

Dementia Action Collaborative –

● Recommendations in Motion 2016 to Review

- In April 2016, the Dementia Action Collaborative selected short-term recommendations from within the state plan to begin working on in subcommittees.
- In this packet are the Implementation Plans developed by subcommittee/project teams to reflect work underway and planned.

YOUR task is to select 2 of these plans to review prior to the Sept 7th meeting. Please select 2 to review that are:

- NOT from within your subcommittee
- Of most interest/import to you

OUR collective task at the Sept 7th DAC meeting is to:

- Get informed about the work in process AND
- Offer input/suggestions to help each team proceed most effectively – in reviewing the plans, consider if you have any questions or constructive feedback.

Implementation Plans for the following recommendations included

- 1.A.1.** Establish a workgroup to develop a single web-based “point of access” portal linking to an array of credible and validated information, resources and supports.
- 1.F.1.** [Inform & educate the public about healthy aging, including links between brain health and nutrition, exercise, stress management and oral health/periodontal disease.](#)
- 2.C.1.** Review emerging models/movements of livable, age-friendly and dementia-friendly communities, and determine elements most critical to developing dementia-friendly communities in WA State.

- 3.B.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.](#)
- 4.A.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.
- 4.C.2.** [Expand and promote implementation of early stage memory loss groups for people with cognitive impairment/dementia and their care partners.](#)
- 4.F.1 & 4.G.1.** Identify and engage leaders and organizations of diverse populations to explore needs for education and support; AND (4.G.1) Engage tribal representatives to explore the needs of tribal families caring for people with dementia to develop culturally relevant supports and services.
- 5.A.1.** [Convene an expert panel to identify and endorse a set of evidence-based standards for diagnosis, treatment, supportive care and advance planning for people with dementia.](#)
- 5.B.2.** Identify and recommend several validated, brief cognitive screening tools.
- 5.E.1.** [Promote understanding and effective use of Medicare Annual Wellness Visit](#)
- 6.A.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, and Alzheimer’s Association Care Navigators.

Dementia Action Collaborative – Subcommittee Implementation Plans 8-24

DAC Subcommittee: Public Awareness & Community Readiness

Subcommittee Chair: Cheryl Townsend Winter

Recommendation #: 1.A.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.

Project Team & Leader*	Key Partners	Anticipated “product” or “deliverable”	Any related Projects/efforts	High Level Action Plan/Steps (Initial)	Next Level Steps for each action at left & Who will do	Time frames, dates for: Start, Milestones & Completion
Luisa* Joel* Arlene Debbie Cheryl	Alz Assn. Alz. Society DOH DSHS CLC’s/ADRC’s	Report summarizing what’s needed & possible ways forward; with recommendation for action. What is purpose/what would be different? Develop Launch Website Plan	Minnesota Website Oregon Website/Jennifer Meade CLC Website	Determine what is needed: What is needed in a website that isn’t already available; evaluate why what’s out there isn’t good enough – and what is needed to improve the situation.	1. All review MN, OR, WI sites for audiences, site usability, site readability, content, other relevant information. 2. Cheryl, & Joel consult with Lynne & IT about what changes can be made to CLC site. 3. Create website audience list. 4. Determine best path forward – existing or new website.	June 15 June 26 August 17 August 17
				Create a vision and content list for the website; and determine vendor (developer if needed) for website.	1. Review the former Alzheimer’s State Plan Working Group public survey results and synthesize content recommendations for the revised CLC Website 2. Develop website statement of purpose/justification.	August 30 Sept 30

					3. With the intent of using the CLC website and “piggyback” options such as Alzheimer’s org website etc, finalize desired website content list.	Oct 15
				Create development plan for website	1. Compare what is desired and what is already available on the CLC site. Determine what we want to do to enhance the CLC website based on needs/desires identified. 2. Discuss potential enhancements with CLC vendor to assess what’s possible in short term. 3. If needed (as backup plan), A. Develop list of potential website developers including the DSHS webmaster. Consider possible pro bono work from Seattle Tech Group. Contact and interview potential website developers to determine their willingness and capabilities. B. Select and recruit website developers 4. Develop website enhancement plan – for moving forward (what/when) 5. Consider website analytics to inform potential website address and marketing direction, e.g. determine URL name, any initial content edits/additions 6. Develop a sustainability plan for website to include: establishing a workgroup to oversee content on the single “point of access” website/website linking to info, resources & supports.	Oct 15 Nov 15 Nov 30 Oct 31 Oct 31 Nov 30

