HEALTH MANAGEMENT ASSOCIATES

DC Health Brain Health Initiatives

Million Hearts Learning Collaborative

August 17, 2022

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AGENDA

- Welcome and Introduction
- Provide an overview of the Brain Health Initiative and the resources available
- Learn about the prevalent risk factors for cognitive decline with a focus on vascular risk factors
- Introduce the Alzheimer's and Dementia Care ECHO® project
- Discuss questions, share challenges and experiences.

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Dementia Care and Project ECHO

Tihitina Chamiso, MPH, DC Health

Christina Prather, MD, FACP, GW Institute for Brain Health & Dementia

Senayt Assefa, Alzheimer's Association

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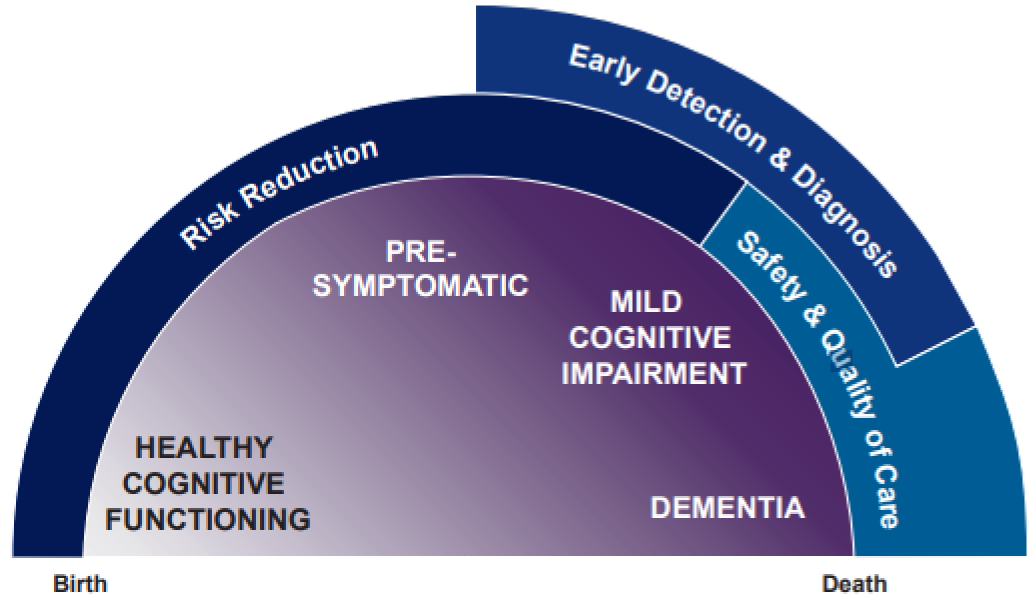
Brain Health Initiative

The Brain Health Initiative works to promote healthy aging and the improvement of cognitive health by supporting needed policy, system, and environmental changes.

- Promote cognitive care and preventative measures for brain health throughout the lifespan
- Improve the quality of life for residents living with dementia and their caregivers
- Assess and evaluate brain health services within the District.

Life Course Perspective on Alzheimer's and Other Dementias and the Role of Public Health Across the Entire Population



Source: Healthy Brain Initiative State and Local Public Health Partnerships to Address Dementia: The 2018–2023 Road Map

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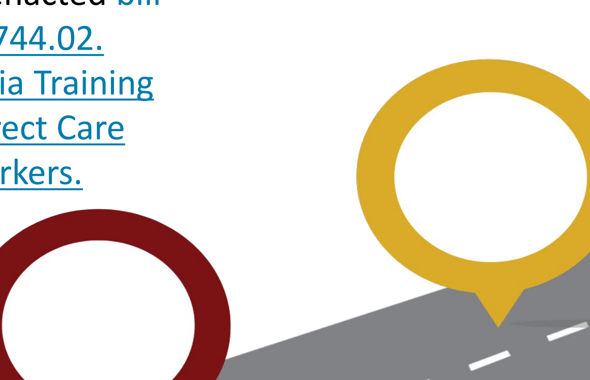
Highlights

In 2019, the District enacted into law § 7–744.01. Dementia Services Coordinator, creating a full-time Dementia Services Coordinator position within DC Health.

DC Health established the Brain Health Initiative under the Cancer and Chronic Disease Prevention Bureau.

In 2019, DC Health funded GW Institute for Brain Health and Dementia to conduct a Brain Health Needs Assessment for the District of Columbia.

In 2020, the DC council enacted bill § 7–744.02. Dementia Training for Direct Care Workers.



In 2021,DC Health mobilized statewide partnerships to convene DC's first Brain Health Advisory Coalition comprised of multi-sector stakeholders.

In 2022, DC Health launched the brainhealth.dc.gov.

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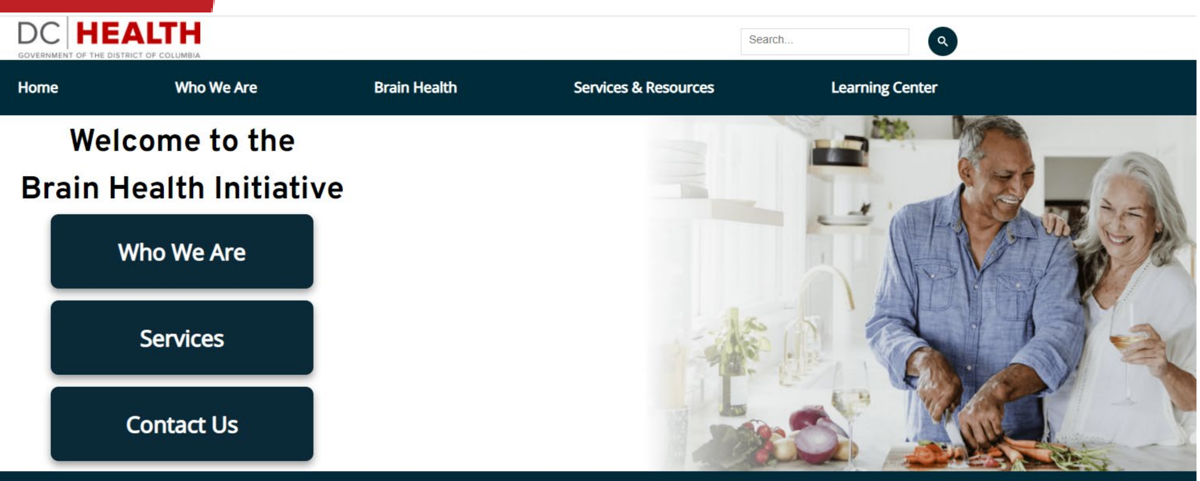
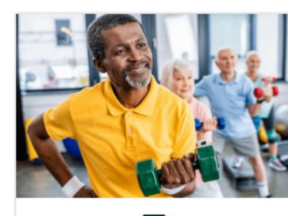
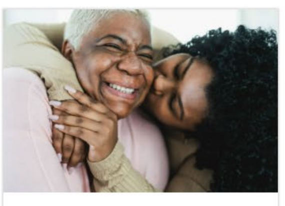
brainhealth.dc.gov



How We Can Help





Services & Resources

This guide focuses on services and resources that are often necessary to safely age in place with cognitive impairment or dementia. The services and resources listed are specific to or inclusive of those living with memory loss or dementia, regardless of whether they have received a formal diagnosis of dementia. This guide does not endorse or guarantee the quality of services of any listed agency or organization. Consumers are encouraged to request further information and references from service providers before utilizing their services. The goal is to help you find the resources or services you need to live with, support, or care for someone with memory loss or dementia.

Do you have a resource or an update that you'd like to see here? Please submit feedback to the Brain Health Initiative at brainhealth@dc.gov.

Help

- Adult Day Care
- Assisted Living
- Care Planning
- Helpline
- Homebound Adults
- Legal Services
- Medication Management
- Money Management
- Nutrition
- Personal Care Aides
- Personal Safety
- Personal Task Support
- Social Engagement

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Available Nearby

Iona - Adult Day Health Services
4125 Albemarle Street NW
Washington, DC 20016
202-895-9448
Website
info@iona.org
Get Directions

Genevieve N. Johnson Senior Day Care Center
4817 Blagden Avenue, NW
Washington, DC 20011
202-723-8537
Website
Rjohn9748@verizon.net
Get Directions

Home Instead Senior Care

Adult Day Care

Sterling, Reston, Bowie, Arlington, Centreville, Alexandria, Camp Springs, Burke, Franconia, Fairfax, Manassas, Newington, Hybla Valley, Fort Washington, Rosaryville, Lorton, Prince William, Dale City, Indian Head, St Charles, Charles

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District of Columbia: 2020 Brain Health Needs Assessment

GW Institute for Brain Health and Dementia to conducted a Brain Health Needs Assessment for the District of Columbia.

