Alzheimer's Disease and Related Disorders Commission
Department for Aging and Rehabilitative Services
8004 Franklin Farm Drive, Henrico VA 23229
September 17, 2024
MEETING MINUTES

Members Present

Lana Sargent, Chair
Leslie Bowie
Bonnie Bradshaw
Bea Gonzalez
Rick Jackson
Josh Myers
Margie Shaver
James Stovall
Ishan Williams
Jennie Wood
Faika Zanjani

Ex-Officio Members
Rachel Coney, VDH
Tara Ragland, DSS

Participating Electronically
Vanessa Crawford
Karen Garner
Michael Watson
Annette Clark, DBHDS

Members Absent
Jason Rachel, DMAS
Kathryn Hayfield, DARS
Zachary Wood

Guests
Stephanie LaPrade (appointed but not yet sworn in, virtual)
Guy Mayer
Ran Yang
Eve Flippen

Staff
George Worthington, Dementia Services Director
Kiersten Ware, Deputy Commissioner, Division for Aging Services
Matt Jones, Director of Aging Programs.
Cecily Slasor, Administrative Support
Catherine Harrison, Director of Policy and Legislative Affairs
Charlotte Arbogast, Senior Policy Analyst

Agenda Items	**Speaker**
Welcome and Introductions of Members and Guests Chair Lana Sargent opened the meeting at 10:00 a.m. and started by announcing members who are participating electronically and asked the Commission whether there were any objections to their participation. There were none. Members participating electronically:	**Lana Sargent, Chair**

Vanessa Crawford, participating from Petersburg under permission #4 (personal matter). Annette Clark, participating from Roanoke, permission #3 (principal residence more than 60 miles away). Michael Watson, participating from Lorton, permission #3 (principal residence more than 60 miles away). Karen Garner, participating from Chesterfield, permission #1 (medical condition). Chair Sargent welcomed new members Bonnie Bradshaw, James Stovall, and Faika Zanjani. Additionally, Stephanie LaPrade was appointed last week and is observing today as she has not yet been sworn in. Chair Sargent asked members and guests to introduce themselves. Following introductions, Ms. Sargent reviewed the purpose of the Commission.	
Review and Adopt Meeting Agenda *Action Item*: Approve Agenda Chair Sargent asked whether there were any changes to the agenda. Ms. Sargent had two proposed changes: 1) to move the 2025 calendar action item to 12pm in order to accommodate any members who might not be able to stay until 1:45pm. 2) The update from DMAS will be deferred until December as Jason Rachel is unable to attend. There were no other proposed changes to the agenda. Rick Jackson made a motion to accept the agenda as amended, and this was seconded by Margie Shaver. The vote was unanimous to adopt the agenda with the proposed changes.	**Lana Sargent**
Review and Approval of June 11, 2024, Meeting Minutes ***Action: Adopt Minutes*** Ms. Sargent asked whether there were any changes to the minutes for June Member Jennie Wood needs to be listed as present in the June minutes. With this change, and no opposition to the change, Chair Sargent declared the minutes adopted as amended.	**Lana Sargent**
Public Comment Period There were no public comments received.	**Lana Sargent**
Division for Aging Services Report Report attached.	**Kiersten Ware, DARS Deputy Commissioner, Division for Aging Services**

Dementia Services Director Report See attached report.	**George Worthington, DARS Dementia Services Director**

Virginia Department of Health BOLD Report
Rachel Coney, Brain Health Coordinator with the Virginia Department of Health, provided an update on recent activities under the BOLD grant project, Healthy Brain Virginia.
Strategy 5: Educate the general public about ADRD topics.:
• *Empowering Future Leaders: HBCU Students Advancing Alzheimer's Awareness* | HBCU Brain Health Consortium (Alzheimer's Association, Virginia State University, Norfolk State University, and VDH), which was developed in GY3 under the previous iteration of funding. These two sessions will focus on the biological, social, and psychological aspects of ADRD as well as programs and services for those living with and impacted by ADRD. It aims to equip future health professionals with the knowledge and skills to support and advocate for people living with ADRD and their support networks within their communities.
• *Dementia Roadmap NYU has agreed to assist in the revisions*
• *Saving Claire Falls Risk*
  • *2 Sessions at Warrick Forrest*
  • *1 Session Brookdale*
Strategy 6: Educate providers and other professionals about ADRD topics
• Distributed 70 copies of the Dementia State Plan
• the Virginia Dept. of Health Agency Forum, the HBV program was highlighted for its BOLD work and provided ADRD resources and educational opportunities. The event was attended by 700 state-level employees.
• Brain Health Coordinator completed VDT CT Hospitalization specialty training
 	
Strategy 7: **Increase the availability and use of data to improve knowledge, assess, plan and implement priorities:**
• The new Chronic Disease portal is now live. The portal will feature BRFSS, hospitalization, morbidity, and mortality data at the state and local levels for diabetes, heart disease, arthritis, ADRD, and more.
• The Healthy Brain Virginia partner survey will be disseminated no later than October 31. This will be instrumental in assessing the program's impact, identifying
	Rachel Coney, VDH Brain Health Coordinator

successful practices, and making data-driven decisions for future improvements. This highlights our commitment to continuous enhancement and to nurturing strong, productive partnerships**.** **Strategy 8: Improve the sustainability of ADRD efforts.** • HBV program has initiated the development of mini grant applications. This will go live at the end of September. Timeline Jan-sept. This process includes drafting the application guidelines, establishing evaluation criteria, and identifying key focus areas for funding. • Supported 200 community and professional educational sessions. Topics covering: 10 Warning Signs of Alzheimer's Reducing Your Risks How Churches Can Help • 2024 Regional Dementia Summit at the University of Lynchburg HBV will present focusing on State Perspectives & Lessons Learned. We also led a group strategic activity to identify service and support needs and gaps for families and individuals with dementia. **Strategy 9: Develop community-clinical linkages among health care systems and existing services, public health agencies, and community-based organizations:** HBV continues to foster partnerships between healthcare institutions, community organizations, government agencies, and other stakeholders involved in promoting brain health. These collaborative efforts enhance communication and coordination among different sectors, leading to improved clinical linkages and continuity of care for individuals with cognitive impairments.	
Alzheimer's Association Update Josh Myers provided an update on upcoming advocacy opportunities and other activities supported by the Alzheimer's Association. In particular, he mentioned: • Legislative Advocacy Day (Day on the Hill)– January 30 • Walk to End Alzheimer's – various dates statewide • March 26- annual caregivers conference at the Science Museum	**Josh Myers, Alzheimer's Association Director of Government Affairs**

Mr. Myers encouraged members to participate in any and all of these activities, and noted that the Association can help support members with advocacy efforts.	
ARDRAF Update Faika Zanjani, Commission member and director of the ARDRAF program at the Virginia Center on Aging, provided an update of the program and noted several changes to this program that provides funding to seed research programs into dementia science and care. This year, the program will award 4-5 grants of a maximum $75,000, raised from $50,000 previously. Prospective applicants must submit a letter of intent to apply by December 1st in order to be able to submit ARDRAF applications.	**Faika Zanjani**
Legislative Committee Report (Handout) ***Proposed Action Item: Revise VA Lifespan Respite Recommendation*** A survey was sent out in August to legislators with only about one third responding. A one-pager on dementia information and the ADRDC recommendations will be created in October and shared with legislators. Member Jennie Woods commented that legislators may not know who to contact and that a presentation for commission members may be needed Members briefly reviewed the four policy recommendations approved in June, and Ms. González asked for the members to consider increasing the amount requested to support the Virginia Lifespan Respite Voucher program from $200,000 to $500,000 (this was amended by the Commonwealth Council on Aging, which is supporting this two other recommendations from the Commission). Rick Jackson made a motion to approve changing the dollar amount of the recommendation as above, and this was seconded by Ishan Williams. Members voted unanimously in favor of the change, with no abstentions. The four recommendations are as follows: 1.Expand Dementia Care Management to Underserved areas of Virginia 2.Dementia Services Budget Increase 3. Replicating the RAFT dementia training for facilities and caregiers in other areas of the Commonwealth 4. State funds for Virginia Lifespan Respite Voucher Program	**Bea Gonzalez**

Workgroup Leadership – new Chair appointments Chair Lana Sargent shared that there is a vacancy for the chair of the Training Workgroup, and that the chair of the Brain Health workgroup, Karen Garner, could be replaced on the Commission at any time as her final term is now expired. Jennie Wood volunteered to serve as chair of the Training workgroup, and Michael Watson volunteered to serve as chair of the Brain Health workgroup.	**Lana Sargent**
ADRDC 2024 Annual Report ***Proposed Action Item: Approve Report*** Mr. Worthington shared that the annual report is intended to convey the recommendations of the ADRDC to DARS, the Governor and the General Assembly, and to inform them of the activities of the Commission. The report must be submitted by October 1 each year. He reviewed the report briefly, highlighting a few areas such as the BOLD activities and the development of the Dementia State Plan implementation plan. Jennie Wood made a motion to approve the annual report as presented, and this was seconded by Leslie Bowie. Members voted unanimously to approve the report as presented, with no abstentions.	**Lana Sargent, George Worthington**
Workgroup Reports ***Proposed Action Item: Approve Final Implementation Plan*** **Coordinated Care Workgroup** The CC workgroup met on August 6th. Ms. Williams thanked the members of the workgroup for their work. • Goals 1 and 4 discussed The workgroup briefly reviewed the implementation plan with respect to Goals 1 and 4 of the Dementia State Plan • The workgroup discussed the feedback on the implementation plan received from the Virginia Department of Health, particularly with regard to some of the proposed measures. • The workgroup discussed three areas of future focus for the workgroup ○ Reviewing regulations relevant to dementia care such as hospice, adult day programs, assisted living facilities and	**Ishan Williams** **Lana Sargent**

others, and preparing for future opportunities to provide input into these regulations, o Reviewing potential content for the expanded Dementia Capable Virginia website on an ongoing basis, o Reviewing proposed service standards for the Dementia Care Navigation pilot program recommended by the Commission.	**George Worthington**
Data and Research Workgroup Chair Sargent said that the workgroup met on August 6 and discussed data and how it is shared. • The workgroup briefly reviewed the implementation plan with respect to Goals 2 and 5 of the Dementia State Plan. • Workgroup members discussed several possible strategies to focus on over the next several months. • There was much discussion about disseminating information, not only about the Commission, the workgroup and related activities, but also about ARDRAF projects and other research opportunities. • Members discussed the survey of researchers that had been proposed previously to solicit feedback on the research consortium described in Objective 5.2, and decided not to move forward with the survey at this point. • Members agreed to review Dementia Capable Virginia content relevant to Goals 2 and 5 as it becomes available. • Members also discussed the 2022 Behavioral Risk Factor Surveillance System (BRFSS) data, and ways of leveraging the opportunity provided by having asked both the cognitive decline and caregiving modules in the same year (2022), allowing cross-analysis of respondents to both modules. Going forward, these modules will be asked in alternate years, so that opportunity will no longer be available.	**Karen Garner**
Training Workgroup Mr. Worthington reported on this workgroup which did not have a chair at its last meeting on August 21. • Members reviewed the Implementation Plan and discussed in depth several strategies to focus on. Members had ranked strategies, and the discussion centered on the top three ranked strategies that are included in the implementation plan, and the top three ranked strategies that are not included in it. • Members discussed ways of moving forward on several of the activities. The top ranked strategies to work on were to promote the use of advanced dementia-specific certifications such as the Certified Dementia Practitioner, and to integrate dementia-specific	

modules into existing trainings offered by state agencies. For the former, members discussed who the likely audience would be, and agreed to develop a one-pager highlighting why the trainings are desirable, who would benefit and how to access them.
- There was a good discussion about how to ensure newly required trainings for EMS providers including dispatchers and firefighters would be available to existing personnel as well as through the academy trainings for new personnel.
- Members also agreed to review dementia-specific advance directives and decide how best to move forward with incorporating them into Dementia Capable Virginia.

