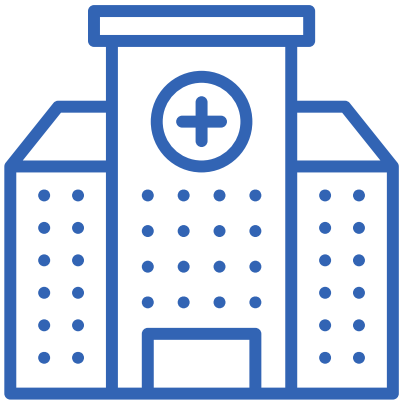
Working with Hospital Systems & Healthcare Providers



Communities are encouraged to utilize this section of the toolkit to work with hospital systems and healthcare providers in their local communities. Strategies in this section include providing training and resources to healthcare providers, offering community packets to healthcare providers, and encouraging clinicians to utilize the Clinical Practice Tool.

TN Department of Health

DEMENTIA FRIENDLY COMMUNITIES TENNESSEE

Hospital Systems & Healthcare Providers

Taking a Systems Approach

UTILIZATION OF HEALTHCARE SERVICES

Studies have shown that individuals living in the community with Alzheimer's or other dementias (ADOD) are more likely to be hospitalized and visit the emergency department than those without cognitive impairment.[6] There is also evidence of higher healthcare costs among individuals or persons living with dementia compared to those without dementia.[7] According to the Centers for Medicare and Medicaid Services chronic conditions data, in 2017, there were 1,574.3 emergency department visits per 1,000 beneficiaries and a 22.1% 30-day all cause hospital readmission rate for person living with dementia among Medicare beneficiaries in Tennessee. The per capita standardized spending for Tennessee Medicare beneficiaries with ADOD was $24,939.00 in 2017. The percentage of persons living with dementia will increase 16% by 2025 necessitating a collaborative partnership between hospital systems, healthcare providers, and the community to ensure equitable, quality care for person living with dementia and their caregivers.

Communities are encouraged to partner with local hospital systems and healthcare providers to help support persons living with dementia and their caregivers by providing preventative strategies to help them age in place while avoiding unnecessary hospital admissions or emergency department visits. Further, when person with dementia do require emergency care or hospitalization, hospital systems and health care providers should have mechanisms in place to ensure the safety and comfort of the persons living with dementia and appropriate referral to community resources once the person with dementia is ready to transition back to their place of residence. Some examples of the challenges persons living with dementia have in a hospital setting include:

- Confusion and trauma when introduced to a new environment.
- Overstimulation and potential agitation due to the loud, bright, and busy Emergency Department environment.
- Risk of delirium with hospitalization due to the effects of the acute illness, room transfers, disruption in routine, and interaction with staff members.
- Certain diagnoses, such as infections and untreated pain, may exacerbate the symptoms of dementia making it difficult to assess, treat, and maintain the safety of the persons living with dementia.

INTERVENTIONS & STRATEGIES

TRAINING HOSPITAL & EMERGENCY DEPARTMENT STAFF

Communities might consider working with a hospital or healthcare system to host a lunch and learn for medical and support staff to learn about the challenges persons living with dementia face when going to the emergency department or being hospitalized, and what actions they can take to help reduce these challenges. Offering CEU's for licensed providers may encourage attendance and engagement. Training should include all members of the hospital and healthcare organization with a specific focus on direct care providers from all healthcare disciplines.

Hospital Systems & Healthcare Providers

Taking a Systems Approach

Suggested Training Topics:

- Appropriate communication techniques;
- How to limit stimulus;
- Navigating the Emergency department;
- Tips for assessment;
- Establishing a routine;
- Consistent staff assignments (when possible);
- Addressing safety concerns such as wandering, falls, and protective tubing;
- Avoiding several staff members at one time;
- Limiting the number of visitors;
- Patient and Family-Centered Care;
- Preventing Delirium;
- Transition or Coordination of Care;
- Caregiver Assessment and Support;

There are many tools and resources that can be used during the hospitalization to assess, treat, and coordinate care for the person living with dementia and the caregiver. Highlighting community resources allows staff to assist person living with dementia and their caregivers in locating appropriate services to support them at their place of residence once discharged. Utilizing community resources not only supports the persons living with dementia and their caregiver but also facilitates community partnerships and advances care for people with dementia in the community.

