

2024 VIZIENT CONNECTIONS SUMMIT

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REFLECT | ADAPT | EVOLVE

Engaging Senior Living Communities to Partner in PLWD Care

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Learning Objectives

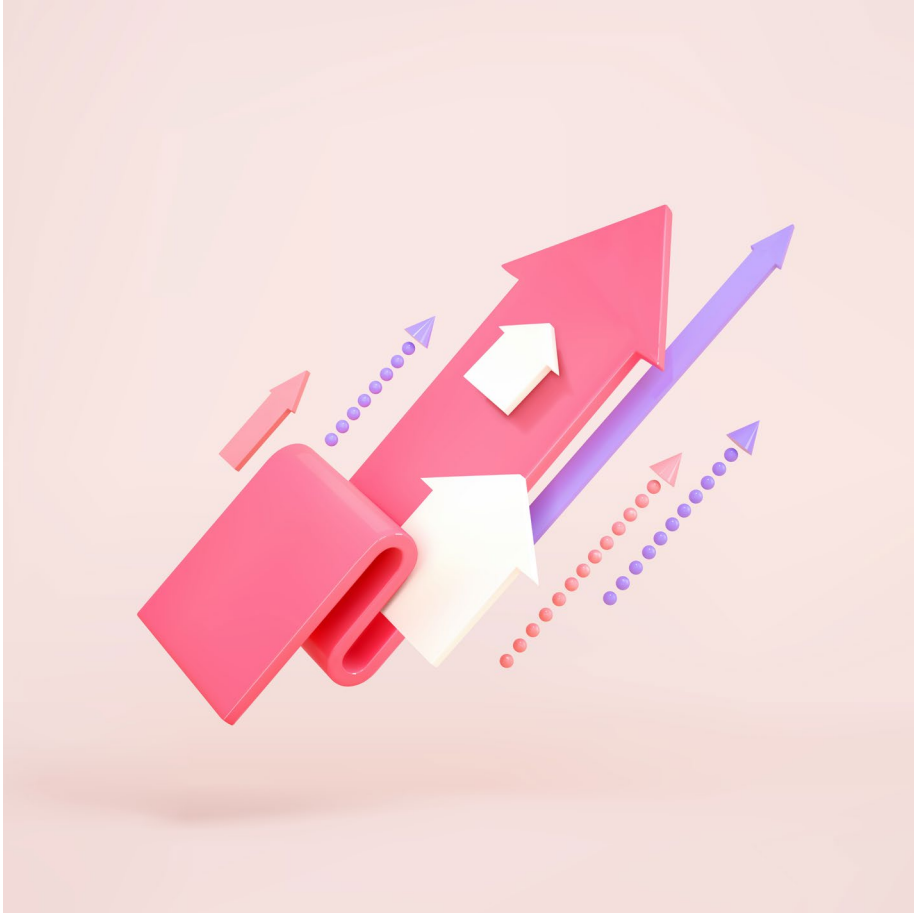
- Describe the benefits of a nontraditional care model.
- Explain the required partnerships within a health system to launch a new program/care delivery model.

Engaging Senior Living Communities to Partner in PLWD Care

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Prevalence of Dementia in America



- Nearly 6.9 million Americans living with dementia, according to the Alzheimer's Association
- 1 in 9 people over the age of 65 is living with dementia (10.9%)

How Dementia Patients Present in Health Systems

**NO CARE
PLANNING**

RESULTING IN

Calls and messages
Missed appointments
Poor performance on MIPS (BP and A1c control)
ED visits
Long length of stay
Poor patient and family experience
Moral and ethical dilemmas

