Courtney Leavy – GMN Coordinator, GA Division of Aging Services
Rebecca Dillard – GMN Project Director, Emory University
Highlights

- Georgia’s State Plan: Background of GMN
- Workflow, Key Metrics, Data Management
- COVID Shifts & Telemedicine
2013: Georgia Assembly creates Georgia Alzheimer’s & Related Dementias State Plan Task Force (GARD)

Multidisciplinary group convened to improve dementia research, awareness, training, and care
Response to rapidly growing need in GA

Task Force sub-committees:
Workforce Development
Service Delivery
Outreach and Partnerships
Policy
Public Safety
Healthcare, Data and Research Collection

2014: Task Force finalizes State Plan
July 2017: $4.12M allocated for Georgia Alzheimer’s Project // Georgia Memory Net (GMN)

Continuing Budget in Georgia Department of Human Services

Oversight: Division of Aging Services
Primary Contract: Emory University Cognitive Neurology Program / Goizueta Alzheimer’s Disease Research Research Center

Formal partnerships across multiple healthcare systems, community agencies, and state networks
Establishing the Need:  
Know the numbers.

It all adds up: The citizens and healthcare professionals of Georgia need the Georgia Memory Net.

- **People With Alzheimer’s Growing:**
  - 140k [2018]
  - 190k [2025]

- **1.4M People Over 65 Years Old**

- **385k** with self-reported cognitive impairment
  - 80% have not yet been evaluated or treated

- **$2B in Preventable Admissions Expenses**

6 Year Average Delay In Memory-loss Diagnosis
Our objective is to improve outcomes and quality of life for people dealing with memory loss, while streamlining services and offering more efficient care.

- Improve Assessment During Annual Wellness Visits
- Diagnose Accurately at Memory Assessment Clinics
- Improve Care with PCPs and Community Services
- Provide Oversight and Evaluation of Performance and Data Collection
Georgia Memory Net Primary Goals

✓ Increase Primary Care Provider (PCP) awareness of and screening for Mild Cognitive Impairment

✓ Develop and maintain network of Memory Assessment Clinics (MAC)
  ❖ Expand access to diagnostic services statewide
  ❖ Enhance connectivity for Georgians with Alzheimer’s and related dementias to community services and support
  ❖ *Five sites in year 1 as pilot*

✓ Develop and deploy robust IT infrastructure for comprehensive program evaluation, patient-level data capture, and statewide impact
Memory Assessment Clinic Partnerships

Albany, GA
Phoebe Putney / Phoebe Primary Care at Northwest

Atlanta, GA
Grady Health System / Marcus Stroke and Neuroscience Outpatient Center

Augusta, GA
Augusta University Health System / Memory & Movement Disorders Program

Columbus, GA
Piedmont Healthcare / Piedmont Columbus Regional Family Medicine Center

Macon, GA
Navicent Health / Family Health Center
The Process: An Always Integrated Path

Our system is designed for efficiency and convenience to all parties involved

Two Visit Process
- Visit 1 - Initial Diagnostic Assessments
- Visit 2 - The Conversation: Care and Support

Return to PCP and Community Resources
- Detailed report from MAC to PCP
- PCP provides on-going maintenance and management of patient care
- Care plans and coordination with Area Agencies on Aging (AAA)
GMN METRICS & PROGRAM EVALUATION FRAMEWORK
GMN Data: Program Evaluation Framework

MAC Health Systems
AAA/ADRC Impact

Population Health
Health Economics
State Return on Investment

MAC Team
AAA/ADRC
Alzheimer’s Association

Patient & Care Partner
GMN Data: Iterative Workflow Quality Improvement
GMN Data: Reported Metrics

Key Performance Indicators: State Strategic Plan

- Number Unique Patients Served
- Total Visits
- Total Referrals to AAA / State Aging & Disabilities Resource Connection network
- GA Dept. of Public Health Alzheimer’s & Related Dementias Registry
GMN Data: Program Evaluation/Improvement

**Individual**
- Demographics
- Patient Health Information
- Satisfaction
- Neuropsych Testing & Diagnostic
- Care Partner Strain & Burden

**Care Teams**
- PCP
- MAC Providers
- CSE
- Knowledge of Program
- Knowledge/Skill in Role
- ADRC Team
- Communications
- Care Plan Completion
- Care Plan Audit

**Community**
- Service Utilization – per ADRC
- Service Utilization – per Patient
- Service Utilization – Care Partner
- Referral Refusals
- DAS internal vs. MAC/GMN #s
- MAC Health system impact

