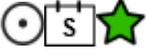
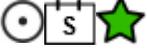
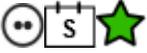


1. Increase public awareness, engagement and education about dementia.

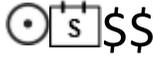
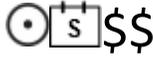
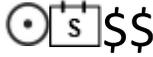
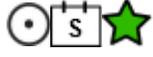
Notes Legend			
	High Priority		Short Term (start now)
	Medium Priority		Medium Term (start in 1-2 years)
	Low Priority		Long Term (start in 3-5 years)
	Within Available Resources, Start Now		
			Up to \$25K Funding
			\$\$ \$25-\$250K Funding
			\$\$\$ More than \$250K
			May require legislation

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
A. Ensure statewide coordination of information and referral.	1. Establish a work group to develop, launch and oversee a single web-based “point-of-access” portal/website linking to a comprehensive statewide array of credible and validated information, resources and supports.		DSHS/ALTSA, ADWG
	2. Strengthen capacity of the Washington State Information & Assistance system by educating staff about recognizing possible dementia, making appropriate referrals by building links between relevant organizations.		DSHS/ALTSA
	3. Offer materials and information to underserved populations, including rural populations; assure material on dementia is multi-cultural, multi-lingual, appropriate for persons with sensory limits (e.g., vision and hearing loss), and tailored to state demographics.		Alzheimer’s Organizations, DSHS/ALTSA
B. Create a sense of hope and empowerment for people with dementia and reduce stigma.	1. Promote positive images and messages of persons with dementia and their caregivers to combat stigma and increase societal acceptance and integration. Promote organizations such as the Alzheimer’s Association and the Alzheimer’s Society that are already utilizing positive messaging about persons with dementia and their families.		Alzheimer’s Organizations
	2. Promote models of stigma-free, dementia-friendly communities, places and events (e.g., Alzheimer’s Cafes) to combat stigma and increase societal acceptance and integration.		WA Association of Area Agencies on Aging (W4A), Alzheimer’s Organizations

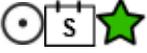
ADWG DRAFT Goals, Strategies and Recommendations

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
C. Promote early detection and diagnosis.	1. Educate the public about the importance and advantages of getting an early diagnosis and what to ask their health provider, including asking for a cognitive assessment when memory and/or cognitive processing issues become a concern.		WA State Medical Association, Department of Health (DOH)
	2. Provide Alzheimer’s awareness, education and resource materials to public/private work places regarding how to recognize and relate to persons with early stage dementia or their caregivers who are their customers or employees.		Alzheimer’s Organizations
	3. Educate the public about issues, and provide information and resources, specific to persons with younger-onset dementia and their families.		Alzheimer’s Organizations
D. Promote advance care planning and advance financial planning in the early stages of dementia in order to avoid costly or unnecessary court proceedings and/or guardianships.	1. Educate the public about the need for advance care and end-of-life planning, before cognitive function declines, for persons with dementia and their families.		WA State Bar Assoc./ Elder Law Attorney Section
	2. Educate the public about and promote the availability of no-cost, state-approved documents and forms specifically designed for those with dementia, such as the Durable Power of Attorney for Finances, Advanced Directives, and the Physical Order for Life Sustaining Treatment (POLST). Include approved materials developed by partner organizations. (See 3.C.1)		WA State Bar Assoc./ Elder Law Attorney Section, DSHS/AL TSA
	3. Educate the public and caregivers about the need for legal and financial planning for those with cognitive impairment and dementia – and the importance of obtaining legal and financial advice as a planning tool.		WA State Bar Assoc./ Elder Law Attorney Section, Statewide Health Insurance Benefit Advisors, National Association of Insurance & Financial Advisors of Washington

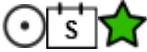
ADWG DRAFT Goals, Strategies and Recommendations