- ✓ Prevalence of dementia.
- ✓ Modifiable risk factors for cognitive decline and dementia.
- ✓ Challenges and unmet needs of caregivers for PLwD.
- ✓ Resource guide.

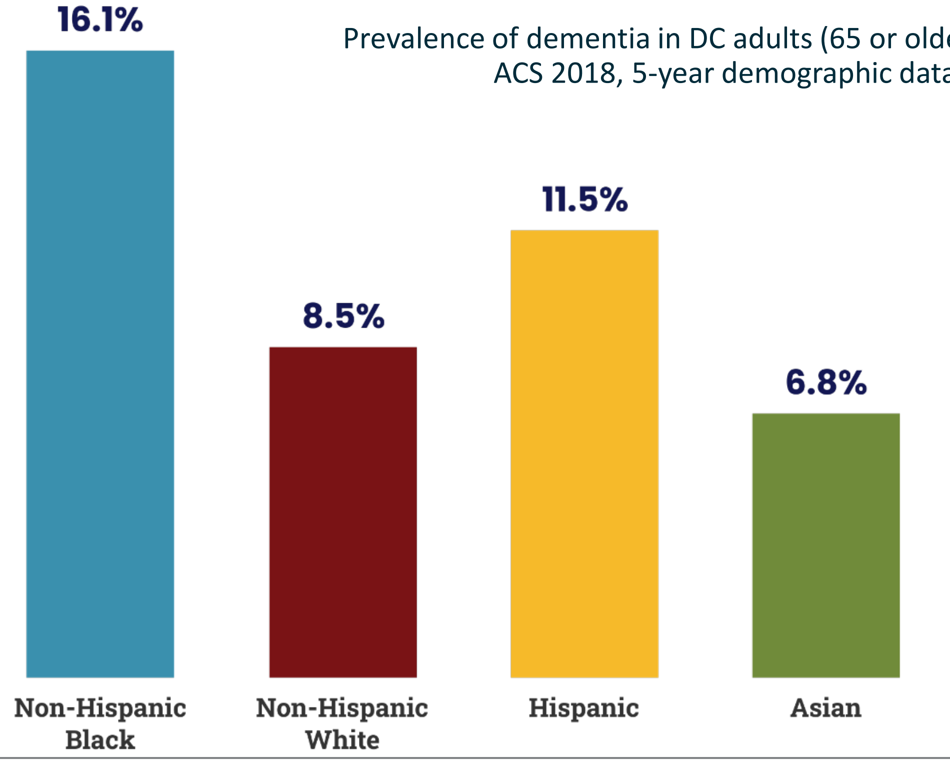
Dementia Prevalence in Washington, D.C.

13.0%

Estimated Dementia Prevalence in DC

10,603

Estimated Number of Persons with Dementia in DC



Prevalence of dementia in DC adults (65 or older), based on ACS 2018, 5-year demographic data.

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

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Dementia Prevalence in Washington, D.C.

WARD 4
16%

WARD 3
9.1%

WARD 1
12.1%

WARD 5
16.8%

WARD 2
8.8%

WARD 6
12.1%

WARD 7
15%

WARD 8
12.3%

PERCENT RANGE (%)

8.8 - 9.1

9.1 - 12.3

12.3 - 16.8

Organized by 3 classes
of natural breaks

Prevalence of dementia in DC adults (65 or older), based on ACS 2018, 5-year demographic data for DC by Wards.

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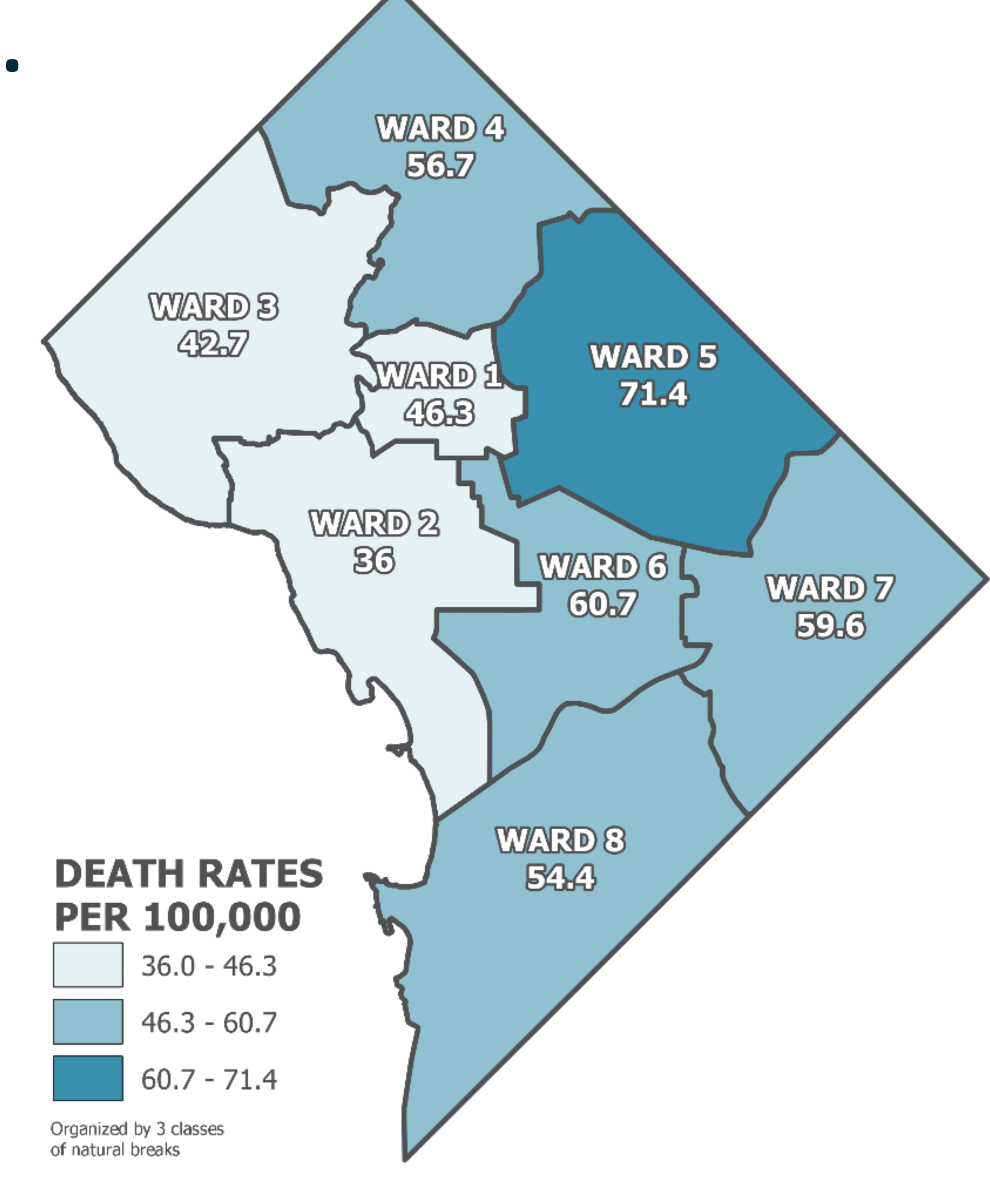
Dementia in Washington, D.C.

Variables	Deaths	Age Adjusted Rate Per 100,000	Population
Gender			
Male	116	43.76	337,932
Female	257	54.91	374,884

2020 Age-Adjusted Rate for Alzheimer's Disease and Other Dementias (Per 100,000 U.S. Standard Population) By Gender



2020 Age-Adjusted Mortality Rate for Alzheimer's Disease and Other Dementias (Per 100,000 U.S. Standard Population) By D.C Wards

Source: 2010-2020 DC Mortality Files, Vital Records Division, Center for Policy, Planning and Evaluation, D.C. Department of Health.