WORKING WITH HOSPITALS TO PROVIDE A DEMENTIA FRIENDLY SPACE

Hospital and emergency department visits can be a traumatic for people with dementia. To ease stress and provide a safe environment for a person living with dementia, their caregiver and staff, a hospital system might consider specific environmental and design strategies for their patient care areas. For example, common design strategies include:

- Designating a space or bed in the emergency department to serve as a safe space or calming zone for person living with dementia The space may have noise reducing headphones to muffle the noise, dimmed lighting, and could include extra blankets to keep the individual warm. Consider identifying the space, curtain or room with a certain symbol, known only to hospital staff to protect the individual.
- Train staff to recognize the need for utilizing this space, communication strategies, and the policies and procedures to maintain a safe and low-stimulus environment.

OFFERING EDUCATIONAL & RESOURCE MATERIALS IN WAITING ROOMS

Feedback from focus groups held by the Tennessee Department of Health, highlighted the perceived lack of knowledge of available community resources for person living with dementia, their caregivers and the community. Physicians' offices and other types of health clinics have the opportunity to offer information on community resources along with other common types of reading materials in their respective waiting rooms. Additionally, community resource information could be sent to specific patient groups via electronic patient portals, email or text.

Hospital Systems & Healthcare Providers

Taking a Systems Approach

In addition to hospital systems and primary care clinics, community members can work with other organizations and businesses to provide ADOD related education and encourage that information be incorporated into common areas and through media outlets. Medical specialists, physical therapists, occupational therapists, homeless clinics, dental, vision and hearing businesses are some of the additional suggested places to contact. Placing reading materials in common and patient care areas is a great way to help educate the public about the risk reduction for brain disease, the 10 warning signs of ADOD, the importance of early detection and diagnosis, and community resources for person living with dementia and their caregivers. Examples of free educational materials can be found at the end of this section by contacting the Alzheimer's Association, Alzheimer's Tennessee or the National Institute on Aging.

ENCOURAGING EARLY DETECTION & ACCURATE DIAGNOSIS

The Early Detection & Accurate Diagnosis section of the toolkit offers community members strategies to promote the importance of early and accurate diagnosis of ADOD, along with resources for healthcare providers to review best practice guidelines for early detection, accurate diagnosis and community referrals. Information included in the Early Detection & Accurate Diagnosis section, and the videos included in the Risk Reduction Messaging section can be utilized for education and reference. Geriatricians, Neurologists, Psychiatrists can be valuable resources when additional workup or expertise is indicated. *Please note, this is not a comprehensive list of ADOD specialists.

- Neurobehavioral and Memory Services, Erlanger Hospital, Chattanooga
- West Tennessee Neuroscience and Spine, Jackson
- The Jackson Clinic, Jackson
- Pat Summit Clinic, UTMC, Knoxville
- Genesis Neuroscience Clinic, Knoxville
- Semmes-Murphey Neurology Clinic, Memphis
- Wesley Neurology Clinic, Memphis
- Vanderbilt Memory and Aging Clinic, Nashville
- Vanderbilt Cognitive Disorders Program, Nashville

Medical Schools in Tennessee are all affiliated with major university teaching centers and provide dementia evaluations on a consultative basis and include the following:

- **UTCHS Memphis**: Methodist University Hospital, Baptist Hospital, St. Francis Hospital, UTCHS Medical Center
- **Meharry Medical College**: Elam Mental Health Center, Meharry Family Medicine Comprehensive Care Center
- **Vanderbilt University Medical Center**: Vanderbilt University Medical Center
- **Quillen East Tennessee College of Medicine**: Johnson City Medical Center

Hospital Systems & Healthcare Providers

Taking a Systems Approach

RISK REDUCTION

Another key component of preventing ADOD is educating the general public about risk reduction techniques. Encourage providers to talk to their patients, starting at an early age, about modifiable risk factors and lifestyle changes that can decrease their risk of developing brain disease. Provide providers with links to free educational resources connecting lifestyle behaviors with brain health.