Brain Health and Risk Reduction Workgroup
Karen Garner

- The workgroup briefly reviewed the implementation plan with respect to Goal 6 of the Dementia State Plan
- Workgroup members ranked strategies for focus by this workgroup. Working on raising awareness of community screenings and cognitive screenings more generally was the number one choice identified by the members.
- Members discussed the other strategies and raised some thoughts about achieving and implementing those.
- The first activity of the workgroup will be to develop an infographic on what cognitive screening is, why you would want to have a cognitive screen, and what to do after a screen. Members also discussed how screening relates to other areas of concern such as access to the diagnostic process, and the potential intersection with the Dementia Care Navigator pilot project and the GUIDE model program.
- Members will meet again in October to review the draft infographic and related materials.

Mr. Worthington briefly reviewed the implementation plan that was provisionally approved by the Commission in June. This was then submitted to VDH for input and feedback, and was shared with the BOLD project officer at CDC (the implementation plan is a deliverable of the BOLD project). This feedback was incorporated into the Plan (largely involving measures; no additional strategies were chosen for inclusion beyond those included in the draft plan) through discussions between the Dementia Services Director and the Brain Health Coordinator.

Rick Jackson made a motion to approve the Implementation Plan as presented, and this was seconded by Margie Shaver. Members

voted unanimously to approve the final implementation plan with no abstentions.	
2025 Meeting Calendar ***Proposed Action Item: Approve 2025 Meeting Calendar*** • March 11, 2025 • June 10, 2025 • September 9, 2025 • December 9, 2025 Ishan Williams made a motion to approve the proposed 2025 meeting dates, and this was seconded by Jennie Wood. Members voted unanimously in favor of the motion with no abstentions.	**Lana Sargent**
Working Lunch: Wisconsin Dementia Care Specialist Program (Attachment) Ms. Felten established the Wisconsin Dementia Care Specialist Program, which has become a best practice that is being replicated by several states. Virginia is aiming to pilot a version of this program, and funding for this is one of the ADRD Commission policy recommendations for 2025. The Wisconsin Dementia Care Specialist Programs got its start from Administration for Community Living grant projects beginning in 2009. A pilot project opportunity followed and state funding provided for the project to expand statewide. Three "pillars" create a web of support: • Dementia Capability • Dementia-Friendly Communities • Individuals and Families Lessons learned from the program: • the framework must be flexible • three pillars work together • people want memory screening • volunteer coalitions extend reach • tribal programs are the same, and different • plain language and names are important	**Kristin Felten, Wisconsin Office on Aging**

• family caregivers use the program the most The program is still evolving and evaluation is underway. The program is the backbone that sustains many activities. Ms. Felten stressed the importance of using plain language such as memory screening vs cognitive screening to increase acceptance of the screening process. Ms. Coney asked what the average age of persons at the screening is. Ms. Felten said the average age is 70.	
Geriatric Emergency Departments **Improving Emergency Care for People Living with Dementia (and their care partners)** **(Slides attached)** Dr. Biese is an Associate Professor of Emergency Medicine and a Consultant with West Health Dementia is not *diagnosed* in the ER but it should be *identified* in the ER to provide appropriate care, meds, etc. Geriatric ED's are expanding along with GEDC membership They are not usually a separate ED but have provided supplemental training for their ED staff on best practices with regard to geriatric and dementia care. Mr. Biese noted that he uses the 5 Ms (4 Ms is a pillar of age-friendly health care): mobility, mentation, medication and what matters, plus elder mistreatment. There are approx. 176 hospitals in VA but only three have Geriatric EDs.	**Kevin Biese, UNC Chapel Hill**
New Business There is no new business.	**Lana Sargent**
Public Comment Period There were no public comments.	**Lana Sargent**
Adjournment Chair Sargent adjourned the meeting at 1:45p.m.	**Lana Sargent**

ADRDC Report Division for Aging Services Deputy Commissioner Ware

DIVISION STAFFING UPDATES

- George Worthington: George has been with the Division for Aging Services for 6 years, his work with the ADRDC has been incredibly impactful. In reviewing his role, it became clear that his title was not reflective of the level work he does with ADRDC; his new title is now Dementia Services Director. The division is also providing more administrative support to the work of Dementia Services by providing a part-time specialist. We are actively recruiting now, seeking qualified candidates.

- Matt Jones: The retirement of Kathy Miller and her transition has occurred. As our new Aging Programs Director Matt has been busy connecting with the team and getting oriented to the division, meeting partners and re-establishing our workgroups/teams for monitoring, standards and programs.

- Sara Stowe, Commonwealth Council on Aging Executive Director: With funding from the Virginia General Assembly, DARS has hired a new CCOA Executive Director starting on September 25th. This position will have more time to dedicate to the operations of the CCOA.

MORE ON THE COMMONWEALTH COUNCIL ON AGING

This summer, the Council was pleased to welcome several new members during the transition to a new structure that aligns with Chapter 583 of the 2023 Acts of Assembly. The Honorables Christopher T. Head and Patrick A. Hope were appointed to the Council by the Senate Committee on Rules and House Speaker, respectively. In addition, the Executive Director of the Virginia Center on Aging, currently Tracey Gendron, MS, Ph.D., and two at-large citizen members (Roland Winston for his second term and Yolanda Stevens, Ph.D. for her first term) also joined the Council.

The next CCOA meeting is Sept. 30th.

In 2023, the Council also received its first grant from the Virginia Center on Aging (VCOA) Geriatric Training and Education (GTE) Program and has been hard at work implementing this one-year project. Focused on increasing knowledge about food insecurity, malnutrition, and the programs available to them, the Council's GTE grant created five microlearning videos on the topic. The grant implementation was very successful.

CCOA – AUG 27TH CCOA BEST PRACTICES AWARDS: ADVANCING INNOVATION IN AGING PROGRAMS

While we hosted individual awards ceremonies with each of the three awardees earlier this summer, we wanted to make available an opportunity to share the Best Practices with the community across the Commonwealth. With financial support from Dominion Energy and AARP Virginia, the Best Practices Awards honor model programs that improve the lives of older Virginians and support caregivers. This year's winners highlight the importance of community connections and how arts and culture can create a sense of community and purpose. The Council partnered with DARS and the Virginia Association of Area Agencies on Aging (V4A) to showcase the winners via a live (and recorded) webinar on August 27, 2024.

1. 1st Place ($5,500): The Opening Minds through Art (OMA) Center at The Cultural Arts Center at Glen Allen (CACGA)
2. 2nd Place ($3,500): The Art, Leisure, and Recreation Program from Richmond Aging and Engaging
3. 3rd Place ($2,500): The Audio Accessibility and Inclusion Program from Virginia Voice.

CCOA LEGISLATIVE PRIORITIES

As we look ahead to the upcoming General Assembly Session, the Council has prepared its 2025 Legislative Recommendations, which focus on three primary areas:

1. *Home and Community-Based Services (HCBS)*
    a. Increase Funding for HCBS Through Area Agencies on Aging
    b. State funds for Virginia Lifespan Respite Voucher Program
    c. Conduct a Study on the Feasibility of a Multisector Plan on Aging
2. *Long-Term Care Services*
    a. Replicating the RAFT Program in Other Areas of the Commonwealth
    b. Support Nursing Home Inspection and Enforcement Process
    c. Increase Nursing Home Personal Needs Allowance and/or Create a State-Based Tax Deduction or Credit for Donations of Personal Needs Items to For-Profit Nursing Homes

d. Strengthen Nursing Home Transparency, Data, and Oversight

3. *Dementia Services*

a. Expand Dementia Care Management to Underserved Areas of Virginia

b. Provide State General Funds for the Ongoing Operations of the Virginia Memory Project

AREA AGENCIES ON AGING (AAAS)

We've been very engaged since we last met - travelling across the Commonwealth to visit AAAs, attended regional events, and conferences.

In November 2023, I joined the Agency with a charge to elevate aging throughout the Commonwealth. To deepen collaboration with the state's Area Agencies on Aging (AAAs), I committed to visit each AAA within my first year. 18 of the 25 are complete. I'm on track to complete visits by the end of the year. Visit tours have included congregate sites, senior recreation and engagement centers, administrative offices, renovation/rebuild projects, and memory care center. Interactions with boards, commissions, advisory councils, key staff, and participants have provided Deputy Commissioner Ware with a comprehensive view of the AAAs' work and the needs of the Commonwealth.

OLDER AMERICANS ACT (OAA)
NEW REGULATIONS & INPUT SESSIONS

OAA Final Regulations took effect March 15, 2024, and all entities, including SUAs, AAAs, and services providers, will need to comply by October 1, 2025. In August we hosted our first kickoff AAA Input session where we provided an update from DAS New Regulations Team, shared our timeline, and talked about the products and process we are using to assess and establish a plan for implementation, the focus currently being internal SUA items that can be put into place soon. AAA Input sessions are scheduled through January of 2025.

While the New Regulations Team continues to make progress in our gap analysis, ongoing training and information for technical assistance continues. We encourage the resources provided by ACL's "Back to Basics" webinar series, in all our messaging and focus on Federal Regulations communications by topic directly to AAAs via email and our e-newsletter (On the Same Page bi-weekly e-newsletter).

In regard to the Older Americans Act Reauthorization: ACL, Advancing States, USAging and government officials are keeping us informed and engaged as the act moves through the reauthorization process. We've been told it might be added to the *FY 2024 Appropriations Package* that would be decided upon by Congress most likely in December.

