BRAIN HEALTH INTEGRATION INTO HEALTH CENTER SERVICES

Webinar 3: Health Center Partnerships & Community Linkages to Care for Patients with/at-risk for Dementia

Wednesday, May 31st 1-2pm ET
During today’s session:

• **Questions:** Throughout the webinar, type your questions in the chat feature. Be sure to select “Everyone”! There will be Q&A and discussion at the end.

• **Resources:** If you have a tool or resource to share, let us know in the chat!
THE NACHC MISSION

**America’s Voice for Community Health Care**

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.
NACHC Quality Center

Cheryl Modica
Director, Quality Center

Cassie Lindholm
Deputy Director, Quality Center

Holly Nicholson
Manager, Instructional Design & Learning

LeeAnn White
Manager, Transformation
This 3-part webinar series is focused on the important role health centers play in dementia – early detection, reducing risk factors, care management, and effective partnerships.

Each webinar will offer health center-oriented action steps, and will feature subject matter experts in brain health, reimbursement, care management, and more!

**Wednesday, May 3rd 1-2pm ET**
Early Detection of Dementia & Reducing Risk Factors

**Wednesday, May 17th 1-2pm ET**
Care Management for Patients with/at-risk for Dementia & Leveraging Reimbursement Opportunities

**Wednesday, May 31st 1-2pm ET**
Health Center Partnerships & Community Linkages to Care for Patients with/at-risk for Dementia
Brain Health Webinar Series

Missed webinars 1 and 2? No problem!

Webinar 1
Access the slides and recording to hear a panel of experts from the Alzheimer's Association, the BOLD Center for Early Detection, and the University of Washington discuss:

- Why it is critical for health center care teams and providers to focus on dementia
- What can be done to identify and reduce risk factors
- How health centers and primary care providers can provide early detection

Webinar 2
Access the slides and recording to hear a panel of experts from NACHC provide information on prioritizing the aging population, leveraging health center workflows – including Annual Wellness Visits, Advance Care Planning, and Chronic Care Management – to support Dementia early detection and reducing risk factors, and the connection between Hypertension and brain health.
Agenda: Partnerships & Community Linkages

Health Center Journey: Dementia Early Detection & Risk Reduction
Cheryl Modica, PhD, MPH, BSN | NACHC

Partnerships & Community Linkages
Jeffrey Sumpter | Piedmont Health
Dr. Sharon Reilly, MD | Piedmont Health
Mary Ann O’Meara, MPH | International Association for Indigenous Aging
Jessica Lloyd, MSW | Alzheimer’s Association

Discussion/Q&A
Health Center Journey: *Dementia Early Detection & Risk Reduction*

**WHAT?**
- Grow Care Team Members’ clinical understanding of Dementia, including connection with other chronic conditions.
- Build awareness of Dementia prevalence and Dementia risk factors that may affect your patient population.

**WHY?**
- Increasing segment of aging population.
- Early detection and reducing risk factors leads to improved patient health outcomes and health equity.
- Responsibility for care often falls to the PCP and care team.
- Opportunity for additional Medicare reimbursement.
- Support improved performance in Medicare Shared Savings Programs.

**HOW?**
- Include early detection and risk reduction steps in current workflows for AWVs, ACP, CCM.
- Develop a systems approach to the management of chronic conditions.
- Enhance and expand partnerships and community linkages to support early detection and risk reduction.
The Value Transformation Framework (VTF) is an organizing framework to guide health center systems change:

- **Supports change** in many parts of the health center simultaneously
- **Organizes and distills evidence-based interventions** for discrete parts of the systems called ‘Change Areas’
- **Incorporates evidence, knowledge, tools and resources** relevant for action within different parts of the system, or Change Areas
- **Links health center performance to the Quintuple Aim**

Driving Health Center Value Transformation

Initiatives and learning opportunities are...

