IADC OREC and CMS Innovation Grant

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Overview

• Aging Brain Care Medical Home
• CMS Innovation Award—Dissemination of ABC
• Work Force Development
  ➢ Recruitment and Selection
  ➢ Training
  ➢ Retention
ABC Medical Home

• Despite positive results from our clinic-based collaborative care programs, significant numbers of dementia patients do not come into geriatric clinics
  - Transportation issues
  - Complex social situations
  - Fear of losing independence
  - Mistrust of providers

• Developed ABC Medical Home designed to deliver care to patients and caregivers in their homes and/or community settings
ABC Medical Home

• Pilot began in 2009
  ➢ Included NP and MD (MSW added in year 2)
  ➢ Supported by eMR-ABC care coordination software
  ➢ Approximately 200 patients enrolled from one community health center within Eskenazi Health
ABC Dissemination: CMSI Award 2012-2015

Services expanded to:
• County-wide system of community health centers affiliated with Eskenazi Health; and
• IU Health Arnett system in Lafayette, IN

Scaling up to 2000 Medicare/Medicaid beneficiaries with dementia or late life depression, many of whom are dual-eligible
Triple Aims

Success will be measured by triple aims:

- Better health
- Better care
- Lower costs through improved quality

Dashboard created in eMR-ABC tracks these variables
Work Force Development

• Key component of expansion has been the rapid hiring, training and deployment of a new work force including a new type of care worker - the Care Coordinator Assistant (CCA).

• CCA serves as liaison between the patient and family caregiver in the home and the hospital-based care team.
STAFFING PLAN

NP — SW — RN

CCA — CCA — CCA
CCA — CCA — CCA

RN — SW — RN

CCA — CCA — CCA
CCA — CCA — CCA
Work Force Development

CCA Role

• CCA-I applicants have a high school diploma
• CCA-II applicants have 2-year associate’s degree
• Specifically modeled after studies and recommendations for “task shifting” -- tasks that require less training and expertise are provided by less expensive members of the care team
• Closely supervised
Care Coordinator Assistants

Responsibilities include:

• Enroll patient/caregiver in the program
• Conduct patient/caregiver biopsychosocial needs assessment
• Deliver specific care protocols
• Manage patient psychosocial care needs
• Monitor medication adherence
• Manage data entry in eMR-ABC

All under close supervision of RN and MSW CCs
Recruitment and Screening

• 349 candidates applied for the CCA positions

• Three step screening process:
  - resumes were reviewed by Eskenazi Health Human Resources to identify those who met the basic requirements
  - subset of candidates meeting these criteria were invited to participate in a phone interview
    - Initial phone screen with newly developed behavioral questions included along with traditional Eskenazi Health team and skills-focused questions
  - A subset of these candidates were invited to participate in a face to face interview
    - in-depth behavioral questions along with Eskenazi Health traditional skills and team-based questions
Multiple Mini Interview

Successful candidates were selected to participate in the Multiple Mini Interview (MMI)

- Used in the admissions process in a growing number of medical schools
- Changes interview process from “Tell me about what you can do” to “Show me what you can do.”
Total N Participated in MMI and Hired

• 62 screened candidates were invited to an MMI session
• 11 MMI sessions were conducted over 4 dates between July and November 2012
• 21 CCAs (20 FTEs) were hired and deployed
CCA Training

2+ week training included:

- Interactive sessions with imbedded didactic lectures, video sessions, role playing, reflective reading and writing, teambuilding…
- Clinical immersion – shadowing at HABC, home visits, eMR-ABC
- Three half days of simulation with trained standardized patients in Medical Education Simulation Center
Interactive Sessions

Didactic Lectures included:

- Understanding Aging and Alzheimer’s Disease
- What Does Dementia Look Like?
- Communication and Alzheimer’s Disease
- Common Challenges in Alzheimer’s Disease
- Coping with Psychiatric and Behavioral Symptoms in Dementia
- Families as Allies: Working with Patients and Families
- Coffee and Conversation: Clarifying End of Life Preferences
- The IMPACT Depression Care Program
Interactive Sessions

Video Sessions:

• HBO: *The Alzheimer’s Project*
  - *The Momentum Behind the Science*
  - *Memory Loss Tapes*
  - *Caregivers*

• The Family Guide to Alzheimer’s
  (Life View Resources: Leeza Gibbons hosts this series)
  - Volume 2: *Behavior Issues*
  - Volume 3: *Daily Life*
  - Volume 4: *Family Caregiving*

• *Iris*

• *The Notebook* (selected scenes)
Interactive Sessions

Role Playing:

- First home visit
- Developing rapport
- Conducting initial assessments
- Delivering protocols and handouts
- Listening and mirroring exercise
- Problem solving therapy
Clinical Immersion

• Shadowing at the Healthy Aging Brain Center (Eskenazi Health Memory Care clinic)
• Shadowing ABC staff during home visits
• Using the eMR-ABC care coordination software
Simulation Sessions

During each of the three half-day sessions:

• Each CCA conducted a “home visit” with two trained SPs (caregiver/patient dyad), while being videotaped

• Immediately following the session the standardized patients provided feedback on the interaction to the CCA
Simulation Sessions

• Watched the videotape of their encounter, completed self-assessment

• Participated in small group debrief on their experience, viewing several videotapes
  ➢ Identified areas of strength and improvement
    ▪ Communication skills, active listening, non-verbal behaviors

• Repeated encounter a 2nd time to improve their performance, delivery of service and level of comfort (videotaped)
Interactive Sessions

Reflective Reading and Writing Exercises

Team Building:

- Autobiography and introductions
- Professionalism, interdisciplinary care, and communication on a home visit
- Debrief sessions following shadowed home and clinic visits
- Team building exercise
- Team appreciation and gift exchange
Creating the Mobile Office

CCAs meet the patients where they are:

- At home
- In the community
- At HABC
- In primary care clinics
- In hospital
- In ER
CCA Mobile Office
IMPACT Training

• 1.5 days training on model including
  ➢ Behavioral Activation
  ➢ Relapse Prevention

• .5 day training on Problem Solving Therapy
Ongoing Staff Development and Support

- IADC Memory University – annual series of 3 - 4 lectures held weekly in June.
- IADC Scientific Symposium
- IADC Martin Family Caregiver Symposium
- Booster training in dementia and depression
- Palliative care training
- Monthly brown bag lunches to decompress and share issues, challenging cases, etc.
- Regular team meetings
- Alzheimer’s Association Greater Indiana Chapter
Staff Retention

4 CCAs left the program

- 1 accepted another position within Eskenazi Hospital
- 1 moved out of state
- 2 were promoted to new positions within Eskenazi Health

2 NPs left last fall and were replaced with RNs

- Factors in this decision
  - Shortage of NPs in Indianapolis
  - Higher level NP skills not needed given collaborative relationships with PCPs and high level of PCP engagement
Lessons Learned

• It is much easier to get it right the first time
• You cannot teach “NICE”
• One bad apple CAN spoil the whole bunch so cut your losses early
• You’ve hired them; you MUST take care of them
• Do not start a change process and then NOT follow through…you will lose trust quickly
• If you take care of your people they will take care of your patients
• Our CCAs LOVE the patients
Collaborators

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