Modifiable Risk Factors for Cognitive Decline and Dementia in DC

Modifiable risk and protective factors for cognitive decline and dementia by strength of evidence	
Moderate to Strong Evidence	
Alcohol Intake	Midlife High Cholesterol
Diabetes	Midlife Hypertension
Depression	Midlife Obesity
Education	Physical Activity
Healthy diet	Severe head injury
	Smoking
Weak or Emerging Evidence	
Air pollution	Sleep
Cognitive activities	Social engagement
Cognitive training	Mild head injury

Source: ¡DC Health: 2020 Brain Health Needs Assessment: https://dchealth.dc.gov/node/1516041

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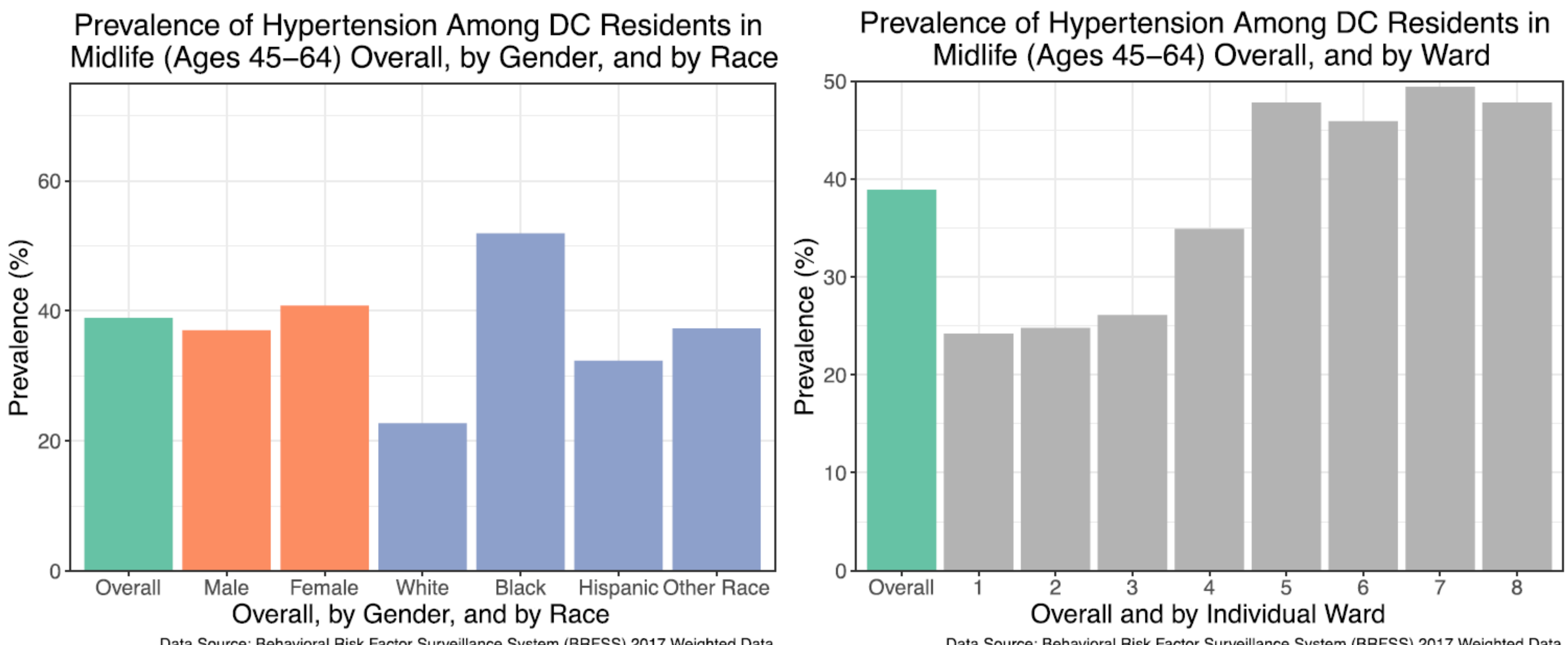
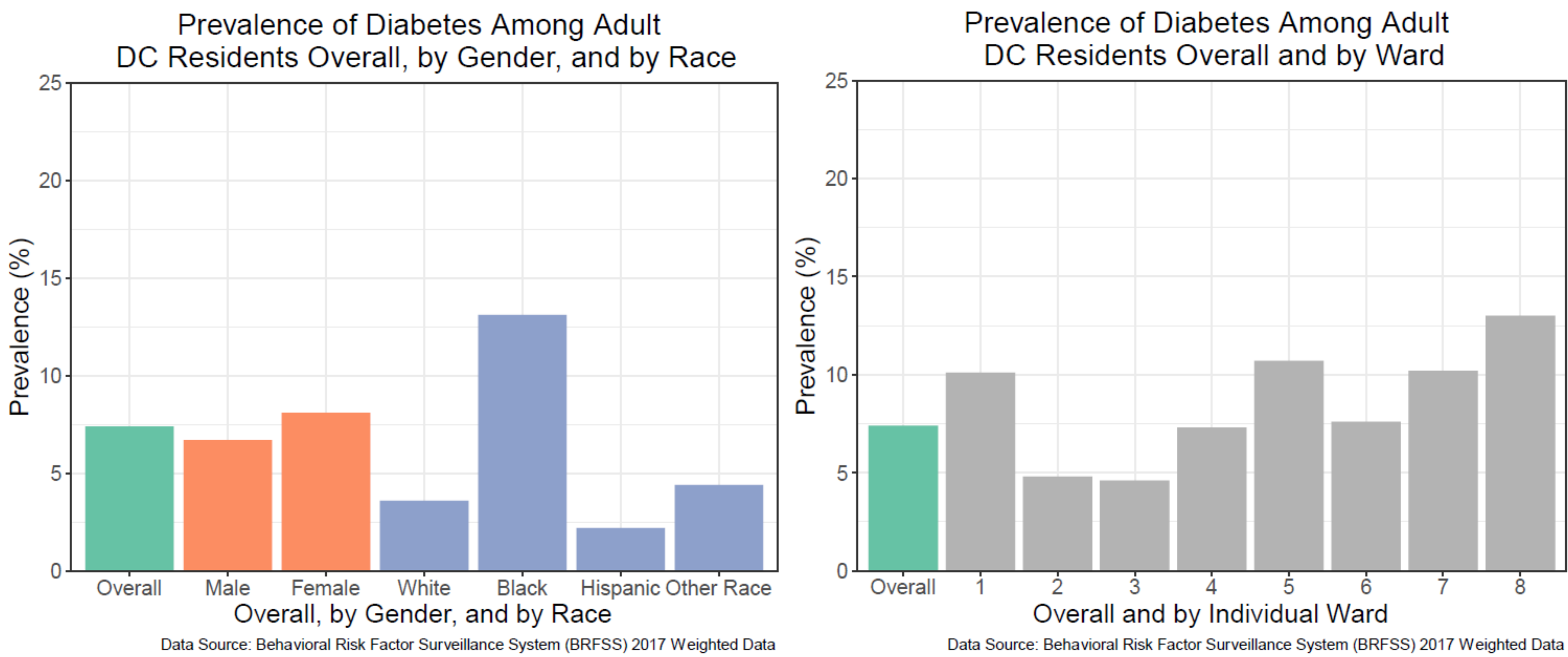
Hypertension Burden in Adult DC Residents, 2017