				Plan marketing and launch awareness plan for website	<ol style="list-style-type: none"> 1. Identify potential members and/or partners to assist in developing a website marketing plan. 2. Determine URL name 3. Draft a plan for marketing 4. Get review of subcommittee for URL name and marketing plan 5. Begin marketing website 	<p>Dec 15</p> <p>Dec 15</p> <p>Dec 30</p> <p>Jan 30</p> <p>Mar 30</p>
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DAC Subcommittee: Public Awareness & Community Readiness

Subcommittee Chair: Marci Getz

Members: Basia, Mariam, Karen, Cynthia, Marci

Recommendation #: 1.F.1. Inform and Educate the Public (focus of our efforts is on the public not professionals)

The two activities that we will be working on are listed below and are from the *Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013-2018* (please note they have different target audiences):

- Coordinate national & state efforts to disseminate evidence-based messages about risk reduction for preserving cognitive health. African American women are the target audience.
- Identifying and promoting culturally-appropriate strategies designed to increase public awareness about dementia, including Alzheimer’s disease, to reduce conflicting messages, decrease stigma, and promote early diagnosis. Adults, ages 18 or older, who identify as Chinese or Japanese and have an aging parent, step-parent or parent-in-law, who is 65 or older, are the target audience.

Project Team & Leader*	Key Partners	Anticipated “product” or “deliverable”	Any related Projects/efforts	High Level Action Plan/Steps (Initial)	Next Level Steps for each action at left & Who will do	Time frames, dates for: Start, Milestones & Completion
Marci Getz with team	WA State Department of Health (DOH), University of Washington Health Brain Research Network (UW HBRN), Alzheimer’s Association-WA State Chapter	<ol style="list-style-type: none"> 1. Dissemination of evidence-based messages 2. Adding links to the DOH website that include local, state, and national dementia resources 	Funded by Alzheimer’s Association and the Association of State and Territorial Health Officials	<ol style="list-style-type: none"> 1. Identify target audience-this will be done using data identifying disease burden-done 2. Conduct literature review to determine which messages are supported by research-in progress 3. Identify messages to use-from existing messages created by the Alzheimer’s Association-TBD 4. Conduct key informant interviews-TBD 5. Test messages 6. Research the best channels to disseminate the messages to the target audience-TBD 7. Disseminate messages-TBD 	DOH will work with the DAC Subcommittee members, UW HBRN, and the Alzheimer’s Association-WA State Chapter	This activity will be completed by 8/15/17
Basia Belza with team	UW HBRN, National Asian Pacific Center on Aging (NAPCA), DOH	<ol style="list-style-type: none"> 1. Evidence-based messages 2. Action Brief 	Collaborating with other member centers of the Healthy Brain Research Network at:	<ol style="list-style-type: none"> 1. Secure UW Institutional Review Board approval-done 2. Develop partnership with ethnic community agencies-done 3. Recruit participants for focus groups and run focus groups-done 	<p>UW-Basia to work with UW in securing IRB approval -done</p> <p>DOH-Cynthia to assist with participant recruitment from the Chinese communities in Federal Way -done</p>	<p>August 2016: run focus groups</p> <p>Complete data analysis and</p>

			University of Illinois at Chicago, University of Pennsylvania, University of Houston,, and Oregon Health & Science University	4. Analyze data	DOH-Cynthia and Sally redesign recruitment flier- done DOH-Cynthia and Vonda update the University of Pennsylvania messages (for the focus groups) with photos from the AAPI community Delta Dental WA-Karen will share the information learned from the focus groups with care givers and home health staffs. She will do this via a new module titled <i>Improving Oral Health for Clients with Dementia</i> . The module will be piloted on 11/7/16.	action brief by 12/30/16
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		statewide system (museums, parks, senior centers, etc).				
				Review elements of global, national, state and local DF initiatives	<ol style="list-style-type: none"> 1. Review resources from original PA&E subcommittee – Cheryl 2. Research Wisconsin initiative and DFA – Marty 3. Draft summary of global initiatives' key elements- Cheryl 4. Connect with Associations of Cities & Counties to see if there is any DF work being done in the state – Cheryl 5. Review ADWG survey for elements relating to DF communities –Marty 6. Connect with Momentia Seattle partners; list current DF programs and potential synergies – Mari 7. Investigate DF concepts in libraries, museums, parks DF – Hilarie 8. Maintain google chart of WA DF & AF initiatives: goals, timeline, potential synergies 	<p>June 15 (v)</p> <p>June 15 (v)</p> <p>June 15 (v)</p> <p>July 15 (v)</p> <p>July 15 (v)</p> <p>July 15 (v)</p> <p>Aug 15 (and ongoing) (v)</p> <p>Ongoing</p>