HB 888/SB 176 Workgroup

DARS has been assisting with the logistics of the Secretary of Health and Human Resource's HB 888/SB 176 Workgroup. This the workgroup stemming from the JLARC study last year on the state psychiatric hospitals and the crisis system access for individuals with neurocognitive and neurodevelopmental disorders. DBHDS has been helping the Secretary's Office by facilitating the meetings, Deputy Secretary Leah Mills has been chairing the meetings, and DARS offered to host the in-person meetings (as an alternative to downtown Richmond meetings) and assist with the online access to support hybrid meetings (for workgroup members and the public). DARS' Catherine Harrison as well as stakeholders from brain injury, dementia and long-term care organizations, including Josh Myers from the Alzheimer's Association, have been serving on the workgroup. The workgroup has heard a number of personal stories reflecting lived experiences dealing with crises from individuals and families dealing with ID/DD, autism, brain injury and dementias, as well as presentations on current and future plans for Virginia's crisis system, 9-8-8, DBDHS' current pilot programs, and best practices for serving individuals with neurocognitive and neurodevelopmental disorders. The workgroup has met four times during late summer/early fall and intends to meet once more to further develop recommendations for the Secretary's report, which is due November 1.

VIRGINIA INSURANCE COUNSELING & ASSISTANCE PROGRAM (VICAP)

The annual Medicare Open Enrollment Period begins October 15th and ends December 7th. The local programs are gearing up for a very busy season, counselors are doing update trainings through our resource center, the SHIP Technical Assistance Center.

VICAP ANNUAL COORDINATOR CONFERENCE – SEPT 17 & 18

The 17th Annual VICAP Coordinator Conference will be held September 17th and 18th at The Crossings Hotel & Conference Center in Glen Allen. This conference is attended by the local VICAP Coordinators and their assistants from the 24 VICAP participating AAAs. There will be update presentations by Senior Medicare Patrol, Bureau of Insurance, Social Security, the SHIP TA Center, DMAS, Medicaid Managed Care Advocates, the National Council on Aging and CMS. There will also be a regional breakout session to discussion trends, issues occurring in their area as well as sharing any innovative ideas to improve counseling and outreach to our Medicare beneficiaries.

OLDER ADULT MENTAL HEALTH – DARS & DBHDS

As part of our efforts to enhance coordination with DBHDS and address older adult mental health needs, we have been partnering with DBHDS and through the CSBs to offer Mental Health First Aid Training to the AAAs.

Our next phase will be to create a handout that highlights aging services on one side and mental health services on the other side. The goal is to create digestible content for older adults as well as for our respective networks. We want the behavioral health system to know how the aging services system can support their older adult clients and vis-versa. We look forward to unveiling this soon.

VA HEAR PROJECT: COLLABORATION OF VCU, DARS & VT

The Virginia HEAR Project is a solution focused, multi-media intervention designed to address the rising prevalence of elder abuse through creating opportunities for knowledge & trust building, connections, and collaboration, and streamlined service delivery. The project features a new page on Virginia Easy Access developed in partnership with No Wrong Door Virginia called the Safety Connector. The Safety Connector page raises awareness about elder abuse offers information and resources to protect people from harms that stem from agism. One important way to stay safe is through meaningful, person-centered connections. The Safety Connector supports this protective factor by offering a by topic search tool, where users can browse topics by name or image, insert their zip code, and find support. Other tools developed as part of this project include informational video, and a workbook. VCU is scheduling full trainings on the suite of resources developed and has launched an awareness campaign this year.

- The HEAR video playlist on YouTube.
- The Participant Workbook (attached).

- The Safety Connector on Virginia Easy Access

MORE FROM NO WRONG DOOR

The Social Health Connector is a new a national award-winning tool on Virginia Easy Access that uses a person-centered virtual assessment to generate a customized social health connection plan for older adults, individuals with disabilities, veterans, caregivers and their families. This personalized plan offers insights into individualized risks and strengths, highlighting local recommended resources for users within the state of Virginia. After individuals complete the survey, they receive a customized social connection plan.

The following link to access promotional material for use in your community including conversation starter stickers: https://easyaccess.virginia.gov/media.

MALNUTRITION AWARENESS WEEK SEPT 16 – 20

https://www.governor.virginia.gov/newsroom/proclamations/proclamation-list/malnutrition-awareness-week.html

17th Annual Falls Prevention Awareness Week - September 23-27

The following week - National Council on Aging is leading the 17th annual Falls Prevention Week during the week of September 23-27. Community organizations and senior centers nationwide will hold events to educate older adults about how to reduce their risk of a fall by offering evidence-based falls prevention programs, workshops, screenings, and more.

2024 FARM MARKET FRESH SEASON UPDATE

Farm Market Fresh has seen $356,670 in redeemed produce vouchers across the state as of August 31, 2024. The majority of redemptions are from the Senior side with $323,970 redeemed, while $32,700 was redeemed from the WIC side of the program. Throughout the Commonwealth, there are 336 authorized farmers providing locally grown fresh fruits and vegetables to low-income older Virginians and WIC families. Overall, voucher usage for fresh fruits and vegetables at 194 local farmers' markets and 61 roadside stands has increased by 27% this season, to date. The program runs through

November. If you have any questions, please reach out to Matthew at matthew.wasikiewicz@dars.virginia.gov

NVAN LEGISLATIVE BREAKFAST SEPT 20, 2024 – Northern Virginia Aging Network

NVAN is a regional advocacy group made up of the 5 Northern Virginia AAAs and Commissions on Aging. Every year they develop a platform of 3 legislative and 3 budget priorities to focus their efforts on for the upcoming general assembly session. The platform is revealed to local delegation at the breakfast. DARS Senior Policy Analyst Charlotte Arbogast and I will be in attendance.

AGEISM AWARENESS DAY OCT 9

DARS will be highlighting w/ VCU- Ageism Awareness Day on Oct. 9, 2024.

This is a weeklong campaign/ celebration of Media Posts - leading up to an event on October 9th.

VCU is going to lead us in a special training and Fireside Chat with Dr. Tracey Gendron – on Oct. 9th to ground us in the celebratory day.

Dementia Services Director:
Quarterly Report to the Alzheimer's Disease and Related Disorders Commission

Virginia Department for Aging and Rehabilitative Services
September 17, 2024
Period: June 11, 2024 – September16, 2024

1. Outreach and Education

Attended:

Numerous webinars including:

- National Alzheimer's Disease Resource Center
  - Strategies to Address Social Isolation (Jun 11)
- BOLD Public Health Center of Excellence for Dementia Caregiving (Jun 12, Jul 24)
- BOLD Public Health Center for Early Detection and Diagnosis (Jun 18, Aug 14)
- BOLD Public Health Center for Risk Reduction (Jun 26, Jul 24, Aug 28)
- Benjamin Rose Institute Katz Lecture (Jun 26)
- Dementia and IDD (Aug 29)

Conferences:

- Regional Dementia Summit (Sep 10, Beard Center, Lynchburg)

Presented:

- Foster Grandparents, Senior Connections: Dementia Friends Information Session (June 21, 38 attendees)
- Rockfish Valley Community Center: Brain Health (July 11, 23 attendees)
- Culpeper LEAD: Dementia Friendly initiatives (July 19, 22 attendees)
- Fairfax Aging Services All Staff: Dementia State Plan, State Dementia Initiatives (Sep 4, 142 attendees)

Training

- Dementia Friends Champion Training (Jun 18, 5 trainees)
- Virginia State Police Academy: Dementia Awareness Training (August 19, 42 attendees)
- Rockfish Enrichment Club: Volunteer training on dementia, social respite (Aug 14 & 24, 34 attendees)

Upcoming

- Virginia Caregiver Coalition: Alzheimer's disease and resources (Sep 19)
- National Dementia State Coordinators Summit (Washington, Nov 7-8)

Consumer Calls (SFY- year ending June 30)

SFY2021- 77
SFY2022- 177
SFY2023- 140
SFY2024- 127

SFY23 Q1—39 Q2—36 Q3—37 Q4—28
SFY24 Q1—36 Q2—22 Q3—39 Q4—30

2. Data

- CMS Medicare Beneficiary Chronic Conditions data—updated for 2018 (data available to 2018)
- BRFSS Cognitive Decline and Caregiver modules—Caregiving module (2022), Cognitive Decline (2022)—report received May 31
- Virginia Memory Project—providing data to https://maps.healthlandscape.org/Virginia/

3. Collaboration and Partnerships

Virginia

- ARDRAF Awards Committee (June 12)
- Virginia Dementia Care Coordination Roundtable—met on Jun 24, Aug 26, bimonthly going forward.
- Virginia Caregiver Coalition: *meetings* Jun 18, Sep 19.. *Executive Committee meeting (Aug 20).*
- AARP Age Friendly State Meeting (Aug 2)
- Richmond Brain Health Initiative (ongoing).
- Department for Behavioral Health and Developmental Services (ongoing).

- Commonwealth Council on Aging (Jul 17)
- Virginia Department of Health/Healthy Brain Virginia (BOLD) *ongoing*
- Advisory Committee on Health Disparities and Health Equity (VDH)—July 9
- Dementia Messaging in Virginia (VCU and partners; *quarterly*)
- Dementia Friendly Virginia:
  - *Quarterly virtual Dementia Friends Champion trainings*
- Dementia Friendly Central Virginia (DFCV): *bimonthly meetings*
  - Charlottesville Area Alliance (spearheading Age-Friendly/Livable Community initiative)
  - Charlottesville TRIAD
- Piedmont Dementia Education Committee (ongoing when able)

National/Interstate

- State Unit on Aging Dementia Coordinators (Jul 8,Sep 9) Convened by ACL regional administrators. Every month with Region III (DC, DE, MD, PA—no one in the role, VA, WV); every other month also includes Region IV (AL, FL, GA, KY, MS, NC, SC, TN).
- District of Columbia Brain Health Initiative (ongoing when able)
- Advisory Council on Alzheimer's Research, Care and Services (National Plan; Aug 5)
- RAISE Family Caregiver Council:
- State Dementia Coordinators (quarterly, informal grouping mixing State Unit on Aging and State Public Health Agency roles)

4. Grant Writing and Administration

CDC BOLD Public Health Programs to Address Alzheimer's Disease and Related Dementias (ADRD)

- Grant awarded to VDH for start date of September 1, 2023. Five-year funding
- Project period is September 1, 2023 through August 31, 2028. Weekly meetings with the Brain Health Coordinator, quarterly partners meetings.
- VDH working with DARS, Alzheimer's Association, and other partners
- Three strategies related to the ADRD Commission (Maintain or expand ADRDC, educate ADRDC on ADRD topics, lead ADRDC to develop and track an implementation plan for the Dementia State Plan)
- Goal is to develop a strong public health approach to ADRD
  - Risk reduction
  - Early diagnosis
  - Using data for priority setting and action
  - Support for caregiving for persons with dementia, including addressing social determinants of health

University of Minnesota/Johns Hopkins/University of North Carolina—National Dementia Care Coordination Research Center grant proposal (pending)

- Met with Joe Gaugler (U Minn), Quincy Samus (Johns Hopkins), Sheryl Zimmerman (UNC) on Oct 10
- DARS/ADRDC/partners joint letter of support
- Grant team is joining the Dementia Care Coordination Roundtable meetings
- Virginia would be Year 1 spotlight state ($200,000 for research, support of Roundtable, etc.)

