

Program for Alzheimer's and Dementia Care

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Abstract

Dementia affects an estimated 6.5 million Americans, a number projected to rise to 13.8 million by 2060. In 2022, the annual cost of dementia care was approximately \$321 billion, underscoring the significant financial burden on the healthcare system. This terminal disease profoundly impacts cognitive function, independence, personal relationships, care goals, and overall quality of life for Persons Living with Dementia (PLWD) and their caregivers.

To address the escalating needs of PLWD and their caregivers, the University of California, Los Angeles (UCLA) Health system launched the Alzheimer's and Dementia Care Program (ADC Program) in July 2012. The program operates on a co-management model, leveraging Advanced Practice Providers (APPs) trained as Dementia Care Specialists (DCSs). These specialists collaborate closely with the patient's primary care or specialist physician (such as a psychiatrist or neurologist) to develop comprehensive care plans. These plans integrate medical, social, and behavioral recommendations, providing holistic support tailored to the individual's needs.

Keywords: Persons Living With Dementia (PLWD) • Dementia care specialist

Introduction

Dementia impacts approximately 6.5 million Americans, and projections indicate that this number will rise to 13.8 million by 2060. The annual cost of dementia care was estimated at \$321

billion in 2022, highlighting the significant financial burden on the healthcare system in providing effective care for Persons Living With Dementia (PLWD) and their caregivers. This terminal disease profoundly affects cognitive function, independence, personal relationships, care goals, and overall quality of life.

To meet the growing needs of PLWD and their caregivers, the University of California, Los Angeles (UCLA) Health system launched the Alzheimer's and Dementia Care Program (ADC Program) in July 2012. The program operates on a co-management model, where Advanced Practice Providers (APPs) trained as Dementia Care Specialists (DCSs) collaborate closely with the patient's primary care or specialist physician (such as a psychiatrist or neurologist) to develop comprehensive care plans. These plans encompass medical, social, and behavioral recommendations, ensuring holistic support.

In addition to medical care, the ADC Program collaborates with local community-based organizations to offer supplementary support for PLWD and their caregivers. This includes services such as adult day care, caregiver counseling, case management, and caregiver education. One year after enrolling in the ADC Program, PLWD not only showed expected cognitive and physical declines but also demonstrated reduced behavioral disturbances and depression scores. Caregivers reported experiencing lower levels of strain and distress related to behavioral issues [1].

Since its inception, the ADC Program has served over 3600 patient-caregiver dyads within the UCLA Health system, marking a decade of dedicated support for individuals affected by Alzheimer's and dementia. The program continues to evolve, striving to meet the growing demand for specialized care and support services in the community.

The nationwide adoption of the ADC program

Based on the local success of the ADC Program, several initiatives have been launched to disseminate its co-management model nationwide. In 2017, the John A. Hartford Foundation awarded a planning grant to the UCLA ADC Program and the Education Development Center to promote the co-management model of dementia care, rebranded as "Alzheimer's and Dementia Care (ADC)". Collaborating with the Gerontological Advanced Practice Nurses Association (GAPNA), a continuing education dementia curriculum was developed to train future Dementia Care Specialists (DCSs). To further support dissemination efforts, the UCLA ADC Program established partnerships with the Alzheimer's Association and the American Geriatrics Society [2].

Following the planning grant, the John A. Hartford Foundation provided a 3-year implementation grant, enabling the ADC

Program to disseminate its model to 8 to 10 healthcare systems nationwide. As a result, 11 sites successfully implemented the ADC Program.

In 2018, the Patient-Centered Outcomes Research Institute (PCORI) and the National Institute on Aging funded the Dementia Care Study (DCARE), a randomized three-arm trial comparing the effectiveness and cost-effectiveness of dementia care provided by a health system, Community-Based Care (CBDC), and usual dementia care over an 18-month study period. The UCLA ADC Program serves as the model for HSDC, while the Benjamin Rose Institute (BRI) Care Consultation model serves as the basis for CBDC. Four clinical trial sites—Baylor Scott and White Health, Wake Forest Health, Geisinger Health, and University of Texas Medical Branch—participated, enrolling a total of 2,176 PLWD and caregivers who were not receiving hospice services or residing in a nursing home at the time of enrollment. Results from this study, expected in spring 2024, will determine whether the ADC Program's co-management model of dementia care offers greater benefits than the social support from community-based care or usual care, as well as the cost-effectiveness of each intervention [3,4].