Grounded in the Value Transformation Framework

Operationalized through the Elevate National Learning Forum

Offered as:
- **Core Sessions** focused on the 15 Change Areas
- **Supplemental Sessions** for a deep-dive on a specific topic
- **Learning Tracks** targeted for staff soles
- **Pilot Projects** testing innovative solutions

Achieving Quintuple Aim Goals

- Improved health outcomes
- Improved patient experience
- Improved staff experience
- Reduced cost
- Equity
Featured Speakers

Jeffrey Sumpter
SeniorCare Executive Director
Piedmont Health

Dr. Sharon Reilly, MD
PACE Medical Director
Piedmont Health
Piedmont Health SeniorCare

Program All-Inclusive Care for the Elderly (PACE)

Dr. Sharon Reilly, Medical Director
Jeff Sumpter, Executive Director
Program of All-Inclusive Care for the Elderly (PACE)

Piedmont Health Services, Inc

- We are a private, non-profit health center serving our community since 1970.

- Prospect Hill CHC, Piedmont’s first community health center, was also the first Federally qualified community health center in North Carolina.

- We have 10 Community Health Centers, serving patients who reside in 15 counties.

- Piedmont Health Services opened a PACE program, Piedmont Health SeniorCare, in December 2008 with a center in Burlington, NC, and added another PACE center in January 2014 in Pittsboro, NC. Our PACE program serves participants in 5 NC counties.

1. Burlington
2. Carrboro
3. Chapel Hill
4. Charles Drew
5. IFC (homeless site)
6. Moncure
7. Prospect Hill
8. Scott
9. Siler City
10. Sylvan (school)
11. PHSC - Burlington
12. PHSC – Pittsboro
Program of All-Inclusive Care for the Elderly (PACE)

The goal of PACE is to help our participants live as independently as possible for as long as possible. An innovative model of comprehensive and fully integrated care and financing. “PACE programs are an innovative alternative to nursing homes. The common sense approach that the PACE team uses to provide medical care and coordinate support services helps keep people in their homes so they can be near friends and family. It is the hands on approach based on individualized patient attention that makes PACE unique from every other long term care option.” National PACE Association

Criteria for Enrollment
• 55 years of age or older
• Reside in service area
• Certified as needing nursing home level of care (by provider and Medicaid)
• Able to live safely in the community with PACE services at the time of enrollment.
Program of All-Inclusive Care for the Elderly (PACE)

Existing care models could not serve the older Asian and Pacific Islander American community well in their Chinatown North Beach neighborhood homes.

In 1971, the first PACE program opened - On Lok in San Francisco.

Today, there are 150 PACE organizations located in rural areas, inner cities, and the Cherokee Nation Reservation.

These programs empower a diverse range of older adults and those living with disabilities to remain independent for as long as possible while living in their homes and communities.
Program of All-Inclusive Care for the Elderly (PACE)

PACE: A fully integrated, comprehensive model of care.

Care and Services
- Primary care
- Nursing care
- Care Management
- Physical Therapy
- Occupational Therapy
- Adult Day Health Education
- Medication compliance
- Specialty care
- Transplant
- Home health
- Personal care
- Prescription drugs
- Audiology
- Dentistry
- Optometry
- Podiatry
- Speech therapy
- Respite care

- Anesthesiology
- Audiology
- Behavioral Health Services/Mental Health and Substance Abuse Services including Community Psychiatric Rehabilitation Services
- Cardiology
- Dermatology
- Gastroenterology
- Gynecology
- Internal Medicine
- Nephrology
- Neurosurgery
- Durable medical equipment
- Dialysis
- Hospitalization
- Transportation
- Nutritional
Program of All-Inclusive Care for the Elderly (PACE)

PACE Financing: Capitated

- PACE combines capitated financing from Medicare and Medicaid to flexibly meet each participant’s unique care needs.
- Medicare capitation rates are adjusted for the diagnostic and demographic characteristic of each participant.
- Medicaid capitated payments are calculated to be less than what the state would otherwise pay for PACE participants outside of PACE.

Source: NPA FY2020 PMPM Benchmarking Report
Program of All-Inclusive Care for the Elderly (PACE)
Piedmont Health Services
Community Health Center
Interdisciplinary Team Model
Featured Speakers

**Molita Yazzie, M.Sc., M.H.S. (Dine')**  
Director of Tribal Dementia and Alzheimer's Disease Projects  
International Association for Indigenous Aging  
Molita Yazzie is Dine' from the Western Agency on the Navajo Reservation. She currently serves as the Director of Tribal Dementia and Alzheimer's Disease Projects at International Association for Indigenous Aging (AI²). In this capacity, she is responsible for managing the Alzheimer’s disease and related dementias (ADRD) projects, and serves as the Principal Investigator (PI) for the American Indian and Alaska Native Resource Center for Brain Health funded by the Centers for Disease Control and Prevention (CDC).