5. Tracking Policy

General Assembly 2024

- SB176/HB888: Removes neurocognitive disorders and neurodevelopmental disabilities from the definition of mental illness for the purposes of emergency custody orders (ECOs) and temporary detention orders (TDOs) as of July 1, 2025; bill must be reauthorized in 2025 General Assembly. Also directs the Secretary of Health and Human Resources to convene a workgroup to "evaluate, identify and develop placements for individuals with neurocognitive disorders and neurodevelopmental disabilities specify any statutory or funding changes needed to prevent inappropriate placements for such individuals, as well as provide recommendations for training of magistrates and community services boards related to the implementation of the bill, and to report the findings and recommendations by November 1, 2024." Workgroup required to include representatives of local community services boards, the Virginia Hospital and Healthcare Association, and the Office of the

Executive Secretary of the Supreme Court of Virginia. Passed Senate 2/13/24, passed House 3/1/24.
  - Workgroup meetings: July 18, Aug 15, Aug 29, Sep 13

- HB933: Alzheimer's disease and dementia training for dispatchers, firefighters, and emergency medical personnel. Requires certain agencies in the Commonwealth to develop curricula and provide training related to Alzheimer's disease and dementia to dispatchers employed by or in any local or state government agency, firefighters, and emergency medical services personnel. **This bill is a recommendation of the Virginia Alzheimer's Disease and Related Disorders Commission and the Commonwealth Council on Aging.** Passed House 2/8/24, passed Senate 2/26/24.

- HB1455: Establishes the Virginia Memory Project in the Virginia Center on Aging at Virginia Commonwealth University to collect and analyze data on Alzheimer's disease, related dementias, and other neurodegenerative diseases; provide assistance to individuals with Alzheimer's disease, related dementias, and other neurodegenerative diseases and their families and physicians; and assist in the development of relevant public policy. The bill provides that no publication of information shall be made that identifies any patient by name. The bill has a delayed effective date of January 1, 2025. Passed House 2/13/24, passed Senate 3/4/24.

  Budget Amendments
  315 M Dementia Plan of Care and Case Management ($200,000 each year)
  (This amendment adds funding each year from the general fund to implement an interdisciplinary plan of care and dementia case management for 100 individuals diagnosed with dementia through a partnership between the Martha W. Goodson Center of Riverside Health Services and the Peninsula Agency on Aging. Language requires a report on the program by November 1 annually.)

  319 H No Wrong Door Dementia Capability Project ($100,000 each year)
  (This amendment provides $100,000 each year from the general fund to the Department for Aging and Rehabilitative Services to implement the No Wrong Door Dementia Capability Project to improve the identification of people living with dementia, particularly those living alone. **This is a recommendation of the Virginia Alzheimer's Diseases and Related Disorders Commission.)**

United States 118th Congress (S=Senate, HR=House of Representatives)

- S.626/H.R. 1637: Comprehensive Care for Alzheimer's Act. Recommend that the Center for Medicare and Medicaid Innovation test the effect of a dementia care management model. Under the model, participating health care providers receive payment under Medicare for comprehensive care management services that are provided to individuals with diagnosed dementia, excluding Medicare Advantage enrollees, hospice care recipients, and nursing home residents. Required services include medication management, care coordination, and health, financial, and environmental monitoring, as well as trainings and other support services for unpaid caregivers. Providers must furnish services through interdisciplinary teams and must ensure access to a team member or primary care provider 24-7. The CMMI must set payments and determine quality measures for the model in accordance with specified requirements. The bill also allows the CMMI to design a similar model under Medicaid. S: Read twice and referred to Committee on Finance (3/2/23) HR: Referred to Subcommittee on Health (3/24/23)
- S.134/H.R. 620: Alzheimer's Accountability and Investment Act. This bill requires the National Institutes of Health to annually submit, beginning in FY2024, an estimate of its budget and personnel needs for carrying out initiatives pursuant to the National Alzheimer's Project directly to the President for review and transmittal to Congress. The Department of Health and Human Services and the Advisory Council on Alzheimer's Research, Care, and Services may comment on the budget estimate but may not change it. S: Passed Senate unanimously (7/30/24). HR: Referred by the Committee on Energy and Commerce (5/31/2024).
- S.133/H.R.619: NAPA Reauthorization Act. This bill extends through 2035 and makes other changes to the National Alzheimer's Project. This project supports coordination of federal planning, programs,

and other efforts to address Alzheimer's disease and related dementias. In particular, the bill incorporates a focus on promoting healthy aging and reducing risk factors associated with cognitive decline. The bill also expands the Advisory Council on Alzheimer's Research, Care, and Services to include additional members, such as (1) a researcher with experience recruiting and retaining diverse clinical trial participants, (2) an individual diagnosed with Alzheimer's disease, and (3) representatives from additional federal agencies (e.g., the Department of Justice and the Office of Management and Budget). S: Passed Senate (7/30/24). HR: Reported out of Committee on Energy and Commerce and placed on Union Calendar (5/24/24).

- S.141/H.R.542: Elizabeth Dole Home Care Act: to improve certain programs of the Department of Veterans Affairs for home and community based services for veterans, and for other purposes. S : Committee on Veterans' Affairs. Ordered to be reported with an amendment in the nature of a substitute favorably (2/16/2023). HR: Passed House 12/5/23.
- S.10: VA Clinician Appreciation, Recruitment, Education, Expansion and Retention Support (CAREERS) Act. Committee on Veterans' Affairs. Ordered to be reported with an amendment in the nature of a substitute favorably (2/16/2023).
- S.2379/H.R. 4752 Concentrating on High-value Alzheimer's Needs to Get to an End (CHANGE) Act of 2023. To amend title XVIII of the Social Security Act to provide for certain cognitive impairment detection in the Medicare annual wellness visit and initial preventive physical examination. S: Read twice and referred to Committee on Finance (7/19/23) HR: Referred to Subcommittee on Health (7/21/23)
- H.R.5002 Innovative Cognitive Care for Veterans Act. To direct the Secretary of Veterans Affairs to carry out a pilot program for the cognitive care of veterans. Referred to Subcommittee on Health (8/24/23).
- S.3775/H.R.7218 BOLD Infrastructure for Alzheimer's Reauthorization Act of 2024. To reauthorize the BOLD Infrastructure for Alzheimer's Act within the Public Health Service Act. S: Placed on Legislative Calendar (6/18/24). HR: Placed on the Union Calendar (5/21/24).
- S.3981/H.R.7268 DeOndra Dixon INCLUDE Project Act of 2024. The bill provides statutory authority for the NIH's Investigation of Co-occurring Conditions Across the Lifespan to Understand Down Syndrome Project (known as the INCLUDE Project). The project was initially established in 2018 to investigate the co-occurring conditions that affect those with Down syndrome (e.g., Alzheimer's disease) and their quality-of-life needs, particularly through (1) targeted research on chromosome 21, (2) assembling a large study population of individuals with Down syndrome, and (3) conducting clinical trials that include those with Down syndrome. S: Read twice and referred to Committee on Health, Education, Labor and Pensions (3/19/24). HR: Referred to Subcommittee on Health (2/9/24).
- S.4276/H.R.7688 Accelerating Access to Dementia and Alzheimer's Provider Training Act (AADAPT Act) Reauthorize the Project ECHO grant program, to establish grants under such program to disseminate knowledge and build capacity to address ADRD. S:Read twice and referred to Committee on Health, Education, Labor and Pensions (5/7/24). HR: Referred to Subcommittee on Health (3/22/24).
- H.R. 9119 Alzheimer's Law Enforcement Education Act of 2024 directs the Department of Justice to create an online training course on Alzheimer's and other dementias for law enforcement personnel including five mandatory topic areas: (1) Instructions on interacting with persons with Alzheimer's disease or a similar form of dementia. (2) Techniques for recognizing behavioral symptoms and characteristics of Alzheimer's disease or a similar form of dementia.(3) Techniques for effectively communicating with persons with Alzheimer's disease or a similar form of dementia.(4) Effective use of alternatives to physical restraints when interacting with persons with Alzheimer's disease or a similar form of dementia.(5) How to identify signs of abuse, neglect, or exploitation of persons with Alzheimer's disease or a similar form of dementia.

Wisconsin's Dementia Care Specialist Program: A Statewide Effort to Support People Living with Dementia, Their Family Caregivers, and Their Communities

Kristen Felten, Dementia Specialist, Bureau of Aging and Disability Resources
Wisconsin Department of Health Services
September 17th, 2024

Overview of Presentation

- Fertile Ground
- Pilot Opportunity
- Expansion Funding
- Three Pillars
- Program in Action
- Lessons Learned
- Impact

Wisconsin Dementia Care Specialists

How did the dementia care specialist (DCS) program get started?

AoA and ACL Grant Projects

- 2009: ASSIST Project to pilot Memory Screening in the Community
- 2010: New York University Caregiver Intervention
- 2010: Language Enriched Exercise Plus Socialization

AoA and ACL Grant Projects

- 2014: Alzheimer's Disease Initiative: Specialized Supportive Services Projects
- 2014: Alzheimer's Disease Supportive Services Program
- 2016: Alzheimer's Disease Supportive Services Program Supplement
- 2019: Alzheimer's Disease Program Initiative DCS Replication

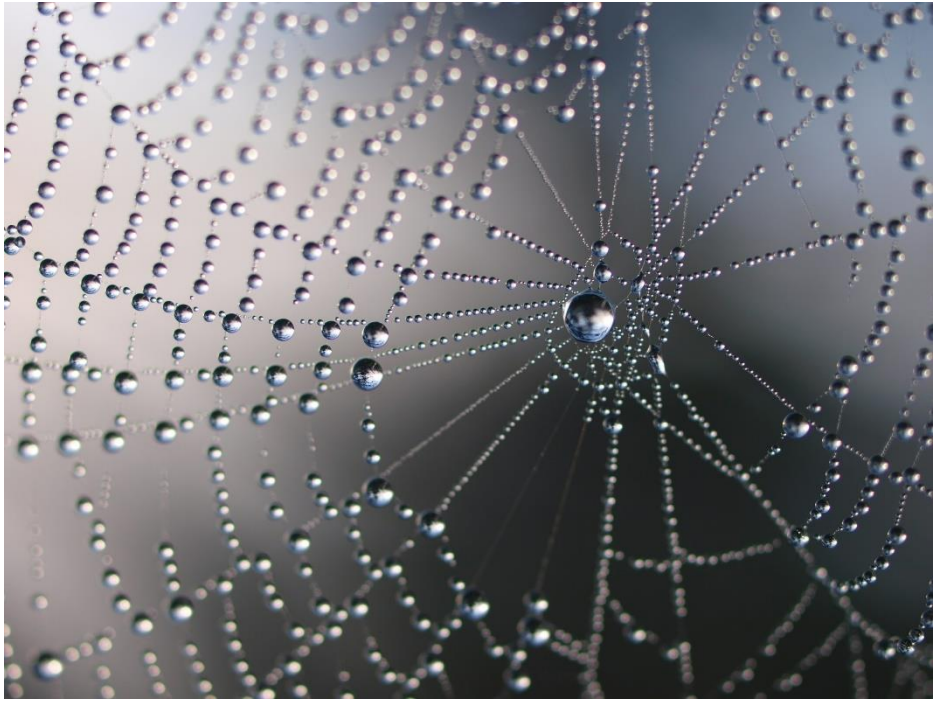
Pilot Project Opportunity

Potential for fiscal support

Timeline

2013	Dementia Care Specialist (DCS) pilot project initiated in five aging and disability resource centers (ADRCs).
2014	Pilot expanded to 11 additional ADRCs, totaling 16 ADRCs.
2015	Additional DCS pilot project funded in three Wisconsin tribes to serve Native American communities.
2017	2017–19 state budget included ongoing funding for 19 DCS positions; expanded program to 24 DCS positions.
2018	Five additional ADRCs were awarded DCS funding.
2019	2019–21 state budget included eight new positions for counties and one new position for tribes.
2021	2021–2023 state budget included funding for the program to expand statewide.