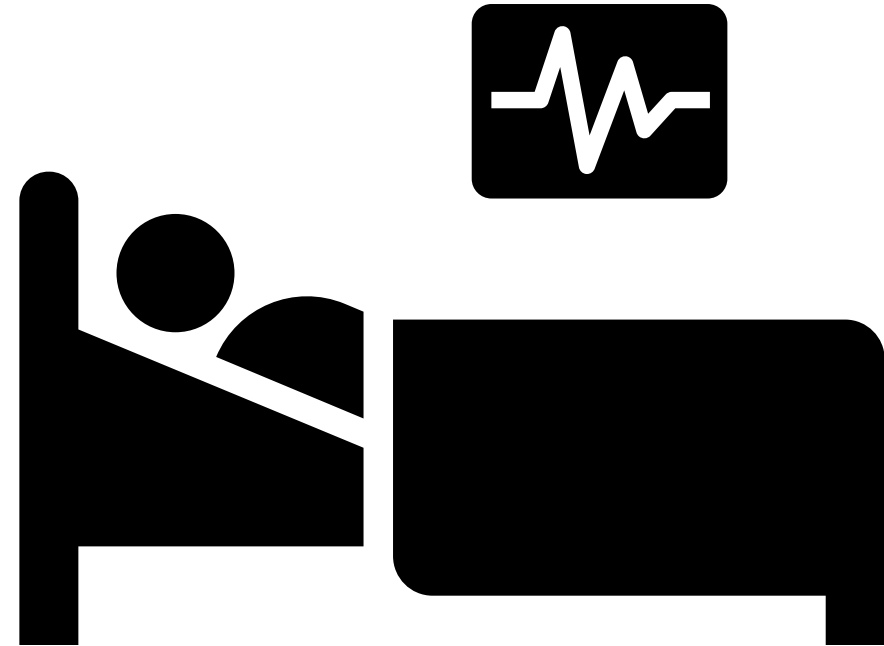
**UNREALISTIC
EXPECTATIONS**

**BEHAVIORAL
SYMPTOMS**

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Dementia in Health Systems

- Increased, inappropriate healthcare utilization
- Increased individual financial burden
- Increased health system costs



Providing Care for Patients Living With Dementia Can Be Challenging



- Patients Living With Dementia (PLWD) increasingly relying on caregivers to maintain outpatient appointments
- Getting to outpatient appointments increasingly challenging
- Emergency Dept use for symptoms of normal disease progression

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Integrated Memory Care

A single site solution for people living with dementia

- Full-scope primary care
- Dementia/neurology specialty care
- Psychiatric specialist consultations
- Psychotherapy, classes and support groups for care partners
- Delivered by a nurse-led, physician-supported interprofessional team



imc

Geriatric
Psychiatry

Geriatric
Medicine

Dementia
Specialist

Palliative Care

Caregiver
Services



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Integrated Memory Care CLINIC



Office or telemedicine encounters

Direct scheduling access

Longer appointments (typically 40 minutes)

Engages and makes space for family care partner/caregiver

AS WELL AS

Social worker-led virtual classes and support groups, psychotherapy, and care navigation

Registered nurses for clinical triage and care coordination

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Integrated Memory Care Clinic RESULTS



Compared to similar patients in usual primary care:

- Reduced risk of hospitalization
- Avoidance of inappropriate screening tests
- Increased likelihood of deprescribing high-risk medications

Independently:

- ~95% likelihood to recommend practice and clinician
- Qualitatively positive experiences for patients and families

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Business Case for Integrated Memory Care in Community **vizient.**



Causes for Clinic Attrition

- Hospice (34%)
- Long-Term Skilled Nursing (3%)
- Senior Living Community (14%)
- Move to be Near Family (5%)
- Lost to Follow-Up or Change in PCP (30%)
- Death (14%)

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Business Case for Integrated Memory Care in Community **vizient.**



Causes for Clinic Attrition

- Hospice
- Long-Term Skilled Nursing
- Senior Living Community
- Move to be Near Family
- Dissatisfaction with care

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IMC Community Program

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IMC Clinic Compared to COMMUNITY Program

Clinic

- Nurse practitioner visits
- Registered nurse triage and care coordination
- Social work education and coaching, therapy, and care navigation

PLUS

Community

- Dementia Care Assistants
 - Custom engagement activities
 - Tools and supplies
- Mobile phlebotomy
- Coordination with the senior living community