				Define target audience for the DF "Critical Elements" fact sheet	<ol style="list-style-type: none"> 1. Make list of potential audience(s) based on need/resulting impact of their involvement and/or their interest and/or readiness. -ALL 2. Prioritize top 1 – 2 audiences – ALL 	<p>July mtg (V)</p> <p>Sept 7</p>
				Create fact sheet of DF "Critical Elements" for WA	<ol style="list-style-type: none"> 1. Review draft 'key elements' list based on other initiatives and provide edits – ALL 2. Discuss: <ul style="list-style-type: none"> -Which 'critical elements' may be unique to WA? Which are universal? -What approaches or tools can be borrowed from elsewhere? -How can we make the best use of potential synergies based on our charts of what is already going on in WA? - ALL 3. Add edits; 2nd review. – Mari and ALL 4. Get feedback from subcommittee, DAC, persons with dementia and care partners– ALL 5. Complete final draft 	<p>June 15 (V)</p> <p>Sep 30</p> <p>Oct 19</p> <p>Nov 10</p> <p>Nov 15</p>
				Develop strategy for AF/DF overlap in WA	<ol style="list-style-type: none"> 1. Determine whether a system-wide "addition" of DF can be made through AARP in WA – Cathy(?) 	<p>Oct 19</p>

					<ol style="list-style-type: none"> 2. Modify “critical elements” sheet for AF, by separating the components into AF domains 3. Complete recommendation for how to integrate DF concepts into AF initiatives in WA 	<p>Nov 15</p> <p>Dec 15</p>
				Create WA inventory of DF programs/ activities	<ol style="list-style-type: none"> 1. Send list of Seattle DF programs to state partners for additions– Hilarie 2. Contact LTSS subcommittee re: early stage programs and overlap with DF – Hilarie 3. Update inventory & complete – Hilarie, Mari, LTSS(?) 	<p>Aug 15 (v)</p> <p>Aug 15 (v)</p> <p>Dec 15</p>
				Make initial inquiry to persons interested in promoting DF programs	<ol style="list-style-type: none"> 1. Contact everyone from DF programs list to assess interest in networking/resource sharing opportunities in 2017. 	<p>Dec 15</p>
				Develop plan for work with libraries or other statewide system in 2017	<ol style="list-style-type: none"> 1. Note publications, conferences and other public awareness options within statewide systems –Hilarie 2. Complete plan for how to engage with libraries or other statewide system in 2017 	<p>Aug 15 (v)</p> <p>Dec 15</p>

For future reference:

- Unveil “products” of DAC at Governor Conference on Dementia in a couple of years.
- Develop awards for efforts towards dementia-friendly.

Dementia Action Collaborative – Subcommittee Implementation Plans

DAC Subcommittee: Public Awareness-Community Readiness

Subcommittee Chair: Cheryl Townsend Winter

Recommendation #: 3B1 – 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.