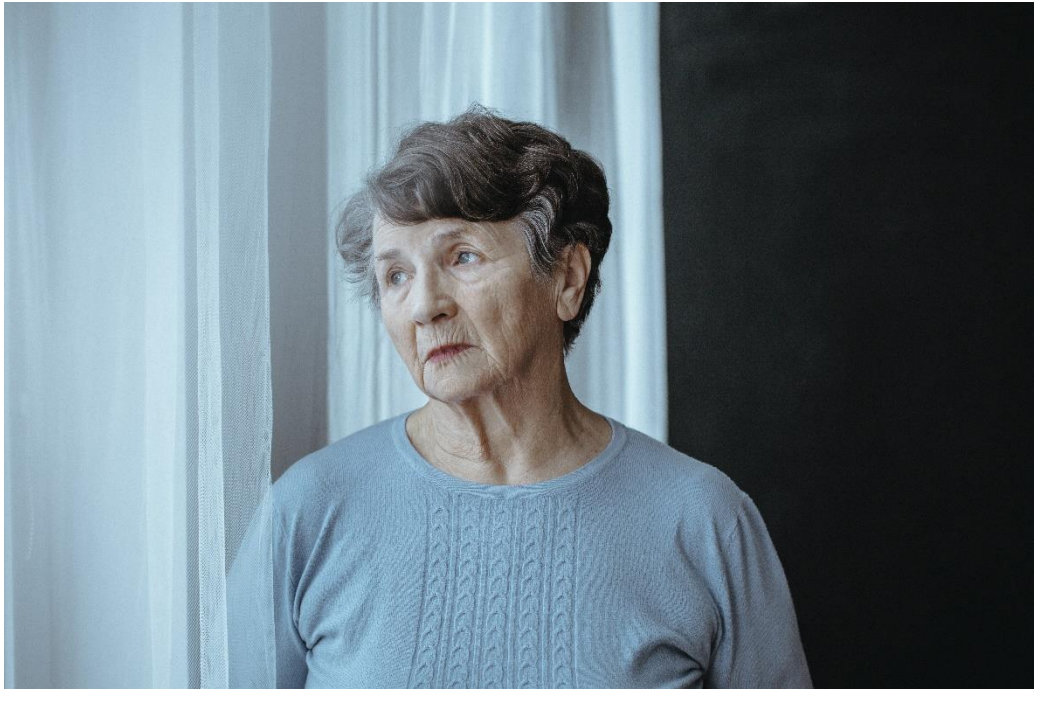
DCS Program Pillars



Three pillars create a web of support

Dementia Capability

Dementia-Friendly Communities



Individuals and Families

Dementia Support Across the Lifespan

County-Based Program

Wisconsin Department of Health Services' relationship with the program staff

Wisconsin Aging and Disability Resource Centers

DCS in Action

Lessons Learned

- Framework must be flexible.
- Three pillars work together.
- People want memory screening.
- Volunteer coalitions extend reach.
- Tribal programs are the same, and different.
- Plain language and names are important.
- Family caregivers use the program the most.

Impact

- Program is still evolving.
- Evaluation is underway.
- Program is the backbone that sustains many activities.

Questions?

- Kristen Felten, Dementia Specialist, Office on Aging
  kristen.felten@dhs.wisconsin.gov

Geriatric Emergency Departments:

Improving Emergency Care for People Living with Dementia (and their Care Partners)

Kevin Biese, MD, MAT, FACEP
University of North Carolina at
Chapel Hill School of Medicine
West Health Policy Center Board Member

GEDC

Disclosures

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Consultant of ThirdEye Health

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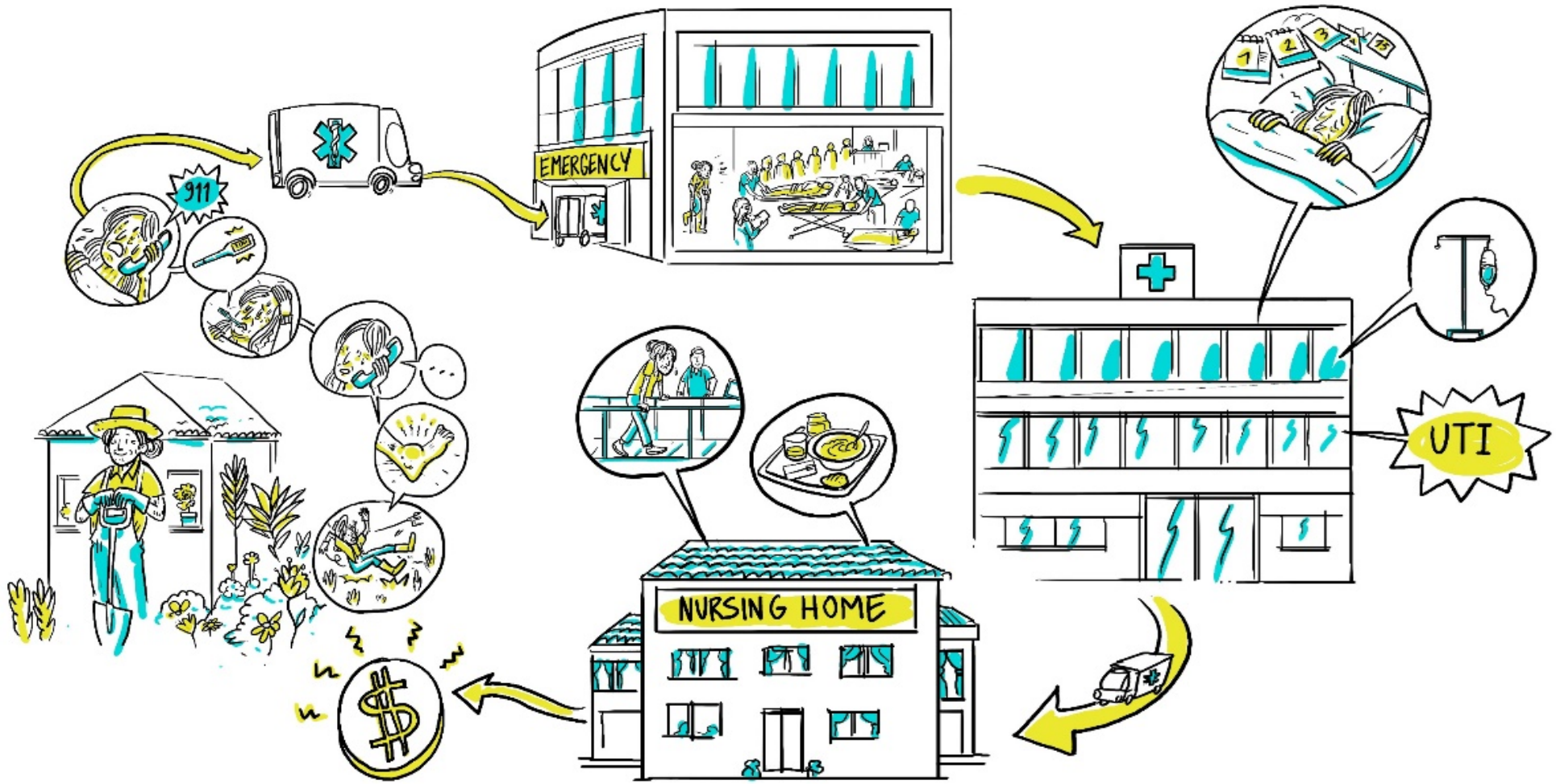
Today we will talk about:

Current Delivery of Care

Evolving the Standard of Care GEDs

Scaling Solutions

Next Steps


911
EMERGENCY
UTI
NURSING HOME

Current Delivery of Care:

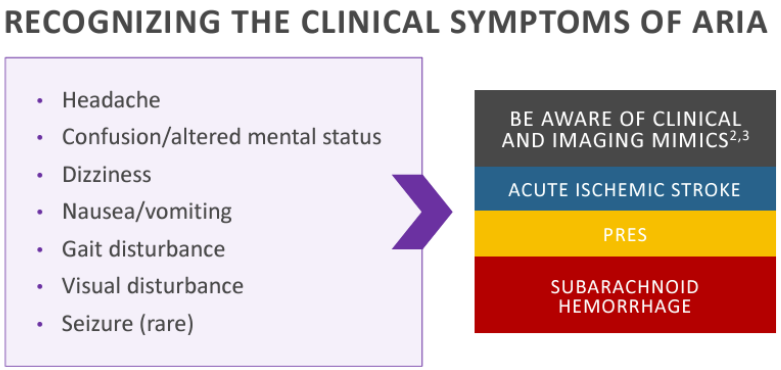
Compared to persons without a dementia diagnosis, patients living with dementia (PLWD):

- PLWD visit the ED more frequently than those who do not have dementia (37-54% of PLWD have ED visit in a year, vs 20-31% of persons who are not living with dementia)
- PLWD are more likely to be hospitalized (40% chance of hospital admission vs. 30%)
- 58% of PLWD return to the ED within 30 days of an index ED visit
- 7% mortality rate within 6 months after ED visit
- Have increased Medicare costs
- PLWD experience more adverse effects during and after an ED stay
    - Delirium, falls, declines in physical function

ARIA Drugs: Great potential and challenges

Older adult patients are now taking amyloid monoclonal antibodies to treat dementia and arriving in ED.