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
	4. Educate the public about ways to protect persons with dementia from abuse and exploitation. Coordinate this outreach with Adult Protective Services, county prosecutors, financial institutions, and other partners.		DSHS/AL TSA, DSHS/Adult Protective Services, WA State Bar Assoc./ Elder Law Attorney Section
E. Increase public awareness via educational and promotional campaigns developed and implemented collaboratively with the public and private sectors.	1. Request the Governor’s Office to host a kick-off “Alzheimer’s Summit” for the Alzheimer’s plan for the purpose of engaging, educating, and building collaborative networks among public and private partners.		DSHS/AL TSA, Governor’s Office, Alzheimer’s Organizations
	2. Engage a public relations professional to conduct a promotional campaign to support the implementation of the plan.		PR Firm, Alzheimer’s Organizations, ADWG, DSHS/AL TSA
	3. Raise awareness of dementia and available resources by engaging public and private ‘champions’, including faith, business community leaders/corporate and non-profit partners, educators, and health professionals, to assist in developing, implementing and leveraging education and outreach campaigns. Expand the reach of campaigns by identifying and engaging partners that may not be a part of the traditional information service system such as Chambers of Commerce, Employee Assistance Programs, community college and university students.		Alzheimer’s Organizations, American Association of Retired Persons, ADWG
	4. Publicize and promote the point-of-access portal, as well as other points of access (e.g., dementia care navigators, toll free number) for services and supports for persons with dementia and their family caregivers. Utilize social media to build public awareness of available resources.		PR Firm, DSHS/AL TSA, ADWG
	5. Strengthen and leverage relationships and collaborations between the Alzheimer’s Association, the Alzheimer’s Society, the state’s Area Agencies on Aging, and other partners in order to strengthen dementia capable service		Alzheimer’s Organizations, W4A,

ADWG DRAFT Goals, Strategies and Recommendations

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
	information systems.		ADWG
	6. Promote outreach to Indian Country through health workers, tribal communications and health fairs.		DSHS/AL TSA, Indian Policy Advisory Council, NW Indian Health Board
	7. Provide special outreach to those with Downs Syndrome and their families for short and long-term planning.		DSHS/Developmental Disabilities Administration (DDA), Developmental Disabilities Council (DDC)
	8. Provide targeted education and outreach to first responders, physicians/health care providers, communities of faith, and other organizations and individuals whose work brings them into contact with the state’s aging population, to give them the information and resources they require to effectively recognize and respond to persons with cognitive impairment and dementia. (See 3.B.3)		DSHS/AL TSA, ADWG
F. Increase public awareness about the connections between health and wellness, brain health, and dementia.	1. Inform and educate the public about healthy aging, including links between brain health and nutrition, exercise, stress management and oral health/periodontal disease.		DSHS/AL TSA, WA State Medical Association, WA Dental Service Foundation, WA State Society of Periodontists, American Academy of Periodontology
	2. Inform and educate the public about the importance of recognizing and addressing the breadth of causes of social isolation in the state’s aging population – including sensory loss (hearing, vision), physical disabilities,		DSHS/AL TSA, DSHS/Behavioral Health Systems

ADWG DRAFT Goals, Strategies and Recommendations

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
	depression and other forms of mental illness, etc. – and their impact on dementia.		Integration Administration, Hearing Loss Association of America of WA State Washington State’s Department of Services for the Blind
	3. Inform and educate the public about the connections between chronic disease (diabetes, heart disease, hypertension, oral health/periodontal disease, sleep disorders, etc.) and dementia.		DSHS/ALISA, DOH, WA Dental Service Foundation

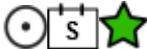
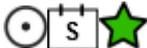
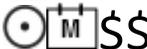
2. Prepare communities for significant growth in dementia population.

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
A. Attain, analyze, and use available data.	1. Include Healthy People 2020 objectives ¹ related to persons with dementia, including Alzheimer’s in state agencies’ strategic plans.		DOH
	2. Implement the Behavioral Risk Factor Surveillance System (BRFSS) cognitive and caregiver modules at least once every three years. ²		DOH
	3. Use BRFSS data to understand the human and economic impact of dementia on individuals and family caregivers to inform public health policies, interventions, and development of the Washington State Plan for Healthy Communities and other chronic disease plans.		DOH
	4. Identify and use data to address risk factors for individuals with dementia. Analyze data from public and private sources regarding prevalence of complications and coexisting conditions such as falling, accidents, overmedication, hearing or vision loss, anxiety, depression, financial exploitation, abuse/neglect, fraud and other important issues.		DOH, HCA, DSHS/AL TSA, Private organizations
B. Include Alzheimer’s and dementia	1. Integrate goals and objectives related to cognitive impairment, memory loss and dementia into local and state governmental agencies’ strategic plans. Such plans include state and area plans on aging, coordinated chronic disease management,		DSHS, DOH, HCA

¹ Healthy People 2020 objectives include (1) increasing the proportion with diagnosed AD/dementia that are aware of the diagnosis; and (2) reducing the proportion of preventable hospitalizations in person with AD and other dementia.