Project Team & Leader*	Key Partners	Anticipated “product” or “deliverable”	Any related Projects/efforts	High Level Action Plan/Steps (Initial)	Next Level Steps for each action at left & Who will do	Time frames, dates for: Start, Milestones & Completion
*Lynne/Bob Dave, Cheryl, Christine	DAC members	Safety Toolkit – available online (as downloadable PDFs?), and possibly in a print version (TBD)	Alzheimer’s Association web materials NIH materials Dementia Capable Systems webinar materials	Investigate what is currently available re safety for dementia – (e.g., falls, wandering, disaster preparedness, in home safety assessments)	<ol style="list-style-type: none"> 1. Search for useful resources re prevention of falls w/dementia - LK 2. Search for resources re wandering safety - LK 3. Search resources for disaster preparedness, specifically related to dementia - BW 4. Search resources re in-home safety assessments – LK 5. Compile lists/inventory of the above. 6. Circulate/discuss what’s found to PA-CR subcommittee for review/comment 	June 15
				Narrow/prioritize most relevant, useful resources/tools re each above topic.	<ol style="list-style-type: none"> 1. Project team to review/discuss identified materials, considering the following: <ol style="list-style-type: none"> a) Credibility b) Current-ness c) Ease of use d) Free use 2. Determine most useful materials for inclusion in potential ‘tool-kit’ 	July 30

					<ol style="list-style-type: none"> 3. Request permissions to use if needed. 4. Create inventory of these items. 	
				Determine how best to compile information for usability	<ol style="list-style-type: none"> 1. Determine how this information could be compiled into an online toolkit. Find examples? 2. Determine if it is a good idea to have/make this information available as a print version 'tool-kit'. 3. If so, in what format – handouts, brochure, booklet? And, what would costs be? 4. If moving forward, who could cover those costs? 	<p>Aug 30</p> <p>Sept 30</p>
				Create messaging for awareness of these materials.	<ol style="list-style-type: none"> 1. Determine target audience(s) for dissemination 2. Determine likely "disseminators" for this/these populations, including DAC partnership 3. Develop messages for dissemination 4. Consider if there's a way to track interest/uptake 	Sept 30
				Disseminate	<ol style="list-style-type: none"> 1. Develop communication plan for toolkit 2. Use full DAC partnership 3. Others beyond DAC partnership 	Nov 30

Dementia Action Collaborative – Subcommittee Implementation Plans

DAC Subcommittee: Long Term Care and Services

Subcommittee Chair: Bob LeRoy

Recommendation #: Goal 4.A.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.

Project Team & Leader*	Key Partners	Anticipated “product” or “deliverable”	Any related Projects/efforts	High Level Action Plan/Steps (Initial)	Next Level Steps for each action at left & Who will do	Time frames, dates for: Start, Milestones & Completion
Todd Larson* Jerry Reilly Kim Boon Erik Erickson Cindy Balbuena Lauri St. Ours Steve Tharinger Lynne Korte	Alz. Assoc. ALSTA DSHS SMS	Road map for family caregivers.	Family Caregiver Handbook - ALTA Dementia Friendly America CMS – Long Term Care	Clarify more precisely what we mean by a "road map" for family caregivers.	1. Identify vision: Initial vision is that the “Road Map” will offer a structure of stages (early, mid, late) - what to expect at each, details of what to “do”, including what resources are available to help, and how to access them. 2. Get LTSS subcommittee feedback on vision	June 30 July 30
				Inventory what is currently available that is similar to, or has elements of, a "road map" for family caregivers dealing with dementia.	1. Seek examples from other states (MN, WISC, CA) (Jerry) 2. Google & Amazon search (Cindy) 3. Alz. Assoc. & sites such as WebMD And Mayo clinic (Todd) 4. Other countries plans – the UK and Australia (All) 5. Family Caregiver Handbook (LK) 6. Dementia Friendly America (LK) 7. CMS - Long Term Care Tribal	June 30

				Determine what general guidelines should frame this work to focus on family caregivers in WA State.	<ol style="list-style-type: none"> 1. Determine what specific content will be included. 2. Draft to be guided by following principles/ideas: <ol style="list-style-type: none"> a. Include how to keep living and engaged in community. b. Convey a sense of hope and empowerment throughout the document. c. Should be simple/easy-to-use; not overwhelming with "too much" at once. 3. Identify useful resources at every stage of the disease; be WA state specific as needed. 4. Invite input and feedback of subcommittee 5. Invite input and feedback from DAC members 	<p>June 30</p> <p>July 30</p> <p>Sept 15</p>
				Determine all format/s or modalities.	<ol style="list-style-type: none"> 1. Initial content draft to be developed for a written format – likely a booklet (5-10 pgs). 2. Once content/format developed, determine costs. 3. Consider what it would take, what would be needed/different for web/online version. 	<p>August 15</p> <p>November 30</p> <p>January 30</p>
				Develop a plan to disseminate widely.	<ol style="list-style-type: none"> 1. Written/booklet version: Use DAC to identify multiple venues for disseminating. 2. Develop communications plan to support dissemination of written version. 	<p>November 30</p> <p>January 30</p>

