georgia memory net

12.03.2020

Courtney Leavy – GMN Coordinator, GA Division of Aging Services
Rebecca Dillard – GMN Project Director, Emory University

Highlights

- Georgia's State Plan: Background of GMN
- Workflow, Key Metrics, Data Management
- COVID Shifts & Telemedicine

STATE OF GEORGIA ROLE & PARTNERSHIP

GARD collaborative

2013: Georgia Assembly creates Georgia Alzheimer's & Related Dementias State Plan Task Force (GARD)

- Multidisciplinary group convened to improve dementia research, awareness, training, and care
- Response to rapidly growing need in GA

Task Force sub-committees:

- Workforce Development
- Service Delivery
- Outreach and Partnerships
- Policy
- Public Safety
- Healthcare, Data and Research Collection

2014: Task Force finalizes State Plan

STATE OF GEORGIA ROLE & PARTNERSHIP

July 2017: $4.12M allocated for Georgia Alzheimer's Project // Georgia Memory Net (GMN)

Continuing Budget in Georgia Department of Human Services

Oversight: Division of Aging Services

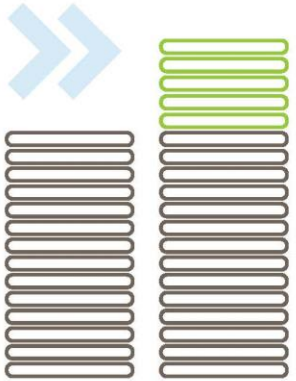
Primary Contract: Emory University Cognitive Neurology Program / Goizueta Alzheimer's Disease Research Center

Formal partnerships across multiple healthcare systems, community agencies, and state networks

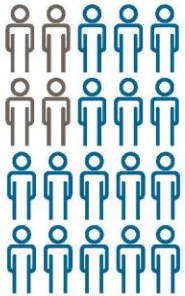
Establishing the Need:
Know the numbers.

It all adds up: The citizens and healthcare professionals of Georgia need the Georgia Memory Net.

People With Alzheimer's Growing:



1.4M
People Over 65 Years Old

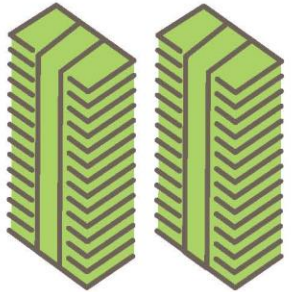


385k
with self-reported cognitive impairment

80%
have not yet been evaluated or treated

6 Year Average Delay In Memory-loss Diagnosis

$2B
In Preventable Admissions Expenses



Setting Our Goals:
It's only a wish without a plan.

Our objective is to improve outcomes and quality of life for people dealing with memory loss, while streamlining services and offering more efficient care.

Improve Assessment During Annual Wellness Visits

Diagnose Accurately at Memory Assessment Clinics

Improve Care with PCPs and Community Services

Provide Oversight and Evaluation of Performance and Data Collection

Georgia Memory Net Primary Goals

- ✓ Increase Primary Care Provider (PCP) awareness of and screening for Mild Cognitive Impairment

- ✓ Develop and maintain network of Memory Assessment Clinics (MAC)
  - ❖ Expand access to diagnostic services statewide
  - ❖ Enhance connectivity for Georgians with Alzheimer's and related dementias to community services and support
  - ❖ *Five sites in year 1 as pilot*

- ✓ Develop and deploy robust IT infrastructure for comprehensive program evaluation, patient-level data capture, and statewide impact

Memory Assessment Clinic Partnerships

Albany, GA
Phoebe Putney / Phoebe Primary Care at Northwest

Atlanta, GA
Grady Health System / Marcus Stroke and Neuroscience Outpatient Center

Augusta, GA
Augusta University Health System / Memory & Movement Disorders Program

Columbus, GA
Piedmont Healthcare / Piedmont Columbus Regional Family Medicine Center

Macon, GA
Navicent Health / Family Health Center

The Process: An Always Integrated Path

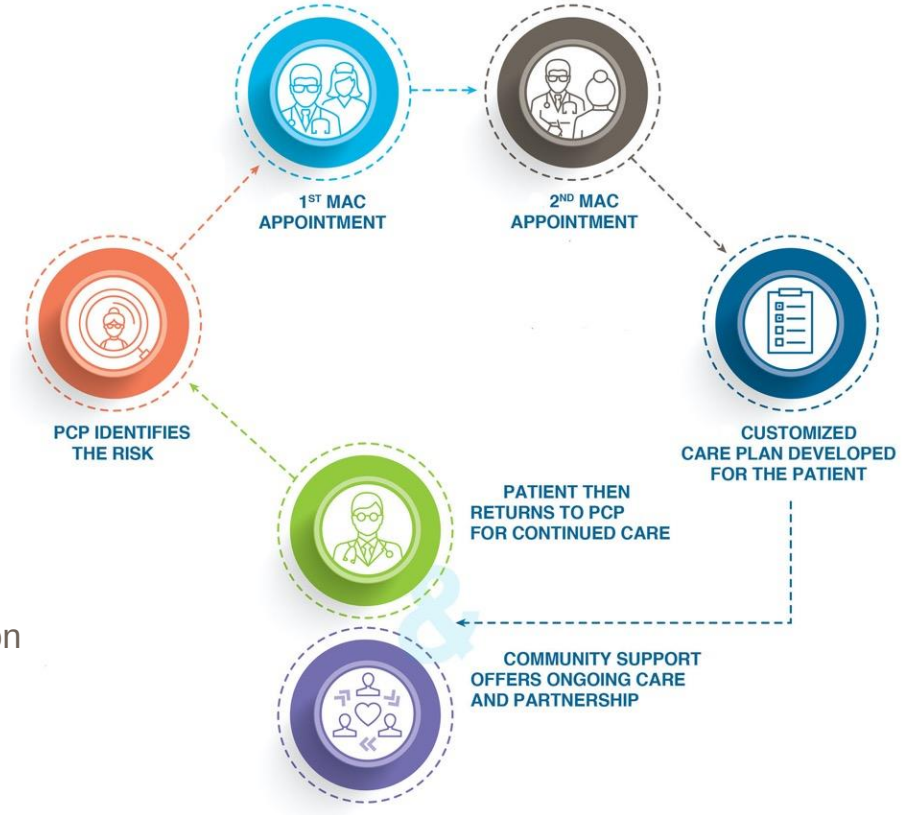
Our system is designed for efficiency and convenience to all parties involved

Two Visit Process

- Visit 1 - Initial Diagnostic Assessments
- Visit 2 - The Conversation: Care and Support

