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

WAI-Affiliated Dementia Diagnostic Clinic Network Spring Meeting

Saturday, May 18, 2019

Building a Future to Remember
WAI Dementia Diagnostic Clinic Network

37 Affiliated Clinics in the Network

May 2019
Team Introductions and Updates

• New affiliate introduction
  Lakeshore Memory Clinic (Manitowoc)
  • Jeffrey Corrigan, MD
  • Cameron Goetz, PhD
  • Melissa Koss, FNP, APNP-BC
  • Connie Thimmig, CDC, BA

• Member introductions and updates
Clinic Network Practice and Discussion

- Network Progress and Updates
- Clinic Network Analysis
- Membership Ideas and Projects
Network Progress and Updates

- Gerontological Society of America (GSA) meeting November 2018
  - Jody and Cindy presented on WAI Clinic Network
  - Tied in to KAER model
    - Kickstart
    - Assess
    - Evaluate
    - Refer

Network Progress and Updates

• Georgia Memory Net
• Ted Johnson, II, MD, MPH (Emory University geriatrician) to speak at November 2019 WAI Update on Alzheimer’s Disease and Related Dementias
Network Progress and Updates

- California Alzheimer's Disease Centers (CADCs)
  - statewide network of 10 dementia care Centers of Excellence at university medical schools
  - established by legislation in 1984
  - provide specialized training and education to health care professionals

- Howie Rosen, MD (UCSF Neurologist) to speak at November 2019 WAI Update
2019 WAI Update on Alzheimer’s Disease and Related Dementias

- Lisa Barnes, PhD
- Jeff Williamson, MD
- Nate Chin, MD
- Lisa Bratzke, PhD, RN, ANP-BC
- Ted Johnson, MD, MPH
- Howie Rosen, MD
New WAI Grant – Training in Management of Behavioral and Psychological Symptoms of Dementia (BPSD)

• PI: Art Walaszek, MD
• Funded by UW-Madison School of Medicine and Public Health
• Uses academic detailing model with practicing clinicians
• DICE training for clinic staff
• Curriculum development for students, residents, and fellows
WAI Student Education Programs

• Developing student curriculum with:
  – Rural and Urban Scholars in Community Health (RUSCH) Program (undergraduates)
  – Wisconsin Academy of Rural Medicine (WARM) (medical students)
  – Training in Urban Medicine and Public Health (TRIUMPH) (medical students)

• Working to track impact of student involvement on career choices
Synergy with State and Federal Initiatives

1. Dementia Care in the Community
2. Training Healthcare Providers in Dementia Care
3. Crisis Response for People with Dementia
4. Facility-based Care

1. Early detection of cognitive impairment
2. Training healthcare providers in dementia detection and care
3. Evaluation of multi-cause dementia
4. Research to implement effective dementia care


Clinic Network Analysis

New E-newsletter Will Highlight Clinical Trends and Research Findings for Memory Care Professionals

Wisconsin’s population is growing older, and the demands on health care providers in the dementia care field are growing as well. In an effort to support memory care professionals across the state, the Wisconsin Alzheimer’s Disease Research Center and the Wisconsin Alzheimer’s Institute will launch “Updates in Dementia Care” in Summer 2019. The quarterly e-newsletter will include feature articles on clinical trends, information on recent research findings, and news about research and education opportunities. University of Wisconsin memory care physicians, neuropsychologists, social workers, and other professionals will contribute educational articles about evidence-based best practices and clinical innovations related to diagnosis and treatment of Alzheimer’s disease and related dementias.

Doctors, nurses, and other professionals who are a part of the WAI-Affiliated Dementia Diagnostic Clinic Network will receive the e-newsletter via email. If you have topic or content ideas, email them to adrccommunications@medicine.wisc.edu.
2016 AAN/APA
Dementia Quality Measures

1. Disclosure of Dementia Diagnosis
2. Education and Support of Caregivers for Patients with Dementia
3. Functional Status Assessment
4. Screening and Management of Behavioral and Psychiatric Symptoms Associated with Dementia
5. Safety Concern Screening and Follow-Up
6. Driving Screening and Follow-Up
7. Advance Care Planning and Palliative Care Counseling
8. Pain Assessment and Follow-Up
9. Pharmacological Treatment of Dementia

Diagnosis

- Dementia / Major Neurocognitive Disorder, 40%
- MCI Mild Neurocognitive Disorder, 30%
- Normal, 13%
- Other, 8%
- Missing, 11%
Most Common Etiologies
# Quality Measures Nov 2018 - April 2019