Dementia Action Collaborative – Subcommittee Implementation Plans

DAC Subcommittee: Early Stage Memory Loss Groups

Subcommittee Chair: Bob LeRoy

Recommendation #: Goal 4.C.2 Expand and promote implementation of early stage memory loss groups for people with cognitive impairment/dementia and their care partners.

Project Team & Leader*	Key Partners	Anticipated “product” or “deliverable”	Any related Projects/efforts	High Level Action Plan/Steps (Initial)	Next Level Steps for each action at left & Who will do	Time frames, dates for: Start, Milestones & Completion
Cara Lauer* Patricia Hunter Bob LeRoy	Alz. Assoc. NCOA UW Irene Stewart Kavan Peterson & Changing Aging Full Life Care Seattle Parks & Recreation Lynne Korte AAA Directors Targets of opportunity: --based outside Seattle --serving diverse groups	List of noteworthy local, state, and national efforts, including both evidence-informed and emerging models	Dementia Friendly America Momentia movement Changing Aging	Gathering information through data review and snowball sample of informants	<ol style="list-style-type: none"> 1. Assess data from previous ESML study (P) and interview key partners (C, P, B) 2. Add ESML questions to scheduled Alz. Assoc. Town Hall meetings (B) 3. Analyze Town Hall data (B, C) 4. Develop catalogue with 2 categories: (P) <ol style="list-style-type: none"> a. Evidence-informed b. Emerging service models (weighting rural & diverse) 5. Develop guidance for communities interested in developing ESML programs with 3 focus areas (C, B) <ol style="list-style-type: none"> a. Support b. Advocacy c. Dementia-friendly groups 	<ol style="list-style-type: none"> 1. Complete Sep 2016 2. Complete Nov 2016 3. Complete Dec 2016 4. Complete Dec 2016 5. Complete Dec 2016

Dementia Action Collaborative (DAC)

Long Term Supports and Services (LTSS) Subcommittee
Implementation Plan for:

Chair: Bob LeRoy

Recommendation #: 4.F.1: Identify and engage leaders and organizations of diverse populations to explore needs for education and support.

Recommendation #: 4.G.1: Engage tribal representatives to explore the needs of tribal families caring for people with dementia to develop culturally relevant support and services.

Project Team & Leader*	Key Partners	Anticipated "product" or "deliverable"	Any related Project s/efforts	High Level Action Plan/Steps (Initial)	Next Level Steps for each action at left & Who will do	Time frames, dates for: Start, Milestones & Completion
Karen Winston Christine Kubiak Shelly Zylstra Marietta Bobba Yolanda Lovato Emma Medicine White Crow *Aziz Aladin	1. Native American Tribes. 2. Leaders of various ethnic groups to include groups with Limited English Proficiency (LEP) 3. Faith-based organizations 4. LGBTQ groups 5. People with dev. dis. (DD)	1. Report on key informant feedback from diverse groups by synthesizing responses to outreach questions. 2. List of contacts for future use	N/A	Identify diverse population groups to gain input on culturally relevant support and service needs.	1. Define methods to contact groups. 2. Determine depth of outreach to groups (level of subgroups, number of groups, etc.) 3. Develop and maintain a list of contact of groups for future use	The initial diverse population group the project team plans to target are the Native American tribes. The project team plans on contacting tribes' program staff to conduct outreach in Fall/Winter of 2016 to be followed by: 1. African-American organizations 2. Latino American organizations The time frames for targeting African-American organizations, Latino American organizations and other organizations are yet to be determined.

