

UNIVERSITY OF CALIFORNIA, LOS ANGELES: ALZHEIMER'S AND DEMENTIA CARE PROGRAM

A partnership of eight community-based organizations (see below) and the University of California, Los Angeles delivers the comprehensive, coordinated level of care that people with Alzheimer's disease and dementia and their caregivers need. The partners developed the Alzheimer's and Dementia Care (UCLA ADC) program, a model that incorporates a nurse practitioner to deliver health care in coordination with physicians and integrates social services available by the CBO partners, such as adult day care services, counseling, and caregiver training. The partnership goals include minimizing caregiver strain and supporting greater independence, dignity, and function for older adults with dementia. Another goal is to decrease health care costs. To date, the program has successfully served over 2,000 individuals.

RESULTS

- Reduction in long-term care admissions (33%).
- Reductions in behavioral symptoms (12%) and depressive symptoms (24%).
- Tripled caregiver confidence in accessing CBO resources.

INSPIRATION

Older adults with Alzheimer's disease and dementia have unique and significant care needs, often requiring substantial time and attention.

Unfortunately, the typical physician schedule and skillset is not conducive for managing all health and social needs of this special population. Persons with dementia have a greater reliance on families and caregivers, who might not

CAREGIVER:

"The program has turned my life around. I now have a grip on things. I do not feel totally overwhelmed. I have been given some counseling and adult day care. ... I can honestly say it has sort of saved me."

have the appropriate training and counseling. This results in individuals with Alzheimer's disease and dementia receiving a lower quality of care, being three times more often admitted to hospitals, and accounting for higher overall health care costs than older adults without dementia.

ORGANIZATIONS INVOLVED

The UCLA ADC was initiated in 2011 by the UCLA Health System (UCLA Health). The eight CBOs participating in the model include: OPICA Adult Day Care, Jewish Family Services, Alzheimer's Association Central Chapter, ONEgeneration, Coast Caregiver Resource Center, WISE and Healthy Aging, Alzheimer's Greater Los Angeles, and Senior Concerns.

PARTNERSHIP STRUCTURE

The UCLA ADC is a referral model, formalized with an agreement between UCLA and each of the CBOs. As part of the agreement, each CBO provides UCLA with a menu of services they can provide the UCLA ADC enrollees and their families, for which they might receive funding from UCLA. The model consists of a steering committee that includes the CBO partners, as well as caregivers and other key stakeholders. The steering committee provided guidance and expertise on the design and implementation of the program and now provides guidance on growth and sustainability.

MODEL DESIGN

Services provided by the UCLA ADC focus both on disease management and care coordination. The nurse practitioner Dementia Care Manager (DCM) completes a needs assessment for the participants and their caregivers, and develops and implements an individualized care plan based on the assessment. The DCM monitors the care plan on an ongoing basis,





making revisions as necessary. This is possible by having the DCM stay in close contact with the older adults being served, as well as with their primary care physicians. Numerous mechanisms of communication are used, including in-person office visits, telephone calls, emails, and text messages. When needed, the DCM sends referrals to specialist physicians for care, as well as to the CBO partners for services (e.g., training, home care, adult day care, counseling).

UCLA HEALTH:

"The goals of the program are to maximize function, independence, and dignity for individuals with dementia, minimize caregiver strain and burnout, and reduce unnecessary costs through improved care."

In addition to identifying necessary community-based services, the DCM determines if the costs are eligible for reimbursement by UCLA Health or the responsibility of the individual. This is determined on a case-by-case basis. Once referrals are made to the CBO partners, the DCMs follow up with the CBOs to ensure that services are initiated and maintained for the recommended duration.

FUNDING MECHANISM

The UCLA ADC was awarded a Healthcare Innovations Challenge Award from the Centers for Medicare & Medicaid Services, which provided funding to care for up to 1,000 older adults. Additionally, fee-for-service reimbursement from

Medicare provides some funding for the services, such as in-person visits performed by the DCMs, and through recent changes also for a cognitive assessment and for non-face-to-face care coordination.

The CBO partners participating in the program are reimbursed on a fee-for-service basis via vouchers by UCLA based on the determination by DCMs of the needs. The vouchers define the appropriate amount, or length of time, for the services to be provided.

LESSONS LEARNED

- Mutual respect and responsibility among partners is essential for developing and sustaining relationships and for achieving success together, especially through building on each organization's strengths.
- Understanding the mission, vision, and resources of each organization involved in the partnership is critical.
- Partners need to monitor the relationships through regular communication, which allows for quickly identifying and addressing issues as they arise.
- It is extremely valuable to have all partners actively involved in the decision-making process for growing and sustaining the partnership.

FUTURE

The goal of the UCLA ADC program is to increase the number of persons served and expand the services provided. One approach is to increase the number of DCMs, which will allow them to staff additional clinics within the health system and serve more individuals. Another approach includes adding more CBO partners and expanding the services (e.g., languages other than English) offered through the program. The UCLA ADC will disseminate the model to other U.S. health care systems and has received support from The John A. Hartford Foundation and The Commonwealth Fund.