## Quality Measures Benchmarks

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Diagnosis given</td>
<td>63%</td>
<td>76%</td>
<td>98%</td>
</tr>
<tr>
<td>2. Education and referral of caregivers</td>
<td>28%</td>
<td>29%</td>
<td>55%</td>
</tr>
<tr>
<td>Only education provided</td>
<td>49%</td>
<td>30%</td>
<td>n/a</td>
</tr>
<tr>
<td>3. Functional assessment</td>
<td>79%</td>
<td>95%</td>
<td>42%</td>
</tr>
<tr>
<td>4. Behavioral screening &amp; treatment</td>
<td>58%</td>
<td>63%</td>
<td>44%</td>
</tr>
<tr>
<td>Screening</td>
<td>79%</td>
<td>97%</td>
<td></td>
</tr>
<tr>
<td>If + treatment provided</td>
<td>76%</td>
<td>53%</td>
<td></td>
</tr>
<tr>
<td>5. Safety screening &amp; management</td>
<td>71%</td>
<td>69%</td>
<td>2%</td>
</tr>
<tr>
<td>Screening</td>
<td>76%</td>
<td>83%</td>
<td></td>
</tr>
<tr>
<td>If + treatment provided</td>
<td>85%</td>
<td>66%</td>
<td></td>
</tr>
<tr>
<td>6. Driving evaluation &amp; management</td>
<td>63%</td>
<td>60%</td>
<td>3%</td>
</tr>
<tr>
<td>7. Advanced care planning in record, and if not it was discussed</td>
<td>70%</td>
<td>75%</td>
<td>5%</td>
</tr>
<tr>
<td>8. Pain assessment &amp; management</td>
<td>63%</td>
<td>49%</td>
<td>n/a</td>
</tr>
</tbody>
</table>
Quality Measure 1: Disclosure of the Cause of Dementia.

Percentage of patients with a diagnosis of a qualifying dementing disorder or disease whose diagnosis* has been disclosed to them and, if available, their primary caregiver.

*Diagnosis is defined as the provider’s best current opinion about dementia etiology, which may include a disclosure that diagnosis remains unknown or that a previous diagnosis must be revised.
Quality Measure 2: Education and Support of Caregivers for Patients with Dementia

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. “Caregiver” is defined as any relative, partner, friend, or neighbor who has a significant relationship with, and who provides a broad range of assistance for, an older adult or an adult with chronic or disabling conditions.

![Q2 Performance Chart](chart1.png)

- Education AND referral(s) provided: 49%
- Education provided: 28%
- Referral(s) provided: 2%
- Missing: 21%

![Q2 Exclusions Chart](chart2.png)

- Information refused: 17%
- No caregiver identified: 49%
- Caregiver connected: 29%
- Caregiver trained: 5%
Quality Measure 3: Functional Status Assessment for Patients with Dementia

Percentage of patients with dementia for whom an assessment of functional status* was performed at least once in the last 12 months.

*Functional status is assessed by use of a validated tool, direct assessment of the patient, or by querying a knowledgeable informant, with the purpose of evaluate the patient’s ability to perform: Instrumental activities of daily living (IADL) (i.e., cleaning, money management, medication management, transportation, cleaning, and cooking) AND Basic activities of daily living (ADL) (i.e., grooming, bathing, dressing, eating, toileting, gait, and transferring).

Scales used
Lawton IADL = 414 (58%)
Katz ADL = 274 (38%)
Quality Measure 4: Screening and Management of Behavioral and Psychiatric Symptoms Associated with Dementia

Percentage of patients with dementia for whom there was a documented screening* for behavioral and psychiatric symptoms, including depression, and for whom, if screening was positive, there was also documentation of recommendations for management in the last 12 months.

**Screened (79%)**

- Symptoms Identified
  - Yes (51%)
  - No (40%)
  - Unknown (9%)

- Treatment Provided
  - Yes (59%)
  - No (11%)
  - Unknown (24%)
  - N/A (6%)

**Q4 PERFORMANCE**

- Not Screened: 21%
- Screened & Unknown management: 16%
- Screened & Did not receive management: 5%
- Screened & Received management of symptoms: 58%
Quality Measure 5: Safety Concern Screening and Follow-Up for Patients with Dementia

Percentage of 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.

*Screening is defined as using a validated instrument or directly examining the patient or knowledgeable informant to determine the presence or absence of symptoms.

