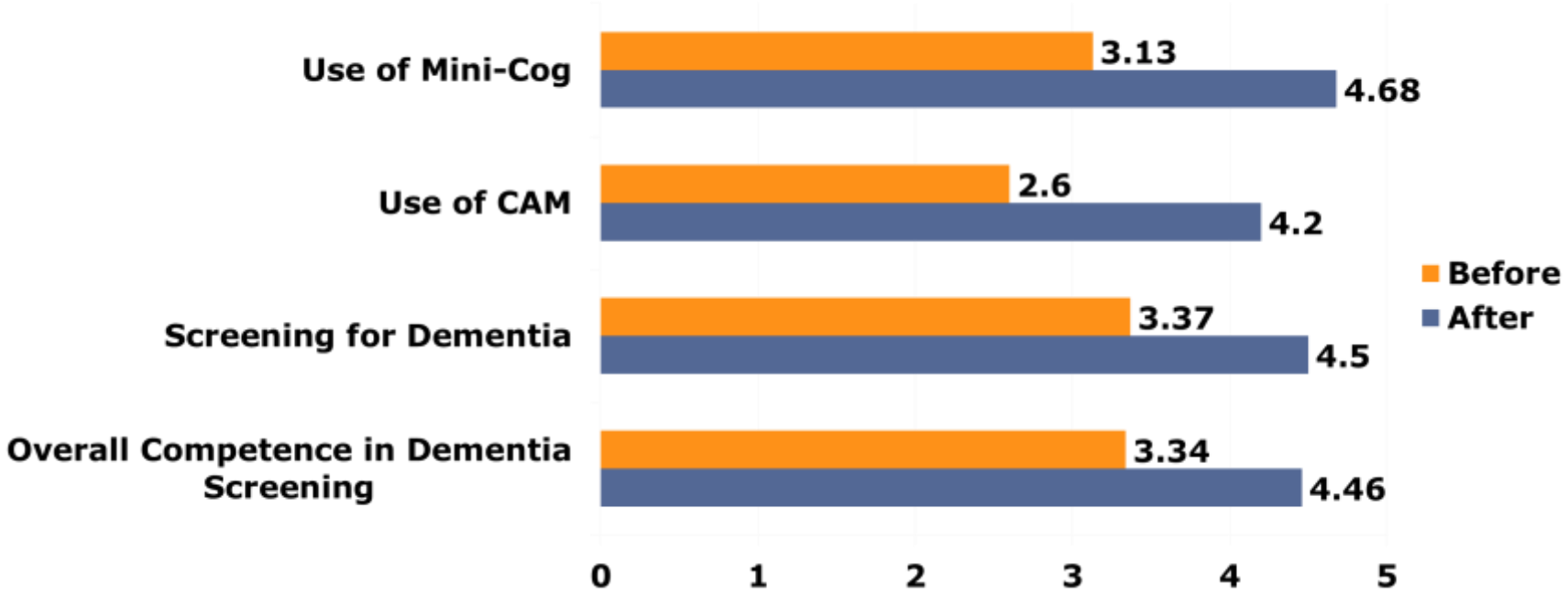
**Average Pre & Post Self-Assessed Ratings for Ability/Confidence (n=117)**




**All statistically significant at p <0.0001**

# Outcomes

**Average Pre & Post Self-Assessed Ratings for Ability/Confidence in Dementia Screening (n=117)**




**All statistically significant at p <0.0001**

# Outcomes: Use of Toolkit Materials 3 Months Post Training

- Change in Teaching:
  - 89% of participants reported feeling "confident"/"very confident" teaching about this topic

- Change in Practice:
  - Participation led to changed/modified approach to:
    - history taking/dementia screening (69%)
    - differential diagnosis (delirium vs. dementia) (40%)
    - caregivers stress (72%)
    - community support and services (64%)

# Dissemination: Web-Based TIC Workshop



**http://geronet.ucla.edu**

# Future Developments and Dissemination

- Long term care setting: Workshop at California Association of Long Term Care Medicine
- Developing workshops on other topics (ie., falls, polypharmacy)

# Conclusion

- The Team-based Interprofessional Competency (TIC) Training in Dementia Screening and Management is an innovative team education model that is effective in teaching dementia screening and management in medical, nursing, pharmacy and social work practitioners.

# Nevada's One-Day Trainings

Patricia Swager, M.Ed.

Presenting data for

Lisa Rosenberg, MD

Susan VanBeuge, DNP, APRN

NEVADA GERIATRIC EDUCATION CONSORTIUM

University of Nevada School of Medicine

UNLV Division of HEALTH SCIENCES

Touro University Nevada

# Nevada's One-Day Trainings

- Dementia Detection and Management at the Medicare Annual Wellness Visit
- Dementia and Diabetes Management:  Geriatric Interprofessional Simulation Center Training

# Dementia and Wellness Visit

- Dementia Detection and Management at the Medicare Annual Wellness Visit - from training to ensuring materials

- http://tun.touro.edu/dementia_cme/

# Clinical Simulation Center of Las Vegas

# NEVADA GERIATRIC EDUCATION CONSORTIUM

University of Nevada School of Medicine

UNLV Division of HEALTH SCIENCES

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Nevada Geriatric Education Consortium website:
http://www.medicine.nevada.edu/ngec/consortium.html

# Alzheimer's Disease Education for the Healthcare Workforce:

## Outcomes, Future Directions, and Collaboration Opportunities with Geriatric Education Centers

Catherine Phillips Carrico, PhD, WyGEC

Oklahoma Geriatric Education Center
Thomas A. Teasdale, DrPH
The Donald W. Reynolds Department of Geriatric Medicine
University of Oklahoma College of Medicine
405-271-8001 x30471
thomas-teasdale@ouhsc.edu

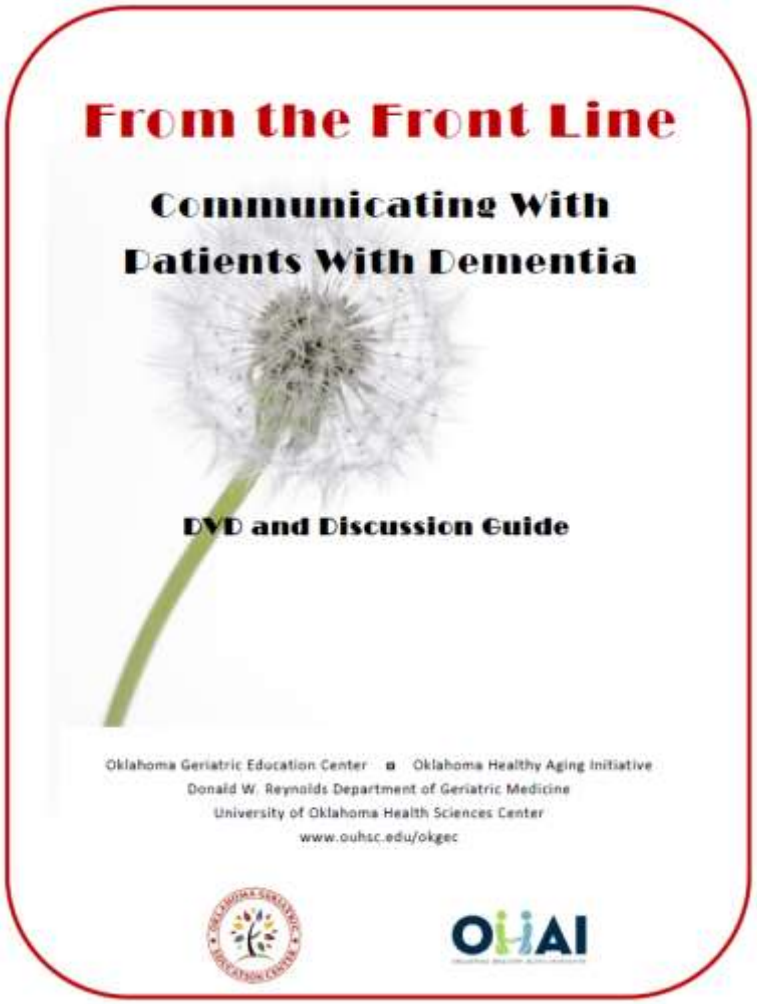
1) Learn about approaches GECs have taken to deliver ADRD education.