**Mary Ann O'Meara, MPH**  
Public Health Programs and Communications Associate  
International Association for Indigenous Aging  
Mary Ann, Public Health Programs and Communications Associate, has received a Bachelor of Science in Community Health Education from Central Michigan University. After completing a Bachelor’s degree, Mary Ann completed a Master’s in Public Health at the University of Michigan. In her current role, she works closely with the CDC Healthy Brain Project, the Dementia Friends for American Indian and Alaska Native communities, and the Department of Justice Dementia Wandering Project.

**Breana Dorame (Gabrielino – Tongva)**  
Tribal Public Health and Aging Associate  
International Association for Indigenous Aging  
Breana, Tribal Public Health and Aging Associate, is a Southern California Native of the Gabrielino-Tongva Tribe who now resides in Central Oregon. She attended the University of California, Santa Barbara, majoring in EEMB Zoological Sciences, B.S., and minoring in both American Indian and Indigenous Studies and the Gevirtz Science and Mathematics Education minor. In her current role, Breana works closely with the CDC Healthy Brain Project, Dementia Friends for American Indian and Alaska Native communities, and the Department of Justice Dementia Wandering Project.
Initiatives & Resources

Molita Yazzie M.Sc., M.H.S. (Dine’)
Director of Tribal Dementia and Alzheimer’s Disease Projects

Breana Dorame (Gabrielino – Tongva)
Tribal Public Health and Aging Associate

Mary Ann O’Meara MPH
Public Health Programs and Communications Associate
Who We Are

Bill Benson
President, IA²

Dave Baldridge
(Cherokee)
Executive Director, IA²

Molita Yazzie, MSc.
(Dine’)
Project Director, IA²
National Healthy Brain Initiative (NHBI)

Identify and feature locally-tailored, culturally relevant activities to address Native disparities in the burden of ADRD.

• Address two strategies and eight action items form the Road Map for Indian Country
  • Multidisciplinary public health approach

• Deliverables include the development of resources
IA²'s Content Creation Process

- Our products are DESIGNED BY and DESIGNED FOR American Indian and Alaska Native nations

- Development Process
  - Listening Sessions
  - Talking Circles
  - Community Surveys

- Targeted Community Input From
  - National Advisory Board
  - Elders
  - Title VI
Healthy Heart, Healthy Brain

• These fliers are a quick reference for AI/AN community members to learn about the interconnectivity of heart and brain health

• What’s new:
  • Inclusion of recent statistics
  • Plain language edits
  • Updated designs, with several to choose from

• Useful information for multimedia use

• Printing stipend available
10 Signs of Thinking or Memory Changes that Might Be Dementia

- These fliers are a quick reference for AI/AN community members to learn early warning signs of dementia
- Convenient handout for
  - Health fairs
  - Doctor’s office
  - Urban Indian center
- Target’s audience through multiple design options
- Printing stipend available
Healthy Food, Healthy Brain

• These rack cards are a quick reference for AI/AN community members to learn about the interconnectivity of eating healthy and brain health

• Practical nutritional advice

• Culturally relevant recipes

• Printing stipend available
Policy Report: ADRD for Native Communities

• This brief examines how federal and tribal law and state policy actions currently address these issues.

• May be a helpful resource for public health professionals or policymakers.

• This resource could be used to inform the update of
  • U.S. states’ Alzheimer plans
  • National ADRD plans
American Indian, Alaska Native, & Culturally Inclusive Language in ADRD State Plans

- This guide is a resource to aid in Alzheimer’s disease and related dementias (ADRD) policy and planning for American Indian and Alaska Native (AI/AN) tribal communities and their leaders, and state and local public health entities.
Sample Tribal Resolution Addressing ADRD

• Created to address Alzheimer’s disease and related dementias (ADRD) in tribal communities.