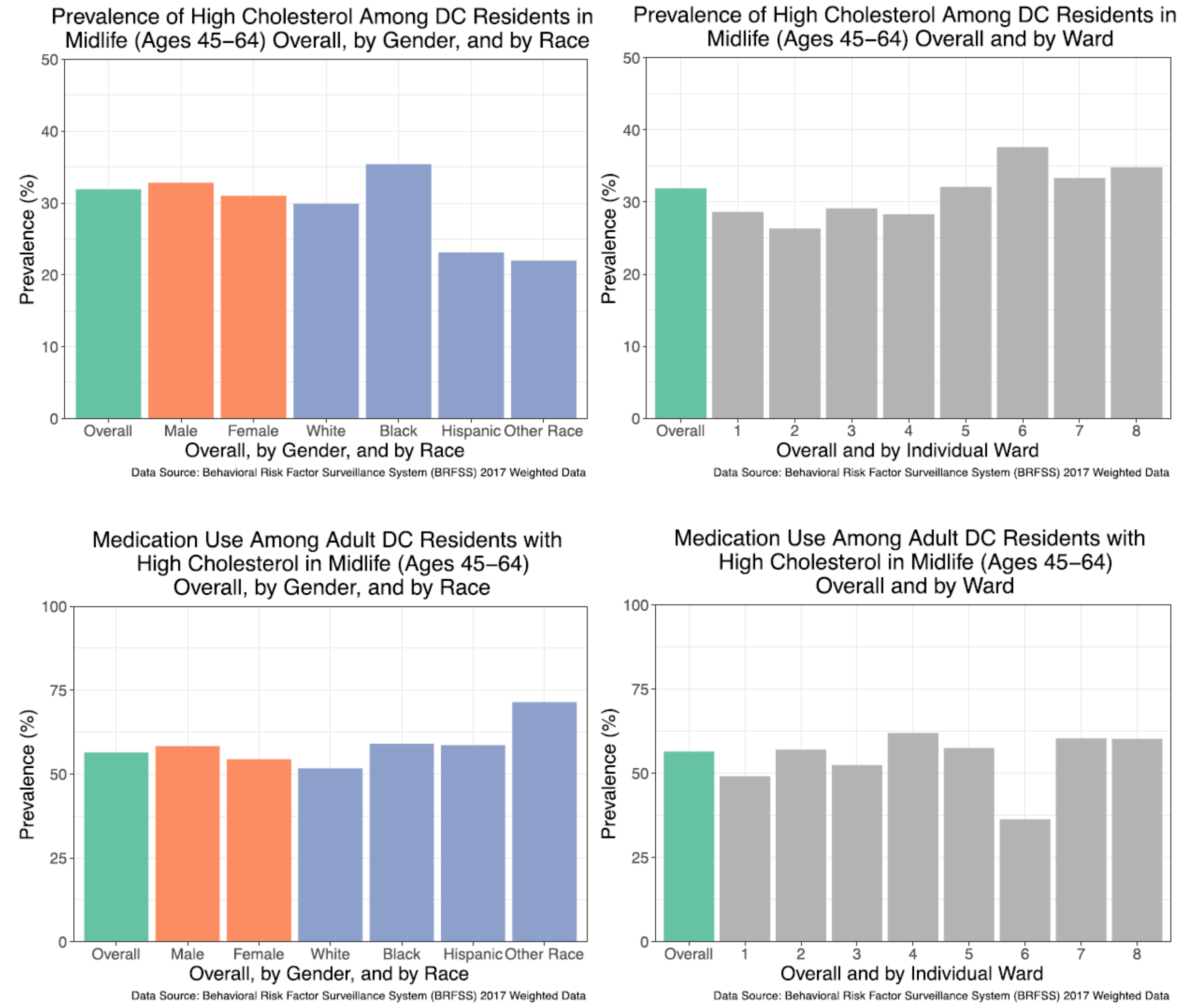
Source: **¡DC Health: 2020 Brain Health Needs Assessment: https://dchealth.dc.gov/node/1516041**

Pre-Diabetes and Diabetes Burden in Adult DC Residents, 2017



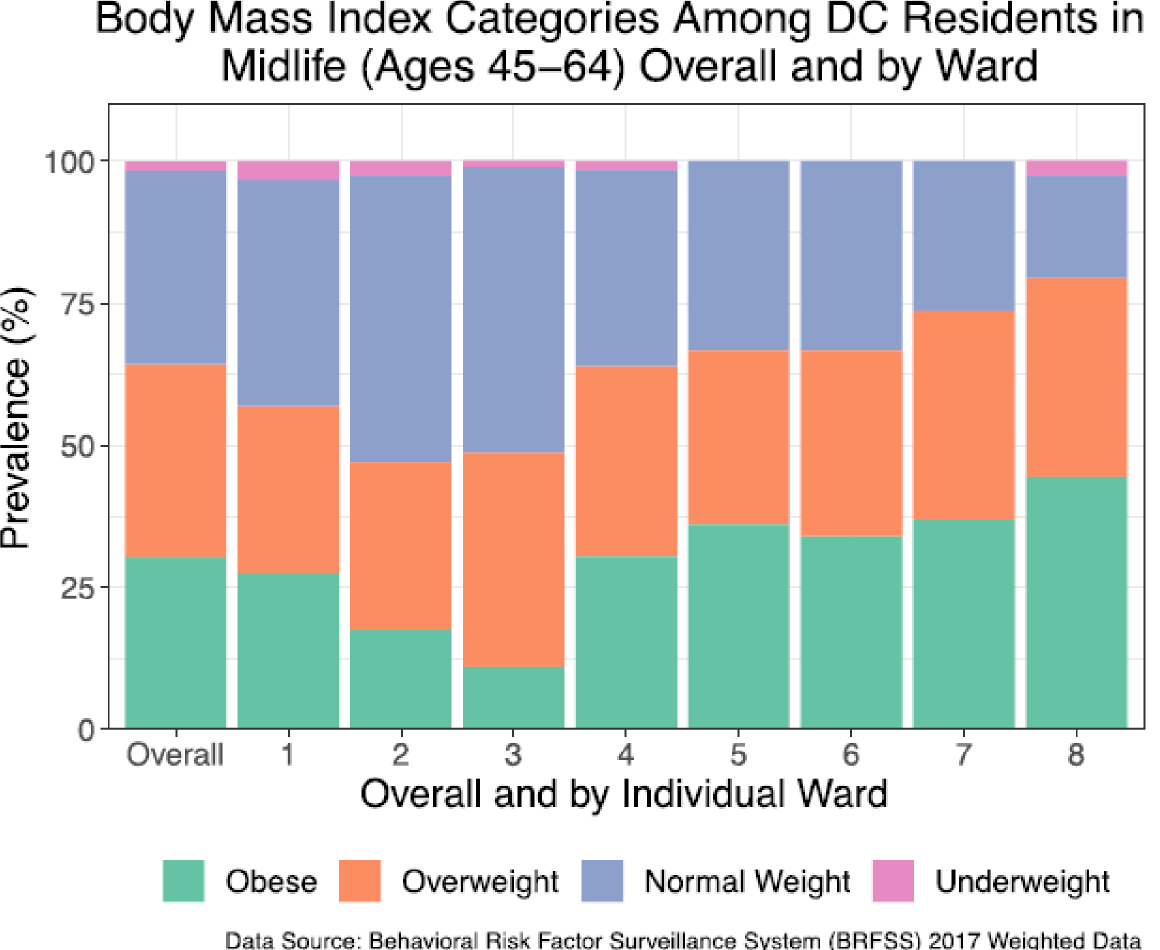
Source: ¡DC Health: 2020 Brain Health Needs Assessment: https://dchealth.dc.gov/node/1516041

Hypercholesterolemia Burden in Adult DC Residents, 2017



Source: **¡DC Health: 2020 Brain Health Needs Assessment: https://dchealth.dc.gov/node/1516041**

Overweight & Obesity Burden in Adult DC Residents, 2017



Source: ¡DC Health: 2020 Brain Health Needs Assessment: https://dchealth.dc.gov/node/1516041

Dementia & Co-Existing Conditions

TABLE 13 Percentage of Medicare Beneficiaries Age 65 and Older with Alzheimer's or Other Dementias Who Have Specified Coexisting Conditions

Coexisting Condition	Percentage
Coronary artery disease	38
Diabetes	37
Chronic kidney disease	29
Congestive heart failure	28
Chronic obstructive pulmonary disease	25
Stroke	22
Cancer	13

Created from unpublished data from the National 5% Sample Medicare Fee-for-Service Beneficiaries for 2014.[291]

Source: 2020 Alzheimer's Disease Facts and Figures: DOI:10.1002/alz.12068

Dementia Treatment – Historical Perspective

Dementia & Risk Factors for Co-Existing Conditions – Mid Life

Appendix Table C3. Prevalence of Vascular Risk Factors Among Adult DC Residents in Midlife (Ages 45-65) in 2017 by Demographic Characteristics