2) Discuss impact of HRSA Supplemental Funding for AD education on the training of healthcare professionals.

# ADRD Educational Programming

- Infused AD education into many activities
- *From the Frontline* (video training tool)
- VA CBOC Package (*Speaking Alz*, Frontline video, Terra Nova film)
- Advanced Geriatric Experience (A.G.E.) (40 hour cert prog)
- Dementia 24/7 Simulation Curriculum (simulation curriculum)
- Train the Trainer Workshop (supported dissemination by nursing)
- Langston University Nursing Student Training
  (plan & implement a Dementia 24/7 workshop for LTC admins and nurses)
- Tribal Training Event (education and discussion about dementia care)

**Oklahoma Geriatric Education Center**
**Thomas A. Teasdale, DrPH; The Donald W. Reynolds Department of Geriatric Medicine; University of Oklahoma College of Medicine**
**405-271-8001 x30471 -- thomas-teasdale@ouhsc.edu**




**http://www.youtube.com/watch?v=M12_trRQfM0**

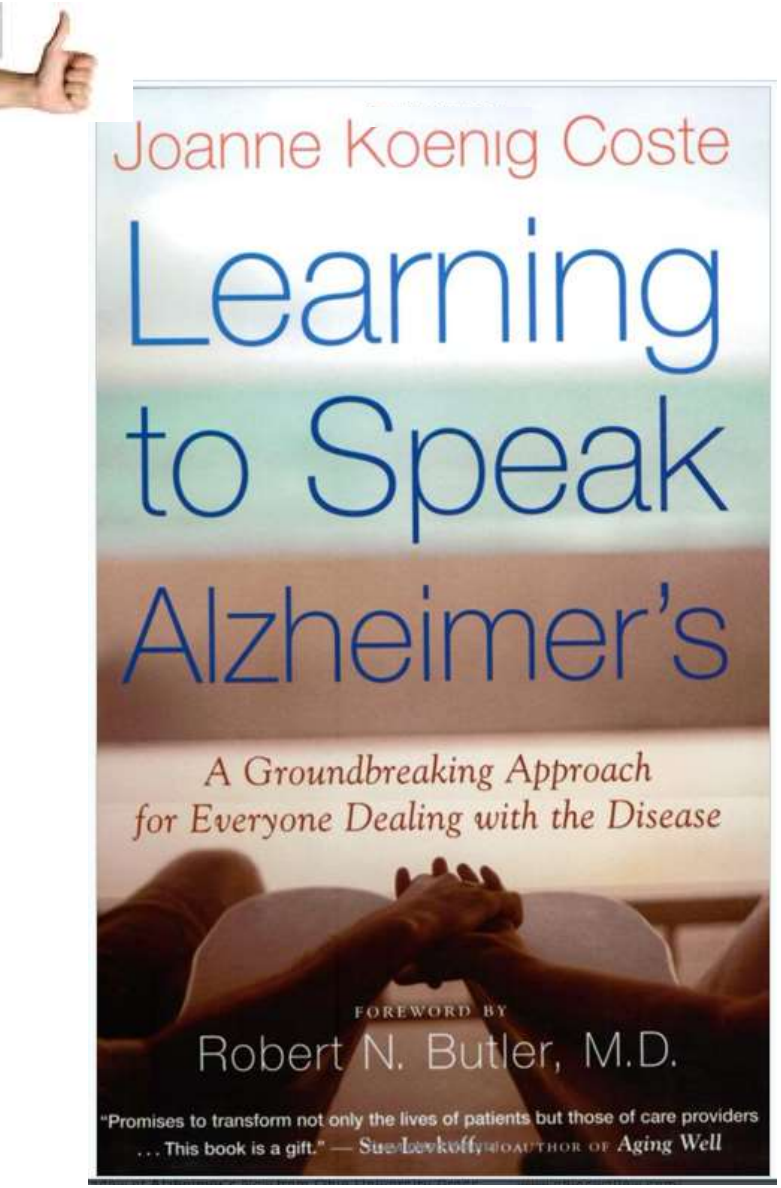
**IMPACT**

- **Distributed widely by corporate partner. Shown as public event at their facilities. N=??**
- **Included as piece of OkGEC packaged curricula. N~250**

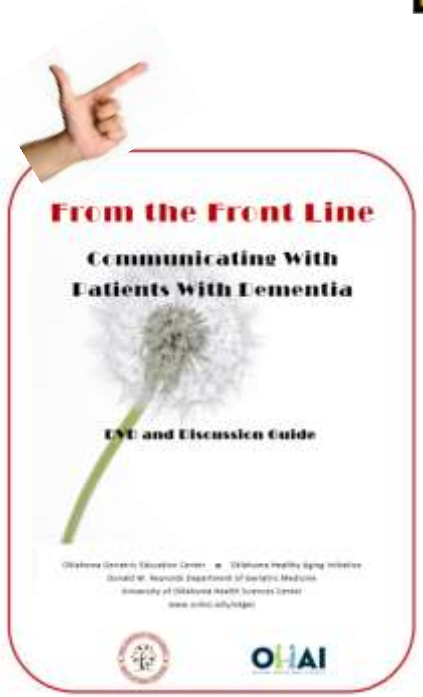
**Three 15 minute segments discussing effective approaches to communication with persons living with dementia.**

- Interview with neurologist
- Interviews with effective providers
- Wrap-up / Recap of points

