Implementing a Nurse Practitioner Led Dementia Care Management Program in Health System Focused on Older Adults in the Community *Draft*

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Background

The Center for Memory Health (CMH) at Hebrew SeniorLife (HSL) implemented the UCLA Alzheimer’s and Dementia Care (ADC) Program, a Nurse Practitioner-led co-management model that provides comprehensive care for persons living with dementia (PLWD) and their families.

HSL, a nonprofit organization offering healthcare and housing for older adults, selected the UCLA ADC program as a core clinical offering among other CMH services. In the first 10 months, the CMH enrolled a total of 109 participants.

Staffing for the ADC consists of a Nurse Practitioner in the Dementia Care Specialist role and a Dementia Care Specialist Assistant who has a bachelor’s degree in Health Care Administration.

ADC Program Flow

1. Dementia Diagnosis & Established Caregiver
2. Obtain PCP Referral, Medical Records & Pre-Visit Packet
3. 90 min Evaluation w/ DCS Components: Cognitive Screening, Depression Screening, Caregiver Stress, H&P, Advance Directives
4. At Conclusion of Visit: PLWD & Caregiver provided with Resource Binder
5. Dementia Care Specialist Creates Care Plan & Sends to PCP for Approval. Once Approved, Care Plan sent to Caregiver
6. Care Plan Review In-Person or via Telephone puts Care Plan Recommendations into Action
7. Interval Follow-Up as Needed by Phone or In-Person

ADC Demographics

- Total Number of Participants: 42
- Total Female: 26
- Total Male: 16
- Average Female Age: 85
- Average Male Age: 83
- Ethnicity:  
  - Caucasian: 41
  - Hispanic: 1
- Total Number Hospitalized: 3

Living Environment

Conclusions

Implementation of the UCLA ADC is feasible in a health care entity such as HSL which provides housing and healthcare for older adults.

Opportunities:
- Adapting the ADC model from an enclosed healthcare system to an open one
- Adapting ADC for continuing care communities
- Dementia education and outreach to diverse populations
- Overall value added to support PLWD and their families

Barriers:
- Triage: many inquiries for service require diagnostic assessment therefore we needed to create a triage system to guide patients and family members to services
- Development of clinical infrastructure: time and support needed from IT, billing and personnel knowledgeable in clinic start-up
- Marketing: time needed for building referral relationships across communities
- Creating protected blocks of non-clinical time for the APRN to complete training

ADC Results

- Rec. for Safety
- Advance Directive Changes
- Rec. SW Family Support
- Enrolled Family Support
- Rec. Driving Eval
- Rec. Dementia OT Eval.
- Enrolled OT
- Added Paid Caregiver Support
- Transitions in Living

Center for Memory Health at Hebrew SeniorLife