In total, due to these two grants, 18 adopting sites have implemented the ADC Program's model of dementia care, benefiting 1,690 PLWD and their caregivers outside of UCLA.

The John A. Hartford Foundation has extended its support to disseminate the ADC Program to an additional 50 sites nationwide, with the aim of providing care to over 10,000 patients and caregivers. In addition to implementation support and training, dissemination sites will have the opportunity to participate in the National Learning Collaborative (NLC). This ongoing community of practice facilitates networking, group learning, and the development of educational materials.

Dissemination sites will also be offered participation in the Alzheimer's Association ECHO Program, a 6-month telementoring initiative connecting healthcare teams from community-based settings with an expert multidisciplinary team specializing in dementia care.

As the UCLA ADC program works towards establishing a sustainable model of dementia care nationwide, one of the grant's objectives is to promote health plan payment models to cover the expenses of implementing the ADC Program. The program continues to benefit from established partnerships with the Alzheimer's Association and the Milken Institute Alliance for Dementia Care.

Expansion of the ADC Program across the State

In response to California Senate Bill 48 (Chapter 484, Statutes of 2021), the UCLA ADC Program has recently intensified its efforts to enhance dementia care by joining Dementia Care

Aware (DCA). Led by the University of California, San Francisco (UCSF) Health System and supported by the California Department of Health Care Services (DHCS), this new statewide initiative aims to improve cognitive health assessment, dementia care, and quality of life for Persons Living With Dementia (PLWD) aged 65 and older under Medi-Cal (California's version of Medicaid) [4].

Targeting high-risk PLWD who have faced disparities in dementia care, the DCA initiative will offer equity-focused and culturally appropriate dementia training opportunities for providers and their organizations through webinars, podcasts, and events tailored to specific regions in California. Providers who complete the cognitive health assessment training developed by DCA will have the opportunity to utilize a new billing code created exclusively for this program.

Additional partners in DCA include Alzheimer's Orange County, Alzheimer's Los Angeles, Alzheimer's San Diego, Harbor-University of California, Los Angeles Medical Center (Harbor-UCLA), Rancho Los Amigos National Rehabilitation Center, University of California, Hastings College of the Law, University of California, Irvine (UCI), University of California, San Diego (UCSD), and University of Southern California (USC).

For clinicians and healthcare organizations interested in enhancing support for PLWD and their caregivers, UCLA will offer guidance on evidence-based dementia care programs and assist with the implementation of the ADC Program's co-management model of dementia care at the practice level. Staff training will be customized for each organization based on their specific goals, objectives, and resources. UCLA also provides video-based training and offers participation in the Alzheimer's Association ECHO Program and the National Learning Collaborative (NLC).

References

1. Gaugler, Joseph, et al. "2022 Alzheimer's disease facts and figures." *Alzheimers Dement* 18.4 (2022): 700-789.
2. Reuben, David B., et al. "Patient and caregiver benefit from a comprehensive dementia care program: 1-year results from the UCLA Alzheimer's and Dementia Care Program." *J Am Geriatr Soc* 67.11 (2019): 2267-2273.
3. Reuben, David B., et al. "Dissemination of a successful dementia care program: lessons to facilitate spread of innovations." *J Am Geriatr Soc* 70.9 (2022): 2686-2694.
4. Reuben, David B., et al. "D-CARE: The Dementia Care Study: Design of a Pragmatic Trial of the Effectiveness and Cost Effectiveness of Health System-Based Versus Community-Based Dementia Care Versus Usual Dementia Care." *J Am Geriatr Soc* 68.11 (2020): 2492-2499.

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