Engaging Senior Living Communities

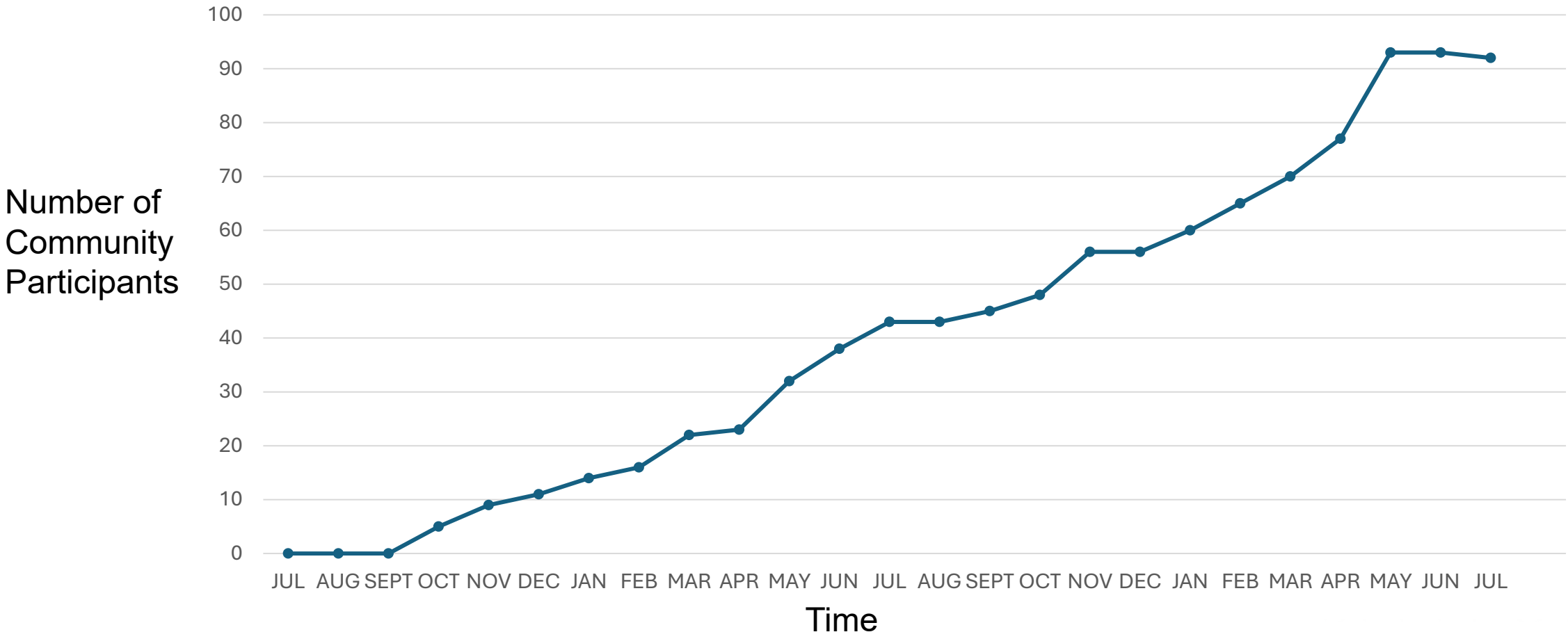
Priorities may differ from health system or resident/family

- Maintaining comfortable living environment for a population of residents
 - Psychiatry services
 - Engagement in group activities
- Care to avoid medical emergencies
 - With limited clinical (licensed) staff
 - May lead to “safe” options like calling ambulance if ever uncertain
 - Need easy access to the medical team

