

# IADC OREC and CMS Innovation Grant

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WISHARD  
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# Overview

- Aging Brain Care Medical Home
- CMS Innovation Award—Dissemination of ABC
- Work Force Development
  - Recruitment and Selection
  - Training
  - Retention



# ABC Medical Home

- Despite positive results from our clinic-based collaborative care programs, significant numbers of dementia patients do not come into geriatric clinics
  - Transportation issues
  - Complex social situations
  - Fear of losing independence
  - Mistrust of providers
- Developed ABC Medical Home designed to deliver care to patients and caregivers in their homes and/or community settings



# ABC Medical Home

- Pilot began in 2009
  - Included NP and MD (MSW added in year 2)
  - Supported by eMR-ABC care coordination software
  - Approximately 200 patients enrolled from one community health center within Eskenazi Health



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# ABC Dissemination: CMSI Award 2012-2015

Services expanded to:

- County-wide system of community health centers affiliated with Eskenazi Health; and
- IU Health Arnett system in Lafayette, IN

Scaling up to 2000 Medicare/Medicaid beneficiaries with dementia or late life depression, many of whom are dual-eligible



# Triple Aims

Success will be measured by triple aims:

- Better health
- Better care
- Lower costs through improved quality

Dashboard created in eMR-ABC tracks these variables



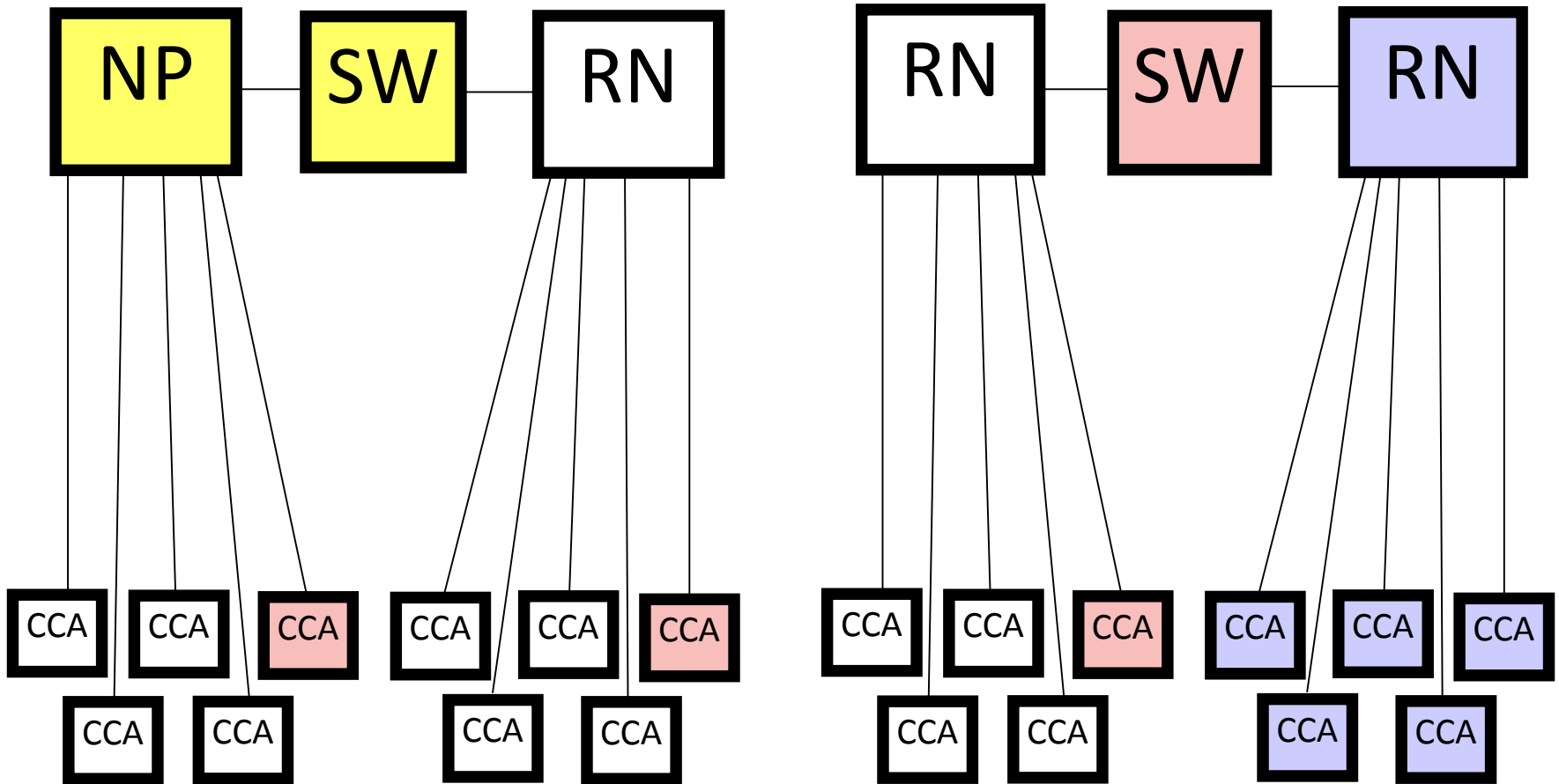
# Work Force Development

- Key component of expansion has been the rapid hiring, training and deployment of a new work force including a new type of care worker - the **Care Coordinator Assistant (CCA)**.
- CCA serves as liaison between the patient and family caregiver in the home and the hospital-based care team.