PROVIDE RESOURCE CARDS TO PATIENTS EXPERIENCING COGNITIVE DECLINE

An important component of supporting those experiencing cognitive decline and their caregivers is connecting them with local community resources. While it is important to educate staff in a hospital setting and provide resources in waiting rooms, it is equally important for the healthcare provider or designated personnel to discuss community resources as part of the care planning process for person living with dementia and their caregivers. The Clinical Provider Tool provided in this toolkit offers resources for healthcare providers, caregivers, and individuals living with dementia. The Clinical Provider Tool also includes additional documentation that can be provided to person with dementia. Consider "pre-packaging' educational materials in a folder or notebook for quick reference and to handout to patients and caregivers. Keeping these packets in a central location will allow access for all staff to participate in handing out the materials when indicated. Educating all direct-care staff on the basics of caring for person with dementia and their caregivers is important not only to provide consistent, accurate information, but also to increase the number of people who can support person with dementia and their caregivers.

PARTNERING WITH EMERGENCY DEPARTMENTS FOR REFERRALS

Emergency room visits often result in hospital admission. Those who are not admitted are at high risk for repeated emergency room visits or poor outcomes in the community. Hospitals readmissions are one of the quality measures that can have a negative impact on payment from the Centers of Medicare and Medicaid services, which has led to an effort to reduce preventable hospitalizations and readmissions. The Hospital Readmissions Reduction Program (HRRP) outlines six conditions/procedure-specific 30-day risk-standardized unplanned readmission measures in the program including the following:

- Acute Myocardial Infarction (AMI)
- Chronic Obstructive Pulmonary Disease (COPD)
- Heart Failure (HF)
- Pneumonia
- Coronary Artery Bypass Graft (CABG) Surgery
- Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA/TKA)

Hospital Systems & Healthcare Providers

Taking a Systems Approach

Many of the items listed above are chronic conditions and comorbidities of Alzheimer's and other related dementias. In addition to these chronic conditions, older adults are at an increased risk for injury and acute illness. For example, every 13 seconds an older adult is treated in the emergency room for a fall.

The implications of emergency department visits, hospitalizations and readmissions on the person with dementia, caregiver, the healthcare system and the healthcare provide are impactful, leading to the need to manage comorbidities, prevent falls, and connect individuals with community resources. Programs, such as the Navigator Program highlighted in the spotlight section at the end of this toolkit, have demonstrated success by intervening and providing support during an emergency department visit.

Communities or community groups might consider collaborating with a local emergency department to establish a referral process to implement for transitions in care such as when a person is discharged back to their place of residence after an emergency department visit or hospitalization. In addition to educational materials, organizations including the Alzheimer's Association and Alzheimer's Tennessee can help provide person with dementia and their caregivers strategies to cope with issues such as falling, wandering, managing medications at home, and important safety issues. Some communities may have additional support programs available through the TennCare CHOICES program that would allow these individuals to age in place with support services in place.

PROGRAM SPOTLIGHT

Tennessee Department of Health and Substance Abuse Services

Tennessee Recovery Navigators

Goal

The goal of this program is to break the cycle of overdose and increase the number of individuals who are connected with treatment and recovery services by meeting patients in the emergency department after an overdose.

Program Description

Tennessee Recovery Navigators ("Navigators") are peers in long-term recovery who are responsible for meeting patients in the hospital when they present with a primary substance use disorder to connect them with treatment and recovery resources. Navigators are also responsible for following up with each patient whom they meet at 72 hours and 30 days to ensure that they have been connected to the resources necessary, are doing well, and do not need any additional community referrals.

This program is executed through partnerships with community treatment providers who employ the Navigators. Navigators are Certified Peer Recovery Specialists, who function as a resource with lived experience for patients as well as hospital staff. Navigators are not clinicians, law enforcement, counselors, or sponsors for patients they meet in the hospital.