				Identify potential key informants - leaders and organizations of older aging adults for each specific targeted group	<ol style="list-style-type: none"> 1. Identify potential informants known by the project team 2. Ask LTSS subcommittee for suggestions 3. Reach out to full DAC team for suggestions. 	TBD
				Develop materials and process for key informant interviews	<ol style="list-style-type: none"> 1. Develop culturally relevant questions for outreach interviews with introduction of the topic 	TBD
				Make contacts with key informants of the targeted group	<ol style="list-style-type: none"> 1. Assign targeted group to project team member for conducting outreach 2. Schedule meetings to conduct outreach 3. Conduct interviews. Take complete notes 	TBD
				Compile responses from outreach interviews	<ol style="list-style-type: none"> 1. Decide what methodology to use to synthesize responses from outreach interviews 2. Identify needs/gaps 	TBD

Dementia Action Collaborative – Subcommittee Implementation Plans – KR 8/1/16_ AA 8/24

DAC Subcommittee: Health/Medical			Subcommittee Chair: Kris Rhoads			
Recommendation #: 5A1 – Convene an expert panel to identify and endorse a set of evidence-based standards for diagnosis, treatment, supportive care and advance planning for people with dementia.						
Project Team & Leader*	Key Partners	Anticipated “product” or “deliverable”	Any related Projects/efforts	High Level Action Plan/Steps (Initial)	Next Level Steps for each action at left & Who will do	Time frames, dates for: Start, Milestones & Completion
Amanda, Sumie, Lynne, Christine	DAC members Bree Collaborative Bree Implementation Team UW ADRC WSMA	Product for Dec. 31, 2016 will be a pathway to convene the expert panel group, and scope of work for it (Bree vs. independent)	<u>Alzheimer’s Association materials</u> <u>American Academy of Neurology</u> <u>AAFP</u>	Identify Expert panel members to identify/endorse guidelines A. Convene new panel OR B. Robert Bree Collaborative	A1. Use DAC resources to identify panel members A2. Explore partner options – interns, researchers, partner with university ----- OR ----- B1. Develop a “pitch” for the why this topic B2. Reach out to Bree members to share topic “pitch” B3 Identify DAC representatives to attend July 20 Bree Meeting B4 Agree upon talking points for Bree Meeting B5 Identify members to attend Bree Meeting on Sept 21 to discuss dementia as topic	Preliminary list of experts by Aug 31 June 24 July 15 July 15 Sept 15, 2016
		By 12/17, the product would be: List of evidence-based guidelines, standards By 12/17 identify funding sources (e.g., PCORI)			Identify example guidelines on dementia care already	1. Through medical/quality associations 2. Through states

				developed by associations, states, other	<ol style="list-style-type: none"> 3. International 4. Consider from DAC perspective, considering the following: <ol style="list-style-type: none"> a) Credibility b) Currentness c) Ease of use 5. Compile these as examples to inform discussion of content/format, etc 	Sept 21
				Determine scope of what we would like included in the standards	<ol style="list-style-type: none"> 1. Project team to review/discuss elements to be included 	July 30
				<u>If Plan A (no Bree)</u> Use DAC expertise and resources to inform and support expert panel	<ol style="list-style-type: none"> 1. Build on existing work 2. Compile literature reviews and analysis including ROI 3. Explore options such as Hays, MED, or ICER 	TBD
				<u>If Plan A (no Bree)</u> Hold meeting series to review and approve standards of care	<ol style="list-style-type: none"> 1. Secure location, dates, times 2. Identify support staff for scheduling, meeting minutes, etc 	TBD

Dementia Action Collaborative – Subcommittee Implementation Plans - KR; 8/29/16 - KR

DAC Subcommittee: Health -Medical				Subcommittee Chair: Kris Rhoads		
Recommendation #: 5B2. Identify and recommend several validated, brief cognitive screening tools.						
Project Team & Leader*	Key Partners	Anticipated "product" or "deliverable"	Any related Projects/efforts	High Level Action Plan/Steps (Initial)	Next Level Steps for each action at left & Who will do	Time frames, dates for: Start, Milestones & Completion
Kris Rhoads*, Lynne, Aimee	UW	Report/Paper 1) Importance, including caregiver assessment 2) 3-4 measures a) Length b) Operator c) Training 3) Toolkit/pathway for abnormal results	Medicare materials	Literature review on available screening measures	1. Complete updated literature review UpToDate, Pubmed, etc – KR 2. Search materials available from CMS or Alz Association online – KR	July 30
	Other health systems		Alz Association materials			July 30
	Alzheimer's Association		Existing state plan toolkits			
	AAN		Borson paper			
				Investigate practice parameters and recommendations from national and local medical organizations	1. Review guidelines from AMA, AAN, AGS, CMS – KR 2. Investigate any guidance from WA health/medical associations - KR	July 30 July 30
				Investigate best practice models in other states/areas	1. Investigate what other states are doing to promote cognitive screening- KR 2. Determine how organizations integrate	June 24 August 31