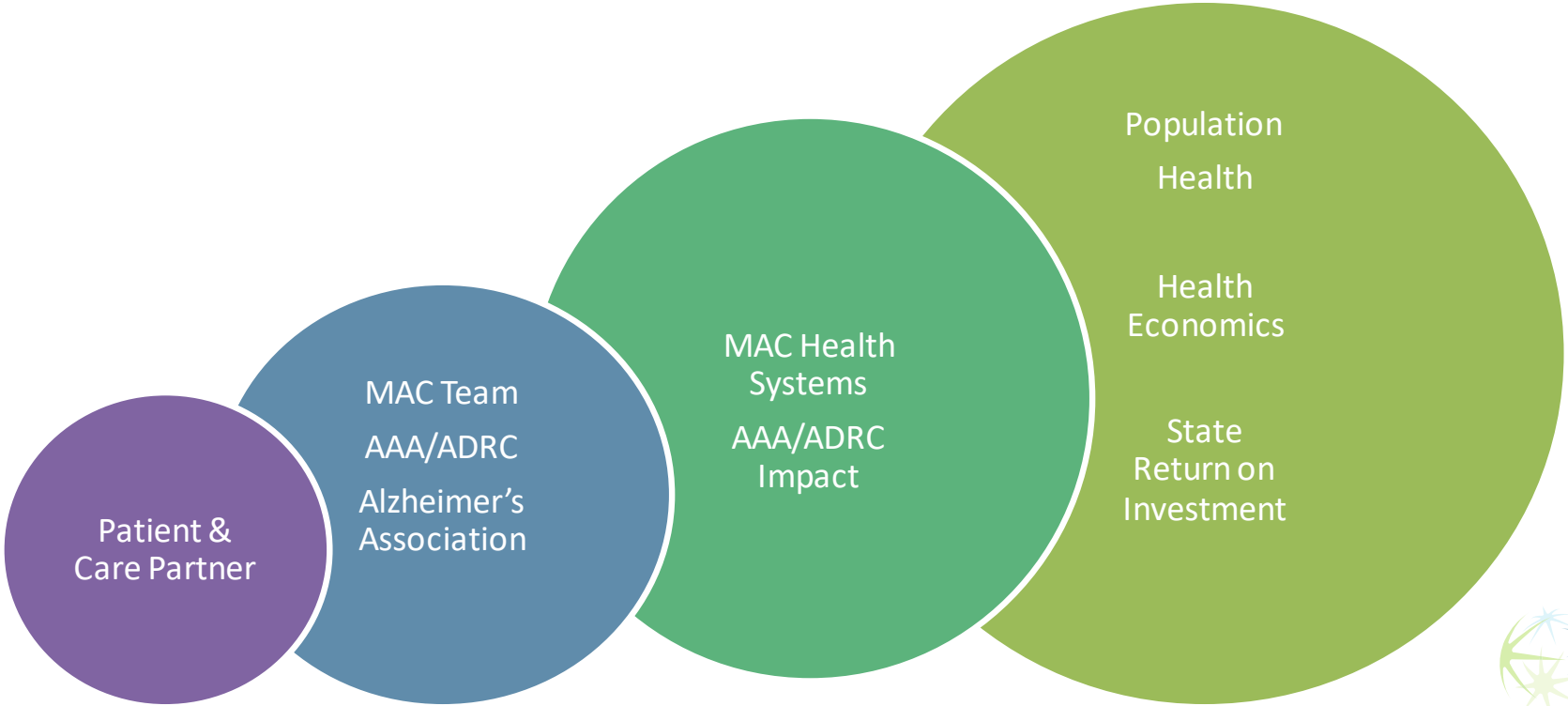
Return to PCP and Community Resources

- Detailed report from MAC to PCP
- PCP provides on-going maintenance and management of patient care
- Care plans and coordination with Area Agencies on Aging (AAA)

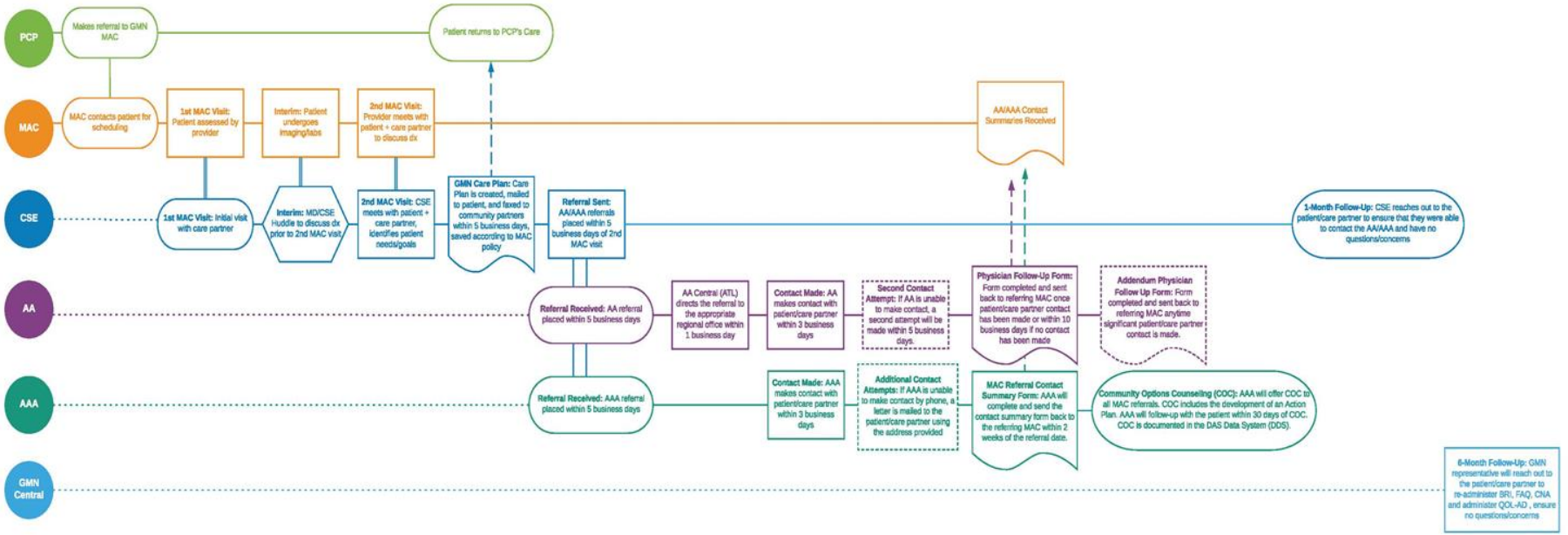


GMN METRICS & PROGRAM EVALUATION FRAMEWORK

GMN Data: Program Evaluation Framework



GMN Data: Iterative Workflow Quality Improvement



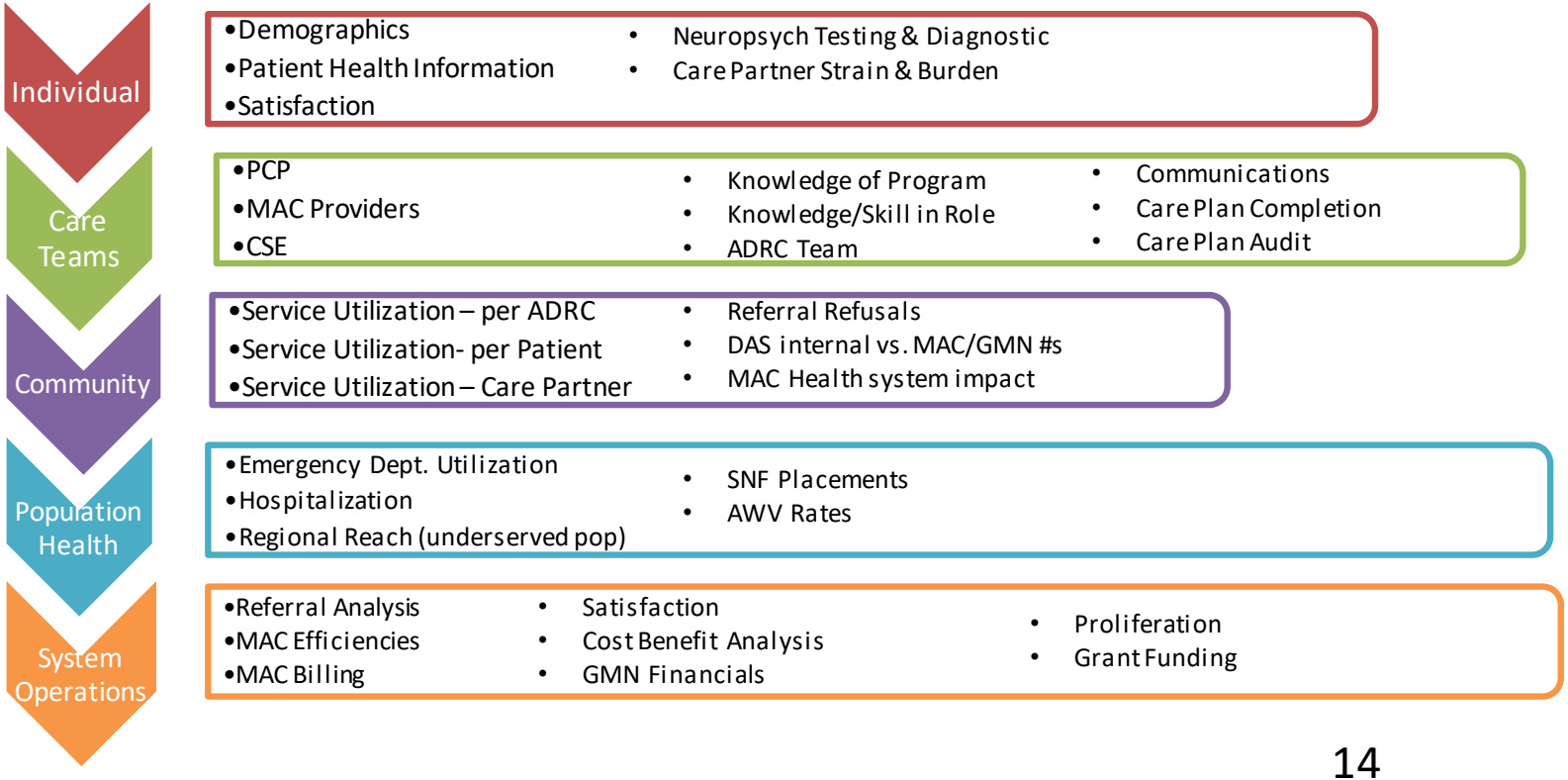
GMN Data: Reported Metrics

Key Performance Indicators: State Strategic Plan

- Number Unique Patients Served
- Total Visits
- Total Referrals to AAA / State Aging & Disabilities Resource Connection network