² Ensure the sample size is large enough to establish statewide estimates, which may require oversampling some populations. The Workgroup recommends that necessary data be collected by the Behavioral Risk Factor Surveillance System (BRFSS) survey administered by the Washington State Department of Health beginning with the 2016 survey. Toward that end, sufficient funds should be allocated to administer BRFSS cognitive and caregiver modules as State-Added Questions. Furthermore, funding should be allocated to recruit additional survey participants above the typical Washington State BRFSS sample of approximately 14,000 persons. This oversampling is necessary to obtain a sufficient number of completed questionnaires to produce meaningful data about individuals with Alzheimer’s disease, dementia or other forms of memory loss and their caregivers.

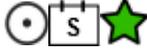
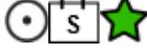
ADWG DRAFT Goals, Strategies and Recommendations

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
in state and local government plans.	falls prevention and emergency preparedness plans, transportation plans, and the Washington State Plan for Healthy Communities.		
	2. Ensure ongoing activities at Department of Health, such as injury/falls prevention and emergency preparedness, incorporate needs specific to persons with dementia.		DOH
C. Infuse age-friendly and dementia-friendly concepts into local communities.	1. Review emerging models/movements of livable, age-friendly and dementia-friendly communities, and determine elements most critical to developing dementia-friendly communities in Washington State.		W4A, University of Washington (UW), DSHS/ALTSA
	2. Seek wider discussion around the promotion of dementia-friendly principles and communities in Washington State and determine next steps.		W4A, UW, DSHS/ALTSA
	3. Encourage and incentivize local communities to become more dementia-friendly.		TBD
D. Promote healthy aging and brain health.	1. Request that all state and local public health organizations provide content specific to healthy aging, brain health, and Alzheimer’s disease/dementia, including Internet links to national, state and local resources.		DOH
	2. Work with UW Healthy Brain Research Network (HBRN) and other partners to develop evidence-based public messages around promoting healthy aging and brain health. Ensure messages are culturally/ethnically appropriate and designed to reach statewide populations including persons with limited English.		UW Health Promotion Research Center, DOH
	3. Promote implementation of evidence-based health promotion programs for people with cognitive impairment and dementia and their family caregivers. Examples may include EnhanceFitness, Chronic Disease Self-Management Program (CDSMP), Reducing Disability in Alzheimer’s disease (RDAD), Program to Encourage Active, Rewarding Lives for Seniors (PEARLS), and STAR-C dementia behavior consultation.		DSHS/ALTSA, DOH

ADWG DRAFT Goals, Strategies and Recommendations

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
	4. Promote and build upon National Alzheimer’s Plan education and awareness campaigns as available.		DSHS/AL TSA, DOH, Public-private partners
	5. Partner with community organizations to disseminate evidence-based educational materials for the public around healthy aging and accessing health care proactively. Include organizations such as tribal centers, community and senior centers, faith-based organizations, hospitals and health plans, YMCAs and parks departments, secondary schools and institutes of higher learning.		DSHS/AL TSA, DOH, Public-private partners

3. Ensure well-being and safety of people living with dementia and their family caregivers.

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
A. Increase awareness to reduce the risk for neglect, abuse, and exploitation of people with memory loss.	1. Incorporate content about dementia (warning signs, the importance of early detection and diagnosis), the heightened risk of abuse, neglect, and exploitation; and about community resources into the Community Health Worker training.		DOH
	2. Update and expand the Gatekeeper Program through Area Agencies on Aging (AAAs) or aging service partners to aid in identifying and assisting people experiencing abuse, neglect or exploitation.		DSHS/ALTSA, W4A
	3. Increase awareness of existing consumer protection education and outreach, such as AARP and AGO fraud alert networks.		W4A, DSHS/ALTSA
B. Promote in-home and community safety and the quick return of people with dementia who may wander.	1. Compile and make accessible educational materials about ways to improve safety for people with dementia. Information may address falls prevention, wandering, disaster preparedness, and home safety assessments.		DSHS/ALTSA, Alzheimer's Organizations
	2. Increase public and provider awareness of programs designed to identify and locate people with dementia who may wander, such as Safe Return, Comfort Zone and Silver Alert.		Alzheimer's Organizations
	3. Promote and disseminate training for first responders about dementia. Information may address: recognizing signs and symptoms, communication skills, understanding behaviors including wandering, community resources, and red flags of neglect and abuse. (See 1.E.8)		Alzheimer's Organizations
C. Enhance legal	1. Make more readily available state-approved forms such as Durable Power of		DSHS/ALTSA

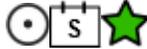
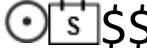
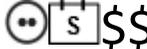
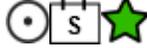
ADWG DRAFT Goals, Strategies and Recommendations