					screening into the EMR - KR	
				Determine current/baseline use in local/state organizations	<ol style="list-style-type: none"> 1. Contact Virginia Mason, Providence, Group Health, Swedish to see what's occurring now re MAWV and inclusion of cognitive screening – KR 2. Identify key stakeholders in regional health care organizations 3. Consider repeat provider survey focused on screening 	<p>August 31</p> <p>August 31</p> <p>October 31</p>

DRAFT

Dementia Action Collaborative – Subcommittee Implementation Plans - LK 7/28/2016 8-29-KR

DAC Subcommittee: Health -Medical				Subcommittee Chair: Kris Rhoads		
<p>Recommendation #: 5E1. 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 advance care planning codes for individuals at end of life. See Bree Collaborative End of Life Care Recommendations next step/2017]</p>						
Project Team & Leader*	Key Partners	Anticipated "product" or "deliverable"	Any related Projects/efforts	High Level Action Plan/Steps (Initial)	Next Level Steps for each action at left & Who will do	Time frames, dates for: Start, Milestones & Completion
Kris Rhoads* Leslie Emerick Charissa Fotinos Tatiana Sadak Lynne Korte	WSMA	Report for caregivers/families & guidance about use of the Medicare Annual Wellness Visit (MAWV) Provider specific report/guidance for use of MAWV Potential webinars about use of the MAWV (and cognitive screening within it?)	Medicare/CMS materials	Review supportive guidance/materials from CMS, Alzheimer's Association, medical associations and others	1. Search materials available from CMS or Alz Association online – LK 2. Investigate any guidance from WA health/medical associations around MAWV and cognitive screening 3. Investigate what other states are doing to promote utilization of MAWV and cognitive screening- LK	June 24
	UW		Alz Association materials			July 30
	HCA		Note: This may be best coordinated with timing of 5.B.2. as that recommendation focuses on cognitive tools which may be used during the visit			Aug 30
	Other health systems					
	Billing code association					

				Investigate current practice; who is doing what in local areas re MAWV	<ol style="list-style-type: none"> 1. Contact Virginia Mason, Providence, Group Health, Swedish to see what's occurring now re MAWV and inclusion of cognitive screening - KR 2. Identify other providers/groups that we should contact - KR 	<p>Oct 30</p> <p>Oct 30</p>
				Determine current/baseline use of MAWV	<ol style="list-style-type: none"> 1. See if Qualis has any data on use of the MAWV (numerator/denominator)* – Amie Ford 2. Seek other sources of data for this information if needed 3. Determine if systems/organizations track this information – Sumie, Tatiana 4. Determine level of inclusion of “cognitive screen” within the MAWV 	<p>Done</p> <p>July 30</p> <p>Aug 30</p> <p>Dec 31</p>
				<p>Compile/Develop guidance materials for the MAWV, to include:</p> <p>For clinicians -</p> <ul style="list-style-type: none"> • written guidance • potential training webinars or workshops <p>For consumers –</p> <ul style="list-style-type: none"> • written information 	<ol style="list-style-type: none"> 1. Develop guidance materials content 2. Develop webinar presentation content 3. Determine what materials/format are best for dissemination 4. Have both (1) and (2) reviewed by H-M subcommittee and other interested DAC members 5. After this, have reviewed by several practitioners outside DAC 	<p>Spring '17</p> <p>Spring '17</p> <p>Summer '17</p> <p>Summer '17</p>

				Dissemination of guidance materials	<ol style="list-style-type: none"> 1. Consider potential contacts/avenues for first (trial round) of dissemination 2. H-M subcommittee to narrow/prioritize to best avenues to trial these materials 3. Arrange for either workshops or webinars with selected entities 4. Conduct 3-4 workshops/webinars 5. Evaluate content, format, feedback 	<p>Fall '17</p> <p>Fall '17</p> <p>Winter '17</p> <p>Winter/ Spring '18</p> <p>Spring '18</p>
				Investigate billing codes and distinction between MAWV and other wellness or complex care management codes.	<ol style="list-style-type: none"> 1. Get clear picture about what is happening around these billing codes issues already – who are key players? What is the status? What are their next steps? – Leslie?? 2. Identify challenges and/or barriers to use of these codes - ?? 3. Identify what more we need to move forward and who can help - ?? 	<p>April 30</p>