**Population Health**
- Emergency Dept. Utilization
- Hospitalization
- Regional Reach (underserved pop)
- SNF Placements
- AWV Rates

**System Operations**
- Referral Analysis
- MAC Efficiencies
- MAC Billing
- Satisfaction
- Cost Benefit Analysis
- GMN Financials
- Proliferation
- Grant Funding
GMN Data: CMS Files - Population Health / State RoI

- Carrier Files – GA beneficiaries and GA providers cohort (approximately 1,000,000 beneficiaries)

- Outpatient Files – GA beneficiaries and GA providers cohort (approximately 1,000,000 beneficiaries)

- Inpatient Files – GA beneficiaries and GA providers cohort (approximately 1,000,000 beneficiaries)

- Skilled Nursing Files – GA beneficiaries and GA providers cohort (approximately 1,000,000 beneficiaries)

- Medicare Master Beneficiary Summary File (MBSF): (A/B/D) Segment

- Chronic Conditions Segment

- National Death Index Segment

- MD- Provider Practice and Specialty Segment
GMN TECHNOLOGY: DATA CAPTURE, MANAGEMENT, VISUALIZATION
Neuropsychological Testing Battery

- NIH Toolbox – iPad based
- + Collection of pen/paper tests
- Summary Dial/Rose Chart
- Ease in data capture
- Interpretation tool for Provider
GMN Data: Interim Data Capture / Visualization / Reporting

Care Partner Psycho-Social Needs Assessment Battery

- Benjamin Rose Institute Caregiver Strain Instrument
- Alzheimer’s Association Caregiver Needs Assessment
- Functional Activities Questionnaire
- Patient Goal Setting for Care Plan & Initial CS Referral recommendations/highlights

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<th>Challenging Behaviors</th>
<th>0 = not at all</th>
<th>1 = a little</th>
<th>2 = somewhat</th>
<th>3 = very much</th>
<th>4 = at least daily</th>
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<td>Sarcasm/Depression</td>
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<td>Agitation</td>
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<td>Screenning and yelling</td>
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<td>Overactivity</td>
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<td>Activities of Daily Living and Functional Needs</td>
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<tr>
<td>Resists bathing or showering</td>
<td>2 = somewhat</td>
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<tr>
<td>Difficulty with dressing and grooming</td>
<td>3 = very much</td>
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<tr>
<td>Difficulty with eating</td>
<td>0 = not at all</td>
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<tr>
<td>Difficulty using the toilet/commode</td>
<td>0 = not at all</td>
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20 Challenging Behavior
21 Home safety concerns (falls, guns, knives, stove, leaving the person alone)  
22 Insists on driving  
23 Takes medicine the wrong way  
24 Wanders/gets lost  
25 Caregiver Needs
26 Depression/stress (feeling blue and/or overwhelmed)  
27 Difficulty providing care because of your health  
28 Lack of understanding of dementia  
29 Legal and financial planning (paying the bills, power of attorney, etc.)  
30 Long-term care planning  
31 End-of-life planning  
32 Other Needs: <TYPE OTHER NEEDS HERE>
Dashboard & Reporting Improvement Initiative

- (Re)identify Key Metrics per Program Growth, Budget Changes, DHS Needs
- Detailed Capture of Virtual vs. In-Person Visits
- Work Plan Embedded in SmartSheets Management Tool
Key components:
- Established AWS infrastructure & GMN foundation
- Diagnostics tools for CSEs and psych techs
- Provider facing reports
- Centralized metrics reporting and monitoring
GMN Portal: Release 3.0 (Current development release)

Key components:

- Implementing an interface engine into the GMN Portal Technology Infrastructure to support current and future data integration needs
- Initial interfaces include HL7 ADT & scheduling from each MAC; GMN Portal reports back to MACs

GMN Memory Assessment Clinics

- Albany MAC (Phoebe Putney)
- Atlanta MAC (Grady)
- Augusta MAC (Augusta University)
- Columbus MAC (Piedmont Columbus)
- Macon MAC (Navicent)

GMN Portal

- Centralized web portal
- Standardized diagnostic tools across all MACs
- Clinical results reporting for MAC clinicians
- Long term patient/care partner monitoring

Integration Engine

Facilitates integration of patient data across internal and external partners

GMN Repository

Patient Data
- Demographics, visit & clinical data
- Referral volumes & utilization
- Patient outcomes Utilization of public and private support

Caregiver Data
- Caregiver demographics
- Longitudinal stress levels
- Caregiver satisfaction