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
protections for people living with dementia.	Attorney for Healthcare, Durable Power of Attorney for Finances, Advanced Directives, and information about a Physical Order for Life Sustaining Treatment (POLST) at no cost to consumers through public libraries, resource centers, online, and other appropriate locations. (See 1.D.2)		
	2. Encourage the use of multi-disciplinary teams such as Elder Justice Centers statewide to ensure coordinated efforts and improved communication with law enforcement, Adult Protective Services, local prosecuting attorney’s offices, and advocacy groups.		DSHS/AL TSA, Advocates
	3. Promote existing and emerging opportunities to educate financial institution staff about dementia and possible financial exploitation and abuse, their authority to report suspected abuse, and the protections for those who report. For example, “Spotting Financial Exploitation” from the Attorney General’s Office.		DSHS/AL TSA, W4A
	4. Explore legislation to expand the categories of people who qualify as mandatory reporters for exploitation and abuse.		TBD
	5. Convene a workgroup to evaluate current statute and regulations that affect people with dementia, specifically those regarding powers of attorney, guardianship, trusts and wills to: (a) Decrease fraud, abuse, neglect and self-neglect and the enrichment of wrongdoers through undue influence; and (b) Maximize autonomy and independence of individuals with dementia.		TBD
	6. Explore screening tools that may be used by APS, law enforcement, and other entities to identify diminished capacity and cognitive impairment.		DSHS/AL TSA
D. Promote practices to ensure driving	1. Convene a workgroup, to include representative of the Department of Licensing, to evaluate policies and best practices for promoting safe driving in people with dementia.		TBD, to include Department of Licensing

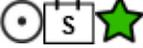
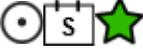
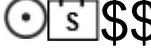
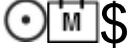
ADWG DRAFT Goals, Strategies and Recommendations

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
safety of individuals with memory loss and/or dementia.	2. Compile and make accessible educational materials about ways to discuss and address driving issues, including how to work with the Department of Licensing.		DSHS, Alzheimer's Organizations
	3. Encourage and promote establishment of voluntary Safe Driver Assessment programs, potentially including Occupational Therapy expertise, at hospitals, diagnostic assessment centers and major rehab centers.		TBD

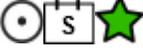
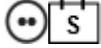
4. Ensure access to comprehensive supports for family caregivers.

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
A. Provide guidance and support for dementia caregivers in navigating service systems.	1. Create a Washington State-specific “road map” for family caregivers providing information about what to expect over time to help plan for the future.		DSHS/ALTSA, Alzheimer’s Organizations
	2. Provide dementia-specific information and assistance for family caregivers of people living with dementia.		DSHS/ALTSA, Alzheimer’s Organizations
	3. Increase awareness of both public and private programs that offer professional guidance in understanding the diagnosis and how to access services and plan for the future-		DSHS/ALTSA, Alzheimer’s Organizations
B. Increase availability of and access to education and support services.	1. Increase availability of evidence-based programs for people with dementia and their family caregivers, e.g. STAR-C, Reducing Disability in Alzheimer’s disease (RDAD), early stage memory loss groups and Powerful Tools for Caregiving, and expand supportive services such as behavior consultation, counseling, flexible family supports, etc.		DSHS/ALTSA
	2. Increase availability and delivery systems of education for family members about dementia communications skills, understanding and responding to non-verbal cues and behaviors, and home care activities such as assuring home safety, managing medications, using effective approaches for personal care and oral health needs, addressing hearing loss and other sensory deficits, and incorporating physical and meaningful activity into the day.		DSHS/ALTSA, Alzheimer’s Organizations
C. Increase availability of and referral to support groups	1. Explore strategies to expand support groups, particularly in rural areas.		Alzheimer’s Organizations, DSHS/ALTSA

ADWG DRAFT Goals, Strategies and Recommendations

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
for caregivers.	2. Expand and promote implementation of early stage memory loss groups for people with cognitive impairment/dementia and their care partners.		DSHS/ALTSA, Alzheimer's Organizations
D. Increase access to respite.	1. Promote education and coaching around utilizing natural support networks and care teams to support the person with dementia and the family caregiver.		DSHS/ALTSA, Alzheimer's Organizations
	2. Expand funding for respite care, and explore flexible service models, such as overnight care, drop-in day care, volunteer-based programs, crisis/emergency respite, and models that promote wellness, e.g., Memory Care & Wellness Services.		DSHS/ALTSA
E. Reach individuals and family members early in disease through collaborative models of social engagement.	1. Develop information about models of social engagement such as Alzheimer's Cafes, Zoo Walks, Museum/Arts ("here:now") programs, etc.		Alzheimer's Organizations
	2. Disseminate and promote development of collaborative models of social engagement and dementia-friendly recreation throughout the state.		Alzheimer's Organizations
F. Increase the number of culturally and linguistically diverse caregivers who participate in education and support programs.	1. Identify and engage leaders and organizations of diverse populations to explore needs for education and support.		DSHS/ALTSA, Alzheimer's Organizations
	2. Identify and make educational programs and support services for diverse caregivers more available across the state.		DSHS/ALTSA, Alzheimer's Organizations