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Program Outcomes

Since June 2018

- 29 Hospitals have become partners, covering 16 TN counties.
- Patients have been served from 77 TN counties
- 2,275 patients have been served since June 2018-December 2019
- Of the 2,275 patients served from June 2018-December 2019, 1,677 (74%) have been placed in treatment.

References & Resources

1.**Alzheimer's Association Expert Task Force Recommendations and Tools for Implementation** : https://www.alz.org/careplanning/downloads/cms-consensus.pdf

2. **Centers for Medicare & Medicaid Services (CMS) Hospital Readmissions Reduction Program (HRRP)**: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program

3. **Centers for Medicare & Medicaid Services (CMS) Chronic Conditions:** https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main

4. **Centers for Medicare & Medicaid Services (CMS) Annual Wellness Visit** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWV-Chart-ICN905706TextOnly.pdf

5. **Centers for Medicare & Medicaid Services (CMS) Advance Care Planning** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf

6. Hospital and Emergency Department Use by People with Alzheimer's Disease and Related Disorders: Final Report. (2017, February 21). Retrieved from https://aspe.hhs.gov/basic-report/hospital-and-emergency-department-use-people-alzheimer's-disease-and-related-disorders-final-report

7. LaMantia, M. A., Stump, T. E., Messina, F. C., Miller, D. K., & Callahan, C. M. (2016). Emergency Department Use Among Older Adults With Dementia. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4764430/

8. **Office of Disease Prevention and Health Promotion (ODPHP) Older Adults:** https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults

CLINICAL PROVIDER PRACTICE TOOL

Medicare Annual Wellness Visit or Concern for Memory Loss

Screening Tools: Mini-cog, MoCA, SLUMS, and Family Questionnaire (if appropriate)

Normal Results

Mini-cog: 0-3*
MoCA: MCI range 19-25
SLUMS: MCD 21-26 or 20-24
Family Questionnaire: 3<

Assess in one year OR do additional assessments to determine the potential issue

CPT® code 99483 for cognitive health assessment

CPT® codes 99497 and 99498 to file claims for ACP Services

Option 1: Conduct a Complete Assessment with Dementia Evaluation, Document Findings & Schedule Follow-up

- Follow-up with patient results
- Begin developing a careplan
- Discuss care management

Option 2: Refer to a Neurologist, Geriatrician, Geriatric Psychiatrist, or Memory Disorders Clinic AND Make Referral to Appropriate Community Resources

- Provide community resources
- Review patient medications
- Discuss Advanced Care Planning

**A cut point of <3 on the Mini-Cog has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.*

***Neuropsychological evaluation is typically most helpful for differential diagnosis, determining nature and severity of cognitive functioning, and the development of an appropriate treatment plan. Testing is typically not beneficial in severe impairment (i.e., MoCA < 12)*

TN Department of Health

Adapted from ACT on Alzheimer's® tools and resources

DEMENTIA FRIENDLY COMMUNITIES TENNESSEE

DEMENTIA WORK-UP

HISTORY & PHYSICAL

- Assess for hearing and other sensory loss
- Review onset, course, and nature of memory and cognitive deficits (Family Questionnaire may assist) and any associated behavioral, medical, sleep disorder or psychosocial issues
- Assess ADLs, including driving and possible medication and financial mismanagement (Functional Activities Questionnaire and/or OT evaluation may assist)
- Assess mental health (consider depression, anxiety)
- Assess alcohol and other substance use
- Perform neurological exam focusing on focal/lateralizing signs, vision, including visual fields, and extraocular movements, hearing, speech, gait, coordination, and evidence of involuntary or impaired movements
- The diagnosis conversation and any subsequent conversation follow the Alzheimer's Association Principles for a Dignified Diagnosis

DIAGNOSTICS

Lab Tests

- Routine: CBC, lytes, BUN, Cr, Ca, LFTs, glucose
- Dementia screening labs: TSH, B12, Vit. D
- Contingent labs (per patient history): RPR or MHA-TP, HIV, heavy metals