Reporting & Oversight

- Project management tools for program oversite
- Data access and reporting to key stakeholders
- Tableau reporting environment
- Population Health
GMN Portal: Overview

GMN Memory Assessment Clinics
- Albany MAC (Phoebe Putney)
- Atlanta MAC (Grady)
- Augusta MAC (Augusta University)
- Columbus MAC (Piedmont Columbus)
- Macon MAC (Navicent)

GMN Repository
- Caregiver Data
  - Caregiver demographics
  - Longitudinal stress levels
  - Caregiver satisfaction
- PCP Data
  - Referral volume
  - Transition of care

Patient Data
- Demographics, visit & clinical data
- Referral volumes & utilization
- Patient outcomes Utilization of public and private support

Caregiver Data
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Integration Engine
Facilitates integration of patient data across internal and external partners

GMN Technology Infrastructure (AWS)
- Centralized web portal
- Standardized diagnostic tools across all MACs
- Clinical results reporting for MAC clinicians
- Long term patient/care partner monitoring

GMN Portal
- Patient & Caregiver
- PCP
- Other External Data Sources

Community Partner Care Plan Sharing (Regional AAAs)

Dept. Public Health Alzheimer's Registry

Georgia Health Information Network (GaHIN)

Other External Data Sources
- Outcomes data (CMS data, HIEs, direct connections)
- PCP data
- Private & Public Service Utilization (Patient & Caregiver)
GMN Data: GA DPH Alzheimer’s Registry

GMN has facilitated build out of IT interface between MAC electronic medical records to ADRD Registry

Records will automatically be shared via secure server from local Electronic Medical Record to Registry (rather than Doctors manually inputting each individual patient data)

Albany, Atlanta, Augusta, Emory Live
Columbus, Macon Go-Live anticipated 2nd Quarter of SFY21

~3700% increase over baseline/pre-GMN
GMN TECHNOLOGY: COVID PIVOTS & INTRODUCTION OF TELEMEDICINE
GMN: COVID Pivots

➢ Major Impacts of COVID:
  ▪ Clinic function & patient volume/safety
  ▪ Hiring freezes at Emory and MAC healthcare sites
  ▪ Redeployment of MAC staff to other hospital units to support COVID response
  ▪ Budgetary impact: GMN prepared for SFY21 massive cut

➢ Initial Response:
  ▪ Pause activity to extent possible
  ▪ MAC Needs Assessment to teams 4/19/20
  ▪ Shared lessons learned Emory Brain Health Center
  ▪ Developed templates for standard work
  ▪ Initial training manuals (e.g. conducting virtual testing visits)
  ▪ Early outreach materials for PCPs & Patients
GMN: COVID Pivots

➢ Workflow, Data, Technology Impact:
  ▪ NIH Toolbox Testing not viable in telemedicine environment
  ▪ CSE visits / timing with testing and provider visits
  ▪ Metrics capture – virtual vs. in person
  ▪ Patient access to technology / internet

➢ Ongoing Response:
  ▪ Reconfigure Neuropsych Testing battery – harmonization across Emory Brain Health Center & Cognitive programs
  ▪ SmartSheets Data Capture/Dashboards updates – include Virtual vs. in person visits
  ▪ GMN Portal design reconfigurations for Neuropsych testing, visit capture
  ▪ Iterative process for workflow & standard work
Lesson 4 of 13

Risk Management and Crisis Planning

As a caregiver, you are in the process of developing a sense of competence about living and being the responsible party in a world of threat and ambiguity. This is often an uncomfortable process because you are being asked to bear so much responsibility and so much uncertainty at the same time.

Yet, your job is to act as a risk manager, which means making informed choices about protecting your person from threats. At the same time, you need to accept that there are some worst case scenarios that you may not want to consider, but that must be planned for as part of your responsibility as the caregiver.

This section is intended to help you to recognize your function as a risk manager and disaster planner and to help you feel confident in your role.
Use of virtual visits has increased 53% from pre-pandemic levels (nationally)

Interest in virtual visits has increased across demographics and health services

Adults over 56 prefer a virtual visit to driving more than an hour for a second opinion

Source: Advisory Board How Covid-19 Has Changed Consumer Virtual Visit Utilization and Preferences
Access Barriers - 159 Counties:

- 35% federally designated full or partial primary care Health Professional Shortage Areas (or HPSAs).