- GA Dept. of Public Health Alzheimer's & Related Dementias Registry

GMN Data: Program Evaluation/Improvement



GMN Data: CMS Files - Population Health / State RoI

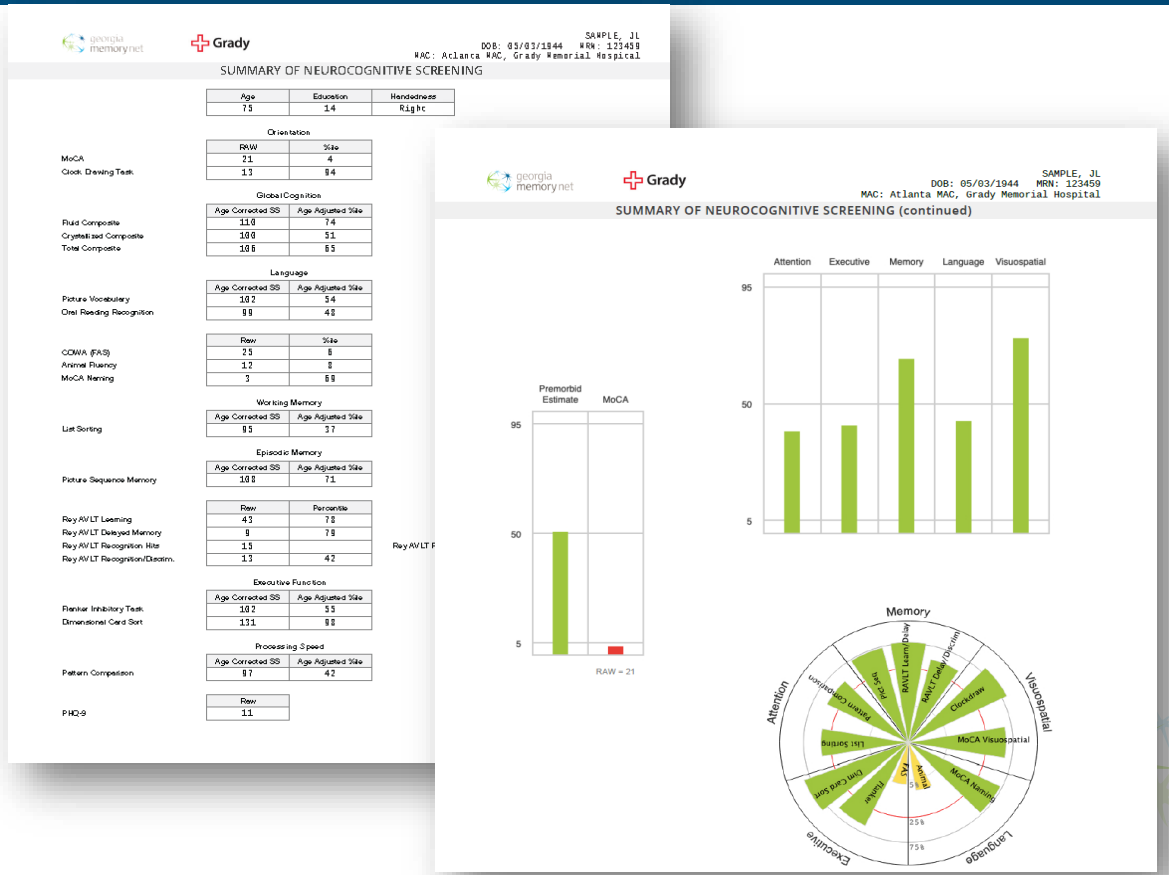
- Carrier Files – GA beneficiaries and GA providers cohort (approximately 1,000,000 beneficiaries)
- Outpatient Files – GA beneficiaries and GA providers cohort (approximately 1,000,000 beneficiaries)
- Inpatient Files – GA beneficiaries and GA providers cohort (approximately 1,000,000 beneficiaries)
- Skilled Nursing Files – GA beneficiaries and GA providers cohort (approximately 1,000,000 beneficiaries)
- Medicare Master Beneficiary Summary File (MBSF): (A/B/D) Segment
- Chronic Conditions Segment
- National Death Index Segment
- MD- Provider Practice and Specialty Segment

GMN TECHNOLOGY: DATA CAPTURE, MANAGEMENT, VISUALIZATION

GMN Data: Interim Data Capture / Visualization / Reporting

Neuropsychological Testing Battery

- NIH Toolbox – iPad based
- + Collection of pen/paper tests
- Summary Dial/Rose Chart
- Ease in data capture
- Interpretation tool for Provider



georgia memorynet

Grady

SAMPLE, JL
DOB: 05/03/1944 MRN: 123459
MAC: Atlanta MAC, Grady Memorial Hospital

SUMMARY OF NEUROCOGNITIVE SCREENING

Age	Education	Handedness
75	14	Right

Orientation

	RAW	Scale
MoCA	21	4
Clock Drawing Task	13	84

Global Cognition

	Age Corrected SS	Age Adjusted Scale
Fluid Composite	110	74
Crystalised Composite	100	51
Total Composite	106	65

Language

	Age Corrected SS	Age Adjusted Scale
Picture Vocabulary	102	54
Oral Reading Recognition	99	48

	Raw	Scale
COWA (FAS)	25	8
Animal Fluency	12	8
MoCA Naming	3	68

Working Memory

	Age Corrected SS	Age Adjusted Scale
List Sorting	95	37

Episodic Memory

	Age Corrected SS	Age Adjusted Scale
Picture Sequence Memory	108	71

	Raw	Percentile
Rey AVLT Learning	43	78
Rey AVLT Delayed Memory	9	79
Rey AVLT Recognition Hits	15	
Rey AVLT Recognition/Discrim.	13	42

Executive Function

	Age Corrected SS	Age Adjusted Scale
Flanker Inhibitory Task	102	55
Dimensional Card Sort	131	98

Processing Speed

	Age Corrected SS	Age Adjusted Scale
Pattern Comparison	97	42

PHQ-9	Raw
	11

georgia memorynet

Grady

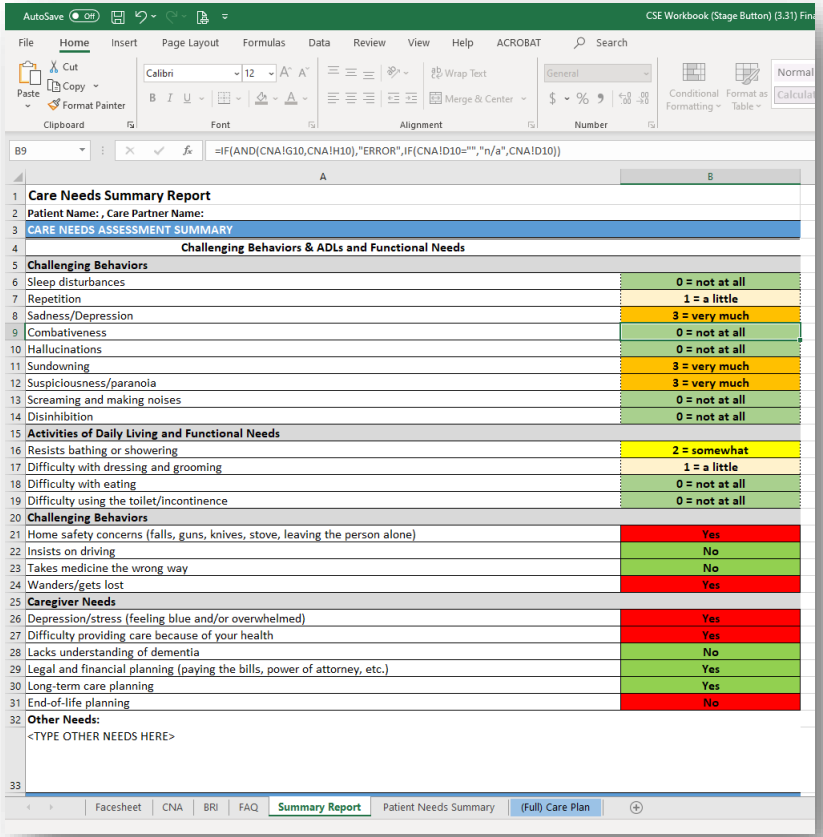
SAMPLE, JL
DOB: 05/03/1944 MRN: 123459
MAC: Atlanta MAC, Grady Memorial Hospital

SUMMARY OF NEUROCOGNITIVE SCREENING (continued)

GMN Data: Interim Data Capture / Visualization / Reporting

Care Partner Psycho-Social Needs Assessment Battery

- Benjamin Rose Institute Caregiver Strain Instrument
- Alzheimer's Association Caregiver Needs Assessment
- Functional Activities Questionnaire
- Patient Goal Setting for Care Plan & Initial CS Referral recommendations/highlights