- Medication mismanagement — 20%
- Financial mismanagement — 18%
- Home safety (e.g. issues cooking, trip hazards) — 15%
- Access to chemicals, firearms, power tools — 17%
- Wandering — 5%
- Physical aggressiveness — 4.6%
Management Recommendations Provided

- Medication
- Aggressiveness
- Wandering
- Financial
- Home Safety
- Chemicals/tools

Legend:
- None
- Not Applicable
- Treatment
- Referral
- Education
Q5 PERFORMANCE

- Not Screened, 24%
- Screened Only, 5%
- Screened & Management Provided If Necessary, 71%
Quality Measure 6: Driving Screening and Follow-Up for Patients with Dementia

Percentage of 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 alterna-

Q6 PERFORMANCE

Screened negative 44%
Other 24%
Not Screened 32%

Screened positive and received education or referral (19%)
Screened positive and received no recommendations (5%)
Quality Measure 7: Advance Care Planning and Palliative Care Counseling for Patients with Dementia

Percentage of patients with dementia who 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.
Quality Measure 8: Pain Assessment and Follow-Up

Percentage of patients with dementia who underwent documented screening for pain symptoms at the visit and if screening was positive also had documentation of a follow-up

Q8 PERFORMANCE

- Screened & Management provided if needed: 63%
- Other: 16%
- Not Screened or Unknown: 21%
- Screened & No management provided: 10%
- Screened & Unknown management: 6%
**Quality Measure 9: Pharmacological treatment**

Patients with dementia or their caregivers with whom available guideline appropriate pharmacological treatment options and nonpharmacological behavior and lifestyle modifications were discussed at least once in the last 12-month period

<table>
<thead>
<tr>
<th></th>
<th>Using or Added (n)</th>
<th>Dementia (n=309)</th>
<th>MCI (n=220)</th>
<th>Other (n=48)</th>
<th>Normal (n=95)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholinesterase Inhibitors</td>
<td>157</td>
<td>123 (40%)</td>
<td>23 (10%)</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Namenda</td>
<td>53</td>
<td>31 (10%)</td>
<td>9 (4%)</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Anti-depressants</td>
<td>162</td>
<td>55 (18%)</td>
<td>60 (27%)</td>
<td>16 (33%)</td>
<td>20 (21%)</td>
</tr>
<tr>
<td>Anti-anxiety</td>
<td>58</td>
<td>20 (6%)</td>
<td>18 (8%)</td>
<td>5 (10%)</td>
<td>11 (12%)</td>
</tr>
<tr>
<td>Anti-psychotic</td>
<td>22</td>
<td>12 (4%)</td>
<td>8 (4%)</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

*Numbers smaller than 5 are suppressed
CLINIC NETWORK
DATA CODEBOOK

Version: 1.1
Date: July 15, 2018
Data form (7th edition)
On today’s evaluation form:

31. In your professional role, do you require CME/ANCC credits?
   - [ ] No, I do not require CME/ANCC credits, or I only need CEU/CEH credits.
   - [x] Yes, I do require CME/ANCC credits. If yes, please check one of the following:
     - [ ] I am willing to pay an additional $50.00 registration fee to receive CME/ANCC credits.
     - [ ] I am not willing to pay an additional $50.00 registration fee to receive CME/ANCC credits.

32. Do you have an internal accredited department within your organization that can issue CME/ANCC credits?
   - [ ] No      - [x] Yes

   If yes, and you think they would consider collaborating with WAI to offer CME/ANCC credits, please contact Jody Krainer at jkrainer@wisc.edu or 262.968.2848
WAI Website Conversion Update

Clinic Team Photo

Clinic Name
1111 S. 22nd Street
City, Wisconsin 50001
000-111-2222 or 866-333-4444

Interdisciplinary Team Members
  Physician: name and credentials
  Psychologist: name and credentials
  Social Worker: name and credentials
  Nurses: name and credentials
  Licensed Professional Counselor: name and credentials
  Speech and Language Therapist: name and credentials
  Occupational Therapist: name and credentials
  Physical Therapist: name and credentials
  Other: name and credentials

Any of the following would be listed here if applicable:
Experience working with individuals living with an intellectual developmental disability
Team members have Spanish bi-lingual skills

Clinic website: (the clinic’s website link)

For details regarding clinic hours, insurance, and scheduling; call 000-111-2222 or 866-333-4444 (the clinic’s phone number)
Percent of Projected Population Ages 65 and Older

Source: WI DOA Demographic Services, Population Projections, Vintage 2013; Prepared by Eric Grosso, WI DHS Bureau of Aging and Disability Resources
Percent of Projected Population Ages 65 and Older

Source: WI DOA Demographic Services, Population Projections, Vintage 2013; Prepared by Eric Grosso, WI DHS Bureau of Aging and Disability Resources
Value Drives Sustainability

Bringing value to:

- Patients
- Support Systems
- Referral Sources
- Collaborating Organizations
- The Clinic’s Healthcare System
When was the last time your team discussed:

- Patient and their support system satisfaction
- Your workflow efficiency and effectiveness
- How you can increase the value your services brings
- The team’s strengths, weaknesses...
- The quality of your services
- Collaborators’ satisfaction
- Downstream revenues generated by your services
- Who values most from your services
- Who should use your services
- Referral sources’ satisfaction
- Referral volumes, wait times...
- Who should NOT use your services
- Who doesn’t use your services
- Who uses your services
- Cost avoidance benefits from services
- Administration’s satisfaction
- When was the last time your team discussed?
Who Should Use Your Services?