Community Program Uptake

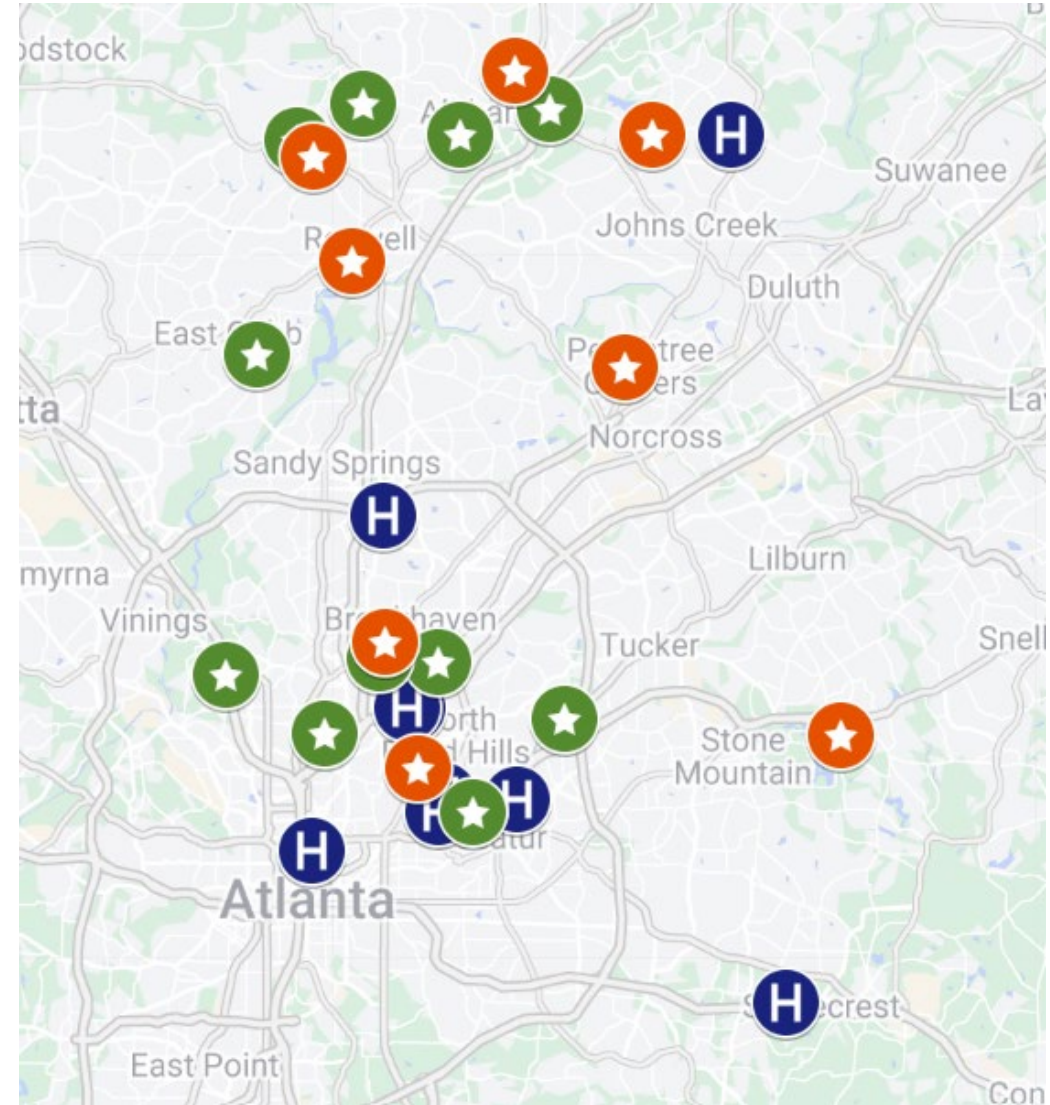


- Direct to consumer (care partner/caregiver) is best
- Care partners/caregivers are the least available



Community Program Impact

- Only ~20% of our current patient population in Community program were IMC clinic patients first
 - Majority are new to Emory system
 - Most interest from Senior Living Communities are outside of Emory's typical catchment area



Lessons Learned

- Family care partner/caregivers are the best spokespeople
- New models of care are challenging to envision—it's not usual care from another health system
- Marketing to decision maker is a challenge
 - Senior living community
 - Person living with dementia
 - Care partner/caregiver
- Higher rate of attrition due to patient acuity in advanced illness models

Key Takeaways

- Identifying creative ways to care for vulnerable patients outside of traditional clinic setting is possible
- Engaging “community partners” is a long road but valuable for the total care of patients

Questions?



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