# VA CBOC Package





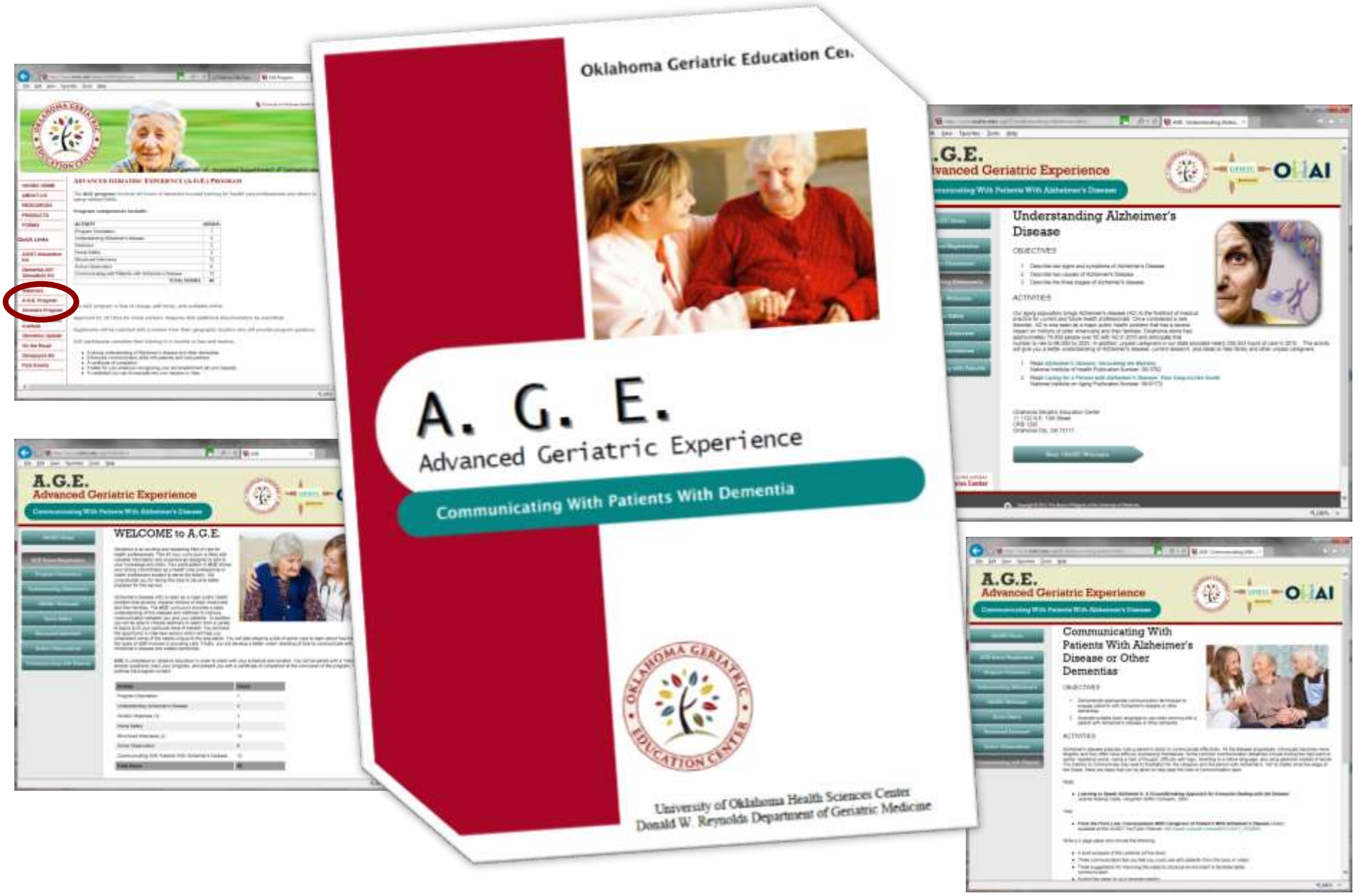



**Terra Nova film**

**IMPACT - Distributed to all 14 OK CBOCs.**

# A.G.E. Program (40 hours)

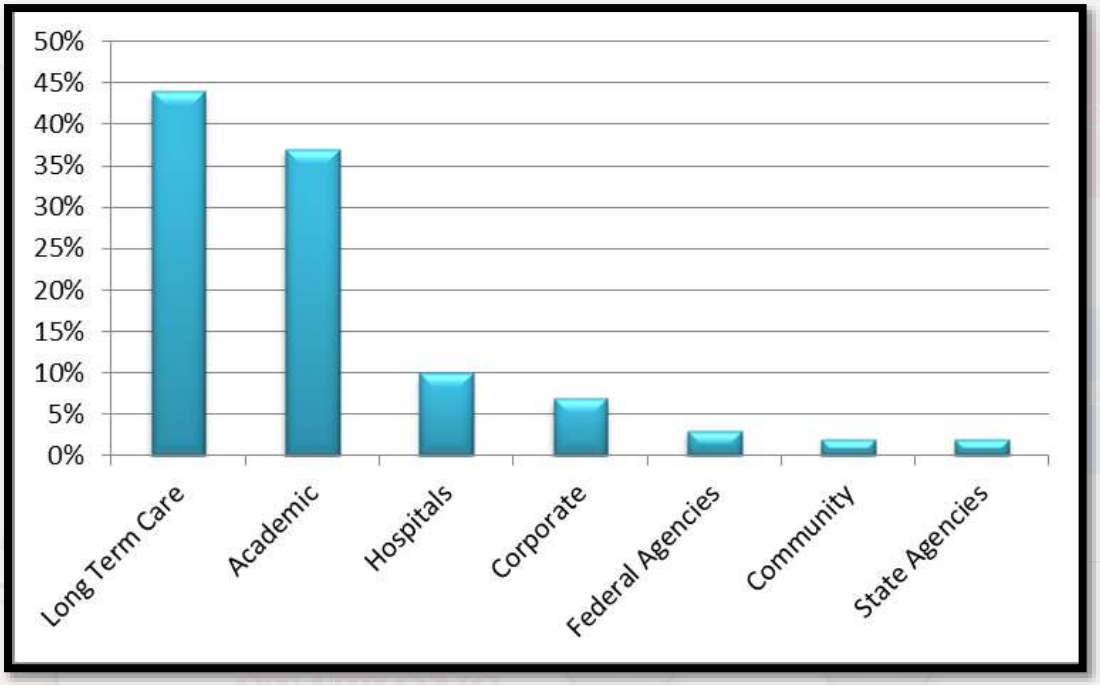
**IMPACT - 183 completers**




# DEMENTIA
## TWENTY-FOUR SEVEN

**IMPACT - July 2013-April, 2014**

- **22 kits distributed**
- **6 trainings**
- **400+ trained**




**FEEDBACK ISSUES**

- I don't have time to do 5 stations
- What if I get a really BIG group?
- What if I get asked a question I can't answer?
- The glasses broke
- I ran out of handouts

# Train the Trainer Workshop

**IMPACT**
**25 senior trainers / program admins.**
**Primary and back up trainers.**
**Leadership from OK LTC Assoc.**
**Each facility/entity got a Curriculum Kit.**

# How To Design a Workshop Training

## Langston University Nursing Student Event

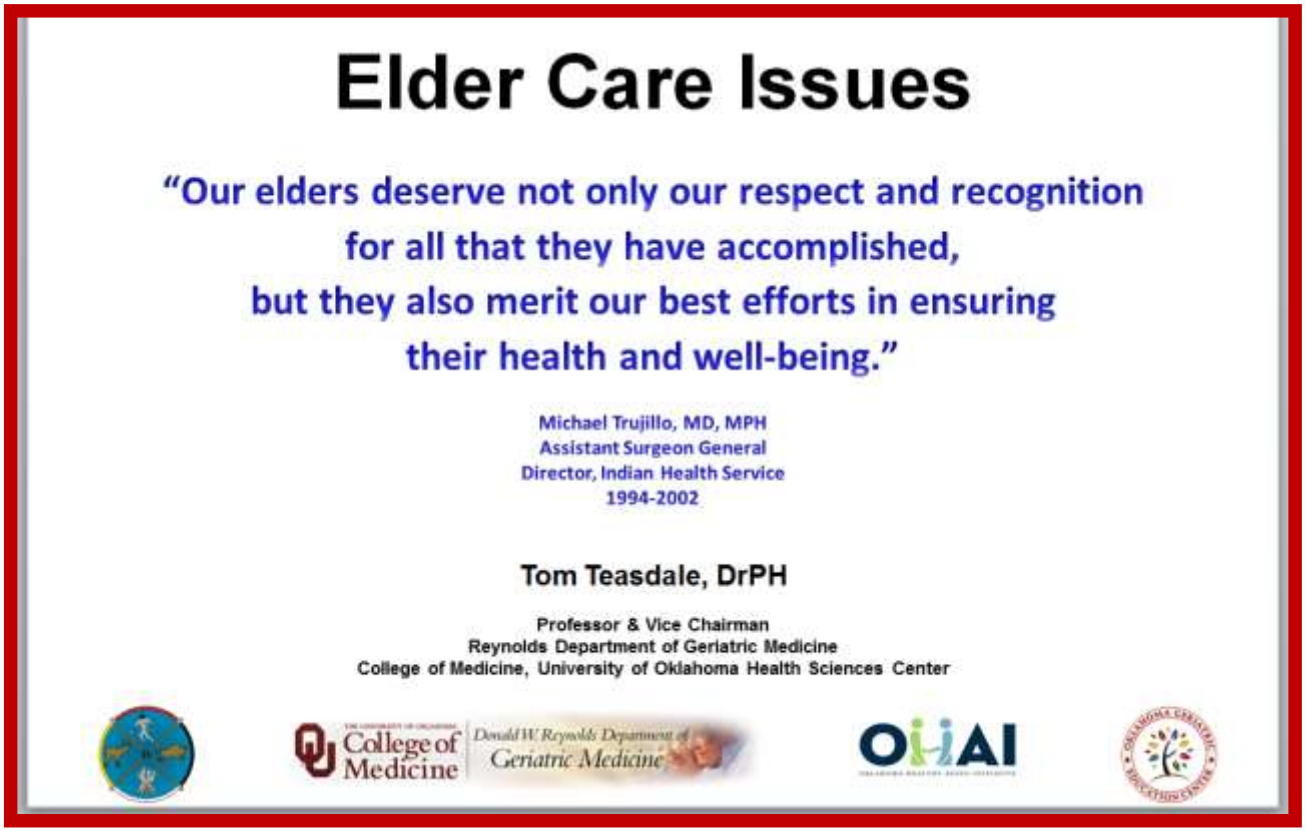
**Program Goal:** plan and implement a ½ day workshop for area long term care administrators and nurses to increase knowledge of geriatric care