Areas to consider for establishing service criteria:

• Age (i.e. all adult ages, or ≥ 65 years)
• Special needs (i.e. Intellectual Developmental Disability, legally blind)
• Duration of symptoms (i.e. fifteen years, minimizing late stage patients)
• Functional status
• Medical complexity and/or certain conditions
• Mental health history and current type of behavioral symptoms
• Status of existing Power of Attorney for Health Care (i.e. activated) or guardianship in place
• Patient is established in the larger clinic practice/department (i.e. neurology)
• Healthcare system requirements/restrictions (only health system patients)
• Initial diagnosis or second opinion
• Type of healthcare insurance or network status (in-network/out-of-network)
Basic Screening Model

Referral or Call

Criteria Applied

Disposition Decision

Patient Appropriate

Appointment Scheduled

Patient more appropriate:
- to see only one member of the clinic team (i.e., physician, neuropsychologist)
- to another department, warm transfer to: Neurology, Psychiatry, Geriatrics, Neuropsychology...

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- to another department, warm transfer to: Neurology, Psychiatry, Geriatrics, Neuropsychology...

Disregard: patient/designated contact declines evaluation
- Patient not appropriate

Disregard: patient/designated contact declines evaluation
- Patient not appropriate

Patient/designated contact declines evaluation

Additional information obtained by screener and/or clinic staff

Health records pulled

Patient/designated contact declines evaluation

Patient not appropriate

Referral source notified

No further contact with patient/designated contact

Patient more appropriate:
- to see only one member of the clinic team (i.e., physician, neuropsychologist)
- to another department, warm transfer to: Neurology, Psychiatry, Geriatrics, Neuropsychology...

Criteria Applied

Note: reminder calls and post/email correspondence may be needed at various points in the workflow.
Scheduled Phone Call Screening Model

Referral or Call
  Phone Screen Scheduled
  Health Records Pulled
  Phone Screen with Patient/designated Contact
  Returned Call

Disposition Decision
  Patient Appropriate
    Appointment Scheduled
    Patient more appropriate:
      - to see only one member of the clinic team (i.e. physician, neuropsychologist)
      - to another department, warm transfer to: Neurology, Psychiatry, Geriatrics, Neuropsychology...

Referral source notified
  • No further contact with patient/designated contact

Phone screen did not occur
  • Message left for patient/designated contact
  • If no response after set timeframe, letter sent

Patient/designated contact declines evaluation
  • Patient not appropriate

Patient Appropriate
  • Referral source notified
  • No further contact with patient/designated contact

Note: reminder calls and post/email correspondence may be needed at various points in the workflow.
17th Annual Update in Alzheimer’s Disease and Related Dementias

Save the Date
OCTOBER 31 - NOVEMBER 2, 2019
THE MADISON CONCOURSE HOTEL
MADISON, WI

WHO SHOULD ATTEND?
Primary care physicians, psychiatrists, neurologists, nurse practitioners, nurses, psychologists, social workers, physician assistants, occupational and speech therapists, researchers, case managers and other healthcare professionals who diagnose, treat and manage Alzheimer’s disease and related dementias in diverse populations.

EVENTS
- Evening pre-conference workshop, Building Applied Skills in Dementia Care, on Thursday, October 31st
- Daylong conference on Friday, November 1st
- Morning meeting for the WAI Affiliated Dementia Diagnostic Clinic Network, Saturday, November 2nd

OBJECTIVES
- Identify cutting-edge approaches to the diagnosis of Alzheimer’s disease and related disorders across diverse communities.
- Describe evidence-based, culturally tailored care management strategies for patients with cognitive disorders.
- Identify effective strategies to support and engage caregivers of persons living with dementia.

Hosted by the Wisconsin Alzheimer’s Institute with the support of the following partners:
Interprofessional Continuing Education Partnership
Wisconsin Alzheimer’s Disease Research Center

For more information visit wai.wisc.edu

For more information: wai.wisc.edu
Wisconsin State Dementia Plan

Four focus areas:
1. Dementia Care in the Community
2. Training Healthcare Providers in Dementia Care
3. Crisis Response for People with Dementia
4. Facility-based Care

To receive email updates go to:

https://www.dhs.wisconsin.gov/dementia/history.htm