• 4 Documents Included within the package

• The language of the resolution can and should reflect tribal governments’ preferred words and identification of their people.

• We encourage the tribal governing body to modify the sample resolution to tailor it for their community.
Dementia Risk Reduction Graphic

- This Infographic can be downloaded as a standalone document on our website or can be used as part of the Dementia Friends for American Indian and Alaska Native Communities workbook

- Adapted from The Lancet's Risk Factors for dementia

- Creation process included talking circles

- Printing stipend available
Dementia Friends for American Indian & Alaska Native Communities

• Revised, adapted, and piloted Dementia Friends USA for use with AI/AN communities.

• IA² is the National Dementia Friends Sub-licensee for American Indian and Alaska Native Tribal Communities
  • Hosts training sessions for certification in Dementia Friends Champions
Coming Soon! Social Media Toolkit

• Social Media Toolkit Culturally Tailored to American Indian and Alaska Native Communities
Thank You for Attending!

Download practical resources to support aging initiatives

Learn about cutting-edge efforts to improve aging care for American Indian & Native American communities

Subscribe to IA² e-mail, blog and social media updates to learn about new programs and resources
Featured Speaker

Jessica Lloyd, MSW
Training Specialist
Alzheimer’s Association

Jessica Lloyd is a Training Specialist for the 24/7 Helpline at the Alzheimer’s Association. Jessica has worked at the Association for over 5 years and worked as a Care Consultant prior to her training role. She has a Master’s in Social Work with a background of working with older adults.
24/7 Helpline
More than 6 million Americans are living with Alzheimer's.
How We Can Help

24/7 Helpline
Our 24/7 Helpline (800.272.3900) is available around the clock. This is a free service available 365 days a year.

Free Education
Find dementia and aging-related resources that connect individuals facing dementia with local programs and services at alz.org.

Alzheimer's Association & AARP Community Resource Finder
Get easy access to resources, community programs and services in your local community at communityresoucefinder.org.
24/7 Helpline

Specialists and master’s-level clinicians offer confidential support and information to people living with dementia, caregivers, families and the public.
What can the 24/7 Helpline do?

- Educate on the symptoms of Alzheimer’s and other dementias.
- Refer to local programs and services.
- Provide general information about legal, financial and care decisions, as well as treatment options.
- Master’s-level care consultants provide decision-making support, crisis assistance and education on issues families face every day.
- Offer help in different languages through our bilingual staff or interpreter service, which accommodates 200+ languages.
Topics for the Helpline

Our professional staff has the knowledge to address a variety of topics:

- Memory loss, dementia and Alzheimer’s disease.
- Medication and treatment options that may delay clinical decline or help temporarily address symptoms for some people.
- Safety issues.
- Tips for providing quality care.
- Strategies to deal with caregiving challenges and reduce caregiver stress.
- Recommendations for finding quality care providers.
- Legal and financial documents for future care.
- Aging and brain health.
- Referrals to local community programs and services.
How to connect with the Helpline

1. **Call us.** We are available around the clock, 365 days a year at 800.272.3900. Dial 711 to connect with a TRS operator.

2. **Chat with us.** Click the “Live Chat” green button from the Help and Support pages at alz.org to connect with a member of our Helpline staff. Live chat is available from 7 a.m. to 7 p.m. CT, daily.

3. **Online.** Use this form to let us know how we can help you.
The Alzheimer’s Association offers free online and in-person education programs for people living with the disease and their caregivers.

alz.org/education
ALZConnected®, powered by the Alzheimer’s Association, is a free online community for everyone affected by Alzheimer’s or other dementias. alzconnected.org
Referral to Area Agency on Aging

- In-home services
- Respite services
- Transportation
- Meals on Wheels
- Medicare/Medicaid
Locate an Area Agency on Aging

- Call the Administration on Aging's Eldercare Locator at (800.677.1116) or visit eldercare.acl.gov
- Visit the Community Resource Finder at communityresourcefinder.org
Q&A
Provide Us Feedback
FOR MORE INFORMATION OR TO REGISTER FOR ELEVATE FOR FREE:
qualitycenter@nachc.org

Cheryl Modica
Director, Quality Center
National Association of Community Health Centers
cmodica@nachc.org
301.310.2250

Thank you!