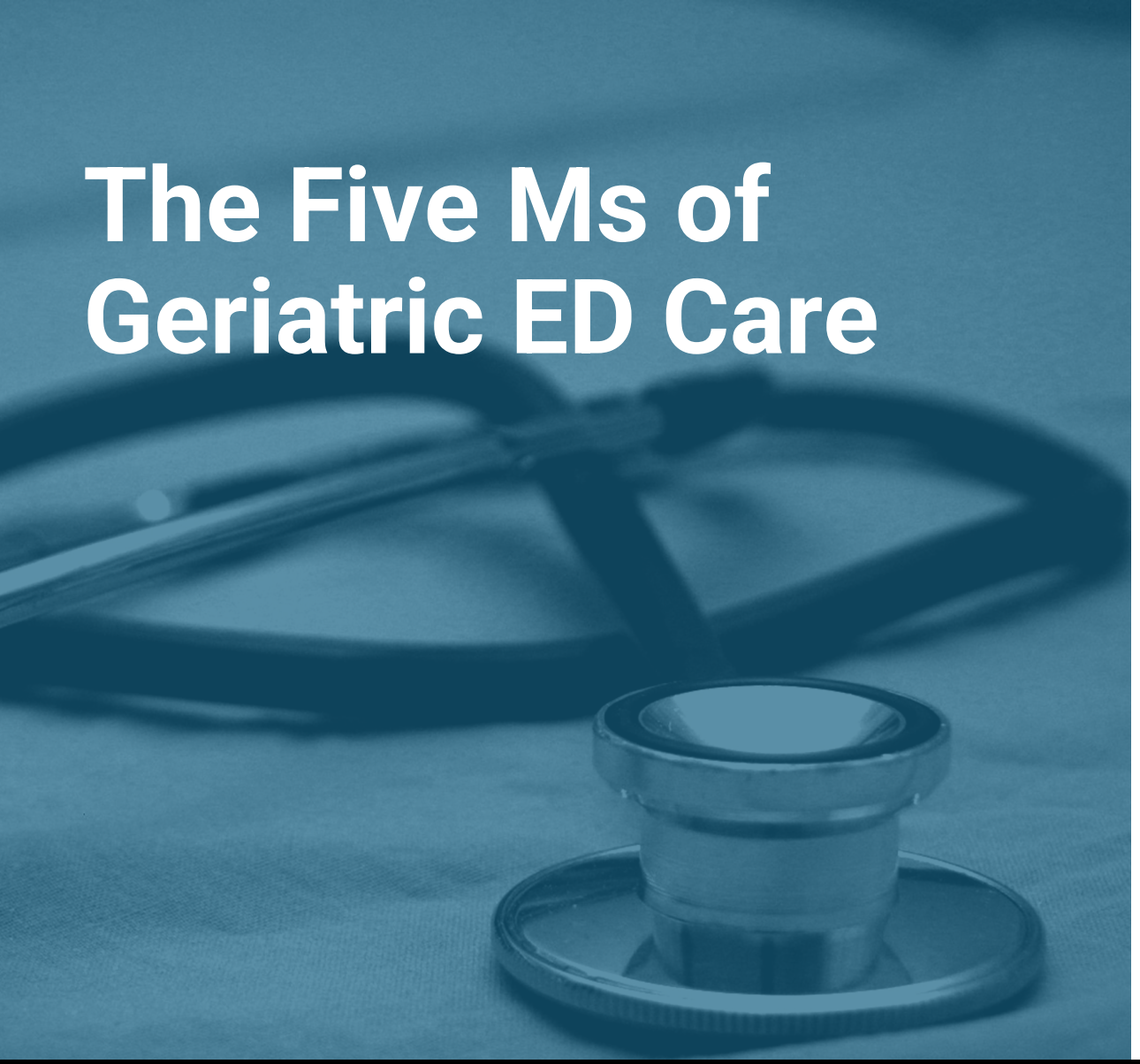
- These drugs have a risk for:
  - Intracranial bleeding that is not reliably detected on head CT.
  - Challenging issue of stroke treatment for patients on these medications.



It is more important than ever for Emergency Departments to be equipped to treat individuals with dementia.

Evolving the Standard of Care

GEDs



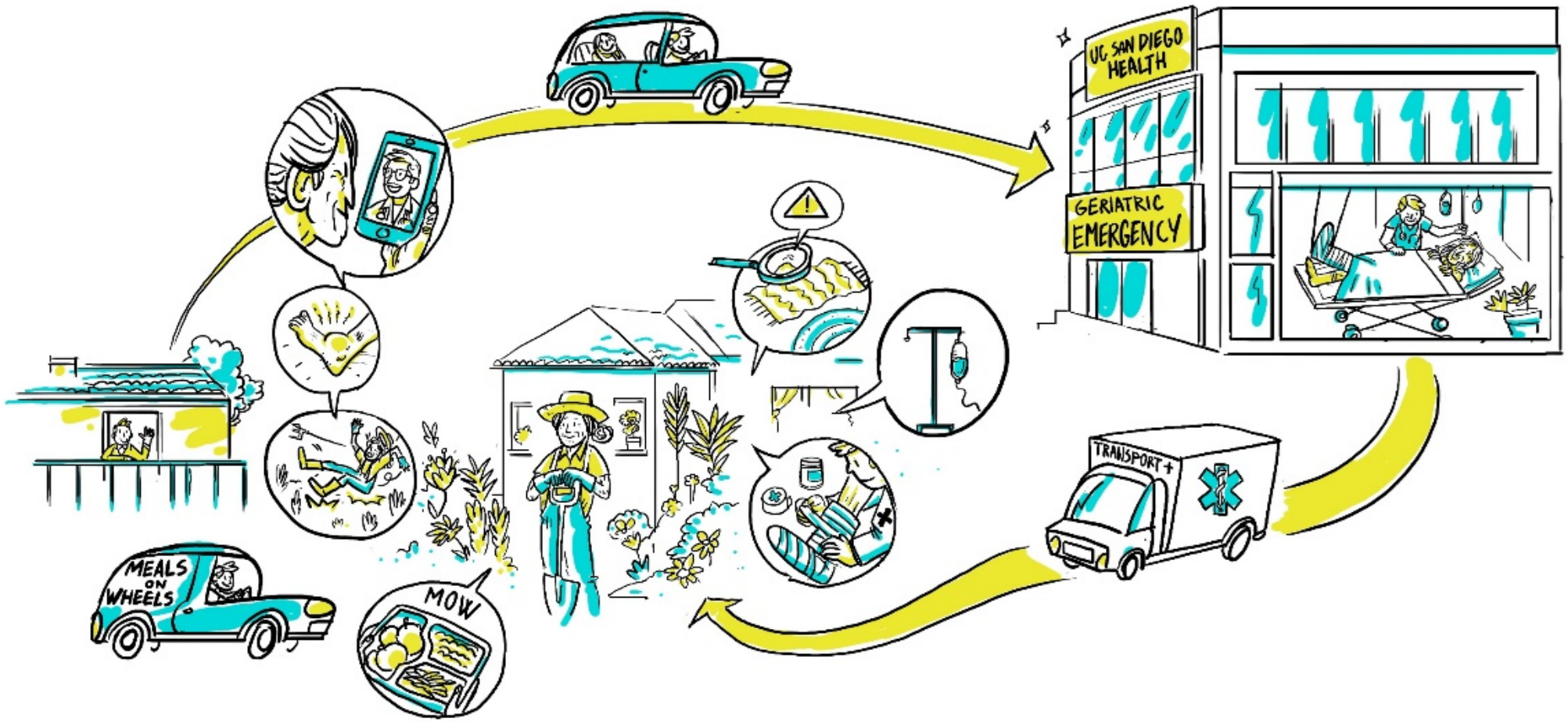
The Five Ms of Geriatric ED Care

1. Mobility
2. Mentation
3. Medication
4. What Matters
5. Elder Mistreatment

https://www.healthinaging.org/sites/default/files/media/pdf/HIA-TipSheet%20Geriatric%205Ms.July20_0.pdf

Geriatric ED components

- Physical Settings
- Care Processes
- Education
- Care Transitions
- Caring for Persons with Dementia and Supporting Care Partners


UC SAN DIEGO HEALTH
GERIATRIC EMERGENCY
TRANSPORT
MEALS ON WHEELS
MOW

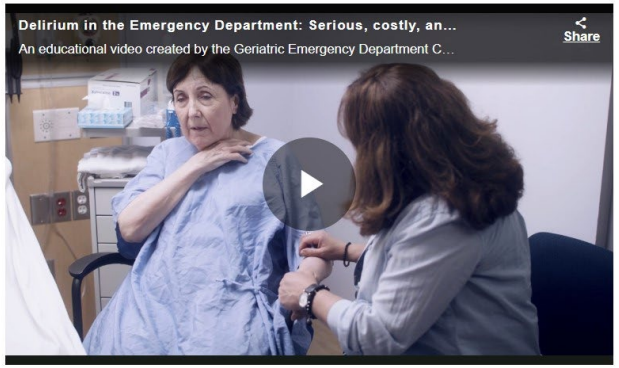
Geriatric EDs: Caring for Persons with Dementia

Role of the GED:

- Identify cognitive impairments
- Adapts care processes (to address needs of patients and care takers) to decrease risk of delirium
- Refer to support services
- GED approach to care to address the chief complaint, geriatric syndromes and social complexity

Delirium in the ED: Serious, Costly, and Potentially Deadly

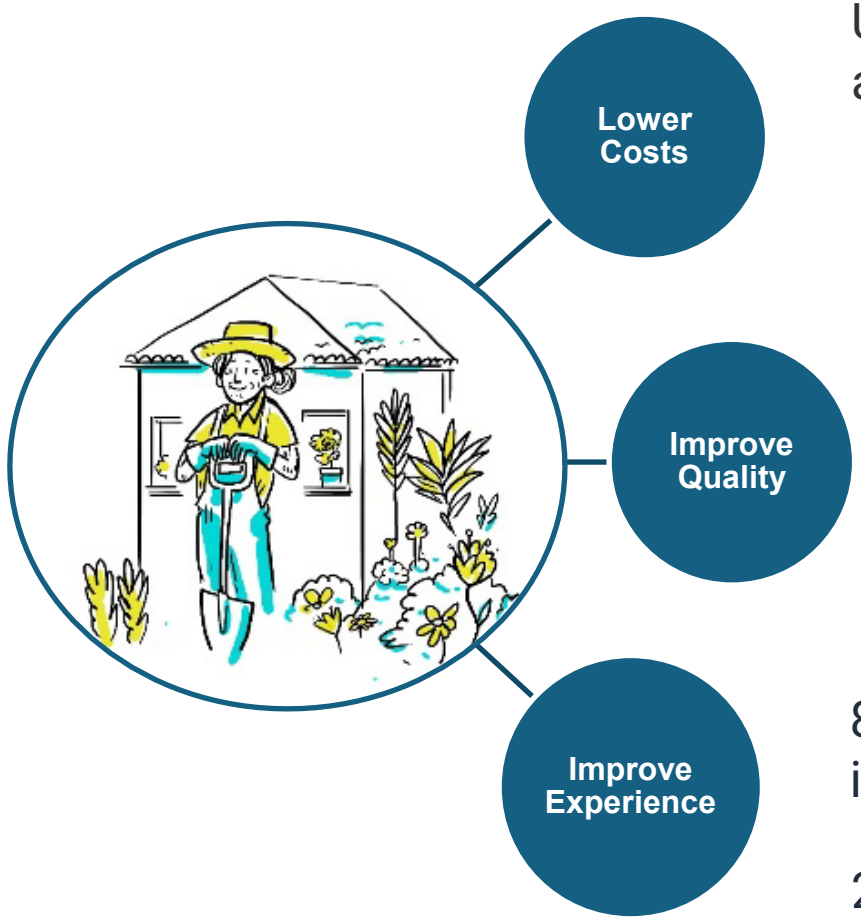
Delirium is a frightening experience for patients and caregivers and has serious medical consequences including increased risk of readmission and death. Watch the video to see why it's easy to miss delirium in the ED, and how we can take simple steps to identify delirium, and event prevent it from developing during an ED visit.