AutoSave Off — CSE Workbook (Stage Button) (3.31) Fina

File Home Insert Page Layout Formulas Data Review View Help ACROBAT Search

Paste Cut Copy Format Painter — Clipboard — Calibri 12 — Font — Wrap Text Merge & Center — Alignment — General — Number — Conditional Formatting — Format as Table — Normal — Calculat

B9 =IF(AND(CNA!G10,CNA!H10),"ERROR",IF(CNA!D10="","n/a",CNA!D10))

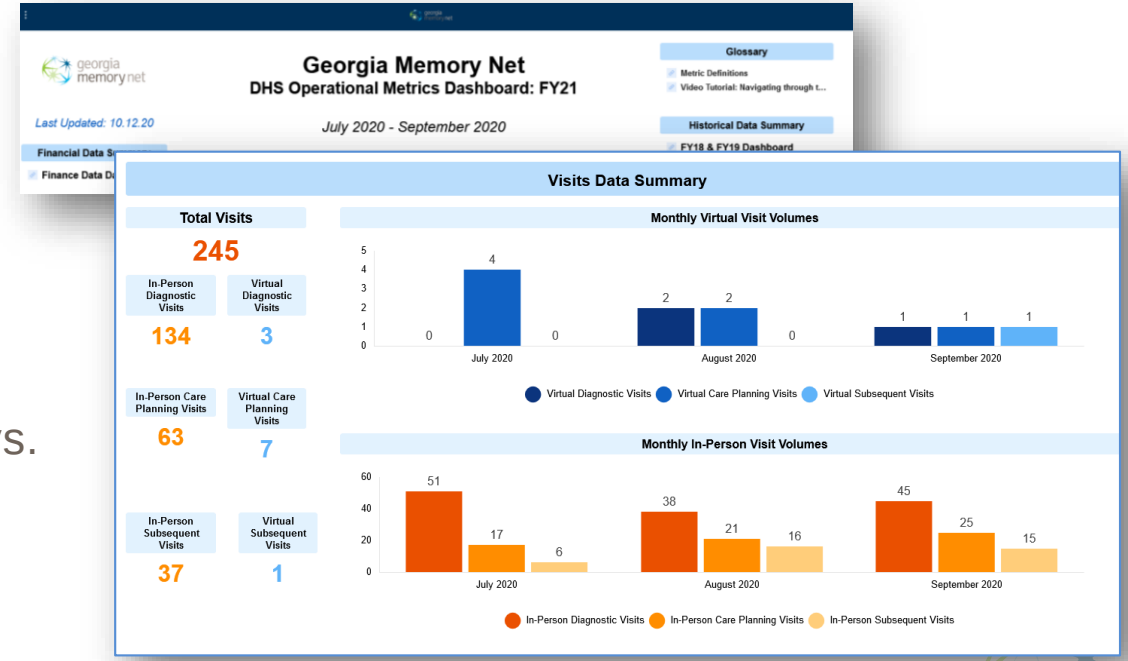
	A	B
1	**Care Needs Summary Report**	
2	**Patient Name: , Care Partner Name:**	
3	**CARE NEEDS ASSESSMENT SUMMARY**	
4	**Challenging Behaviors & ADLs and Functional Needs**	
5	**Challenging Behaviors**	
6	Sleep disturbances	**0 = not at all**
7	Repetition	**1 = a little**
8	Sadness/Depression	**3 = very much**
9	Combativeness	**0 = not at all**
10	Hallucinations	**0 = not at all**
11	Sundowning	**3 = very much**
12	Suspiciousness/paranoia	**3 = very much**
13	Screaming and making noises	**0 = not at all**
14	Disinhibition	**0 = not at all**
15	**Activities of Daily Living and Functional Needs**	
16	Resists bathing or showering	**2 = somewhat**
17	Difficulty with dressing and grooming	**1 = a little**
18	Difficulty with eating	**0 = not at all**
19	Difficulty using the toilet/incontinence	**0 = not at all**
20	**Challenging Behaviors**	
21	Home safety concerns (falls, guns, knives, stove, leaving the person alone)	**Yes**
22	Insists on driving	**No**
23	Takes medicine the wrong way	**No**
24	Wanders/gets lost	**Yes**
25	**Caregiver Needs**	
26	Depression/stress (feeling blue and/or overwhelmed)	**Yes**
27	Difficulty providing care because of your health	**Yes**
28	Lacks understanding of dementia	**No**
29	Legal and financial planning (paying the bills, power of attorney, etc.)	**Yes**
30	Long-term care planning	**Yes**
31	End-of-life planning	**No**
32	**Other Needs:** <TYPE OTHER NEEDS HERE>	
33		

Facesheet | CNA | BRI | FAQ | Summary Report | Patient Needs Summary | (Full) Care Plan

GMN Data: Interim Data Capture / Visualization / Reporting

Dashboard & Reporting Improvement Initiative

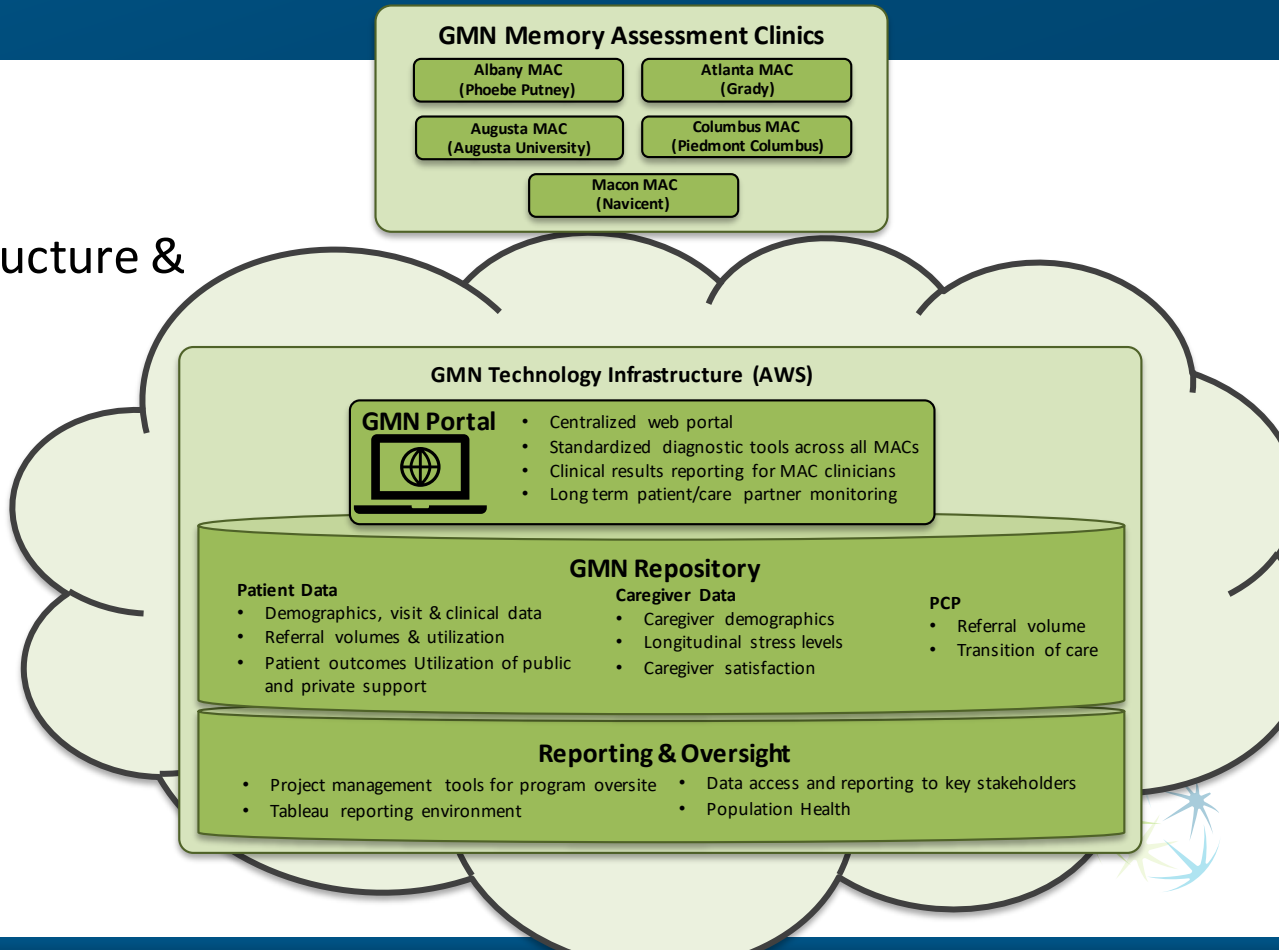
- (Re)identify Key Metrics per Program Growth, Budget Changes, DHS Needs
- Detailed Capture of Virtual vs. In-Person Visits
- Work Plan Embedded in SmartSheets Management Tool