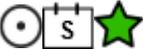
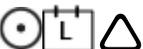
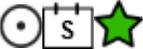
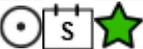
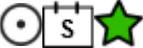
ADWG DRAFT Goals, Strategies and Recommendations

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
G. Collaborate with tribes to meet unique needs of Native American family caregivers living with dementia.	1. Engage tribal representatives to explore the needs of tribal families caring for people with dementia to develop culturally relevant supports and services.		DSHS/ALTSA, Alzheimer's Organizations
H. Develop supports for family caregivers who are employed, caring for people with developmental disabilities and dementia, and those living with younger-onset Alzheimer's disease.	1. Increase awareness among the public and community agencies that the Family Caregiver Support Program is available and helps caregivers of people with dementia at any age.		DSHS/ALTSA, Alzheimer's Organizations
	2. Inform caregivers and patients about the Family and Medical Leave Act, long-term care insurance, the benefits of advanced legal and financial planning, and existing support programs through agency websites, educational forums, service networks, and the media.		Alzheimer's Organizations, Private Employers and Partners
	3. Educate professionals working with families of people with younger-onset Alzheimer's, including those in the developmental disabilities system, about the special challenges, issues and resources available to support these individuals.		Alzheimer's Organizations
	4. Assess barriers and best practices for individuals and families living with younger-onset Alzheimer's and develop strategies to enhance support for these families.		Alzheimer's Organizations
	5. Provide education and supports for older family caregivers who provide primary care for their adult children or siblings with developmental disabilities and dementia.		Developmental Disabilities Council
	6. Engage employers and those responsible for developing and implementing		DSHS/ALTSA,

ADWG DRAFT Goals, Strategies and Recommendations

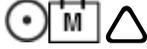
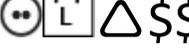
Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
	Employee-Assistance Programs about the issues facing family caregivers and encourage them to incorporate policies such as flextime, telecommuting, referral services, and on-site support programs.		Alzheimer’s Organizations, Private Partners
I. Expand tele-medicine and web-based resources for family caregivers.	1. Identify and promote opportunities to bring tele-medicine and web-based resources to more family caregivers, particularly in rural areas.		DOH, Alzheimer’s Organizations

5. Identify dementia early, and provide dementia-capable, evidenced based health care.

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partners
A. Endorse a set of evidenced-based standards of care for dementia to promote high quality health care for people with dementia in Washington State.	1. Convene an expert panel to identify and endorse a set of evidenced-based standards for diagnosis, treatment, supportive care and advanced planning for people with dementia.		DSHS/AL TSA, DOH, HCA
	2. Identify and endorse a framework for dementia care that would include evidence-based practice standards and meet the needs of persons with dementia, their care partners and clinicians.		Expert panel
	3. Educate and facilitate integration of a ‘dementia care framework’ that targets patients with multiple chronic conditions into existing and emerging initiatives and practices. ³		TBD
B. Promote early detection, diagnosis and treatment.	1. Encourage regular screening of cognitive status for older adults in primary care settings, considering cognitive status as a ‘vital sign’, similar to tracking blood pressure in heart disease.		Expert panel
	2. Identify and recommend several validated, brief cognitive screening tools.		Expert panel
	3. Promote timely assessment and disclosure of cognitive impairment and/or diagnosis of dementia through the identification of a diagnostic pathway for use in primary care settings.		Expert panel

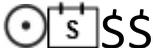
³ Opportunities for integration might be Healthier Washington Practice Transformation, Health Homes, Transition of care Initiatives and collaborative care models.

