

# Alzheimer's Disease Working Group

JUNE 30, 2010



# ALZHEIMER'S DISEASE WORKING GROUP

## LEGISLATIVE MANDATE

- Examine the array of needs of individuals diagnosed with Alzheimer's disease;
- Examine the services available to meet the needs;
- Determine the capacity of the state and providers to meet current and future needs;
- Provide a final report reflecting findings and recommendations, including needed policies, responses and draft legislation needed to implement the recommendations.

# Roles and Responsibilities

## Working Group

- Develop and Oversee Process and Establish Infrastructure
- Guide and Adopt Findings + Recommendations based on Expert Team Work
- Ensure Timely Report via Steering Committee

## Steering Committee

- Support Working Group and Expert Teams
- Provide Infrastructure, Liaison and Trouble Shoot
- Address Federal Issues
- Facilitate Report Development

## Expert Teams

- Conduct Environmental Assessment (via briefings and expertise)
- Prioritize Unmet Needs
- Make Recommendations for Working Group Consideration

# Expert Teams

- Early Identification and Support
- Achieving Quality
- Dementia Competent Communities
- Health and Health Care
- Research
- Financial Issues

# Working Group Milestones

January 21, 2010

Expert Teams Offer Priority Needs in Each Topic Area and Working Group Provides Feedback and Guidance

May 4, 2010

Expert Teams Present Preliminary Recommendations and Working Group Provides Feedback, Guidance and Priorities

June 30, 2010

Work Teams and Present Final Recommendations and Working Group Identifies Next Steps for Final Report and Legislative Bill Drafting

September 14 2010

Working Group Adopts Final Report and Outlines Next Steps and Legislative and Other Strategies

# ALZHEIMER'S DISEASE WORKING GROUP PROCESS FOR FULFILLING MANDATE



# Results of the May 4<sup>th</sup> Meeting

- The Working Group reviewed the Expert Teams' preliminary recommendations and provided the following guidance:
  - Further develop and synthesize the recommendations
  - Identify action steps and ownership for implementation
  - Create a guiding visual that captures the overall vision (started by the Working Group at the meeting)

# Progress since May 4<sup>th</sup> Working Group Meeting

- Rather than having each expert team reconvene, an expanded Steering Committee (adding Expert Team Chairs) further developed the preliminary recommendations.
- The expanded Steering Committee synthesized the cumulative recommendations, drilled them down to an actions steps document and refined the guiding visual.
- If approved by the Working Group, these documents will inform the final report.



# Recommendation Drill Down

- Guiding Visual Review
- Diagram Review
- Work Plan Review
- Financial Issues Status
- Diversity Status

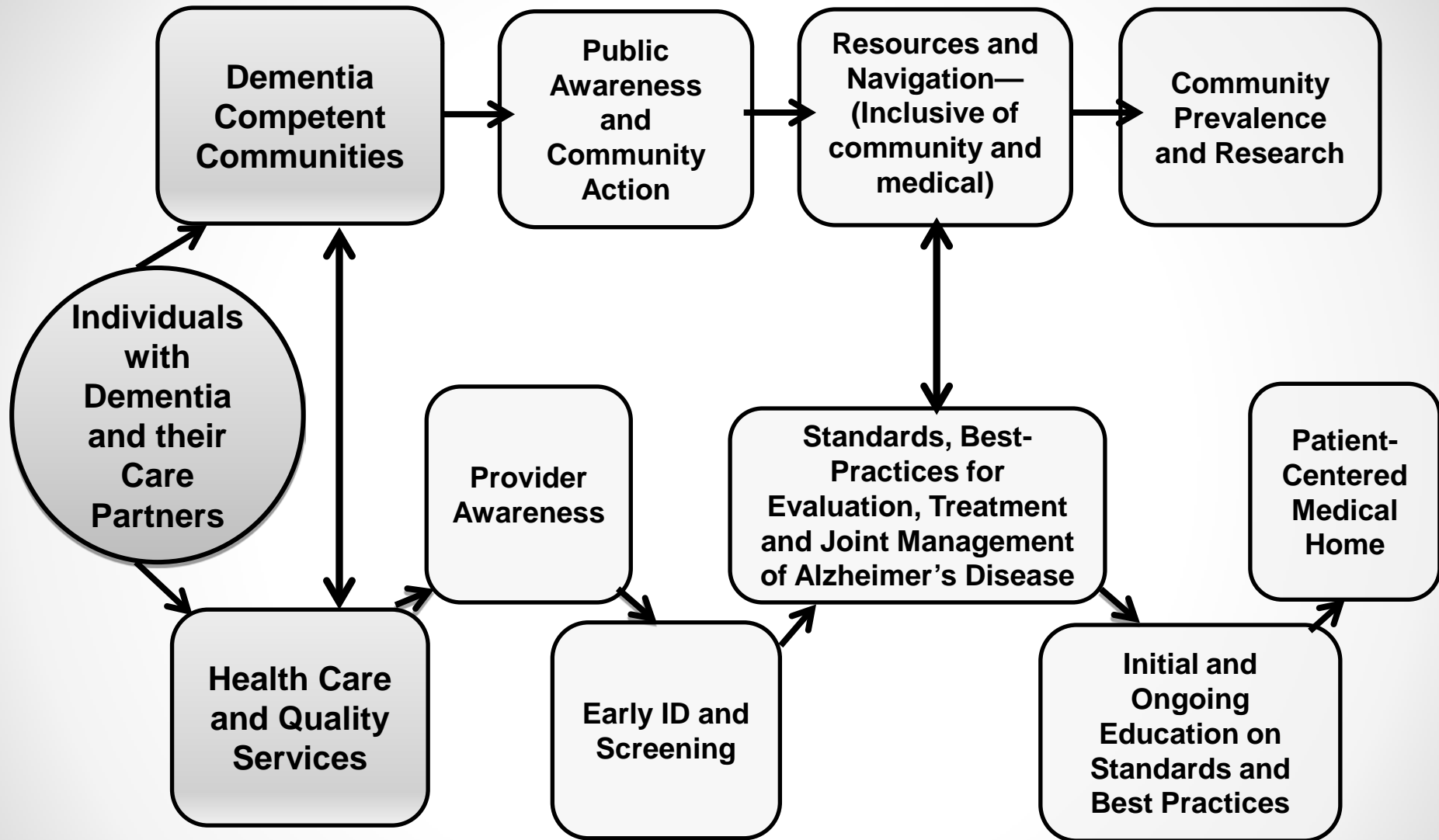
# MINNESOTA: THE FIRST DEMENTIA-CAPABLE STATE