**IMPACT – 1 Faculty + 9 students taught to teach.**
**10 LTC staff trained on Dementia 24/7**

| TIMELINE | ACTIVITY |
|---|---|
| 60 Days | Identify date and time of the workshop<br>Determine the budget<br>Assign student duties for planning & implementation<br>Identify & reserve venue<br>Determine educational needs of the targeted audience<br>Develop tentative agenda<br>Identify, contact and confirm speakers & send out the<br>and CEU forms with hard deadlines |
| 45 Days | Submit CEU applications to appropriate credentialing<br>Develop workshop flyer for distribution (marketing)<br>Determine how registration will function (on-line or<br>Open registration<br>Identify volunteers for the workshop (outside of staff) |
| … etc… | |

| Item | Cost | Who Pays? |
|---|---|---|
| Venue | | |
| Catering | | |
| Honorarium & travel expenses | | |
| Printing | | |
| Advertising | | |
| Meeting supplies (Nametags, bags, pens, etc.) | | |
| Income (registration, vendors, etc.) | | |

# Statewide Tribal Health Worker Training




**IMPACT**

- **Seven Nations attended.**
- **70 tribal health workers trained.**
- **CHRs and Nursing.**
- **Didactic, plus exchange of "what works".**

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# Alzheimer's Disease Education for the Healthcare Workforce: Outcomes, Future Directions and Collaboration Opportunities with GECs

## Meharry Consortium GEC - Nashville, TN


- Carrie Plummer, PhD, ANP-BC, Vanderbilt University
- Megan Sheppard, DNP, PMHNP-BC, Vanderbilt University
- Grace Smith, LMSW, Meharry Medical College

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# Financial Support


- This project is supported by funds from the Bureau of Health Workforce, Health Resources and Services Administration, Department of Health and Human Services under Grant number UB4HP19055 (Meharry Consortium Geriatric Education Center).


- Collaboration with Q-Source (TN QIO)

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# Who we are

- **Grace Smith, LMSW** of the Meharry Consortium GEC (Meharry, Vanderbilt, TSU)
- **Megan Simmons, DNP, PMHNP** and **Carrie Plummer, PhD, ANP** of Vanderbilt University School of Nursing
- ***Beth Hercher, CPHQ of Q-Source****, the designated TN coalition lead for the National Partnership to Improve Dementia Care in Nursing Homes.*

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# Training & Participants

- Three, 4-hour face-to-face regional trainings for LTC staff
  - Knoxville, Nashville, Memphis
- Participants
  - 51 LTCs
  - 133 participants:
    - Administrators, DON, Social Workers, Nurses, CNAs and Activities Staff


https://grist.files.wordpress.com/2010/10/tennessee-sign-532x291.jpg


# Content Outline

- Dementia and Antipsychotics in the Long Term Care Setting: A Quality Improvement Initiative
  - Background & Significance
    - Epidemiology of Dementia
    - Defining Behavioral and Psychological Symptoms of Dementia
    - Antipsychotic use data (National and State-Level)
    - CMS Initiative and QI Partnerships
  - Assessment Resources
    - Affective and Physical Assessment tools
  - Non-Pharmacological Intervention Resources

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# Content Outline (continued)

- Reviewing the Quality Assurance and Performance Improvement (QAPI) Process
  - Small group application through Case Study
  - Survey of future needs

http://alzheimerscareresourcecenter.com/wp-content/uploads/2012/08/elderabuse.jpeg

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# Resources

- Affective Assessment:
  - Describing the behavior(s) and quantifying them
    - http://www.nursinghometoolkit.com/#!assessment/csca
  - Nursing Home Behavior Problem Scale:
    - http://www.equipforquality.com/community/assets/File/QM_QI_Tools_Behavior.pdf
    - 29 items, scored 0 – 4 with higher scores indicating greater behavioral issues
    - 3 – 5 minutes per resident to complete
    - Can be completed by nurses and nurse assistants

# The Nursing Home Behavior Problem Scale

| Resident Behavior | Frequency |
|---|---|
| Resists care | |
| Becomes upset or loses temper easily | |
| Enters others rooms inappropriately | |
| Awakens during the night | |
| Talks, mutters, or mumbles to him/herself | |
| Tries to hurt him/herself | |
| Refuses care | |
| Fights or physically aggressive; hits, slaps, kicks, bites, spits, pushes, pulls | |
| Fidgets, is unable to sit still, restless | |
| Has difficulty falling asleep | |
| Goes to the bathroom in inappropriate places (not incontinence) | |
| Says things that do not make sense | |
| Damages or destroys things on purpose | |
| Screams, yells, or moans loudly | |
| Argues, threatens, or curses | |
| Tries to get in or out of wheelchair, bed or chair unsafely | |
| Asks or complains about her or his health, even though it is unjustified | |
| Has inappropriate sexual behavior | |
| Sees or hears things that are not there | |
| Disturbs others during the night | |
| Wanders, tries to escape or go to off-limits places | |
| Accuses others of things that are not true | |
| Asks for attention or help, even though it is not needed | |
| Is uncooperative | |
| Paces, walks or moves in wheelchair aimlessly back and forth | |
| Tries to escape physical restraints | |
| Complains or whines | |
| Does something over and over, even though it doesn't make sense | |
| Tries to things that are dangerous | |
| TOTAL SCORE | |

Ray WA, Taylor JA, et al. The Nursing Home Behavior Problem Scale. J Gerontol (Med Sci). 1992; 47: M9-M16.

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# Resources (continued)

- Physical Assessment

| CAUSE | EVALUATION |
|---|---|
| Infection (UTI, URI, PNA, Wound) | Physical examination<br>Labs: UA, CXR, CBC, BMP |
| Dehydration | Physical examination<br>Labs: BMP |
| Electrolyte Imbalance | Medication Review, I's/O's<br>Labs: BMP |
| Constipation | History of recent bowel regimen, physical examination |
| Pain | Review patient history (co-morbid conditions) and physical examination |
| Sensory deprivation | Ensure resident has eye glasses, hearing aids, well-lit rooms/hallways |

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# Resources (continued)

- Physical Assessment

| CAUSE | EVALUATION |
|---|---|
| Overstimulation | Does patient's behavior appear linked to environmental noises, sounds, smells, clutter? |
| Sleep deprivation | Documentation of sleeping schedule, excessive daytime napping/sleepiness |
| Iatrogenic (medications) | Review of medications, recent admissions to ED or Hospital (change of meds) |
| Decreased O2 sats | O2 saturation, Physical examination of lung fields, coughing? Review patient history (COPD, asthma, lung disease, smoker, PE, DVT, clotting disorder, cancer, infection) |

# Resources (continued)

- Non-Pharmacological Interventions:
  - –Nursing home Toolkit:
    http://www.nursinghometoolkit.com/#!managing-specific-behaviors/ctie
  - –Hand in hand:
    http://www.cms-handinhandtoolkit.info/
  - –CMS training for surveyors videos:
    http://surveyortraining.cms.hhs.gov/pubs/AntiPsychoticMedHome.aspx

### Apathy/Withdrawn

A person who is withdrawn or apathetic is someone who is socially withdrawn and is experiencing a loss of interest and motivation. Behaviors that reflect being withdrawn or apathetic might include sitting alone in one's room, avoiding contact with others and making limited eye contact with others.

Click for information 

### Agitation

Agitation is a broad term that refers to a variety of verbal, vocal or physical behaviors that appear distressing to the person with dementia or are considered inappropriate or unusual or are disruptive to others.