ADWG DRAFT Goals, Strategies and Recommendations

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partners
C. Develop a dementia capable, culturally competent primary care workforce throughout the state.	1. Establish minimum educational requirements for all trainees in health related fields in order to integrate foundational knowledge required for providing dementia care. ⁴		UW Washington State University (WSU)
	2. Request the regents of UW medical school and other institutions of clinical education expand dementia care education in their core curriculums and create interdisciplinary educational experiences related to the long term management of dementia care.		UW WSU
	3. Partner with licensing boards to promote continuing education on evidence-based guidelines around early detection and diagnosis of cognitive impairment, dementia care interventions and management of the disease.		DOH
	4. Partner with professional organizations and academic settings to develop or increase the availability of affordable continuing education/training programs.		UW Geriatric Education Center
	5. Promote the use of incentives such as, but not limited to, loan forgiveness for clinicians going into geriatrics.		Veteran's Administration, Indian Health Service, Rural government agencies
	6. Promote use of tele-health by aligning with efforts of the statewide tele-health workgroup convened by DOH. Utilize such technology to provide care directly for individuals with dementia and/or to support a consultative role with providers and care teams such as the Impact model or the Echo model.		DOH

⁴ Foundational knowledge could include: 1) Identify signs and symptoms of cognitive impairment or dementia; 2) Involve the care partner early; 3) Make a diagnosis of cognitive impairment or dementia or refer to someone who can make the diagnosis; 4) Manage the medically indicated interventions or refer to someone who can; and 5) Provide tools/support to the care partner.

ADWG DRAFT Goals, Strategies and Recommendations

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partners
	7. Partner with the Washington Healthcare Improvement Network (WHIN), practice transformation initiatives (i.e. Healthier Washington Practice), and clinical associations to disseminate evidence-based guidelines across the state.		DOH
D. Support development and implementation of dementia related outcomes-based performance measures.	1. Endorse a set of dementia specific performance metrics for the individual with dementia and their care partner to drive improvements in care practice. ⁵		HCA
	2. Promote the inclusion of endorsed dementia related metrics within measurement sets of health systems and health reform efforts such as the Healthier Washington Practice Transformation work.		HCA, DOH
	3. Advocate for the collection, documentation and dissemination of the prevalence of individuals with cognitive impairment and dementia in clinical practices and health systems.		Qualis, HCA
	4. Promote the use of value-based reimbursement by employer groups and public/private health plans for clinics showing improvement in dementia care outcomes-based performance metrics		Workgroup
E. Support policies that promote the capacity of primary care to adequately screen, diagnose,	1. Promote understanding and effective utilization of (a) Medicare Annual Wellness Visit which includes objective cognitive assessment/screening; and (b) Complex care management (CCM) codes for care coordination services, and advanced planning codes for individuals at end of life.		Workgroup, DOH, HCA, Primary care association, Billing code associations

⁵ Performance metrics could include Physician Quality Reporting System (PQRS) endorsed metrics or Association of Neurology recommended metrics (at minimum a measure for clinic-based dementia screening).

ADWG DRAFT Goals, Strategies and Recommendations

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partners
counsel, and treat patients with cognitive impairment/dementia.	2. Advocate for the development of new federal billing codes and reimbursement for care that improves the health and lives of older adults (i.e. counseling, phone calls, care coordination etc.		Workgroup
	3. Request and encourage the Bree Collaborative to address cognitive impairment and dementia care.		Legislators on our group to lead
F. Increase awareness of the challenges associated with co-occurring conditions with dementia.	1. Educate the clinical community on the impact and management of dementia and co-occurring chronic conditions. ⁶ Once identified, cognitive impairment and dementia should become an organizing principle for all other care of the patient. ⁷		UW
	2. Educate the clinical community, and include in guidelines, information on how sensory loss such as hearing, vision, and balance impacts the diagnosis and/or treatment of the cognitively impaired patient.		UW
	3. Promote practices and initiatives that facilitate early enrollment into palliative and hospice care to support individuals with worsening dementia and their care partners.		TBD
G. Reduce preventable emergency department visits,	1. Increase awareness among primary care clinicians and care partners of potentially avoidable causes of ED visits, hospital admissions and readmissions for people with cognitive impairment and dementia. Emphasize the importance of partnership and communication between clinician and care partners.		UW, DOH

⁶ Examples include poor control of blood pressure and blood sugar with concurrent irritability, mood lability and exacerbation of cognitive symptoms, inability to understand or follow directions or follow through or engage in effective self-management.