# STAFFING PLAN





# Work Force Development

## CCA Role

- CCA-I applicants have a high school diploma
- CCA-II applicants have 2-year associate's degree
- Specifically modeled after studies and recommendations for “task shifting” -- tasks that require less training and expertise are provided by less expensive members of the care team
- Closely supervised



# Care Coordinator Assistants

Responsibilities include:

- Enroll patient/caregiver in the program
- Conduct patient/caregiver biopsychosocial needs assessment
- Deliver specific care protocols
- Manage patient psychosocial care needs
- Monitor medication adherence
- Manage data entry in eMR-ABC

All under close supervision of RN and MSW CCs



# Recruitment and Screening

- 349 candidates applied for the CCA positions
- Three step screening process:
  - resumes were reviewed by Eskenazi Health Human Resources to identify those who met the basic requirements
  - subset of candidates meeting these criteria were invited to participate in a phone interview
    - Initial phone screen with newly developed behavioral questions included along with traditional Eskenazi Health team and skills-focused questions
  - A subset of these candidates were invited to participate in a face to face interview
    - in-depth behavioral questions along with Eskenazi Health traditional skills and team-based questions



# Multiple Mini Interview

Successful candidates were selected to participate in the Multiple Mini Interview (MMI)

- Used in the admissions process in a growing number of medical schools
- Changes interview process from “Tell me about what you can do” to “Show me what you can do.”



## Total N Participated in MMI and Hired

- 62 screened candidates were invited to an MMI session
- 11 MMI sessions were conducted over 4 dates between July and November 2012
- 21 CCAs (20 FTEs) were hired and deployed



# CCA Training

## **2+ week training included:**

- Interactive sessions with imbedded didactic lectures, video sessions, role playing, reflective reading and writing, teambuilding...
- Clinical immersion – shadowing at HABC, home visits, eMR-ABC
- Three half days of simulation with trained standardized patients in Medical Education Simulation Center



# Interactive Sessions

## Didactic Lectures included:

- Understanding Aging and Alzheimer's Disease
- What Does Dementia Look Like?
- Communication and Alzheimer's Disease
- Common Challenges in Alzheimer's Disease
- Coping with Psychiatric and Behavioral Symptoms in Dementia
- Families as Allies: Working with Patients and Families
- Coffee and Conversation: Clarifying End of Life Preferences
- The IMPACT Depression Care Program





# Interactive Sessions

## Video Sessions:

- HBO: *The Alzheimer's Project*
  - *The Momentum Behind the Science*
  - *Memory Loss Tapes*
  - *Caregivers*
- The Family Guide to Alzheimer's  
(Life View Resources: Leeza Gibbons hosts this series)
  - Volume 2: *Behavior Issues*
  - Volume 3: *Daily Life*
  - Volume 4: *Family Caregiving*
- *Iris*
- *The Notebook* (selected scenes)



# Interactive Sessions

## Role Playing:

- First home visit
- Developing rapport
- Conducting initial assessments
- Delivering protocols and handouts
- Listening and mirroring exercise
- Problem solving therapy



# Clinical Immersion

- Shadowing at the Healthy Aging Brain Center (Eskenazi Health Memory Care clinic)
- Shadowing ABC staff during home visits
- Using the eMR-ABC care coordination software



# Simulation Sessions

During each of the three half-day sessions:

- Each CCA conducted a “home visit” with two trained SPs (caregiver/patient dyad), while being videotaped
- Immediately following the session the standardized patients provided feedback on the interaction to the CCA



# Simulation Sessions

- Watched the videotape of their encounter, completed self-assessment
- Participated in small group debrief on their experience, viewing several videotapes
  - Identified areas of strength and improvement
    - Communication skills, active listening, non-verbal behaviors
- Repeated encounter a 2<sup>nd</sup> time to improve their performance, delivery of service and level of comfort (videotaped)



# Interactive Sessions

## Reflective Reading and Writing Exercises

### Team Building:

- Autobiography and introductions
- Professionalism, interdisciplinary care, and communication on a home visit
- Debrief sessions following shadowed home and clinic visits
- Team building exercise
- Team appreciation and gift exchange