Neuroimaging

- CT or MRI (with volumetric analysis if possible) when clinically indicated

Neuropsychological Testing

- Indicated in cases of early or mild symptom presentation, for differential diagnosis, determination of nature and severity of cognitive functioning, and/or development of appropriate treatment plan * Typically not beneficial in severe impairment (e.g., MoCA < 12)

FOLLOW-UP VISIT & RESOURCES

Include family member or care partner at this and subsequent visits

- Refer to Alzheimer's Association Tennessee 24/7 Helpline at 800-272-3900 or visit www.alz.org/tn
- Refer to Alzheimer's Tennessee 24/7 Helpline at 1-888-326-9888 or visit www.alztennessee.org
- TN Area Agencies on Aging at1-866-836-6678 or visit www.tn.gov/aging

- Offer the following:

Living Well: A Guide for Persons with Mild Cognitive Impairment (MCI) & Early Dementia

- Offer the Caregiver Quick Guide
- Tips for Living Alone with Early-Stage Dementia

https://www.nia.nih.gov/health/tips-living-alone-early-stage-dementia

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DEMENTIA FRIENDLY COMMUNITIES TENNESSEE

DEMENTIA WORK-UP

SCREENING TOOLS

Mini Cog
- Public domain: www.mini-cog.com
- Sensitivity for dementia: 76-99%
- Specificity: 89-93%

General Practitioner Assessment of Cognition
- Public domain: http://gpcog.com.au/
- Sensitivity for dementia: 85%
- Specificity: 86%

General Practitioner Assessment of Cognition Informant Version
http://gpcog.com.au//index/informant-interview

Montreal Cognitive Assessment
- Public domain: www.mocatest.org
- Sensitivity: 90% for MCI, 100% for dementia
- Specificity: 87%

St. Louis University Mental Status
Public domain:
https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/assessment-tools/mental-status-exam.php
- Sensitivity: 92% for MCI, 100% for dementia
- Specificity: 81%

Measure/Assess IADLs
http://consultgeri.org/try-this/dementia/issue-d13.pdf

Family Questionnaire
https://www.alz.org/mnnd/documents/Family_Questionnaire.pdf

Note: For more information and tools, access the NIH Website at: https://www.nia.nih.gov/health/alzheimers-dementia-resources-for-professionals

FORMS OF DEMENTIA

Mild Cognitive Decline
- Mild deficit in one cognitive function: memory, executive, visuospatial, language, attention
- Intact ADLs and IADLs; does not meet criteria for dementia

Alzheimer's Disease
- Most common type of dementia (60–80% of cases)
- Memory loss, confusion, disorientation, dyssnomia, impaired judgment/behavior, apathy/depression

The latest DSM-5 manual uses the term "Major Neurocognitive Disorder" for dementia and "Mild Neurocognitive Disorder" for mild cognitive impairment. This ACT on Alzheimer's resource uses the more familiar terminology, as the new terms have yet to be universally adopted.

Frontotemporal Dementia
- Third most common type of dementia primarily affecting individuals in their 50s and 60s
- EITHER marked changes in personality OR language variant (difficulty with speech production or loss of word meaning)

Vascular Dementia
- Relatively rare in pure form (6-10% of cases)
- Symptoms often overlap with those of AD; frequently there is relative sparing of recognition memory

Dementia: Lewy Bodies/Parkinson's Dementia
- Second most common type of dementia (up to 30%)
- Hallmark symptoms include visual hallucinations, REM sleep disorder, parkinsonism, and significant fluctuations

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DEMENTIA FRIENDLY COMMUNITIES TENNESSEE

DEMENTIA MANAGEMENT

PERSONAL WELLBEING

Social Supports

- Refer to a home health social worker, assigned insurance care coordinator or one of the Alzheimer's associations to schedule a family meeting.
- Discuss social supports as the disease progresses.