Common behaviors observed in a person experiencing agitation are restlessness, complaining, repetitive statements or repetitive movements and constant requests for attention.

Click for information 

### Inappropriate or Disruptive vocalizations

Disruptive vocalizations are any verbal noises (screaming, yelling, nonsense talking, cursing) which are generally considered unusual, inappropriate or are upsetting to others.

Click for information 

### Aggressive behaviors

Aggressive behaviors are actions that are threatening or harmful and can be physical in nature (hitting, kicking, biting, grabbing people or things, throwing things) or verbal (screaming, cursing, making threats).

Click for information 

**Please select the behaviors for details** 

### Wandering

Wandering or pacing is sometimes referred to as "aimless" walking. This can also refer to restlessness or excessive moving around during the day or evening.

Click for information 

### Repetitive Behaviors

Repetitive behaviors refer to mannerisms questions or behaviors that a person frequently repeats. Examples of repetitive behaviors include clapping, tapping or shaking.

Click for information 

### Resisting Care

Resisting care, sometimes called combative with care, is a common behavior that is different from agitation or aggression. A person who is resisting care may pull away, attempt to leave or become agitated or aggressive while expressing resistance to care. An example of a person resisting care may be saying "stop that, leave me alone!" and pulling away from staff during a specific care activity such as eating.

Click for information 

### Sexually Inappropriate Behaviors

Examples of sexually inappropriate behaviors include socially unacceptable behaviors toward self in public (such as disrobing, fondling and masturbating) and inappropriate behaviors directed at others (such as sexually explicit comments and inappropriate touching).

Click for information 

# Aggressive behaviors

Go Back To Behavior Section

## Description of Behavior

Aggressive behaviors are actions that are threatening or harmful and can be physical in nature (hitting, kicking, biting, grabbing people or things, throwing things) or verbal (screaming, cursing, making threats).

## Interventions to Try

### Why Behavior Might Occur

Aggressive behaviors may be the result of a person having unmet needs and not being able to express them to staff, too much sensory stimulation, or frustration related to reliance on memory.

### Responding to aggressive behaviors:

- Explain to the person step-by-step in a calm voice what is happening.

- Remove any residents/staff in the immediate area who may be in danger.

- Be mindful of your body language and voice: keep a pleasant face and non-defensive posture (don't cross arms). Speak in a slow, firm but not loud voice.

-Do not have multiple staff approach the resident. Approach the resident from the side- not front.

-Initiate a "time out"- if resident is safe, leave them alone until the situation de-escalates.

- Try immediate distraction to de-escalate the situation. For example: Using an excited but pleasant voice say" Mary, did you see what is going on in the activity room?? Come with me!' This may help remove the person from the precipitating situation.

-Slowly assess for unmet needs (presence of pain, hunger/thirst, hot or cold body. temperature, need to go to the bathroom) and attempt to meet the resident's need with caution and in a safe manner.

- Reduce stimulation in the environment (control noise levels) and promote a calm environment (soft lighting, avoid crowding).

- Provide and encourage appropriate activities, such as exercise, in a safe space to allow for a physical release of energy.

- Provide individualize activities which the resident may respond to (based on their past and present identity, personality, demographic information such as gender, and which are appropriate for their cognitive, physical and sensory abilities).

- Break tasks down into simple, manageable steps and proceed with one at a time.

# Resources (continued)

- Quality Assurance Performance Improvement (QAPI):
  - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework.pdf

http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/qapifiveelements.pdf

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# Case Study: Mrs. Johnson

- Mrs. J is a 75 year old AAF with history of Alzheimer's dementia, s/p MI (2001) with stents placed, COPD, recurrent UTIs, hypercholesterolemia, HTN, osteoarthritis and DM Type 2. She has been a resident at your facility x 3 years. Over the last year she has had increasing episodes of aggression towards staff and other residents. Over the last month she has struck staff, at least once a week, during mealtime. Today she attempted to strike another resident in the dining room.
- Medications: Lisinopril 20mg PO qday, Metoprolol 25mg PO bid, HCTZ 25 mg PO qday, Atorvastatin 20mg PO qhs, Plavix 75mg PO qday, Metformin 1000mg PO bid, Advair 250/50 nebs bid and Albuterol nebs PRN, Cranberry OTC 2 pills PO qday, Zyprexa 2.5mg PO qhs, Ativan 0.5mg PO bid PRN "for agitation".
- Mrs. J's Health Care and Financial POA is her daughter, Mrs. Smith, who lives locally and is supportive and involved in her care.


# QAPI – Questions for the Small Group

- STEP 1:
  - Who will assume leadership responsibility and accountability for the project?
  - Which staff members will be involved and how?
  - How do you involve residents and family?


# QAPI – Questions for the Small Group

- STEP 2:
  - Develop a clear purpose
  - Defined roles for each team member
  - Defined commitment from each team member

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# QAPI – Questions for the Small Group

- STEP 3:
  - Self-Assessment of readiness for change and how will you measure progress?
  - What type of data collected and what tools will be used to collect data?
  - How often will you measure progress?


# QAPI – Questions for the Small Group

- STEP 4:
  - Using your organization's established Mission/Vision statement write your organization's Guiding Principals (i.e. beliefs and philosophy pertaining to QAPI) =
    - What
    - Why
    - How


# QAPI – Questions for the Small Group

- STEP 5:
  - Conduct a QAPI Awareness Campaign by:
    - How will you communicate with all staff, consulting/visiting health care providers, residents, and family members?
    - Type of training for staff? Ongoing and consistent?
    - Messaging that QAPI =“ systems of care”.
    - How will you ensure your facility is a safe haven for staff, family, and residents to raise quality concerns?

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# QAPI – Questions for the Small Group

- STEP 6:
  - What is your plan for data collection with regards to: type of data, frequency, documentation/storage, and analysis?
  - Examples of types of data:
    - Clinical indicators?
    - Medications?
    - Complaints?
    - Readmissions?
    - Resident/Family satisfaction?
    - Staff satisfaction?
    - State survey results?
    - Administrative – staff turnover

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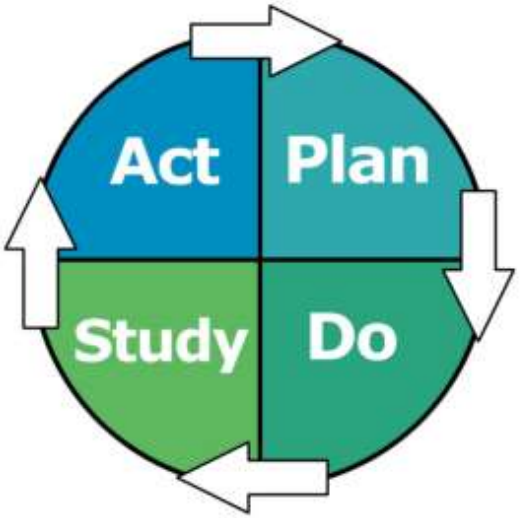
# QAPI – Questions for the Small Group

- STEP 7: Plan, conduct and document PIPs




**Plan**
- State the objective.
- Predict what will happen.
- Plan to carry out the cycle (Who, What, Where, When).

**Do**
- Carry out the plan.
- Document observations.
- Record data.

**Study**
- Analyze data.
- Compare results to predictions.
- Summrize what was learned.

**Act**
- What changes are to be made?
- Next cycle?

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# Results of Post-Presentation Surveys

| Most Helpful | Least Helpful | Would Like More of… |
|---|---|---|
| • NH Assessment Toolkit<br>• NH Interventions Toolkit<br>• Insight into root causes of difficult behaviors<br>• Description of different types of Dementia<br>• QAPI Plan Outline<br>• Documentation recommendations | • Case Study, brainstorming<br>• Statistics on dementia and costs<br>• Switching between speakers | • Educational info for family<br>• Improving patients' QoL<br>• Additional info on implementing AP reduction<br>• Documentation processes<br>• More Case Studies<br>• Pharm & non-pharm for use by direct care staff<br>• Communication with and education of MDs |

MICHIGAN STATE UNIVERSITY | College of Human Medicine

# Early Detection and Management of Dementia

Joan Ilardo, PhD, LMSW
Geriatric Education Center of Michigan
Michigan State University
East Lansing, MI


# Funding Acknowledgement

*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under Geriatric Education Center, UB4HP19064. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*

# Themes

- Interprofessional team training
- Leveraging partnerships
- Case-based learning
- Quality improvement

# Target Audience

- Clinical teams as defined by the organizations where training is held
  - Physicians
  - Nurse Practitioners
  - Physician Assistants
  - Social Workers
  - Medical Assistants
  - Direct Service Workers
  - Physical Therapists
  - Front Office Staff
  - Lab Technicians
  - Etc.

