

RECOMMENDATIONS WORKPLAN

[PERSON WITH DEMENTIA, CARE PARTNERS, DEMENTIA COMPETENT COMMUNITIES]				
Recommendation	Who Would Have Ownership for Moving Recommendation Forward?	What Action would be Required (legislative and non-legislative) if known? If not, known what process would identify action steps?	Cost/resource analysis (referral to finance issues task force?)	Is there an overarching supporting structure required to support recommendation implementation (i.e., office of aging, cabinet level dementia resource)?
<p>Public Awareness/Community Action</p> <p>1) Promulgate a common definition of the characteristics of a dementia competent community that can be communicated and adopted/adapted by communities statewide.</p> <p>2) Create a public awareness campaign (individuals and communities) that increases knowledge and awareness and decreases the stigma of dementia.</p> <p>3) Create “action kits” for communities to identify their own needs and strategies to meet those needs, build capacity and identify local follow up activity</p>	<p>A public/private partnership among MBA, DHS, MDH and Alzheimer’s Assn.</p> <p>MN Medical Association is an important secondary “who” among others.</p>	<ul style="list-style-type: none"> Identify the outcomes of the campaign. Legislative mandate to include in state departments’ funded activities in collaboration with community organizations. 	<p>Carry fiscal note (possible re-direction to private foundation)</p>	<p>A successor Working Group (“WG 2.0”) as oversight organization</p>
<p>Resources and navigation</p> <p>1) Ensure that MN resources for locating and navigating care options are dementia competent, include medical and community supports, apply in all stages of the disease and easily accessed. In the interim, recommend</p>	<p>1) MDH, Alz Assoc. Board on Aging (Senior Linkage Line / mnhelp.info); DHS; (HCBS expert panel work relating to report card).</p>	<p>1) State agencies should evaluate and do this within existing consumer info activities.</p>	<p>1) Refer to finance issues team.</p>	<p>1) WG2.0</p>

<p>that providers work with the Alzheimer’s Association and other interested parties to publicize meaningful indicators of care</p> <p>2) Develop/enhance/ improve support systems for caregivers including informal and formal resources, current strategies, and “community as caregiver” networks</p> <p>3) Design (a) web-based dementia research clearing house and (b) resource center to serve persons across the full range of cognitive function (NOTE: the research /science registry needs to be separated from the resource piece).</p>	<p>2) MBA; AAAs; non-profits already in the buzz of caregiver support; work group 2.0; state and local CFL groups.</p> <p>3) (a) Alzheimer’s Association; (b) Alzheimer’s Association; DHS / Live Well at Home; see also navigation item above.</p>	<p>2) Strengthen role of Communities For a Lifetime (CFL).</p> <p>3) (a) Define the elements of the website, include a registry function; evaluate potential of national Alzheimer’s Association “trial match” for our MN purposes; consider adding a link from State consumer info websites to a trial match registry (b) define specific elements of website; see also navigation items above.</p>	<p>2) More resources to add this component to CFL.</p> <p>3) Costs to both (a) and (b); explore in-kind donations from private companies and individuals; try to leverage national work for the research registry.</p>	<p>2) Communities for a Lifetime</p> <p>3) Registry oversight group</p>
<p>Diversity recommendations</p>		<p>For all recommendations, remember that not all have computer access.</p>		
<p>R&D Collect state-wide data re: frequency of cognitive impairment. Support coordination between delivery systems and dementia researchers to collect relevant data.</p>	<p>MDH will be tasked with collecting and reporting prevalence data from Medicare and/or health plans; incorporate into e-health-records work, as appropriate.</p>	<p>Legislation to direct MDH to figure out how to collect the information for young onset and early stage.</p>	<p>Fiscal note.</p>	<p>MDH.</p>

[HEALTH CARE AND QUALITY OF CARE]

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<p>Provider Awareness</p> <ul style="list-style-type: none"> Ensure state-wide website and awareness campaign about, the importance of early ID and intervention, achieved through screening; and communicate with providers about incentives for and importance of each 	<p>Leadership of State medical membership organizations: MMA, MAFP, etc.</p> <p>ICSI</p>	<ul style="list-style-type: none"> Communicate to providers the importance of better outcomes and cost-effective of early ID; best practices Adoption by Medical orgs of best practice (encourage standards development) 	<p>Cost effective info development</p> <p>Consideration of WG development</p>	<p>Working Group 2.0</p>
<p>Early ID and Screening</p> <ul style="list-style-type: none"> Recognize importance of cognitive screening and include screening in annual exams 	<p>Alzheimer's Association Medical Director</p> <p>ICSI</p> <p>State via website</p> <p>Provider education curriculum (i.e. medical schools, CME's)</p>	<ul style="list-style-type: none"> Ensure Early Cognitive Screening via adoption as a standard of care 	<p>Medicare coverage through annual wellness and screening visit</p>	<p>MMA/MAFP and other provider support organizations (ICSI, MMDA)</p>
<p>Standards, best-practices for evaluation and treatment of Alzheimer's disease</p> <ul style="list-style-type: none"> Develop a provider tool box that includes screening measures and strategies for further evaluation If diagnosed, cognitive impairment becomes the organizing principle for all other care of the patient Develop a provider tool box that includes screening measures and strategies for further evaluation 	<p>National Alzheimer's Association</p> <p>AAMND</p>	<ul style="list-style-type: none"> Expand Alzheimer's Assoc. Nat'l Dementia Care Practice recommendations from diagnosis to evaluation and management of care Integrate and connect Nat'l standards locally Promote adoption of standards as part of training programs approval via relevant accreditation organizations Further local adoption within LTC 		

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<p>Initial and ongoing education of professionals in standards and best practices</p> <ul style="list-style-type: none"> • Include dementia care in medical schools, academic health centers and allied health professional education; include in continuing education; and develop an incentive based, reward model to ensure quality education for all levels of care 	<p>Medical: Educational accreditors promote curriculum standards</p> <p>External Team: Allied professionals</p> <p>Family Caregivers: Alzheimer’s Association MBA</p>	<ul style="list-style-type: none"> • Develop and implement curriculum for Alz/dementia care/skills and coordination for new providers (MD, allied medical, • Keep getting skills during practice • Encourage and adopt AA guidelines and standards in dementia care • Clarify/establish financing models to support skill training • Provide info/education to support family caregiving via clearinghouse and teaching 	<p>Influence a financial model to support skill training at the standard level</p> <p>Cite Family Memory Care ROI results (Mittelman)</p> <p>Title IIIIE funds possible</p>	<p>Working Group 2.0</p>

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<p>Patient Centered Medical Home</p> <ul style="list-style-type: none"> • Include Alzheimer’s care in basket of care in multi-payer medical home model • Develop “disease educator “ status and referrals and establish protocol and core curriculum for disease educators • Provide care consistent with the patient’s needs, values, and preferences by establishing goals of care. Financially support discussions with patients and their families about goals of care upon enrollment in a medical home • Communicate goals of care to full health team 	<p>Alzheimer’s Assoc.</p> <p>See standards development i.e. ICSI</p> <p>POLST Workgroup</p>	<ul style="list-style-type: none"> • Encourage new and innovative ways to design care and explore funding and participants for an Alzheimer’s basket of care pilot; use evolving financial justifications; also explore within pilot an appropriate vehicle to define the competency of any disease coordinator or patient educator with regard to management of dementia • 	<p>HCRC currently budgeted Research organizations and care systems seek federal health reform or philanthropic funding</p> <p>ROI analysis needed</p>	<ul style="list-style-type: none"> • Working Group No. 2 • Health Care Review Council • Work Group 2.0