- Of those, 73% are designated as high-need

Percentage Households with Broadband Internet Subscription

Broadband Coverage <60% & Over 15% Population Aged 65+
COVID Impact: Telehealth Partnerships

• Division of Aging Services: CARES Act Funds
  ➢ 25 iPads
  ➢ AAA/ADRC Network for targeted pilots – mobile iPads

• Department of Public Health
  ➢ Telemedicine offices in all counties
  ➢ Data-driven approach: iPad site selection, leverage existing DPH resources
Goal: To implement telehealth processes across Georgia Memory Net that reduce pandemic exposure, *expand access*, and *eliminate barriers*.

**Memory Assessment Clinics**
- Partner with MACs to realize telehealth strategy
- Provide platforms and telehealth guidance
- Leverage Emory best practices

**Primary Care Partners**
- Leverage PCP Advisory Board to determine specific needs
- Educate PCPs on GMN flow and telehealth Annual Wellness Visits & Cognitive/Memory screening

**Patient Population**
- Partner with DPH on iPad rollout & supporting resources
- Develop decision trees and patient experience journey
- Identify patients most likely to benefit
- Market telehealth AWVs
GMN Fully Implemented Telehealth Process

- Annual Wellness Visit
- MAC Initial Visit
- Imaging & Labs
- MAC Follow Up Visit & Transition of Care

Leverage technology resources to assist patients throughout
GMN Telehealth: Barriers, Anticipations

Barriers - in addition to known factors of access…

❖ Provider & Clinic Level:
  ▪ Provider hesitation
  ▪ Health system technology /EMR resources
  ▪ Training needed

❖ Patient Level
  ▪ Hesitation / preference for in-person if “doors are open”
  ▪ Communication: Difficulty hearing, language barriers
  ▪ Care Partner unavailable to assist

❖ Other General
  ▪ Imaging / labs
Anticipated Issues & Mitigation Efforts

❖ Provider & Clinic Level:
  ▪ Ongoing & Increased virtual shadowing opportunities
  ▪ Leverage Portal; GMN Zoom license for MACs available
  ▪ Technology hardware purchases approved in FY21 MAC budgets
  ▪ Engagement with healthcare systems’ IT/EMR teams

❖ Patient Level
  ▪ Outreach & education campaigns
  ▪ Audio enhancements purchased; exploring translation services
  ▪ Increased & enhanced support from local MAC & Central GMN teams (incl. support from Emory Brain Health Center)
GMN Telehealth: Steps to Achieve Full Process

1. Implement full telehealth workflow at MACs
2. Once ready, utilize telehealth for existing MAC referrals
3. Begin working with referring PCPs, both existing and new, on telehealth education
4. Identify new patient populations in need of technology resources
ADDITIONAL QUESTIONS?

GAmemorynet.org

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Healthcare Professional Shortage Areas

35% GA counties federally designated full or partial primary care Health Professional Shortage Areas (or HPSAs).

Of those, 73% are designated as high-need.

56% GA counties designated as primary care low-income population HPSAs with shortages of primary care providers serving low-income residents.

Impact: MAC Placement

GA_HPSA_2017 map

United Health Foundation, America’s Health Rankings. 2019.
County Health Rankings

Health factors include: health behaviors, access to care, quality of care, social and economic factors (education, employment, income), and the physical environment (housing & transit).

Map at left: less color intensity indicates better performance

Source: 2019 County Health Rankings and Roadmaps
OREGON’S RESIDENTIAL CARE QUALITY MEASUREMENT PROGRAM

Ann McQueen, PhD, Community Services & Supports Manager
Oregon Department of Human Services

Sara Kofman, Public Policy Director
Alzheimer’s Association
AGENDA

In our time today…

- An overview of Oregon’s Residential Care Quality Measurement Program
- How the Program works and why it matters
- Implications of COVID-19 on the Program
The Purple Ribbon Commission
Advancing quality dementia care in Oregon

Quality Metrics to Track and Measure Success
We believe there are limited indicators to illustrate a holistic representation of quality dementia care. Data and quality metrics demonstrate success in dementia care, and quality care is driven through key indicators.

Caregiver Training and Competency
We know that having an adequate number of dementia capable, competently trained caregivers is critical to providing high quality care to those with dementia.

Acuity-Based Staffing Models and Workforce Development
We recognize there are workforce challenges in dementia care. We encourage participation in the profession by dementia capable Oregonians.

Family and Consumer Supports and Programs
We support programs that will enable those affected by dementia and their loved ones to receive the best information and resources regarding this disease.
ORS 410.010 – State policy for seniors and people with disabilities

The Legislative Assembly finds and declares that, in keeping with the traditional concept of the inherent dignity of the individual in our democratic society, the older citizens of this state are entitled to enjoy their later years in health, honor and dignity, and citizens with disabilities are entitled to live lives of maximum freedom and independence.