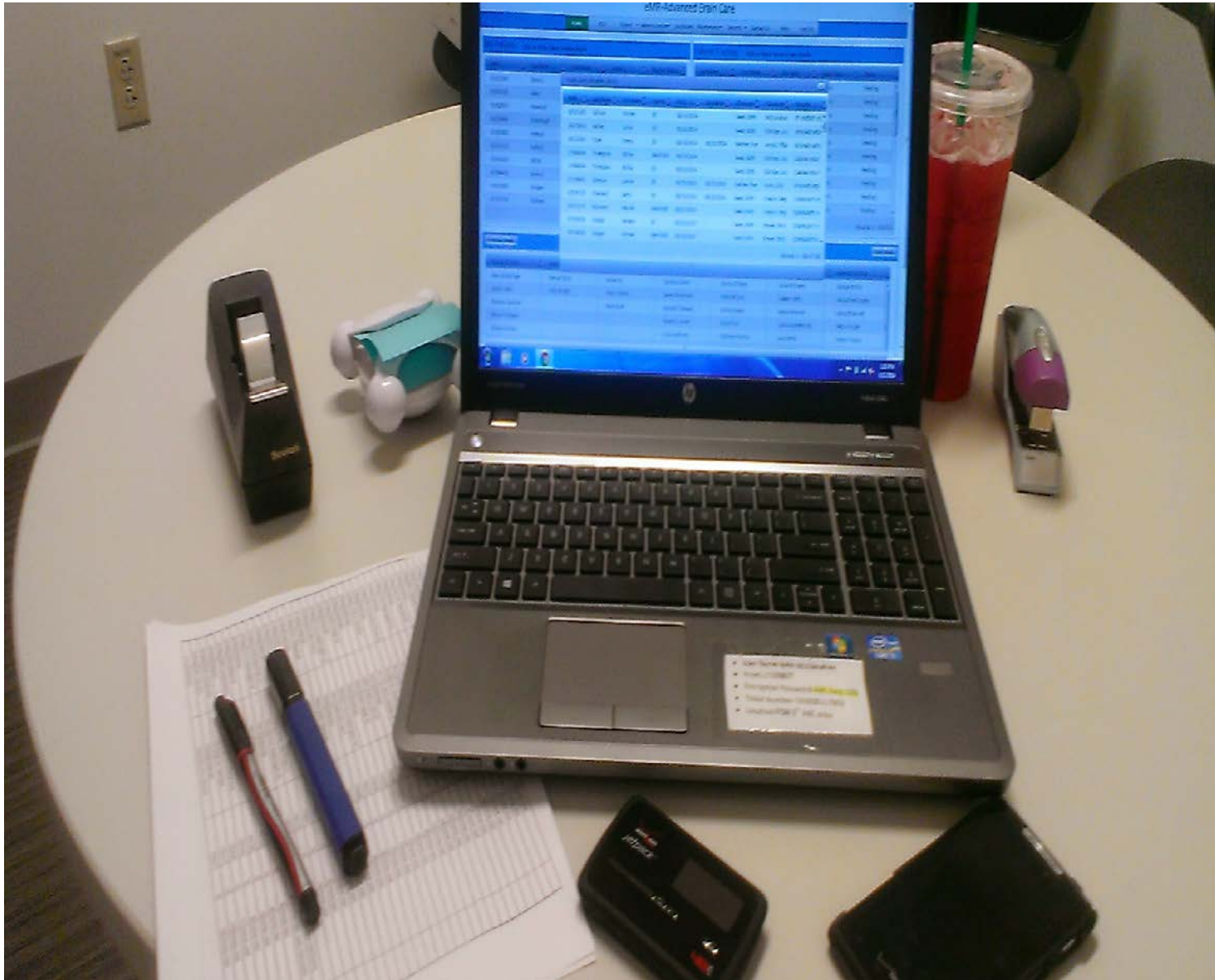
## Creating the Mobile Office

CCAs meet the patients where they are:

- At home
- In the community
- At HABC
- In primary care clinics
- In hospital
- In ER



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# CCA Mobile Office





## IMPACT Training

- 1.5 days training on model including
  - Behavioral Activation
  - Relapse Prevention
- .5 day training on Problem Solving Therapy



# Ongoing Staff Development and Support

- IADC Memory University – annual series of 3 - 4 lectures held weekly in June.
- IADC Scientific Symposium
- IADC Martin Family Caregiver Symposium
- Booster training in dementia and depression
- Palliative care training
- Monthly brown bag lunches to decompress and share issues, challenging cases, etc.
- Regular team meetings
- Alzheimer's Association Greater Indiana Chapter



# Staff Retention

## 4 CCAs left the program

- 1 accepted another position within Eskenazi Hospital
- 1 moved out of state
- 2 were promoted to new positions within Eskenazi Health

## 2 NPs left last fall and were replaced with RNs

- Factors in this decision
  - Shortage of NPs in Indianapolis
  - Higher level NP skills not needed given collaborative relationships with PCPs and high level of PCP engagement



## Lessons Learned

- It is much easier to get it right the first time
- You cannot teach “NICE”
- One bad apple CAN spoil the whole bunch so cut your losses early
- You’ve hired them; you MUST take care of them
- Do not start a change process and then NOT follow through...you will lose trust quickly
- If you take care of your people they will take care of your patients
- Our CCAs LOVE the patients



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