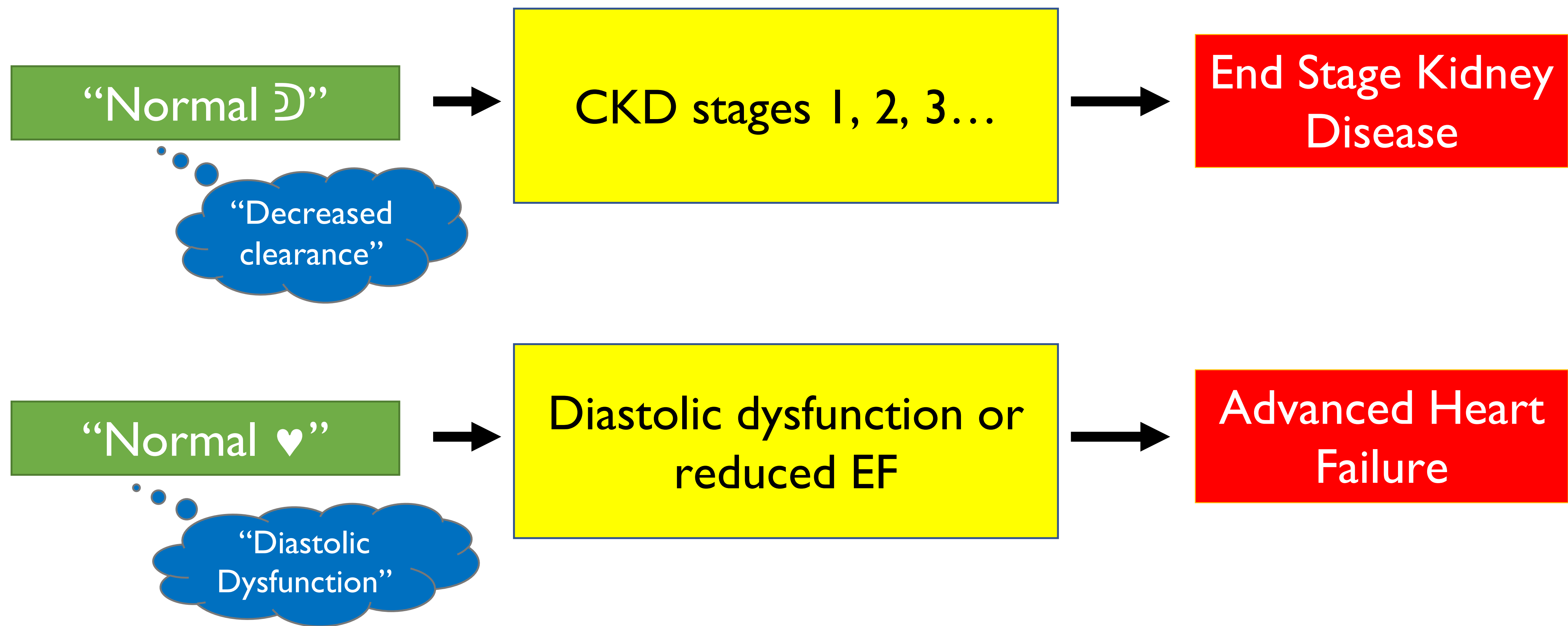
Risk factor	Overall	Gender		Race/ethnicity			
		Male	Female	NH white	NH Black	Hispanic	Other
Hypertension							
Hypertensive	39%	37%	41%	23%	52%	32%	37%
Among hypertensives, taking medication	80%	78%	82%	71%	84%	82%	66%
Pre-/Borderline hypertensive	2%	2%	2%	1%	3%	3%	5%
Not hypertensive	59%	61%	57%	76%	46%	64%	58%
Cholesterol							
Has high cholesterol	32%	33%	31%	30%	35%	23%	22%
Among those with high cholesterol, taking medication	56%	58%	54%	52%	59%	59%	71%
Does not have high cholesterol	64%	63%	66%	69%	59%	74%	77%
DK/RF/M	4%	4%	4%	2%	5%	3%	1%
Body Mass Index Categories							
Underweight	2%	1%	2%	2%	2%	3%	1%
Normal weight	34%	29%	39%	49%	23%	32%	39%
Overweight	34%	43%	25%	33%	34%	45%	31%
Obese	30%	26%	34%	16%	42%	20%	29%

Abbreviations: NH = non-Hispanic; DK = don't know; RF = refused; M = missing
Percentages may not add to 100% due to rounding.
Data Source: Behavioral Risk Factor Surveillance System Survey (BRFSS), 2017. All estimates incorporate sampling weights to recover DC-representative estimates.

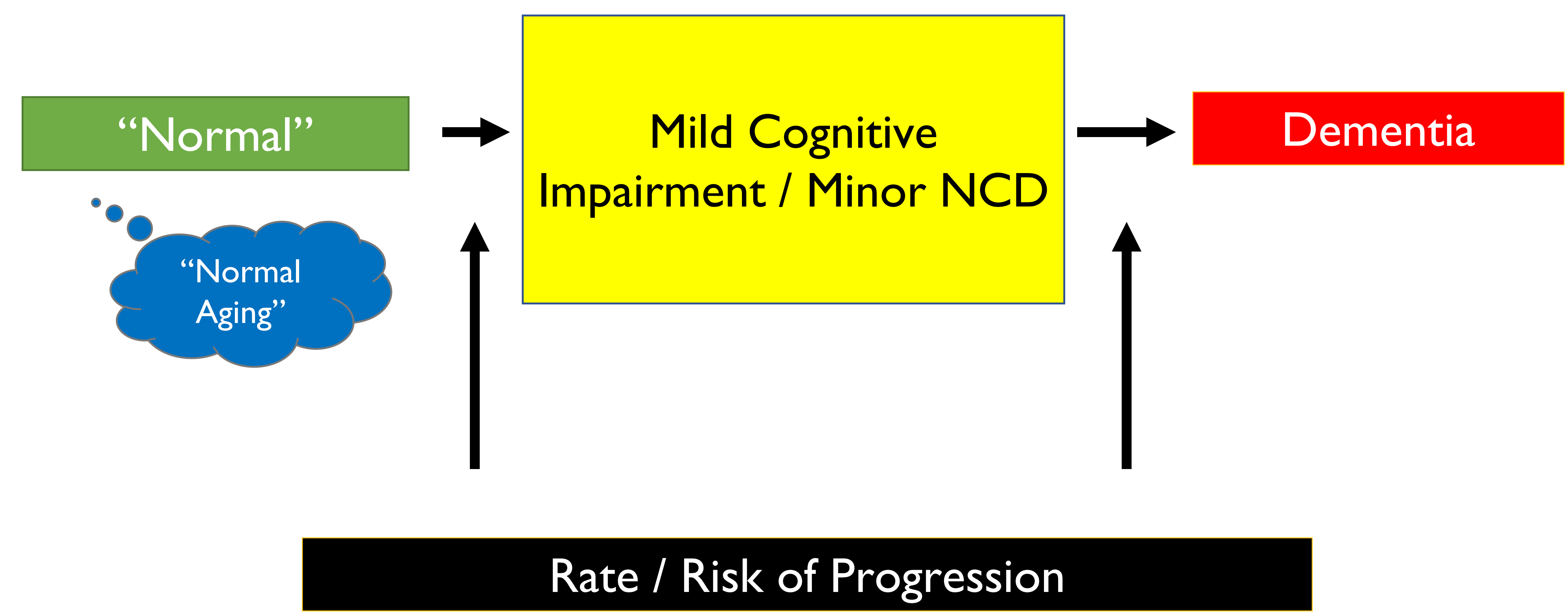
Source: ¡DC Health: 2020 Brain Health Needs Assessment: https://dchealth.dc.gov/node/1516041

Dementia Treatment – Emphasis on Prevention

Spectrum of Chronic Disease



Spectrum of Cognitive Decline



Featured Article

Racial disparities and temporal trends in dementia misdiagnosis risk in the United States

Kan Z. Gianattasio[a], Christina Prather[b], M. Maria Glymour[c], Adam Ciarleglio[d], Melinda C. Power[a,*]

[a]Department of Epidemiology, Milken Institute School of Public Health, George Washington University, Washington, DC, USA
[b]Department of Medicine, School of Medicine and Health Sciences, George Washington University, Washington, DC, USA
[c]Department of Epidemiology and Biostatistics, University of California San Francisco, San Francisco, CA, USA
[d]Department of Biostatistics and Bioinformatics, Milken Institute School of Public Health, George Washington University, Washington, DC, USA

894 K.Z. Gianattasio et al. / Alzheimer's & Dementia: Translational Research & Clinical Interventions 5 (2019) 891-898

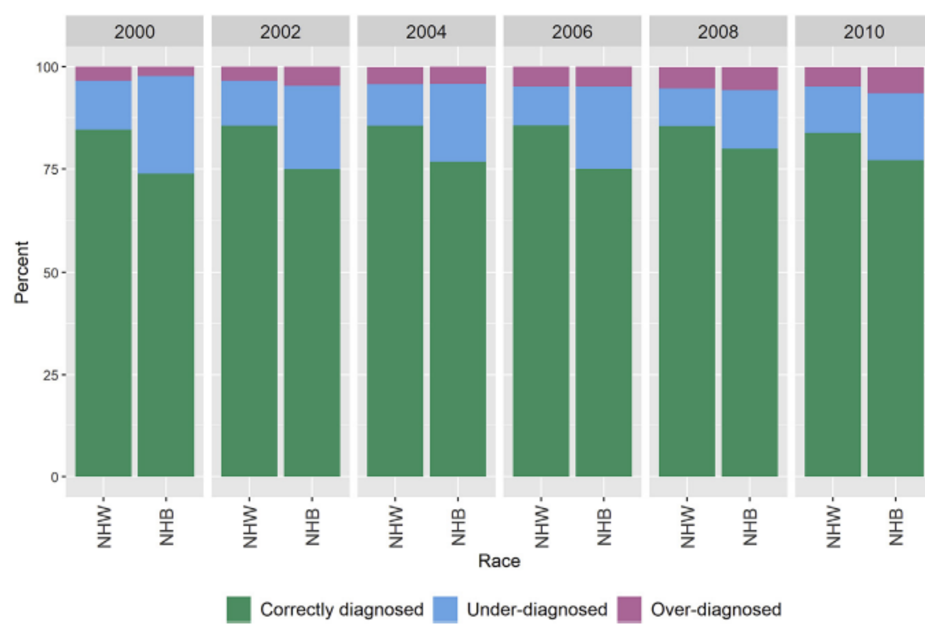


Fig. 1. Weighted distributions of concordant and discordant* dementia classification across algorithmic and Medicare-based dementia ascertainment in non-Hispanic black and white Health and Retirement Study participants with Medicare FFS, 2000–2010. * Underdiagnosed is defined as having an algorithmic dementia diagnosis but no Medicare-claim-based dementia diagnosis, while overdiagnosed is defined as having a Medicare-claim-based dementia diagnosis but no algorithmic diagnosis. Persons with concordant Medicare and algorithmic dementia status are considered correctly diagnosed. Abbreviations: FFS, fee for service; NHW, non-Hispanic white; NHB, non-Hispanic black.