# Learning Objectives

- Identify cognitive and functional impairments potentially associated with dementia
- Recognize criteria used to diagnose dementia
- Locate community resources available to assist families in coordinating care for persons with dementia
- Develop a quality improvement project related to the early detection, diagnosis or management of dementia

# EDMD Course Content

| Topics | Content Covered |
|---|---|
| Dementia Overview | Prevalence, types and causes, early recognition, 10 warning signs, brief screens (clock drawing test, mini-cog, AD8, MMSE, SLUMS) |
| Functional Assessment | Domains: environment, cognitive, physical, psychological, social support |
| Quality Improvement | CQI basic tools (sentinel events, quality indicators), assignment for discussion at the last session is to 1) determine a sentinel event in their practice that is related to memory loss and 2) identify quality indicator to use to measure clinics success in early detection and management of dementia |
| Community Resources | Description of continuum of community-based services available for patients with dementia and their caregivers by local Alzheimer's Association and/or Area Agency on Aging |
| Case Study | Includes detailed information regarding: the presenting problem, medications, allergies, past medical history, past surgical history, social history, family history, ROS, IADLs, home environment, cognition, gait and ADLs, mood, social support, and physical examination.<br>The participants form small interdisciplinary groups to discuss the case.<br><br>Training participants are then provided with the actual outcome of the case and debrief the case as a whole group. |

# EDMD Evaluation Tools

- Pretest: Dementia Attitudes
- Pretest: Knowledge of Dementia
- An evaluation regarding the topics covered is administered at the end of each session.
- A team performance survey and a team function assessment are administered in conjunction with the case study.
- Posttest: Dementia Attitudes
- Posttest: Knowledge of Dementia

# Leveraging Community Partner Resources

- Primary Care Practices are not in this alone
- Alzheimer's Association Chapters
  - Support groups
  - Education
  - Referral services
- Area Agencies on Aging
  - Respite services
  - Creating Confident Caregivers
  - Care management

# Agenda for 4.75 CE Hour Training

**Sample Agenda for 2 Sessions**

**Session 1 (3.5 hours) – Face-to-Face**

| | |
|---|---|
| .5 CE hour | Introduction to course and Completion of pre-test and forms |
| 1.0 CE hour | Dementia Overview |
| .25 CE hour | Overview of Functional Assessment |
| .5 CE hour | Community Resources presented by local Alzheimer's Association |
| .75 CE hour | Case Study Activity |
| .25 CE hour | Next Steps: Quality Indicators, QI Tools, and Project related to Dementia |
| .25 CE hour | Team Performance Survey and Team Function Assessment |

**Sample Agenda Session 2 (1.25 hrs) – Can be conducted by Video or Teleconference**

| | |
|---|---|
| 1.0 CE hour | Quality Improvement Project review and Discussion |
| .25 CE hour | Evaluations, Post-test and Wrap-up |

## Participant Comments about primary care practice changes due to training

- Review Alz.org / Write "Rx" for referral / Refer more people to alz.org or give phone #
- screenings more often and visit without family so I get answer from patient.
- Do more functional assessment screening
- Want to learn more about pathways and will use the Alzheimer's organization resources more.
- Using tools to identify needs
- More enhanced screening protocol
- Be more proactive in recognizing signs of memory loss.
- catching memory problems earlier
- More attention to needs of older patients
- Better evaluation of possible dementia patients
- Knowing where to send patient and family for more information/guidance
- Change in management - get family more involved earlier - have early care conferences to clinics & plan/DPOA
- Bring changes in behavior to providers

# Lessons Learned

- 4.75 hours is too long for clinics to close for team training
- QI can be done as an add-on
- Trainees LOVE having community agencies describe local resources and referrals

# EDMD 3.0 CE Hour Training for VA

## Session I (1 hour CME) -- Presentation on-site at CBOC

| Completion of Pre-test and GEC Forms | GECM Facilitator (non-CME) |
|---|---|
| Introduction to Course | GECM Facilitator (0.1 hr, CME/CE approved) |
| Dementia Overview | GECM Facilitator (0.9 hr, CME/CE approved) |
| Session 1 Evaluation | |

## Session II (1 hours CME) – On-site Facilitator

| Overview of Functional Assessment | GECM Facilitator V-Tel (0.4 hour CME/CE approved) |
|---|---|
| Community Resources and the VA | AAA or Alzheimer's Assn On-site (0.5 hour CME/CE approved) |
| Assignment (Identify Veteran for Consult) | GECM Facilitator V-Tel (0.1 hour CME/CE approved) |
| Session 2 Evaluation & Post Test | 0.25 hr. On-Site Facilitator (non-CME) |

## Session III -- Dementia Consultation (1 hour CME)

| Dementia Consultation | Ann Arbor VA Team (V-tel) (0.9 hr, CME/CE approved) |
|---|---|
| Debriefing | Ann Arbor VA Team (V-tel) (0.1 hr, CME/CE approved) |

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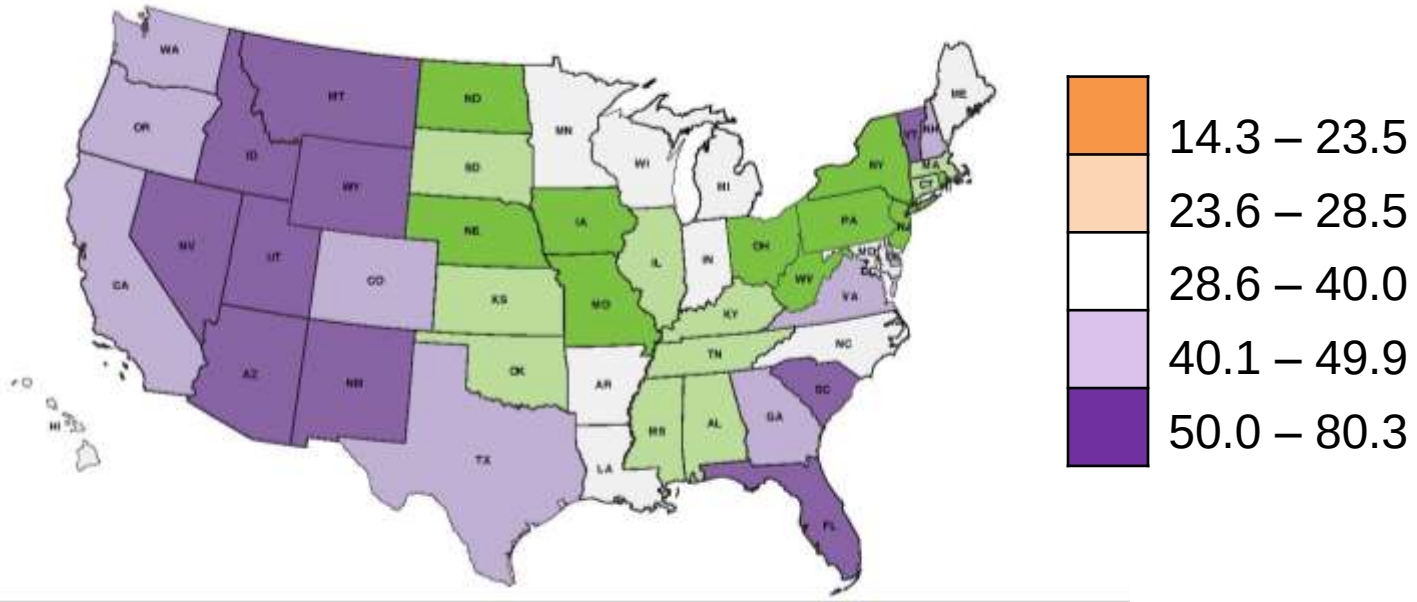
Presented by Stacy Barnes, PhD
Director, Wisconsin Geriatric Education Cente
Marquette University