⁷ See *Developing Dementia-Capable Health Care Systems: A 12-Step Program* by Soo Borson, MD and Joshua Chodosh, MD, MSHS. <http://dx.doi.org/10.1016/j.cger.2014.05.001>

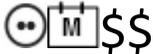
ADWG DRAFT Goals, Strategies and Recommendations

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partners
hospitalizations and readmissions by improving communication and transitions of care.	2. Increase awareness of care coordination and clinic-based health navigation and its potential to improve communication and transitions of care for individuals with dementia.		TBD
	3. Support existing and emerging efforts to increase care coordination and care transitions services in clinical practices for individuals with dementia.		DOH
	4. Identify and disseminate guidelines/protocols for care coordinators and clinic-based health navigators in working with individuals with dementia. ⁸		HCA
	H. Improve understanding of and response to challenging and/or complex behaviors	1. Convene a workgroup to conduct an environmental scan to identify supports, trainings and needs in the community for addressing challenging behaviors with individuals with dementia.	
2. Create and/or provide informational tools and resources ⁹ for practice teams to provide to care partners about understanding and responding to behaviors associated with dementia.			Workgroup
3. Investigate models of behavior and crisis support that might be replicated across the state (e.g., King County's Geriatric Regional Assessment Team (GRAT) - funded largely by mental health state levy tax).			Workgroup
4. Create a network of trainers or resources (speaker's bureau) to assist health providers and care teams in effectively responding to individuals with challenging behaviors.			TBD

⁸ Develop new and support existing care coordination efforts (e.g., Health Homes, Home Health visits, SNF transitions of care initiative, WSHA safe table on transitions, Coleman Transitions (CTI), and Qualis Health communities for safe transitions resources) - to improve outcomes related to ED Visits, hospitalizations and readmissions through improved transitions of care from hospital to community (i.e. models such as Indiana University's Center's Healthy Aging Brain Center's team-based collaborative care model).

⁹ Resources such as the Alzheimer's Association, STAR-C behavior intervention, Alzheimer's Reading Room, etc.

ADWG DRAFT Goals, Strategies and Recommendations

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partners
I. Increase primary care workforce awareness of the critical role of care partners/ caregivers.	1. Increase awareness of the need to involve care partners/caregivers in every step of care planning and goal setting for the person with cognitive impairment and dementia.		TBD
	2. Increase clinician awareness about regular systematic assessment of care partner stress, ability, knowledge and skills to provide care.		TBD
	3. Prepare and disseminate simple documents for clinical teams that identify community resources and educational information that are available to support care partners of people with dementia.		TBD

6. Ensure affordable, high quality, coordinated long-term services and supports (LTSS) available in the setting of choice.

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
A. Enhance coordination of care.	1. DDA, ALTSA, HCA, and DOH will each designate an Alzheimer’s program coordinator to improve communication and collaboration among these agencies.		DSHS/ALTSA
	2. Identify and promote existing models of care coordination services for individuals living in the community and their family caregivers, such as Health Homes, geriatric care managers, Alzheimer’s Association Care Navigators.		DSHS/ALTSA, Alzheimer’s Organizations, National Association of Geriatric Care Managers
	3. Convene a workgroup to identify and seek funding to support best practice dementia capable models that minimize care transitions, including emergency room visits, hospital admissions and readmissions.		Qualis, with HCA or DSHS
	4. Provide dementia-capable information and assistance for people living with dementia to help them remain in the community.		DSHS/ALTSA, Alzheimer’s Organizations
B. Expand access to affordable care to delay nursing home placement and spend-down to Medicaid.	1. Support a robust array of community-based services to include adult day care and evidence-based practices such as Memory Care & Wellness, STAR-C, etc.		DSHS/ALTSA
	2. Evaluate the potential for specialized dementia care services in adult family homes to determine cost-effectiveness, standards, training, services, rates, and oversight needs.		DSHS/ALTSA, Advocacy Groups (Senior Lobby, ElderCare Alliance, etc.)
	3. Undertake a review of Medicaid rates for specialized dementia care in assisted living facilities.		DSHS/ALTSA

ADWG DRAFT Goals, Strategies and Recommendations

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
C. Strengthen numbers and effectiveness of LTSS workers	1. Enhance Dementia Specialty Training available to LTSS workers for all settings.	☹️📅⚠️\$\$\$\$	DSHS/ALTSA, Training Partnership, Alzheimer’s Organizations
	2. Ensure training and testing for all LTSS workers is more readily available throughout the state.	☹️📅\$\$\$\$	DOH
	3. Ensure certification of all LTSS workers is more achievable for limited English speakers.	☹️📅	DOH
	4. Increase dementia-capability of HCS/AAA Case Management staff by enhancing Core training to include more information around the importance of early detection and diagnosis, responding to behaviors, and assessing and addressing hearing loss and other sensory limitations.	☹️📅\$\$	DSHS/ALTSA
	5. Elevate the status of LTSS workers by establishing a geriatric and/or dementia certification for LTSS workers, such as a gerontology scholar program.	☹️📅\$\$\$\$	UW School of Nursing or other partner
D. Reduce the burden of long-term care costs on families and the state.	1. Support a study commissioned by the State on public/private long-term care financing models.	☹️📅⚠️\$\$\$	Washingtonians for a Responsible Future
	2. Identify tools and strategies to more effectively coordinate current systems and seek federal funding opportunities to help meet the costs of financing care.	☹️📅\$\$	DSHS/ALTSA, HCA
	3. Support State efforts to improve the financing for public LTSS.	☹️📅★	Advocacy Groups (Senior Lobby, Eldercare Alliance, etc.)
	4. Increase operations research capacity at ALTSA to support data-driven evaluation and planning.	☹️📅\$\$	DSHS/ALTSA