DISCREPANCIES IN DIAGNOSIS

- Non-Hispanic whites were consistently more likely to be "correctly diagnosed" (i.e., have concordant algorithmic and Medicare dementia diagnoses) than non-Hispanic blacks
- Non-Hispanic blacks were more likely to be "underdiagnosed" but similarly likely to be "over diagnosed"
- Non-Hispanic blacks have approximately double the risk of underdiagnosis compared with non-Hispanic whites

Source: Gianattasio KZ, Prather C, Glymour MM, Ciarleglio A, Power MC. Racial disparities and temporal trends in dementia misdiagnosis risk in the United States. *Alzheimers Dement (N Y)*. 2019;5:891-898. Published 2019 Dec 9. doi:10.1016/j.trci.2019.11.008

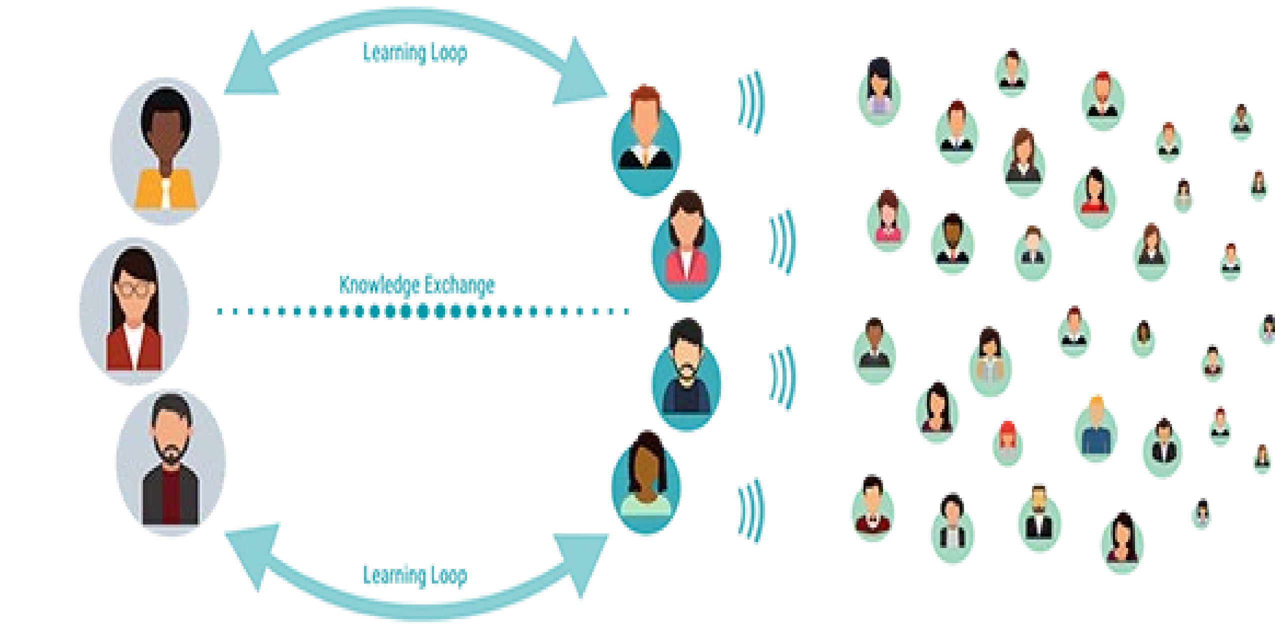
Alzheimer's and Dementia Care ECHO Program

GW MFA & Mary's Center

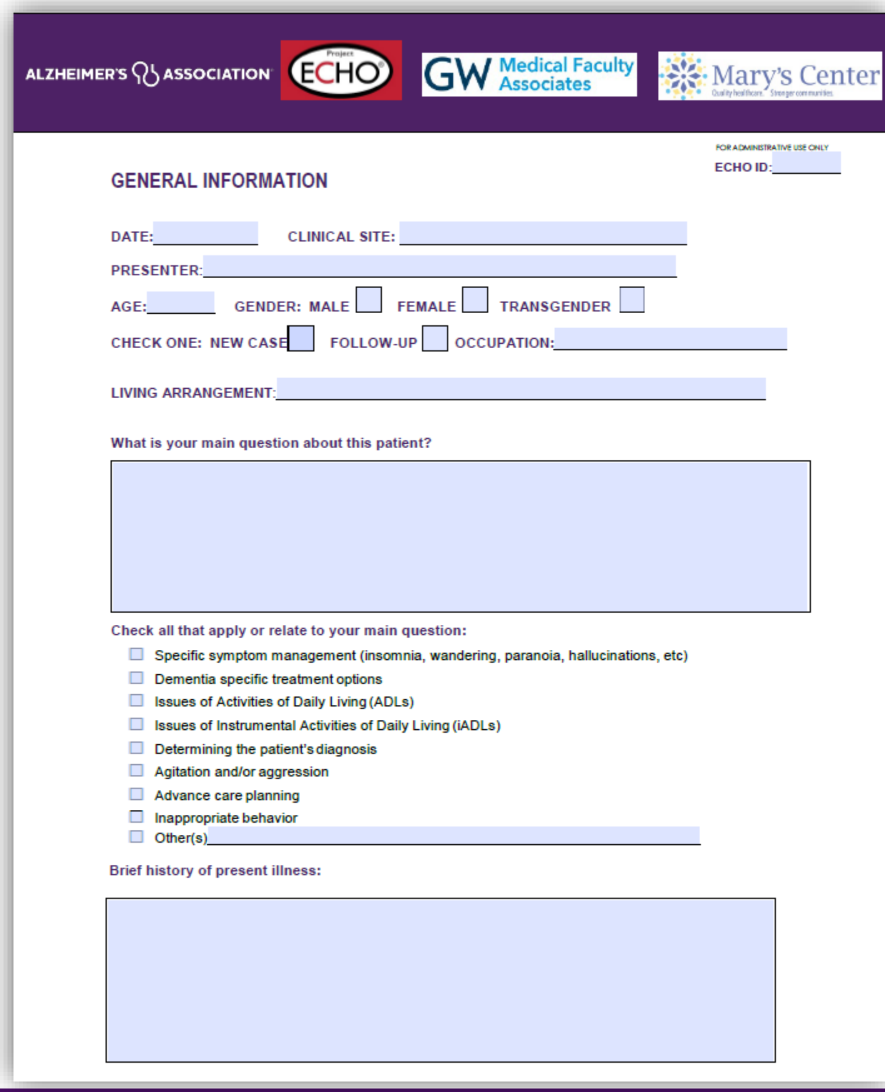
ALZHEIMER'S ASSOCIATION®

WHAT IS PROJECT ECHO®: EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES

- Case-based, interactive learning sessions delivered via videoconference to bring advanced training and support to long-term and community-based providers.
- Expert panel (“Hub”) serves as mentors to deliver short didactic lessons on best practice care and group consultation on de-identified cases from community providers (the “Spokes”).
- Goals are to build capacity and increase access to quality care and support.



Cased-Based Learning


ALZHEIMER'S ASSOCIATION | Project ECHO | GW Medical Faculty Associates | Mary's Center

FOR ADMINISTRATIVE USE ONLY
ECHO ID:

GENERAL INFORMATION

DATE: CLINICAL SITE:

PRESENTER:

AGE: GENDER: MALE ☐ FEMALE ☐ TRANSGENDER ☐

CHECK ONE: NEW CASE ☐ FOLLOW-UP ☐ OCCUPATION:

LIVING ARRANGEMENT:

What is your main question about this patient?