Dementia in the ED: Providing Better Care for Older ED Patients

A diagnosis of dementia affects every step of the ED process from assessment, treatment, to discharge planning. And what if a diagnosis isn't on the medical record? Watch the video to gain some tips and insights.

GEDs = Higher Value (Quality/Cost) Care



Up to 16.5% reduced risk of hospital admission and 17.3% of readmission [5]

$3,202 savings per Medicare beneficiary after 60 days [6]

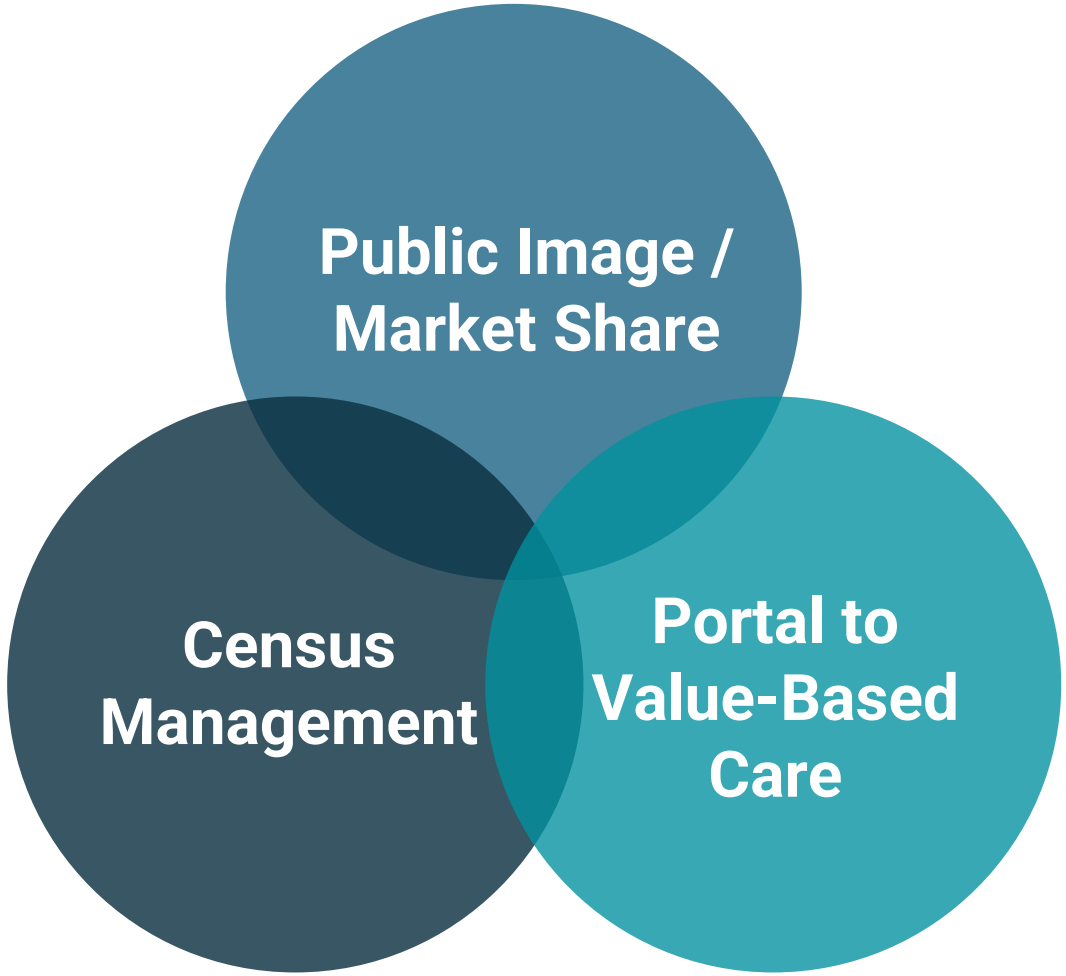
Decreased odds of 30 and 60-day fall-related ED revisit with PT services [7]

Decrease inpatient length of stay by more than 1 day [8]

87.3% satisfaction with the clarity of discharge information and perceived well-being [9]

21 studies showcasing improved experience across a variety of interventions [10]

Healthcare System GED ROI



Domain 1: Eliciting Patient Healthcare Goals	Focuses on obtaining patient's health related goals and treatment preferences which will inform shared decision making and goal concordant care.
Domain 2: Responsible Medication Management	Aims to optimize medication management through monitoring of the pharmacological record for drugs that may be considered inappropriate in older adults due to increased risk of harm.
Domain 3: Frailty Screening and Intervention	Aims to screen patients for geriatric issues related to frailty including cognitive impairment/delirium, physical function/mobility, and malnutrition for purposes of early detection and intervention where appropriate.
Domain 4: Social Vulnerability	Seeks to ensure that hospitals recognize the importance of social vulnerability screening of older adults and have systems in place to ensure that social issues are identified and addressed as part of the care plan.
Domain 5: Age Friendly Care Leadership	Seeks to ensure consistent quality of care for older adults through the identification of an age friendly champion and/or interprofessional committee tasked with ensuring compliance with all components of this measure.

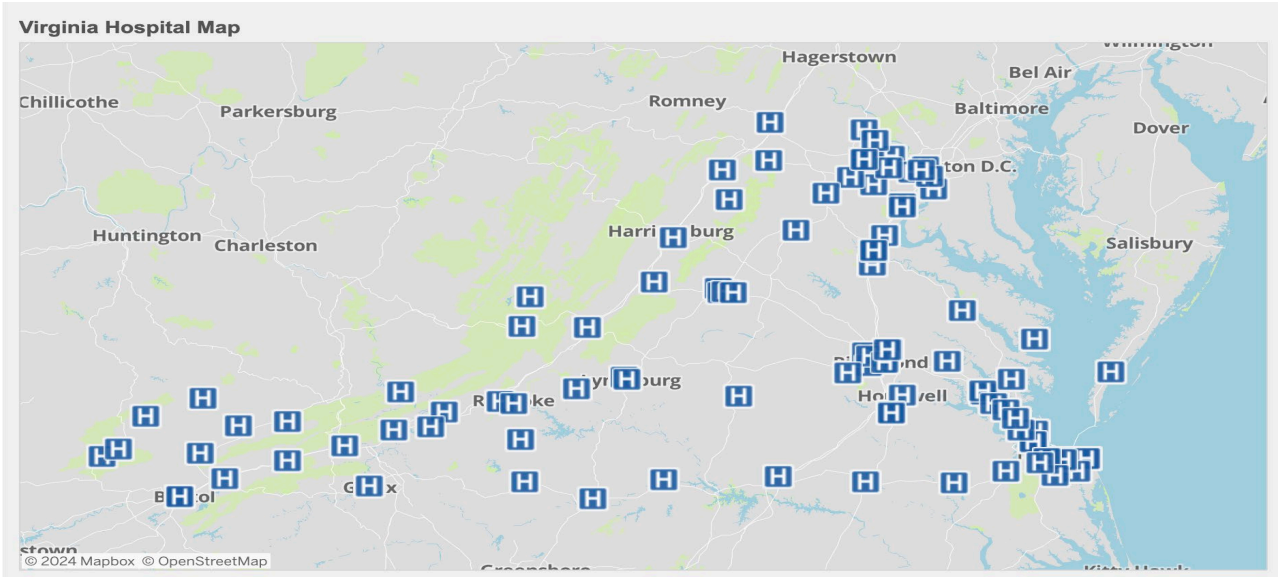
Synergy: Geriatric EDs are Expanding Along With GEDC Membership

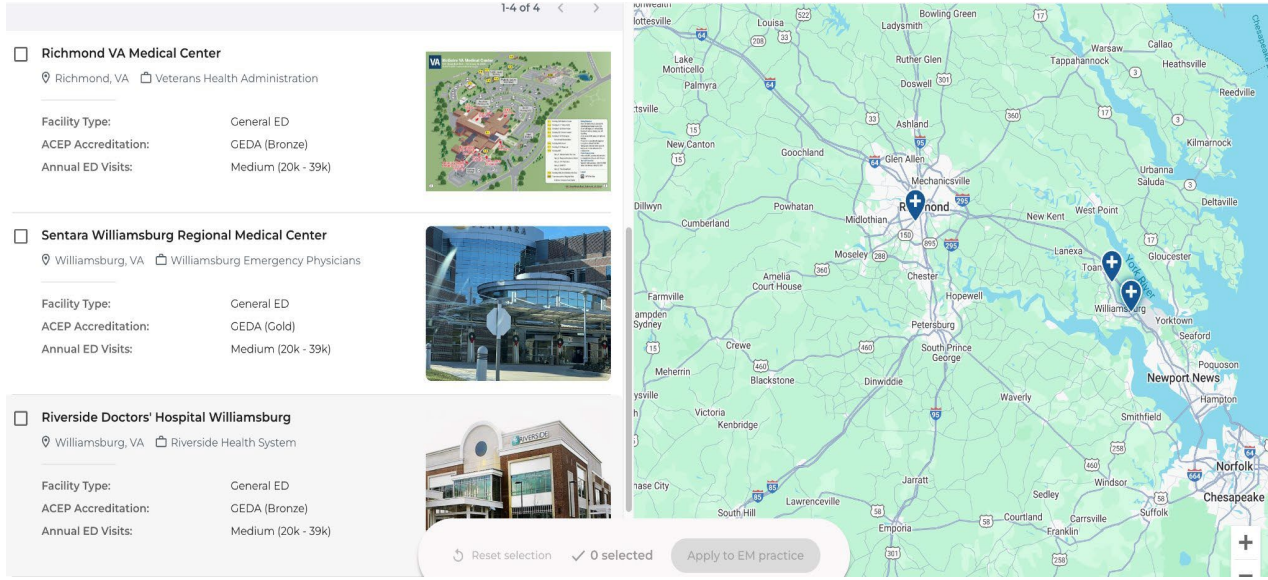
107 GEDC Member Sites
14 participating Health Systems

ACEP Geriatric Emergency Department Accreditation | GEDC

Recognizing Need

- There are approximately 176 hospitals in Virginia
- Currently only 3 GEDA accredited sites





Virginia Hospital and Healthcare Association Data Analytics
https://www.vhi.org/Hospitals/vahospitals.asp

https://www.ivyclinicians.io/

GEDC THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE

EDUCATE IMPLEMENT EVALUATE

Education

GEDC Members work together to transform ED care of older adults; catalyze action at local and national levels to support these care transformations; and evaluate the impact of these new models of care for older people.