GMN Portal: Release 2.0 (Current available release)

Key components:

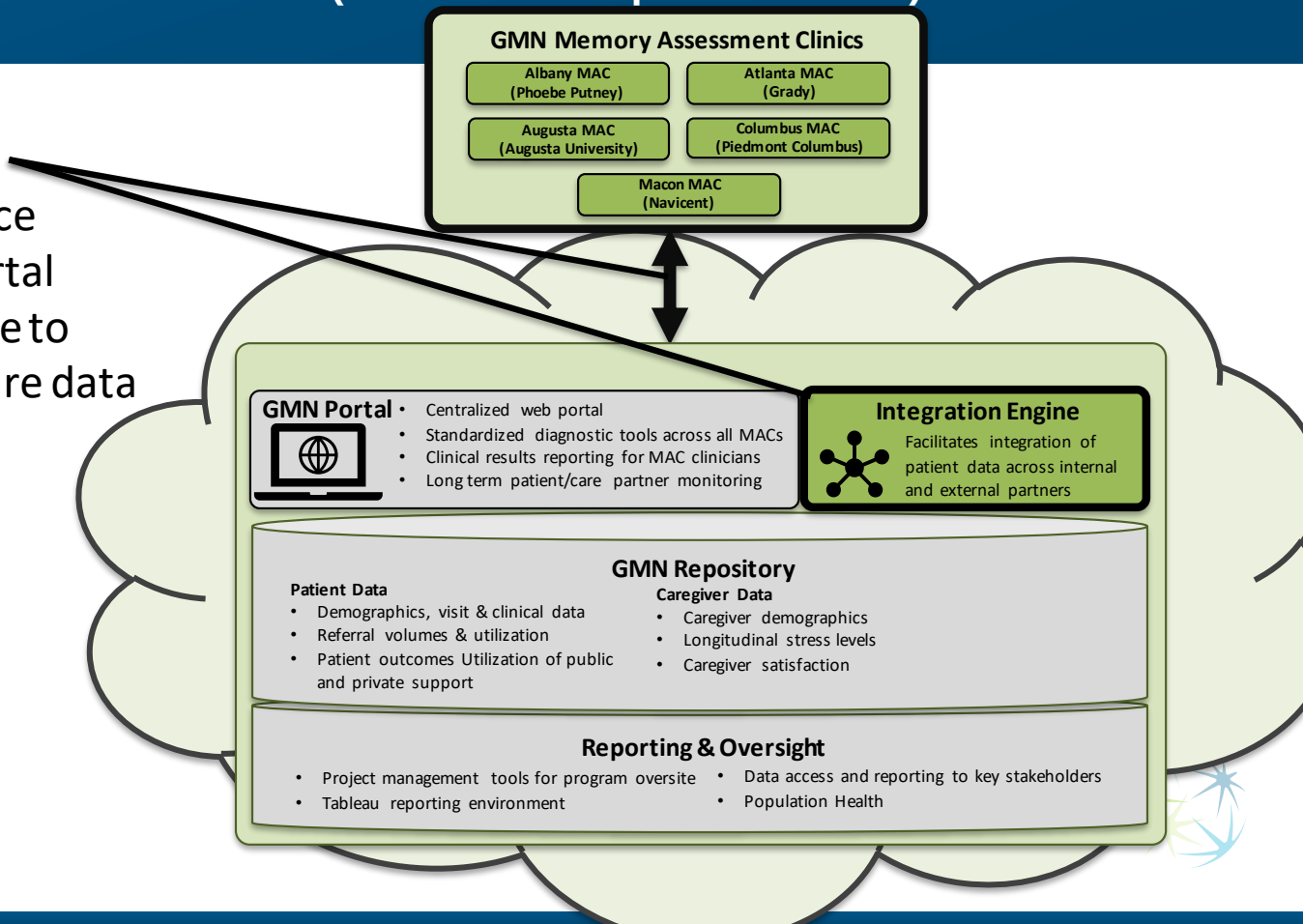
- Established AWS infrastructure & GMN foundation
- Diagnostics tools for CSEs and psych techs
- Provider facing reports
- Centralized metrics reporting and monitoring



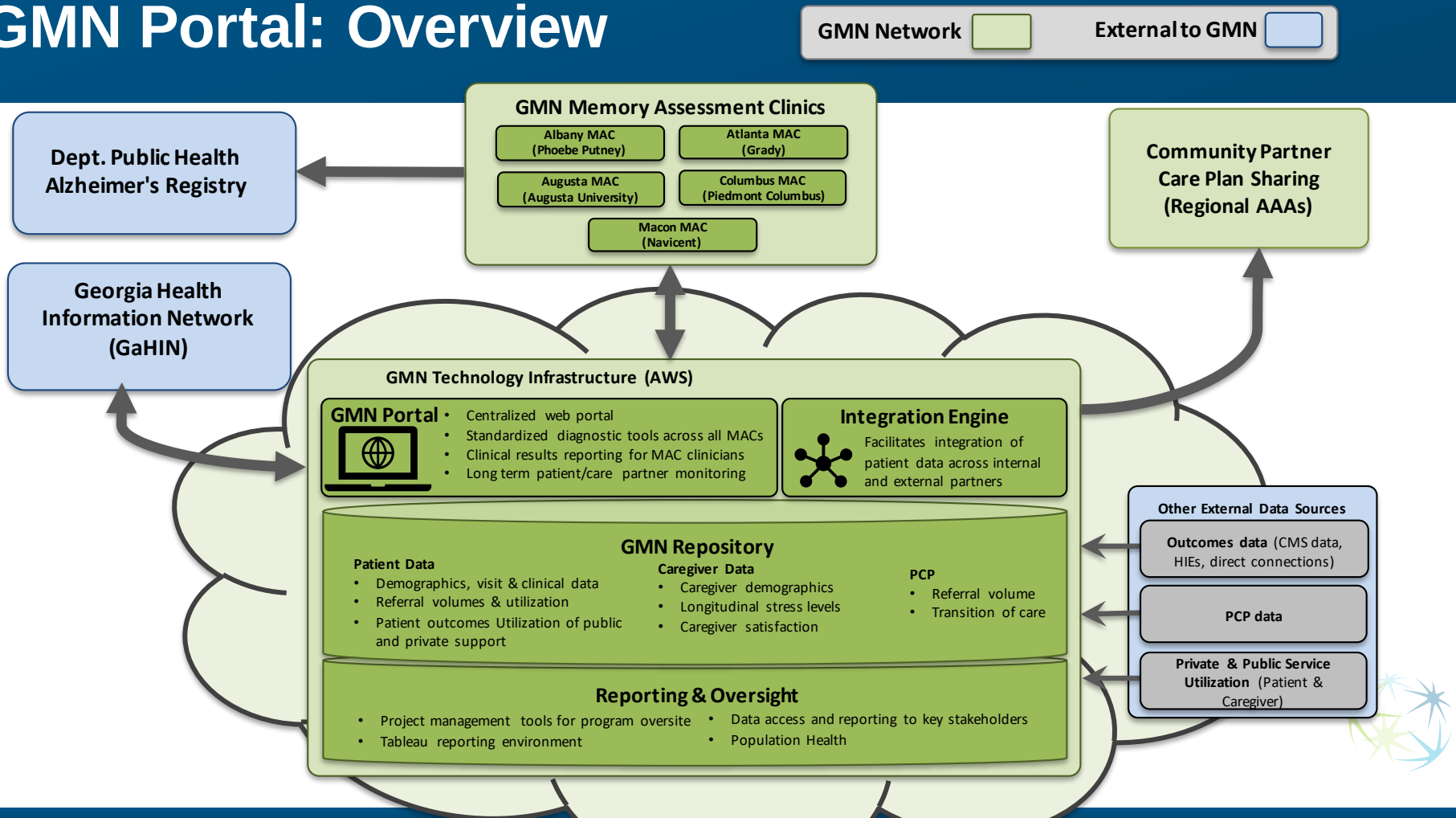
GMN Portal: Release 3.0 (Current development release)

Key components:

- Implementing an interface engine into the GMN Portal Technology Infrastructure to support current and future data integration needs
- Initial interfaces include HL7 ADT & scheduling from each MAC; GMN Portal reports back to MACs



GMN Portal: Overview



GMN Data: GA DPH Alzheimer's Registry

GMN has facilitated build out of IT interface between MAC electronic medical records to ADRD Registry

Records will automatically be shared via secure server from local Electronic Medical Record to Registry (rather than Doctors manually inputting each individual patient data)