Check all that apply or relate to your main question:

- ☐ Specific symptom management (insomnia, wandering, paranoia, hallucinations, etc)
- ☐ Dementia specific treatment options
- ☐ Issues of Activities of Daily Living (ADLs)
- ☐ Issues of Instrumental Activities of Daily Living (iADLs)
- ☐ Determining the patient's diagnosis
- ☐ Agitation and/or aggression
- ☐ Advance care planning
- ☐ Inappropriate behavior
- ☐ Other(s)

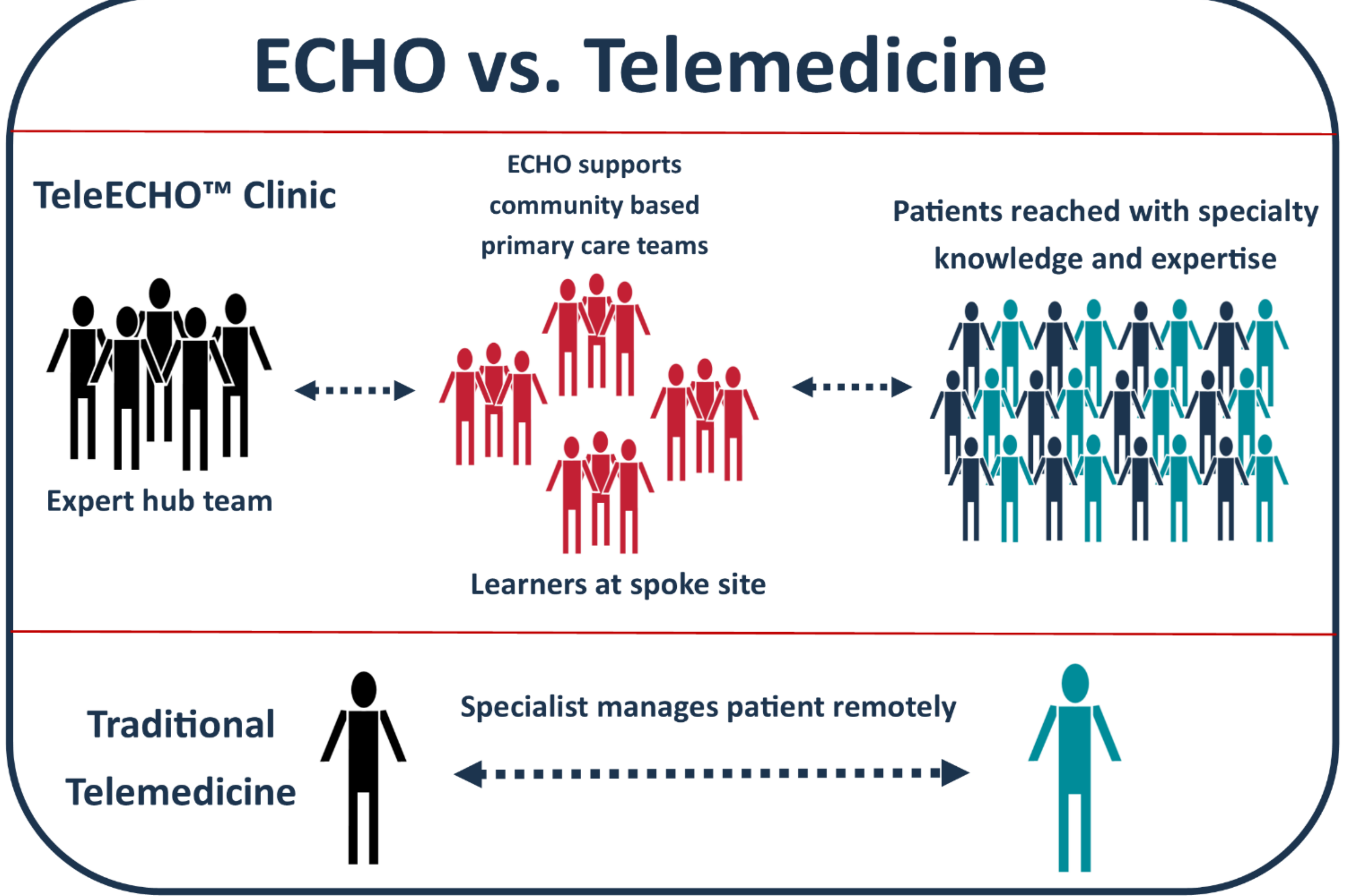
Brief history of present illness:

Every team will be given the opportunity to present and share.

Receive guidance and support from other providers and faculty.

All teach, all learn approach: everyone contributes to find solutions

- Spokes kick off the discussions



ECHO vs. Telemedicine
TeleECHO™ Clinic
ECHO supports community based primary care teams
Patients reached with specialty knowledge and expertise
Expert hub team
Learners at spoke site
Traditional Telemedicine
Specialist manages patient remotely

Key Features

- Multipoint video technology allows for ease of use and **participation from any location** (no travel required).
- **No cost** access to continued learning and specialist consultation.
- Case-based discussions where providers receive **guidance** and **mentoring** on challenging cases from a multidisciplinary specialist team.
- Rapid dissemination of **evidence-based best practices** through short didactic presentations.
- **No cost CE provided** (CME/CNE/CEU).

Benefits of Participation

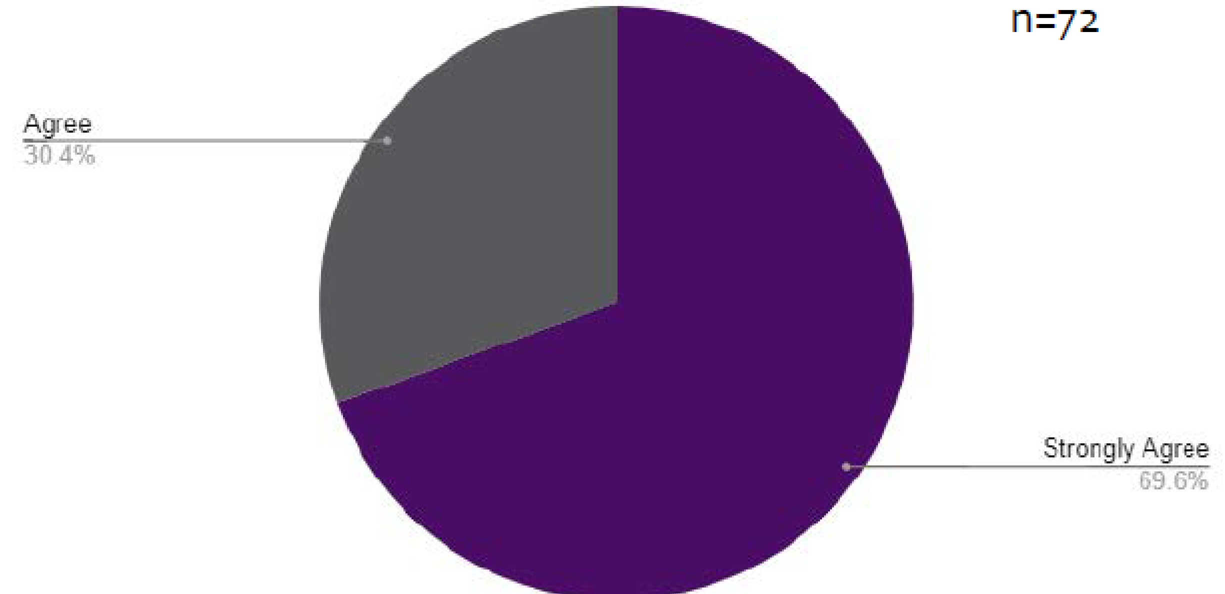
- Increased skills & expertise in dementia care
- Improved confidence & competence to dx & treat
- Reduced burden on clinicians by optimizing health care team roles
- Reduced role isolation & access to community

- Improved access to timely, accurate diagnosis and high quality care
- Shorter wait times for specialty visits
- Right care, right time

- Retain providers
- Reduced disparities
- Dissemination of best practices
- Patients stay local

- Better quality & safety
- Workforce training
- Improved population health
- Improved patient experiences

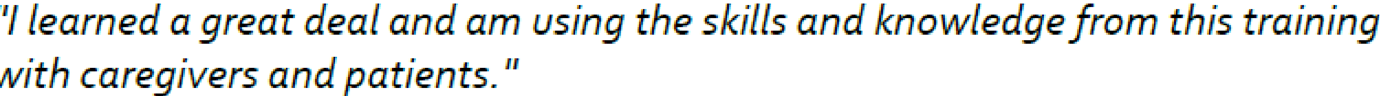
Program Impact



- 96% of respondents strongly agreed or agreed that the ECHO program improved the quality of care.
- 83% of respondents strongly agreed or agreed the ECHO program **expanded access to best-practice care** for the patients they serve.
- 95% of respondents strongly agreed or agreed that they **made changes to the way they cared for patients with dementia.**
- All respondents expressed their participation influenced **positive interactions** with caregivers and families.