- QI Project Planning to become a GED
- Implementation toolkits and training
- Participate in consulting services
- Education Resources and CME credit
- Evaluation resources

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Apply for Accreditation Today!
Acep.org/geda

ACEP Geriatric Emergency Department Accreditation

Geriatric Emergency Department Accreditation Program

Becoming a geriatric ED will improve the care provided to older people in your ED and ensure the resources to provide that care are available. It also signals to the public that your institution is focused on the highest standards of care for your community's older citizens.

Geriatric EDs embrace a variety of best practices including:

- Ensuring geriatric-focused education and interdisciplinary staffing
- Providing standardized approaches for geriatric issues
- Ensuring optimal transitions of care from the ED to other settings
- Promoting geriatric-focused quality improvement and enhancements of the physical environment and supplies

Geriatric EDs Next steps:

- Evolve the standard of emergency care.
- Go beyond the ED upstream and downstream – acute unscheduled care
- Health Equity – ensure new models of care are equitably distributed in support of EDs.
- Physical and mental health are linked, recognizing that dementia are part of a full health evaluation

Geriatric EDs Next Steps (Continued):

- Launching Dementia Appropriate EDs

Questions?

Kevin Biese, MD

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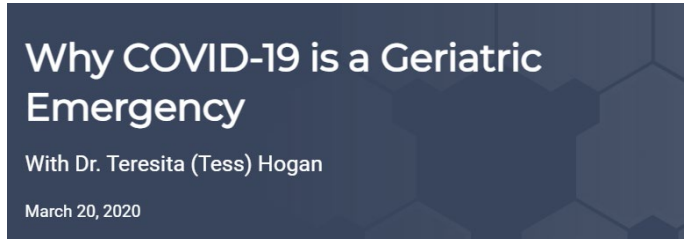
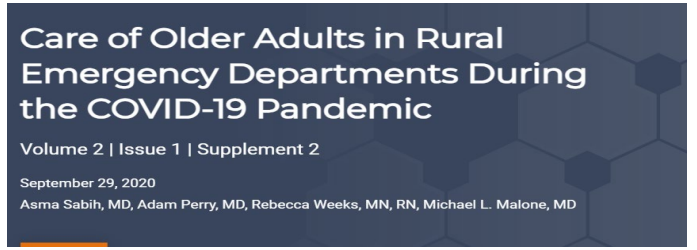
Geriatric ED: The Spread

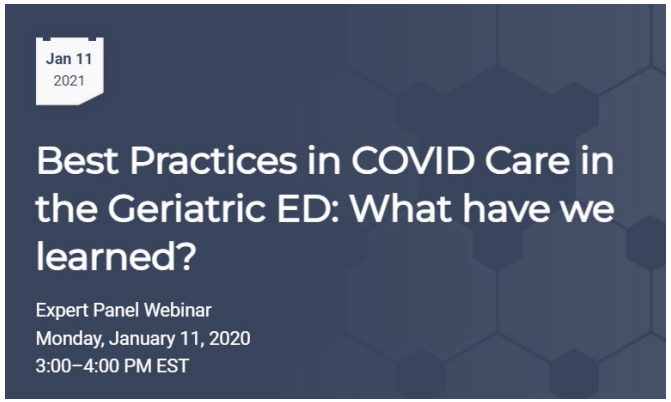
- Recognizing one size doesn’t fit all
- Recognizing high performers
- Disseminating geriatric-focused education, interdisciplinary training, and implementation toolkits
- Ongoing evaluation of impact
- Beyond the walls of the ED

GEDs: Role during COVID-19 pandemic

- Addressed the ecosystem, GEDC evolved medicine
- AARP: Care Givers are not Visitors
- Alzheimer's Association Health Systems Directors
- GEDC helping share best practices of caring for at risk older adults including individuals with dementia







Developing Solutions: “Geriatricizing” the ED process

3 sites in the California Bay Area have created dementia-friendly ERs

University of California San Francisco Medical Center Dementia Initiatives:

- Screen for cognitive impairment/dementia and caregiver burden
- Music in the ED
  - Playing patient's favorite music has led to decreased anxiety for patients with dementia
- Code "DICE", a novel patient-oriented protocol for a rapid-response team (ED, psych, AFED, PharmD, RN) in the ED to address neuropsychiatric symptoms
  - Agitation, confusion, escalation in patients with cognitive impairment
- Memory and Aging Center (MAC) referral process from ED
  - Increased the diversity of patients served by the MAC.

Dementia Visits & Admissions

- Between 21% and 40% of older adults who present to the ED are cognitively impaired, 21.8% screen positive for dementia without delirium, and 40% are positive for any cognitive impairment including delirium. (Clevenger, 2012).
- These persons living with dementia (PLWDs) have complex medical and social needs, with up to 57% of PLWDs experiencing at least 1 emergency department (ED) visit annually, thereby accounting for 20% of all ED visits by individuals aged 65 years and older. (Dresden, 2022).
- In a dataset based on 11 years of Medicare and Medicaid claims from a public hospital in Indiana, among individuals with a dementia diagnosis at or before the time of an ED visit, between 37% and 54% of individuals visited the ED in a given year, whereas 20% to 31% of individuals without a dementia diagnosis made an ED visit in a given year. (LaMantia, 2016).
- Patients with a current dementia diagnosis were admitted to the hospital at higher rates (39.7%) than patients without a current dementia diagnosis (29.6%) ($P<0.001$). (LaMantia, 2016)
- Fifty-eight percent of individuals with a dementia diagnosis had at least one ED visit within 30 days after an index ED visit, as compared to 38% of individuals who never had a dementia diagnosis (odds ratio 2.29, $P<0.001$). (LaMantia, 2016).
- The 2013 report commissioned by HHS leveraged Medicare claims to examine ED use among those living with Alzheimer's Disease and related disorders, finding more than 950,000 ED visits that "may have been prevented with better primary care in community settings or treatment in a nursing home (for nursing home residents). (LaMantia, 2016).

Dementia: Readmission & Revisit Rates

- In a nationally representative sample of claims data for Medicare beneficiaries aged 65 and older who maintained continuous fee-for-service enrollment during 2015 and 2016, there was a significant difference in unadjusted 30-day ED revisit rates among those with an ED dementia diagnoses (22.0%) compared with those without (13.9%). (Kent, 2019)

- In the same sample, Those with a dementia diagnosis at or before the index ED visit were more likely to have experienced an ED revisit within 30 days (OR = 1.27; 95% confidence interval = 1.24-1.31). (Kent, 2019)

Dementia: Harm After Visits

- Mortality rates in the 6 months after an ED visit differed significantly among patients who were discharged based on their dementia status at the time of their ED.
    - Among those patients discharged, 92.9% of individuals with dementia at the time of their ED visit were alive at 6 months after their ED visit as compared with 97.7% of individuals without dementia. (LaMantia, 2016)
- Mean Medicare ED payments for patients with dementia at any time during the study period were 75% higher than for patients without dementia. (LaMantia, 2016)
- Persons with dementia (PWD) have a 40% higher probability of preventable hospitalization and a 20% higher probability of visiting the ED than those without dementia. (Clevenger, 2012).
- People living with dementia who are discharged from the ED also often suffer high rates of adverse outcomes
    - Repeat ED visits, delirium, falls, increased unsafe behaviors, declines in physical function, and increase in mortality compared to older adults without dementia. (Dresden, 2022).
- People living with dementia are more likely to be given antipsychotics in the ED and be hospitalized than older adults without dementia.
    - Hospitalization results in increased risk for delirium, falls, nosocomial infections, functional decline, and higher health care costs. (Dresden, 2022).

References:

- Callahan, C. M., Arling, G., Tu, W., Rosenman, M. B., Counsell, S. R., Stump, T. E., & Hendrie, H. C. (2012). Transitions in Care among Older Adults with and without Dementia. *Journal of the American Geriatrics Society*, *60*(5), 813–820. https://doi.org/10.1111/j.1532-5415.2012.03905.x
- Clevenger, C. K., Chu, T. A., Yang, Z., & Hepburn, K. W. (2012). Clinical care of persons with dementia in the emergency department: A review of the literature and agenda for research. *Journal of the American Geriatrics Society*, *60*(9), 1742–1748. https://doi.org/10.1111/j.1532-5415.2012.04108.x
- Dresden, S. M., Taylor, Z., Serina, P., Kennedy, M., Wescott, A. B., Hogan, T., Shah, M. N., Hwang, U., Aggarawal, N. T., Allore, H., Aloysi, A., Belleville, M., Bellolio, F. M., Betz, M. (Emmy), Biese, K., Brandt, C., Bruursema, S., Carnahan, R., Carpenter, C., … Weintraub, S. (2022). Optimal Emergency Department Care Practices for Persons Living With Dementia: A Scoping Review. *Journal of the American Medical Directors Association*, *23*(8), 1314.e1-1314.e29. https://doi.org/10.1016/j.jamda.2022.05.024
- Feng, Z., Coots, L., Kaganova, Y., & Wiener, J. (2013, July 31). *Hospital and Emergency Department Use by People with Alzheimer's Disease and Related Disorders: Final Report*. ASPE. https://aspe.hhs.gov/reports/hospital-emergency-department-use-people-alzheimers-disease-related-disorders-final-report
- Kent, T., Lesser, A., Israni, J., Hwang, U., Carpenter, C., & Ko, K. J. (2019). 30-Day Emergency Department Revisit Rates among Older Adults with Documented Dementia. *Journal of the American Geriatrics Society*, *67*(11), 2254–2259. https://doi.org/10.1111/jgs.16114
- LaMantia, M. A., Lane, K. A., Tu, W., Carnahan, J. L., Messina, F., & Unroe, K. T. (2016). Patterns of Emergency Department Use Among Long-Stay Nursing Home Residents With Differing Levels of Dementia Severity. *Journal of the American Medical Directors Association*, *17*(6), 541–546. https://doi.org/10.1016/j.jamda.2016.02.011
- LaMantia, M. A., Stump, T. E., Messina, F. C., Miller, D. K., & Callahan, C. M. (2016). Emergency Department Use Among Older Adults with Dementia. *Alzheimer Disease and Associated Disorders*, *30*(1), 35–40. https://doi.org/10.1097/WAD.0000000000000118
- Meldon S, Saxena S, Muir M, Briskin I, MasciarelliMcFarland A, Delgado F, Hashmi A. The Effect of GeriatricConsultation on Admission Rates of Older Patients in theEmergency Department. Ann Emerg Med 2020; 76:S140and WestJEM 2024; 25:1 https://escholarship.org/uc/item/0jn486s1