# WISCONSIN GERIATRIC EDUCATION CENTER



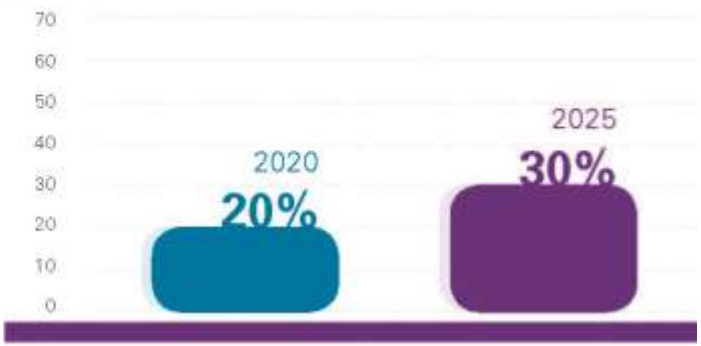
# Wisconsin Facts & Figures




**Percentage of seniors with Alzheimer's disease**

**12%**

**Percentage change from 2014 in the number of seniors living with Alzheimer's disease**




Source: Alzheimer's Association, *2014 Alzheimer's Disease Facts and Figures*

# Alzheimer's & Dementia Trainings

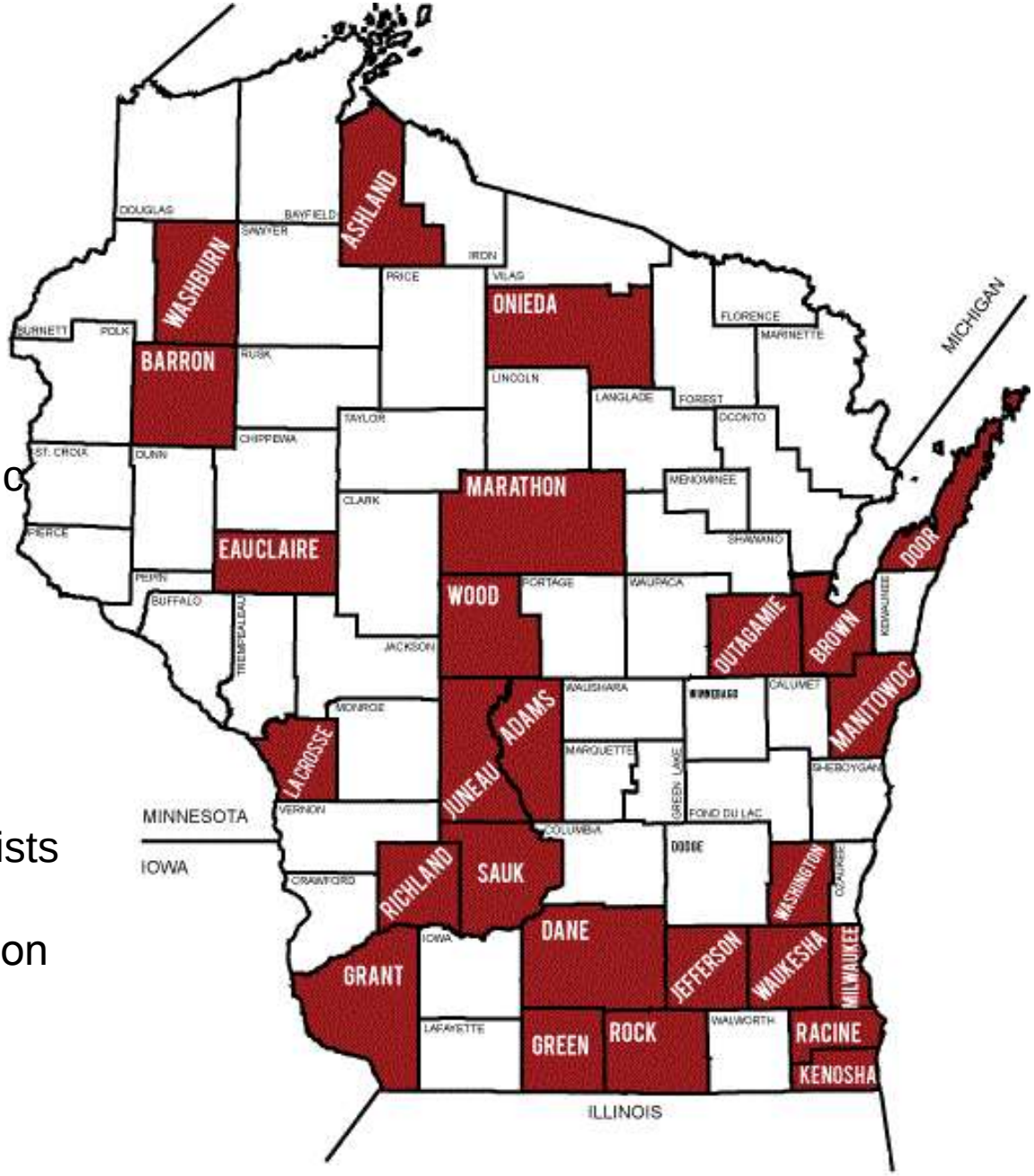
| Number of CE/CME programs offered July 2012 – Dec 2014 | Number of health professionals trained July 2012 – Dec 2014 |
|---|---|
| **18** | **3,355** |

3 of the Programs:

- Dementia Diagnostic Clinic Meetings
- Public Lecture
- Minority Health Month Breakfast Dialogue Events

# Wisconsin Alzheimer's Institute

- Formed in 1998
- Dementia Diagnostic Clinic Network (44 clinics)
- <u>Interprofessional Teams</u>
  - Physicians
  - Physician Assistants
  - Nurses
  - Social workers
  - Occupational Therapists
  - Psychologists
  - Alzheimer's Association staff
  - Others as needed



# Wisconsin Alzheimer's Institute Protocol

**> 3,000 new patients annually**

Patient history form & letter mailed to patient/family

↓

Contact patient/family (1 week prior to visit)

↓

1st Clinic Visit

| 1st Hour | 2nd Hour |
|---|---|
| * Cognitive testing | * History & physic |
| * Family interview | * Family conference |
| * Team meeting | * Plan of care |

↓

2nd Clinic Visit
(1-2 weeks later)

* Review of results/diagnostic impression
* Supportive services if needed

↓

Follow-up visits as indicated

# Clinic Meetings 2x/year

**Methods**

- All clinics participate
- Team-based problem solving and case-based learning emphasized
- Training in latest ADRD research
- Networking with other interprofessional teams
- Peer-to-peer learning
- Most difficult cases

**Results**

- Pre-Post-Post evaluation design
- Self-reported attitudes, knowledge, skill levels, practice patterns
- Knowledge gains in 7 of 8 domains ($p < .01$)
- Incorporated info. into clinical practice in 8 of 8 domains ($p < .0001$)

# Knowledge & Practice Pattern Domains

1. Metabolic factors in Alzheimer's disease pathogenesis
2. Distinguishing characteristics of vascular dementias
3. Transitional services to decrease re-hospitalization rates
4. Non-pharmacological interventions for managing dementia-related behavior problems
5. Triggers of psychological and behavioral problems in dementia patients
6. Developing medical management plans for patients experiencing psychological and behavioral symptoms of dementia
7. Caregiver challenges
8. Evidence-based strategies to help caregivers