Accessing Community Resources

- Alzheimer's Association: 24/7 Helpline 800-272-3900
- Alzheimer's Tennessee: 24/7 Helpline 1-888-326-9888
- Living with Alzheimer's: Taking Action Workbook

SAFETY CONSIDERATIONS

Physical Safety

- Discuss risk of driving and encourage they access Dementia and Driving.
- Encourage use of sensory aids (hearing aids, glasses, pocket talker)
- Discuss risks of falls and fall prevention.
- Discuss wandering and MedicAlert Safe Return (*Communities may have a local program for safe returns i.e. Hamilton County/Chattanooga*)

Medication Management

- Review patient's medication list with patient and family.
- Discuss methods for appropriate medication adherence.
- Discuss keeping medications locked and safe.

Financial Planning

- Encourage patient and family to contact an elder law attorney and/or to assign a durable power of attorney.

ADVANCED CARE PLANNING

Update Existing Advanced Care Plan

- If a patient has an advanced care plan, encourage them to update their care plan.

Offer Advance Care Plan Resources

- Share the Honoring Choices Tennessee website (honorinchoicestn.com) and have pamphlets available.
- Discuss Palliative Care Options and share *Palliative Care: What you Should Know* and *Differences Between Hospice and Palliative Care*.
- Share the *Your Conversation Starter Kit with your patient.*
- Utilize *What is Palliative Care for Dementia*

Complete an Advanced Care Plan

- Discuss advanced care planning with your patient and the benefits of establishing a plan.
- Encourage the patient to share the advanced care plan with family members and friends, as appropriate.
- Provide designated agent and health care provider a copy of the completed document and request the document be placed in the electronic health record.
- Refer patient to the Honoring Choices Tennessee website to access the model form (or have model forms available in office).
- Utilize CPT® codes 99497 and 99498 to file claims for ACP Services.

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DEMENTIA FRIENDLY COMMUNITIES TENNESSEE

DEMENTIA MANAGEMENT

AVAILABLE RESOURCES

Alzheimer's Tennessee

East TN Office: Knoxville, 865-544-6288
Cumberland Office: Cookeville, 931-526-8010
Northeast TN Office: Johnson City, 423-232-8993
Middle TN Office: Nashville, 615-580-4244
South Central TN Office: Tullahoma, 931-434-2348
West TN Office: Jackson, 731-694-8065

Tennessee Commission on Aging and Disability

Area Agencies on Aging at 1-866-836-6678 or visit www.tn.gov/aging

Services: Helps connect with community supports such as home-delivered meals, transportation, public guardianship, etc.

Alzheimer's Association

West TN Regional Office: Memphis, 901-565-0011
Middle TN Regional Office : Nashville, 615-315-5880
Southeast TN Regional Office: Chattanooga, 423-265-3600
East TN Regional Office: Knoxville, 865-200-6668
Northeast TN Regional Office: Kingsport, 423-928-4080

Veteran's Affairs

Refer to U.S. Department of Veterans Affairs at 888-777-4443 or www.va.gov

Services: Assist in identifying benefits, submitting paperwork, and offers resources for caregivers.

Pat Summitt Resource Center-Jackson

805 N Parkway, Jackson, TN 38301

731-541-8747

ADDITIONAL PROVIDER RESOURCES

National Institutes of Health

•Additional resources for providers and free handouts for patients.

•Website: https://www.nia.nih.gov/health/alzheimers-de mentia-resources-for-professionals

Alzheimer's Disease Management & Research Symposium

•Learn about managing dementia care and current research at the Alzheimer's Disease Management and Research Symposium.

•Registration: https://alztn.securesweet.com/campaignpage. asp?campaignid=223

Honoring Choices Tennessee

•Offers advanced care planning best practices, resources, and the Tennessee Model Form.

•Website: http://www.honoringchoicestn.com/

Principles for a Dignified Diagnosis, Alzheimer's Association

• Offers providers tips for providing a diagnosis and managing patient care.

• Link: https://www.alz.org/national/documents/brochure_dignified_diagnosis.pdf

Billing Codes

•Utilize CPT® code 99483 for cognitive health assessment

Additional information: https://www.alz.org/careplanning/downloads/cms-consensus.pdf

• Utilize CPT® codes 99497 and 99498 to file claims for ACP Services.

Additional Information: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf

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