Program Impact

88% expressed increased job satisfaction after participating in the the Alzheimer's and Dementia Care Primary Care ECHO



"The codes were a new thing. I find it very interesting about encouraging early testing and things to look for."

"I always have at least 1 if not more really good takeaways, or an "I did not even think about that" moment..."

"When the faculty said "run toward the diagnosis"...that really hit home for me and is something we don't typically do. That is changing through education and experience (especially this series)."

"The case studies and discussion that followed gave us great insight, inspired us with new solutions and reinforced our belief that cognitive assessment should be treated as a vital sign."

Wednesdays, 12:30-1:30 pm ET

Session Date	Session Topic
September 21, 2022	ECHO Introduction & Aging Brain Health
October 5, 2022	Screening for Cognitive Loss & Cognitive Assessment Tools
October 19, 2022	Evaluation and Diagnosis of Cognitive Concerns in Primary Care
November 2, 2022	Providing Person-Centered Care: Integration of Family and Caregivers
November 16, 2022	Communication in Serious Illness
November 30, 2022	Care Management: Addressing the Role and Needs of Caregivers
December 14, 2022	What to Expect – Clinical Course in Dementia
January 11, 2023	Dementia and Older Adults: 5Ms and Routine Older Adult Care
January 25, 2023	Behavioral and Psychological Symptoms of Dementia (BPSD)
February 8, 2023	What Matters Most: Advance Care Planning in Memory Loss
February 22, 2023	Balancing Autonomy and Safety: Vulnerable Persons, Neglect, Abuse, and Capacity
March 8, 2023	Home and Community-Based Services & Series Summary/Review

Faculty

Christina Prather, MD
GW Medical Faculty Associates – Geriatrician

Tania Alchalabi, MD
GW Medical Faculty Associates – Geriatrician

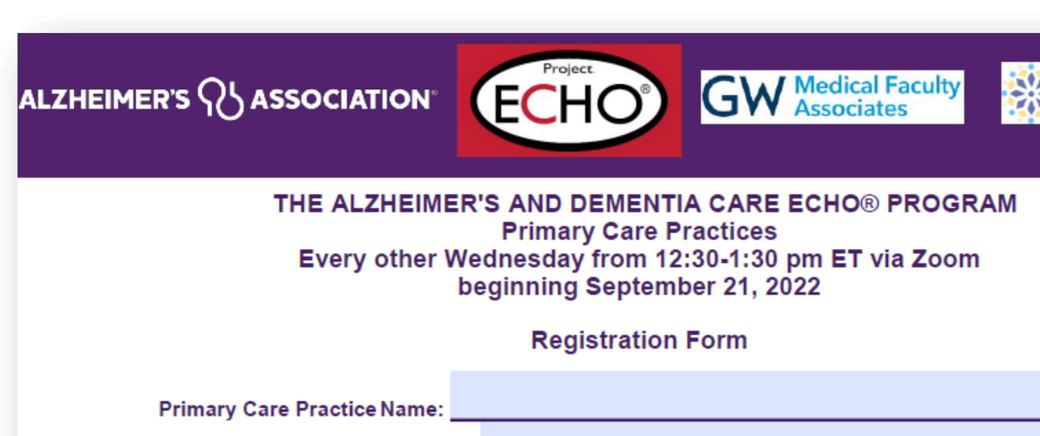
Laura Blinkhorn, MD
Mary's Center – Geriatrician

Target Audience – Care Teams

- Primary care practices
- FQHCs
- Specialty clinics (i.e. geriatrics, neurology)
- Care teams include but are not limited to:

Physician (MD, DO)	Case Manager
Nurse Practitioner (NP)	Medical Assistant
Physician Assistant (PA)	Care Coordinators
Nurse (RN)	Advance Practice Registered Nurse (APRN)
Social Work	Doctor of Nurse Practice (DNP)

Project ECHO Application



ALZHEIMER'S ASSOCIATION

Project ECHO

GW Medical Faculty Associates

Mary's Center

THE ALZHEIMER'S AND DEMENTIA CARE ECHO® PROGRAM
Primary Care Practices
Every other Wednesday from 12:30-1:30 pm ET via Zoom
beginning September 21, 2022

Registration Form

Primary Care Practice Name: ______

Primary Care Practice Address: ______

Please list the information below for care team members who will join for this series. We request at least one prescriber and at least one member of your care team, with a maximum of eight participants.

Name	Job Function (*indicate Lead ECHO Clinician)	Email	Estimated Clinic Panel Size (#)*	Estimated % of Patients 65+*

*These numbers are only applicable for prescribers such as MD, DO, NP, PA, APP, DNP.

Please confirm that you are able to meet the following criteria:

- ☐ We have access to a web camera and an established internet connection to join the video conference.
- ☐ At least one additional member from our team, along with the team lead, will attend regularly.
- ☐ We will be able to submit a patient case study during the series.

Select all that apply:

- ☐ We manage the care of patients living with ADRD or with mild cognitive impairment (MCI).
- ☐ We refer to a neurologist in our area when we are unsure of a patient's diagnosis.
- ☐ We would like guidance on cognitive assessment tools (type, administrationM, interpretation) and next steps if we suspect cognitive issues in a patient (e.g., opening dialogue, using an informant).
- ☐ Care coordination for patients with ADRD and/or MCI is a challenge at our practice.
- ☐ We would like guidance on navigating family dynamics and/or challenging conversations about ADRD (e.g, driving, retirement, transitioning to assisted living, disclosing a diagnosis, involving family in care).
- ☐ We would like guidance on behavioral issues and psychological symptoms for ourselves and/or family members of our patients.
- ☐ Identifying community resources for patients with ADRD and their families is of interest.

Let us know anything else that is relevant to your practice joining the ECHO series:

Questions/ Q&A

For more information about how Project ECHO or how to register for the program, please contact:

Senayt Assefa, Health Systems Account Manager (National Capital Area) - sassefa@alz.org or (703) 766-9003

QUICK EVALUATION POLL

1. To what extent did the session meet the stated objectives? (1-not at all to 5-met all objectives)
   - Provide an overview of the Brain Health Initiative and the resources available
   - Learn about the prevalent risk factors for cognitive decline with a focus on vascular risk factors
   - Introduce the Alzheimer’s and Dementia Care ECHO® project
   - Discuss questions, share challenges and experiences.

2. How would you rate the session overall? (from 1-5, where 1 is poor and 5 is excellent)

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MHLC **Facilitated Discussions** provide an opportunity to share your work to improve care with the learning collaborative.

Grantees will **share lessons learned, barriers encountered, and promising or best practices –** especially focused on how other grantees can apply/replicate.

The ask for you:

- **Conduct advance preparation** and brainstorming **with your team** and be prepared to talk through their responses using **slides/talking points** .
- Each **grantee will participate in at least one session** and will be assigned a topic from their selections in the survey.

- Social determinants of health
- Workflow testing/adaptation
- Patient self-monitoring
- Clinical decision support
- Data to support improvement
- Sustainability

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We are here to help you !

- ✓ One on one coaching, team/clinic trainings, evaluation plan and CIP updates
- ✓ Recorded trainings and tools: https://livingwell.dc.gov/page/clinical-partners
- ✓ Other questions or ideas? Please reach out:
  - Mary Kate Brousseau – mbrousseau@healthmanagement.com
  - Mobile: (541) 231-3717

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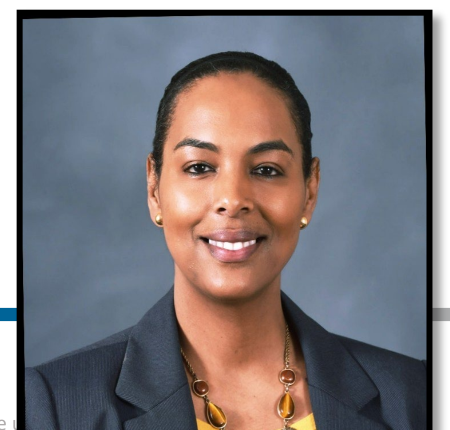

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