*Utilization of Medicare Annual Wellness Visits in WA State: Qualis

	G0402 (Welcome to Medicare)	G0438 (Initial Annual Wellness Visit)	G0439 (Subsequent Annual Wellness Visits)	Total Preventive (Total Annual Wellness Visits)	Total Benes	Percent with annual wellness visit or Welcome to Medicare visit
2013	6,674	23,173	54,462	84,309	781,794	10.78%
2014	6,928	17,490	69,802	94,220	804,026	11.72%
2015	7,014	17,497	81,998	106,509	832,268	12.80%

We are seeing increases in the annual wellness visits in WA, though uptake overall is still pretty low. The increases are coming from G0439—the subsequent annual wellness visits. I was surprised to see G0438 go down though, especially since there aren't corresponding increases in G0402. My guess is that people are billing G0439 even for a first wellness visit. It pays slightly less, but you also are less likely to be denied payment. (If someone has already received G0402 or G0438 in their lifetime from any provider, the claim would be denied.)

Note:

IDEA TO CONSIDER AT SOME POINT RE cog impairment? letter such as NYs – from health officer to medical professionals statewide – on importance of early detection/diagnosis. http://www.health.ny.gov/diseases/conditions/dementia/alzheimer/docs/dcl_early_detection.pdf

Dementia Action Collaborative – Subcommittee Implementation Plans

DAC Subcommittee: Long Term Care and Services

Subcommittee Chair: Bob LeRoy

Recommendation #: Goal 6.A.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, and Alzheimer’s Association Care Navigators.

Project Team & Leader*	Key Partners	Anticipated “product” or “deliverable”	Any related Projects/efforts	High Level Action Plan/Steps (Initial)	Next Level Steps for each action at left & Who will do	Time frames, dates for: Start, Milestones & Completion
LeighBeth Merrick* Mary Lynn Pannen Maureen Linehan Mimi Pattison Jullie Gray John Ficker	Alz. Assoc. ALSTA DSHS HCA Hospitals/A COs Qualis Washington Home Care Association	1. Grid detailing existing care coordination resources: <ul style="list-style-type: none"> ○ What services are offered? ○ Contact information? ○ What is the eligibility for services? ○ How are services financed? ○ Is there a focus or interest in working with people with dementia and their caregivers? ○ Length of program – existence as well as time of services offered ○ Size of program 2. Summarize gaps or areas of opportunity for serving populations who may not have adequate access to care coordination through existing models	Family Caregiver Handbook - ALSTA Dementia Friendly America Care Management Research projects through CMS and Private Pay White papers	<ul style="list-style-type: none"> • Define care coordination <ul style="list-style-type: none"> ○ How does this differ from service coordination? ○ What do people with dementia or their caregivers need or want from care coordination? ○ What evidence based practices are available for care coordination? 	Discuss at July meeting Review surveys from phase 1 and town hall information, small sample of clients Create grid (without information) for feedback from other DAC groups	Discuss at August Meeting Aim for completion by mid-September November

				<ul style="list-style-type: none"> • Inventory available care coordination resources through current systems <ul style="list-style-type: none"> ○ Primary Care Doctors ○ Health Care Institutions ○ Medicaid ○ Hospice/Palliative Care ○ Housing ○ Family Caregivers ○ Private Pay Market (include financial institutions and elder law) ○ Community Based Services ○ APS ○ VA ○ EAP Programs 		September 2016 – May 2017
				<p>Create grid detailing existing resources</p> <ul style="list-style-type: none"> • What services are offered? • Contact information? • What is the eligibility for services? • How are services financed? • Is there a focus or interest in working with people with dementia and their caregivers? 		September 2016 – May 2017
				<p>Identify gaps or areas of opportunity for serving populations who may not have adequate access to care coordination through existing models</p>		June 2017