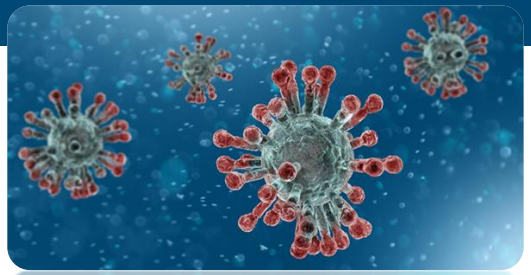
Albany, Atlanta, Augusta, Emory Live

Columbus, Macon Go-Live anticipated 2nd Quarter of SFY21

~3700% increase over baseline/pre-GMN

GMN TECHNOLOGY: COVID PIVOTS & INTRODUCTION OF TELEMEDICINE

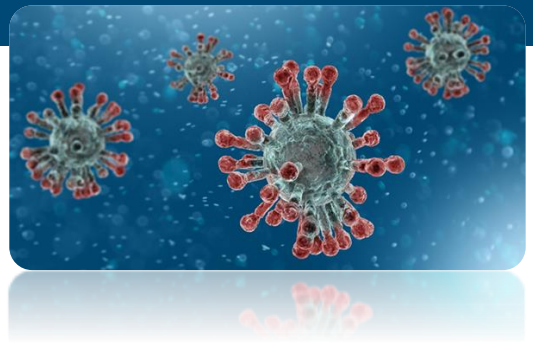
GMN: COVID Pivots



- Major Impacts of COVID:
  - Clinic function & patient volume/safety
  - Hiring freezes at Emory and MAC healthcare sites
  - Redeployment of MAC staff to other hospital units to support COVID response
  - Budgetary impact: GMN prepared for SFY21 massive cut

- Initial Response:
  - Pause activity to extent possible
  - MAC Needs Assessment to teams 4/19/20
  - Shared lessons learned Emory Brain Health Center
  - Developed templates for standard work
  - Initial training manuals (e.g. conducting virtual testing visits)
  - Early outreach materials for PCPs & Patients

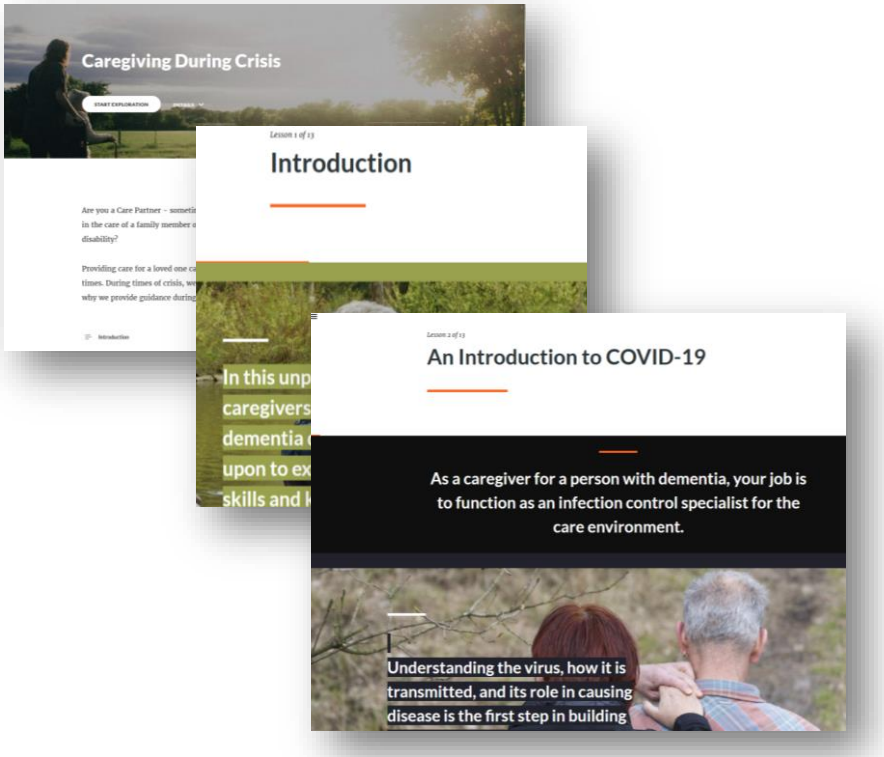
GMN: COVID Pivots



- Workflow, Data, Technology Impact:
  - NIH Toolbox Testing not viable in telemedicine environment
  - CSE visits / timing with testing and provider visits
  - Metrics capture – virtual vs. in person
  - Patient access to technology / internet

- Ongoing Response:
  - Reconfigure Neuropsych Testing battery – harmonization across Emory Brain Health Center & Cognitive programs
  - SmartSheets Data Capture/Dashboards updates – include Virtual vs. in person visits
  - GMN Portal design reconfigurations for Neuropsych testing, visit capture
  - Iterative process for workflow & standard work

COVID Impact: Enhanced Care Partner Support



Lesson 4 of 13

Risk Management and Crisis Planning

As a caregiver, you are in the process of developing a sense of competence about living and being the responsible party in a world of threat and ambiguity. This is often an uncomfortable process because you are being asked to bear so much responsibility and so much uncertainty at the same time.

Yet, your job is to act as a risk manager, which means making informed choices about protecting your person from threats. At the same time, you need to accept that there are some worst case scenarios that you may not want to consider, but that must be planned for as part of your responsibility as the caregiver.

This section is intended to help you to recognize your function as a risk manager and disaster planner and to help you feel confident in your role.

COVID Impact: Telehealth Changing Landscape

- Use of virtual visits has increased 53% from pre-pandemic levels (nationally)
- Interest in virtual visits has increased across demographics and health services
- Adults over 56 prefer a virtual visit to driving more than an hour for a second opinion

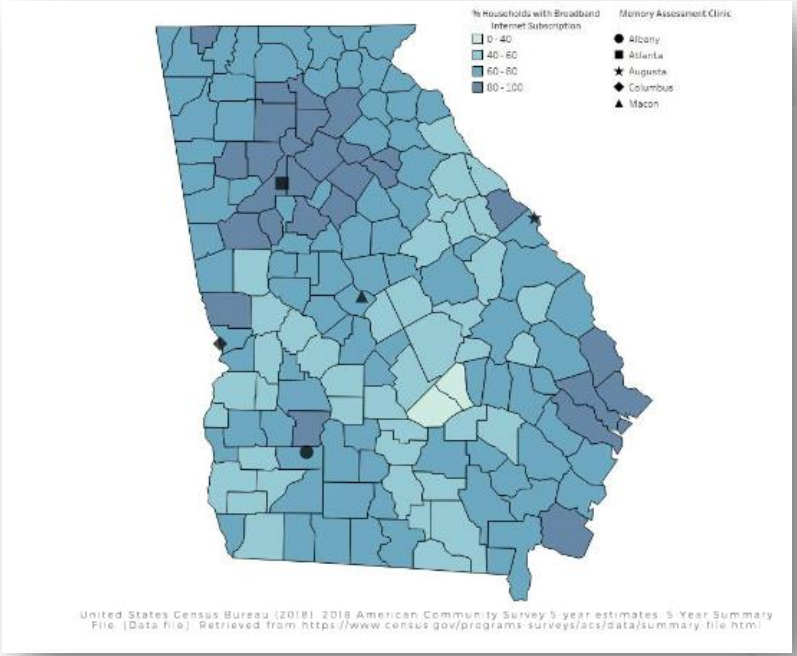
Source: Advisory Board *How Covid-19 Has Changed Consumer Virtual Visit Utilization and Preferences*

COVID Impact: Telehealth Access

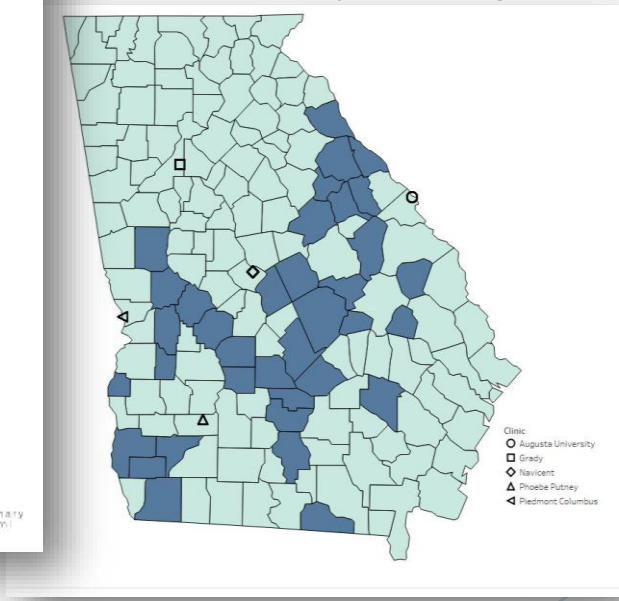
Access Barriers - 159 Counties:

- 35% federally designated full or partial primary care Health Professional Shortage Areas (or HPSAs).
- Of those, 73% are designated as high-need

Percentage Households with Broadband Internet Subscription



Broadband Coverage <60% & Over 15% Population Aged 65+



COVID Impact: Telehealth Partnerships

- Division of Aging Services: CARES Act Funds
  - 25 iPads
  - AAA/ADRC Network for targeted pilots – mobile iPads

- Department of Public Health
  - Telemedicine offices in all counties
  - Data-driven approach: iPad site selection, leverage existing DPH resources

GMN Telehealth Implementation

Goal: To implement telehealth processes across Georgia Memory Net that reduce pandemic exposure, *expand access, and eliminate barriers*

Memory Assessment Clinics

- Partner with MACs to realize telehealth strategy
- Provide platforms and telehealth guidance
- Leverage Emory best practices

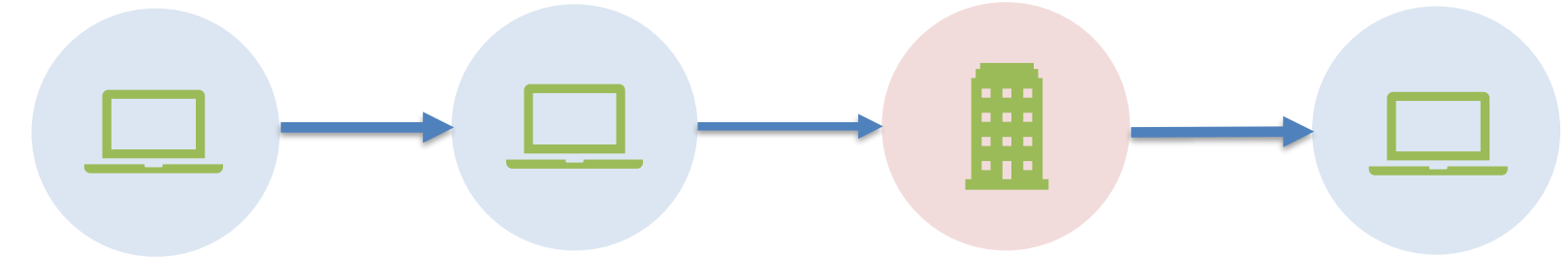
Primary Care Partners

- Leverage PCP Advisory Board to determine specific needs
- Educate PCPs on GMN flow and telehealth Annual Wellness Visits & Cognitive/Memory screening

Patient Population

- Partner with DPH on iPad rollout & supporting resources
- Develop decision trees and patient experience journey
- Identify patients most likely to benefit
- Market telehealth AWVs

GMN Fully Implemented Telehealth Process



Leverage technology resources to assist patients throughout

GMN Telehealth: Barriers, Anticipations

Barriers - in addition to known factors of access…

- Provider & Clinic Level:
  - Provider hesitation
  - Health system technology /EMR resources
  - Training needed
- Patient Level
  - Hesitation / preference for in-person if “doors are open”
  - Communication: Difficulty hearing, language barriers
  - Care Partner unavailable to assist
- Other General
  - Imaging / labs

GMN Telehealth: Barriers, Anticipations

Anticipated Issues & Mitigation Efforts

- Provider & Clinic Level:
  - Ongoing & Increased virtual shadowing opportunities
  - Leverage Portal; GMN Zoom license for MACs available
  - Technology hardware purchases approved in FY21 MAC budgets
  - Engagement with healthcare systems' IT/EMR teams
- Patient Level
  - Outreach & education campaigns
  - Audio enhancements purchased; exploring translation services
  - Increased & enhanced support from local MAC & Central GMN teams (incl. support from Emory Brain Health Center)

GMN Telehealth: Steps to Achieve Full Process

- Implement full telehealth workflow at MACs
- Once ready, utilize telehealth for existing MAC referrals
- Begin working with referring PCPs, both existing and new, on telehealth education
- Identify new patient populations in need of technology resources

ADDITIONAL QUESTIONS?

GAmemorynet.org

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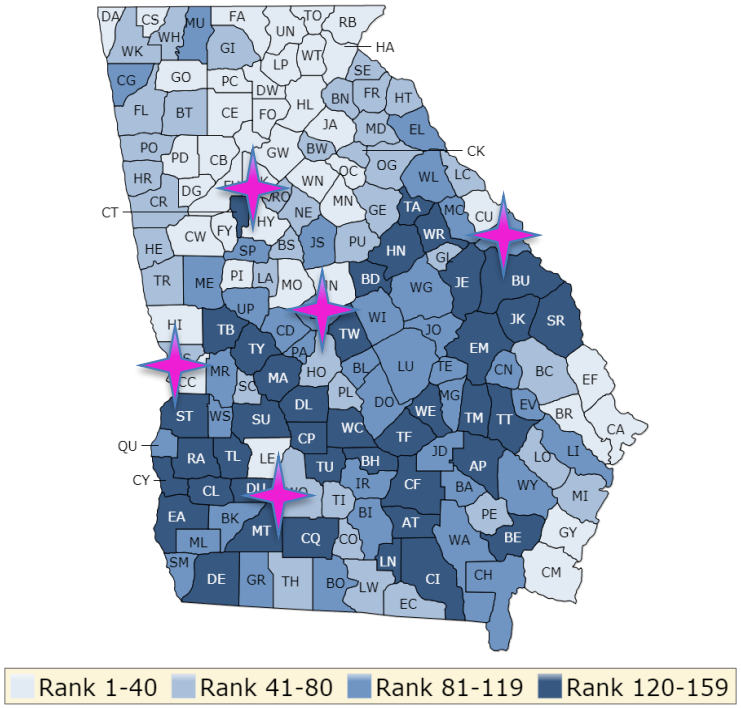
GA MEMORY NET

2020 HCBS Annual Conference

Data & Technology for Dementia Care Improvement

Appendix

Impact: MAC Placement



GA_HPSA_2017 map

United Health Foundation, America's Health Rankings. 2019.

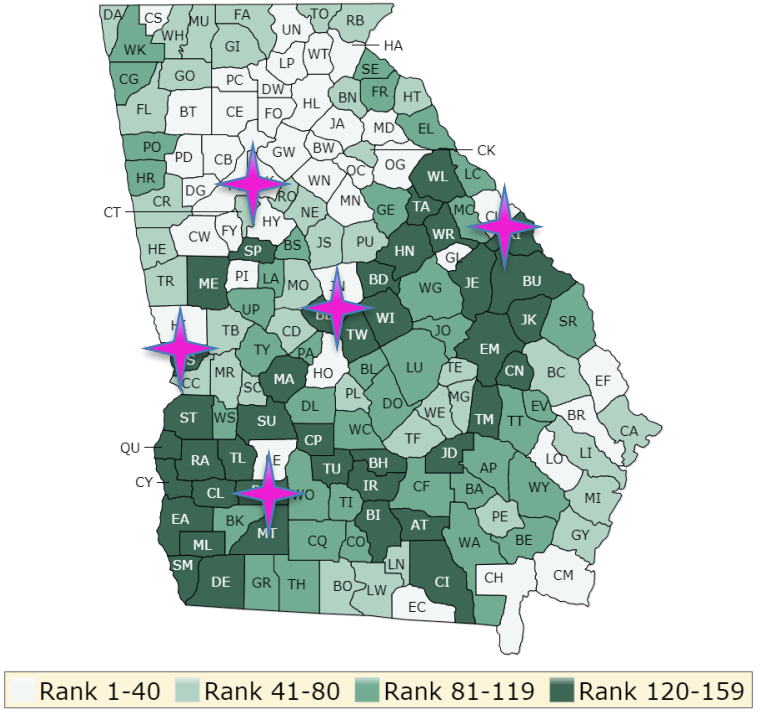
Healthcare Professional Shortage Areas

35% GA counties federally designated full or partial primary care Health Professional Shortage Areas (or HPSAs).

Of those, 73% are designated as high-need

56% GA counties designated as primary care low-income population HPSAs with shortages of primary care providers serving low-income residents

Impact: MAC Placement



County Health Rankings

Health factors include: health behaviors, access to care, quality of care, social and economic factors (education, employment, income), and the physical environment (housing & transit)

Map at left: less color intensity indicates better performance

Source: 2019 County Health Rankings and Roadmaps
https://www.countyhealthrankings.org/reports/state-reports/2019-georgia-report

OREGON'S RESIDENTIAL CARE QUALITY MEASUREMENT PROGRAM

Ann McQueen, PhD, Community Services & Supports Manager
Oregon Department of Human Services

Sara Kofman, Public Policy Director
Alzheimer's Association

AGENDA

In our time today…

- An overview of Oregon's Residential Care Quality Measurement Program
- How the Program works and why it matters
- Implications of COVID-19 on the Program

alzheimer's association

DHS | Oregon Department of Human Services
AGING & PEOPLE WITH DISABILITIES

PURPLE RIBBON POLICY RECOMMENDATIONS

The Purple Ribbon Commission

Advancing quality dementia care in Oregon

Quality Metrics to Track and Measure Success

We believe there are limited indicators to illustrate a holistic representation of quality dementia care. Data and quality metrics demonstrate success in dementia care, and quality care is driven through key indicators.