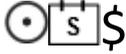
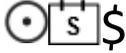
ADWG DRAFT Goals, Strategies and Recommendations

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
	5. Encourage parity in coverage options in all health insurance plans in regard to diagnosis and ongoing support/treatment of persons with dementia.	⊙ ⊕ L Δ \$\$\$	Office of the Insurance Commissioner
E. Improve the quality of long-term services and supports for people with dementia.	1. Promote the documentation of people’s choices for end-of-life care prior to or upon entry into a LTSS setting.	⊙ ⊕ M \$\$\$	Hospice and Palliative Care Association
	2. Explore barriers and possible solutions to accessing hospice and palliative care for people with dementia.	⊙ ⊕ M	Hospice and Palliative Care Association
	3. Convene a workgroup to define and promote dementia care quality standards and outcome measures for Washington long term care settings, to include standards for settings advertising themselves as “memory care” and/or “specialized dementia care”.	⊙ ⊕ M \$\$\$	DSHS/ALTSA
	4. More adequately fund the Long Term Care Ombuds Program (LTCOP) to serve vulnerable people in all settings and enhance LTCOP volunteer capability to address issues relating to care and treatment of those with dementia.	⊙ ⊕ L \$\$\$	Advocacy Groups (Senior Lobby, Eldercare Alliance, etc.)
	5. Strengthen the capacity for Adult Protective Services caseworkers to serve people with dementia by developing tools and enhancing skills for determining capacity and the need for guardianship.	⊙ ⊕ M \$\$\$	DSHS/ALTSA
	6. Expand funding and the authority of the Office of Public Guardianship to assist individuals with planning end of life care and decision making.	⊙ ⊕ S Δ \$\$\$	TBD
F. Increase awareness of assistive technologies that promote independence for people with	1. Identify and promote the use of assistive technologies that assist with independence, safety and aging in place. This might include low-or high-tech devices such as assistive listening devices or hearing aids, alert systems, medication aids or reminders, identification jewelry, locating devices, etc.	⊙ ⊕ M	Universities, Private Partners
	2. Create a resource guide/toolkit that describes adaptive technologies and equipment relevant for memory loss and dementia.	⊙ ⊕ M	Universities, Private Partners

ADWG DRAFT Goals, Strategies and Recommendations

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
dementia and support for family caregivers.			

7. Promote research and innovation into the causes and effective interventions for dementia.

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
A. Increase support for basic, clinical and translational research around cognitive health, dementia and effective dementia care.	1. Explore ways to improve the infrastructure for supporting basic, translational, and clinical research in the state.		ADRC, UW
	2. State and local agencies will explore funding opportunities and collaborations for Washington to participate in dementia care service innovation programs.		ADRC, UW
	3. Leverage the metrics from health information exchanges as they become available, to support research efforts at the clinic level.		DSHS, Qualis
B. Develop relationships with key community stakeholders to assess and pilot culturally specific/ relevant services.	1. Identify organizations and institutions in WA involved in providing dementia related psychosocial and medical services, and connect them with AD research to promote research awareness and strategic alliances, and explore using as pilot sites.		Alzheimer's Organizations

ADWG DRAFT Goals, Strategies and Recommendations

Strategy	Recommendations (needed policies or responses)	Notes	Potential Lead Organization/Key Partner(s)
C. Increase number of research participants.	1. Educate the public, including people with cognitive impairment, on the availability, purpose, and value of research and encourage participation in a broad spectrum of dementia research (i.e., research on finding a cure, prevention, improving the quality of life for individuals and caregivers).		Alzheimer's Association ¹⁰
	2. Engage community clinicians to encourage patient referral to and participation in clinical trials and dementia related research and provide examples of 'how to have the conversation'.		Alzheimer's Association in partnership with WA Medical Association and UW
	3. ADWG partners to host a collaborative Alzheimer's Summit highlighting research and best practices related to the Alzheimer's State Plan goals (by fall 2016).		UW, DSHS/AL TSA, Private partners

¹⁰ This is a strategic priority for the Alzheimer's Association in 2016.