**DEMENTIA COMPETENT COMMUNITIES**  
provide supportive environments for residents with  
dementia and their care partners.

**HEALTH CARE AND QUALITY SERVICES**  
are provided using best practices of care; and once  
dementia is diagnosed it becomes the organizing  
principle for care.

**INDIVIDUALS DIAGNOSED  
WITH ALZHEIMER'S  
DISEASE AND THEIR CARE  
PARTNERS**

have access to early screening  
and diagnosis, quality care and  
supportive services.



**SUPPORTING STRUCTURE: WORKING GROUP 2.0--Providing Oversight, Advocacy and Advice; Assuring Implementation and Outcomes Achievement**

# Dementia Competent

## Communities: Public Awareness

- Promulgate a common definition of the characteristics of a dementia competent community that can be communicated and adopted/adapted by communities statewide
- Create a public awareness campaign (individuals and communities) that increases knowledge and awareness and decreases the stigma of dementia
- Create “action kits” for communities to identify their own needs and strategies to meet those needs, build capacity and identify local follow up activity

# Health Care and Quality Services: Provider Awareness

- Ensure state-wide website and awareness campaign about screening, early ID and intervention; and communicate with providers about incentives for and importance of each

# Health Care and Quality Services:

## Early ID and Screening

- Recognize the importance of cognitive screening as a vital sign and include screening in annual Medicare wellness/health promotion visits (new benefit)

# Health Care and Quality Services: Standards, Best-Practices for Evaluation, Treatment and Joint Management of Alzheimer's Disease

- Develop quality standards, best practices, measures of performance, or ongoing quality improvement for health practitioners or practitioners in training regarding working with individuals and families living with dementia
- Develop a provider tool box that includes screening measures and strategies for further evaluation
- If diagnosed, cognitive impairment becomes an organizing principle for all other care of the patient
- Engage in care coordination with community organization as noted above

# Health Care and Quality Services: Joint Care Planning and Ongoing Education of Standards and Best Practices

- Include dementia care management in medical schools, academic health centers and allied health professional education; include in continuing education; and develop an incentive based or reward model to ensure quality education for all levels of care



# Health Care and Quality Services: Patient Centered Medical Home

- Include Alzheimer's care in basket of care in multi-payer medical home model
- Develop "disease educator" status and referrals and establish protocol and curriculum for disease educators
- Provide care consistent with patient's needs, values, and preferences across spectrum of care and life (i.e., hospice, palliative, end of life care)

# Dementia Competent Communities: Resources and Navigation

- Ensure that MN resources for locating and navigating care options are dementia competent, inclusive of medical and community supports, apply through all stages of the disease and easily accessed
- Recommend that providers work with the Alzheimer's Association and other interested parties to publicize meaningful indicators of care

# Dementia Competent Communities: Resources and Navigation

- Develop and sustain evidence -based care coordination, care planning, education and support
- Use Alzheimer's Association Care Practice Recommendations 1-4 for all service quality standards, modified as necessary
- Ensure interventions aimed at disease knowledge and management

# Dementia Competent Communities: Resources and Navigation

- Develop/enhance/ improve support systems for caregivers including informal and formal resources, current strategies, and “community as caregiver” networks
- Design a web-based dementia clearing house and resource center to serve persons across the full range of cognitive function (Continually update “Matrix”)

# Dementia Competent Communities: Community Prevalence and Research

- Collect state-wide data regarding frequency of cognitive impairment; support coordination between delivery systems and dementia researchers to collect relevant data

# Feedback/Guidance

- Financial Issues
- Recommendations generally
- Implementation Timeline
- Guiding Visual
- Matrix

# Next Steps

- Financial Issues Resolution
- Diversity Aspects Incorporation
- Report Writing
- Other?
- Next Meeting: September 14, 2010  
(approval of Report)
- Communications to Working Group in  
the Interim