Acuity-Based Staffing Models and Workforce Development

We recognize there are workforce challenges in dementia care. We encourage participation in the profession by dementia capable Oregonians.

Caregiver Training and Competency

We know that having an adequate number of dementia capable, competently trained caregivers is critical to providing high quality care to those with dementia.

Family and Consumer Supports and Programs

We support programs that will enable those affected by dementia and their loved ones to receive the best information and resources regarding this disease.

alzheimer's association

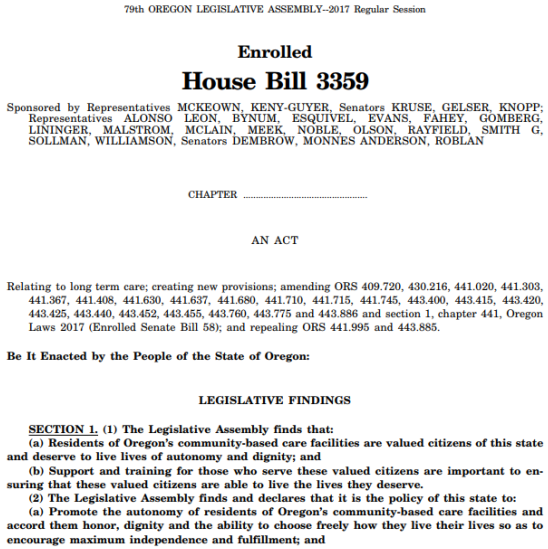
DHS | Oregon Department of Human Services
AGING & PEOPLE WITH DISABILITIES

ORS 410.010 – State policy for seniors and people with disabilities

The Legislative Assembly finds and declares that, in keeping with the traditional concept of the inherent dignity of the individual in our democratic society, the older citizens of this state are entitled to enjoy their later years in **health, honor and dignity,** and citizens with disabilities are entitled to live **lives of maximum freedom and independence**.

- Balancing safety and independence
- Enforcement of policies and rules
- Transparent communication with consumers and facilities

House Bill 3359 – RECOMMENDATIONS



79th OREGON LEGISLATIVE ASSEMBLY--2017 Regular Session

Enrolled

House Bill 3359

Sponsored by Representatives MCKEOWN, KENY-GUYER, Senators KRUSE, GELSER, KNOPP; Representatives ALONSO LEON, BYNUM, ESQUIVEL, EVANS, FAHEY, GOMBERG, LININGER, MALSTROM, MCLAIN, MEEK, NOBLE, OLSON, RAYFIELD, SMITH G, SOLLMAN, WILLIAMSON, Senators DEMBROW, MONNES ANDERSON, ROBLAN

CHAPTER .....

AN ACT

Relating to long term care; creating new provisions; amending ORS 409.720, 430.216, 441.020, 441.303, 441.367, 441.408, 441.630, 441.637, 441.680, 441.710, 441.715, 441.745, 443.400, 443.415, 443.420, 443.425, 443.440, 443.452, 443.455, 443.760, 443.775 and 443.886 and section 1, chapter 441, Oregon Laws 2017 (Enrolled Senate Bill 58); and repealing ORS 441.995 and 443.885.

Be It Enacted by the People of the State of Oregon:

LEGISLATIVE FINDINGS

SECTION 1. (1) The Legislative Assembly finds that:

(a) Residents of Oregon's community-based care facilities are valued citizens of this state and deserve to live lives of autonomy and dignity; and

(b) Support and training for those who serve these valued citizens are important to ensuring that these valued citizens are able to live the lives they deserve.

(2) The Legislative Assembly finds and declares that it is the policy of this state to:

(a) Promote the autonomy of residents of Oregon's community-based care facilities and accord them honor, dignity and the ability to choose freely how they live their lives so as to encourage maximum independence and fulfillment; and

In 2017, the Oregon Legislature passed HB 3359 that included several Purple Ribbon Commission recommendations, including:

A uniform **Residential Care Quality Measurement Program** be developed to measure and compare performance of residential care facility (RCF) and assisted living facility (ALF) across the state of Oregon.

- A governor-appointed **Quality Measurement Council** is tasked with developing metrics to measure the quality of care provided by facilities.
- The Council is responsible for ensuring the program won't be burdensome to facilities.
- The law mandates that each RCF and ALF annually submit quality metrics data to the department.

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THE QUALITY MEASUREMENT COUNCIL

- Council Representatives:
  - Oregon Patient Safety Commission
  - Residential Care Facility
  - Alzheimer's Association
  - Geriatrician/Provider
  - Oregon State University Gerontology Faculty
  - Portland State University Gerontology Faculty
  - Long Term Care Ombudsman
  - Oregon Department of Human Services
- Met monthly for 1 ½+ years

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DEVELOPING MEASURES: A WORTHWHILE STRUGGLE

The first year of data collection/reporting started in 2020. Residential care and assisted living facilities will be required to report the following metrics (as defined in HB 3359):

1. Retention of direct care staff
2. Compliance with staff training requirements
3. Number of resident falls that result in injury
4. Incidence of use of antipsychotic medications for non-standard purposes
5. Results of annual resident satisfaction survey conducted by an independent entity

METRIC 1: RETENTION OF DIRECT CARE STAFF

WHY: Experienced staff provide better care for residents

TIMING: Track from January 1, 2020 to December 31, 2020

WHAT TO TRACK:

- Total number of direct care staff employed by facility for one calendar year or longer
- Total number of direct care staff employed at end of calendar year (count on December 31, 2020)

METRIC #2: COMPLIANCE WITH STAFF TRAINING

WHY: Trained staff provide better care and have higher job satisfaction

TIMING: Track January 1, 2020 to December 31, 2020

HOW: Track the training of every employee

1. Determine if each employee is “direct care” or “non-direct care” staff
2. Determine which staff have been employed less than one year

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METRIC #3: FALLS WITH INJURY

WHY: Learn about causes and prevent as many serious falls as possible

WHEN: Track January 1, 2020 through December 31, 2020

WHAT TO TRACK EACH MONTH:

1. Total **number of residents** living in the facility on the last day of the month.
2. Total **number of falls with injury** during the month.
3. Number of **residents with at least one fall with injury** during the month.
4. Number of **residents who fell more than once** during the month.

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METRIC #4: NON-STANDARD USE OF ANTIPSYCHOTICS

WHY:

Concern that antipsychotic medications are being overused in facilities to calm undesirable behavioral and psychological symptoms of residents with dementia.

GOALS:

- Increase awareness
- Ensure person-centered assessments are used
- Encourage non-pharmacological treatments before and with antipsychotics.

METRIC #5: RESIDENT SATISFACTION

METRIC:

Results of annual resident satisfaction survey conducted by an independent entity.

IMPORTANT TO REMEMBER:

- Independent entity must conduct survey
- Four required CoreQ questions
- Survey must be completed during 2020 with data entered no later than January 31, 2021

METRIC #5: RESIDENT SATISFACTION (CONT.)

COREQ REQUIRED QUESTIONS:

All CoreQ Measures use the same 5-point Likert Scale:

Poor (1), Average (2), Good (3), Very Good (4), Excellent (5)

1. In recommending this facility to your friends and family, how would you rate it overall?
2. Overall, how would you rate the staff?
3. How would you rate the care you receive?
4. Overall, how would you rate the food?

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THE IMPACT OF COVID-19

- Measurement expectations
  - Facilities responding to COVID-19
  - ODHS staff responding to COVID-19
- Changes to Accommodate COVID-19
  - Yes/no questions
  - No resident satisfaction survey for 2020
- Communication with Vendors
- Quality Measurement Council Meetings postponed

THE ANNUAL QUALITY MEASUREMENT REPORT

The Oregon Department of Human Services will post the first quality metrics report by July 1, 2021** and it will:

- Illustrate statewide patterns and trends based on the reported data.
- Allow providers and consumers to compare performance of the five quality measures.
- Identify the number, scope and severity of regulatory violations & abuse investigations.
- Data challenges – work in progress.

How do we truly measure quality?

- How do consumers get meaningful info about Community Based Care?
- What can providers learn from their data and that of others to drive quality?
- How can regulators better evaluate provider performance?

QUESTIONS…

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