- Balancing safety and independence
- Enforcement of policies and rules
- Transparent communication with consumers and facilities
In 2017, the Oregon Legislature passed HB 3359 that included several Purple Ribbon Commission recommendations, including:

- A uniform **Residential Care Quality Measurement Program** be developed to measure and compare performance of residential care facility (RCF) and assisted living facility (ALF) across the state of Oregon.
  - A governor-appointed **Quality Measurement Council** is tasked with developing metrics to measure the quality of care provided by facilities.
  - The Council is responsible for ensuring the program won’t be burdensome to facilities.
  - The law mandates that each RCF and ALF annually submit quality metrics data to the department.
THE QUALITY MEASUREMENT COUNCIL

- Council Representatives:
  - Oregon Patient Safety Commission
  - Residential Care Facility
  - Alzheimer’s Association
  - Geriatrician/Provider
  - Oregon State University Gerontology Faculty
  - Portland State University Gerontology Faculty
  - Long Term Care Ombudsman
  - Oregon Department of Human Services

- Met monthly for 1 ½+ years
DEVELOPING MEASURES: A WORTHWHILE STRUGGLE

The first year of data collection/reporting started in 2020. Residential care and assisted living facilities will be required to report the following metrics (as defined in HB 3359):

1. Retention of direct care staff
2. Compliance with staff training requirements
3. Number of resident falls that result in injury
4. Incidence of use of antipsychotic medications for non-standard purposes
5. Results of annual resident satisfaction survey conducted by an independent entity
METRIC 1: RETENTION OF DIRECT CARE STAFF

WHY: Experienced staff provide better care for residents

TIMING: Track from January 1, 2020 to December 31, 2020

WHAT TO TRACK:

- Total number of direct care staff employed by facility for one calendar year or longer
- Total number of direct care staff employed at end of calendar year (count on December 31, 2020)
METRIC #2: COMPLIANCE WITH STAFF TRAINING

WHY: Trained staff provide better care and have higher job satisfaction

TIMING: Track January 1, 2020 to December 31, 2020

HOW: Track the training of every employee
   1. Determine if each employee is “direct care” or “non-direct care” staff
   2. Determine which staff have been employed less than one year
METRIC #3: FALLS WITH INJURY

WHY: Learn about causes and prevent as many serious falls as possible

WHEN: Track January 1, 2020 through December 31, 2020

WHAT TO TRACK EACH MONTH:
1. Total number of residents living in the facility on the last day of the month.
2. Total number of falls with injury during the month.
3. Number of residents with at least one fall with injury during the month.
4. Number of residents who fell more than once during the month.
METRIC #4: NON-STANDARD USE OF ANTIPSYCHOTICS

WHY:
Concern that antipsychotic medications are being overused in facilities to calm undesirable behavioral and psychological symptoms of residents with dementia.

GOALS:
- Increase awareness
- Ensure person-centered assessments are used
- Encourage non-pharmacological treatments before and with antipsychotics.
METRIC #5: RESIDENT SATISFACTION

METRIC:
Results of annual resident satisfaction survey conducted by an independent entity.

IMPORTANT TO REMEMBER:
- Independent entity must conduct survey
- Four required CoreQ questions
- Survey must be completed during 2020 with data entered no later than January 31, 2021
METRIC #5: RESIDENT SATISFACTION (CONT.)

COREQ REQUIRED QUESTIONS:

All CoreQ Measures use the same 5-point Likert Scale:
Poor (1), Average (2), Good (3), Very Good (4), Excellent (5)

1. In recommending this facility to your friends and family, how would you rate it overall?
2. Overall, how would you rate the staff?
3. How would you rate the care you receive?
4. Overall, how would you rate the food?
THE IMPACT OF COVID-19

- Measurement expectations
  - Facilities responding to COVID-19
  - ODHS staff responding to COVID-19

- Changes to Accommodate COVID-19
  - Yes/no questions
  - No resident satisfaction survey for 2020

- Communication with Vendors
- Quality Measurement Council Meetings postponed
The Oregon Department of Human Services will post the first quality metrics report by July 1, 2021** and it will:

- Illustrate statewide patterns and trends based on the reported data.
- Allow providers and consumers to compare performance of the five quality measures.
- Identify the number, scope and severity of regulatory violations & abuse investigations.
- Data challenges – work in progress.

How do we truly measure quality?

- How do consumers get meaningful info about Community Based Care?
- What can providers learn from their data and that of others to drive quality?
- How can regulators better evaluate provider performance?
QUESTIONS…

Please contact us at:

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