# Public Lecture

WISCONSIN ALZHEIMER'S DISEASE RESEARCH CENTER

- Free of charge
- Basic level info. about ADRD
- Exhibit Fair with community resources
- Enrollment in clinical trials
- 500 – 600 people
  - 8% health professionals
  - 10% direct service workers
  - 40% older adults/patients
  - 42% family caregivers

**Types of Topics**

- *Hope on the Horizon*
- *A Fit Brain is a Healthy Brain*
- *Nutrition & the Brain*
- *Exercise & the Brain*
- *Risk Factors for Alzheimer's*
- *Helping Others Through Clinical Trials*

alzheimer's association

# Minority Health Month Breakfast Dialogue Events

***Dementia in communities of color***

***Reducing stigma***

***Encouraging participation in clinical trials***

- Free of charge (foundation support)
- 2 counties in Wisconsin
- Dementia in minority populations
- Famous speaker
- 300 people per site (600 total)

## OUR KEYNOTE SPEAKER: SYLVIA MACKEY

Sylvia Mackey is the wife of Pro Football Hall of Famer, John Mackey, #88 of the Baltimore Colts (1963–1971). John was diagnosed with Frontotemporal dementia (FTD) and passed away in 2011 at the age of 69. As a caregiver, Sylvia became an advocate for John and others with dementia, as well as a renowned speaker on FTD and its impact on patients and their families.

MARK YOUR CALENDARS FOR OUR 2ND ANNUAL MINORITY HEALTH MONTH EVENT

*The Wisconsin Alzheimer's Institute Milwaukee Office presents*

# BREAKING THE SILENCE

## FACING DEMENTIA IN COMMUNITIES OF COLOR

**Wednesday, April 8, 2015**
**Milwaukee**
8:30 am—Noon
Italian Conference Center

**Thursday, April 9, 2015**
**Racine**
9:00 am—Noon
Racine Marriott

More information to follow soon. Please call Nia Norris at the Wisconsin Alzheimer's Institute with questions at 414-219-5159.

Wisconsin Alzheimer's Institute
UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH

# Evaluation of Public Lecture & Breakfast Dialogue Events

- Very difficult due to stigma & desire for anonymity
- Headcount
- 1-page written evaluation form
  - Trainees' reactions
  - Retrospective pre-test for knowledge gains
  - 40 – 50% return rate
- Very high satisfaction (>98% excellent/good)
- Significant knowledge gains in all domains ($p < .001$)

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

# "Tangles"

## Interactive Education Theater

**Association for Gerontology in Higher Education**

41st Annual Meeting and Educational Leadership Conference

The Changing Face of Aging Around the World

February 26, 2015

The Center for Aging, Health & Humanities

School of Medicine & Health Sciences
THE GEORGE WASHINGTON UNIVERSITY

School of Nursing
THE GEORGE WASHINGTON UNIVERSITY

# Research/Faculty Team

Charles Samenow, MD, Professor,

Center for the Application of Scholarship & Theater (CAST)

Jeffrey Steiger, Artistic Director, CAST

Beverly Lunsford, PhD, Assistant Professor, Director, Center for Aging, Health, and Humanities; GW School of Nursing

# Symposium Objectives

- Discuss the value of utilizing a live interactive theatre for educating healthcare professionals about Alzheimer's disease and related dementias
- Examine the educational outcomes of "Tangles" for educating practicing healthcare professionals in a person-centered approach to care of individuals living with neurocognitive disorder and their family
- Identify future national collaborative education opportunities for Alzheimer's Disease education

# Center for Aging, Health and Humanities

Mission:

1. Explore creativity as a means for continued growth and wellbeing for older adults

2. Improve evidence based care for older adults, integrating humanities & creative arts to promote a more person-centered approach to care

3. Expand societal discussion from seeing older adults as a drain on healthcare resources, to people with wisdom and resources to address societal needs and problems

# Theater as Powerful Education Tool

**Presents a problem in theatrical form with interactive forum to discuss challenges and opportunities for improvement**

- Problems are frequently about diversity issues, e.g. gender, race, underrepresented populations or people unable to speak on their own behalf
- Audience has the opportunity to advance and discuss solutions
  - Teaching and learning improvement
  - Transformation of the work world
- At the end, facilitator underscores key points, possibly adding research and strategies for using the information presented

# “Tangles”

# The Participant Response

- Gaining awareness of the need for change
- Devising strategies
- Changing behavior
- Making the change permanent

# Interactive Forum

# Piloted with 3 Learner Groups

1. Community Setting n = 20
   - Multiple disciplines including social workers, nurses, advance practice nurses, physicians, case managers, community artists, administrators

2. New Masters of Science Students n=43
   - RNs entering MSN, AGNP or FNP graduate programs

3. 1st Year Medical Students (n=180) plus faculty mentors (n=20)

# Why Does Theater Work?

- Serious Issues are presented with humor
- Sketches are emotionally engaging but allow participants to maintain distance
- Sketches have credibility but take advantage of a willing suspension of disbelief
- Meaning is created through presentation and active learning

# Outcomes: **Program Measures**

- Content was consistent with the stated objectives 6.5*
- Theatrical program was effective teaching method for topic 6.7
- Facilitated discussion enhanced the learning objectives 6.67

**Outcome: Participants strongly agreed**

- The ***overall program was en extremely effective method for teaching***
- The ***discussion significantly enhanced the learning experience***

Likert Scale of 1 to 7 Range

# Outcomes: **Learning Objectives**

| | Mean |
|---|---|
| • Describe life of person/family with neurocognitive disorders (NCD) | 6.3 |
| • Illustrate evidence based practices and resources available | 5.78 |
| • Incorporate the value of interprofessional team roles | 6.07 |
| • Engage in interactive dialogue on care of individuals with NCD & families | 6.4 |
| • Illustrate best practices, resources, and skills | 6 |
| • Explore practical strategies for person-centered care and the optimal utilization of interprofessional teams | 6.21 |

**Outcomes**

- Overall response strongly positive
- Indicated that portrayal of life for a person with neurocognitive disorder and her family was very strong
- Less effective in illustrating evidence-based practices and available resources.

# Outcomes: Professional Development

| | |
|---|---|
| 1. Able to apply principles of person-centered care in my practice | 6.32 |
| 2. Share principles of PCC with co-workers so they can apply them to their work | 6.22 |
| 3. Share PCC principles with supervisor to support efforts to improve patient care | 6.20 |
| 4. Initiate or strengthen interprofessional participation in PCC planning in my work place | 6.22 |
| 5. Develop organization support for implementing person-centered care | 6.22 |

**Diffusion of Innovation**

1. Able to apply PCC in practice
2. Able to share with co-workers, develop organizational support
3. Less able to share with supervisor

# Critical Participant Comments

About the Learner . . .

- So much more meaningful and really “sticks” more so than traditional learning
- I work in this field and I had a chance to step back on the outside
- Allows learner to enter subject matter on emotional level & different way of learning

About the Individual and Family . . .

- Makes me more empathetic with patients and families dealing with NCD
- Being aware of stress on family
- Employ dynamics of family in order to assist
- Perfect display of multidimensional factors of family and the dementia patient
- Will be more attentive to losses and other life stressors of individual and family
- Now have a better understanding to NEVER forget the caregiver

About Person-Centered Care

- This method made the disease real not from a “textbook” perspective, but real life
- ***Remember person-centered care also relates to those with dementia***

# National Collaboration Opportunities

- Woolly Mammoth Theater: Runs April 2nd through 12th
- Woolly Mammoth Theater Caregiver Workshop: April 8th
- Woolly Mammoth Theater Health Care Professional Workshop: April 10th

Website for Tickets: go.gwu.edu/tangles

# A Collaboration of:

## Center for the Application of Scholarship and Theater

Charles Samenow, MD, MPH, Program Director
Jeffrey Steiger, Artistic Director
Website: http://charlessamenowmd.com/medicaltheater/softening/

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## GW Center for Aging, Health and Humanities

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