Standalone Dementia Projects

**National Association of Chronic Disease Directors (NACDD)** – Integrating Brain Health Messages into Chronic Disease Programs
  • Leslie Best

**Association of State and Territorial Health Officials (ASTHO)** – Action on Healthy Brain Initiative in States
  • Talyah Sands
  • Kelsey Donnellan

**ICF** – Healthy Brain Resource Center
  • Danielle Nielsen

**University of Washington** – Cognition in Primary Care
  • Annette Fitzpatrick
NHBI/BOLD
Annual Grantee Meeting

Integrating Alzheimer’s Messages into Chronic Disease Programs

Leslie Best, BSW
National Association of Chronic Disease Directors

Founded in 1988, the National Association of Chronic Disease Directors is a national, nonprofit, professional Association.

We advocate, educate, and provide technical assistance to inform programming and grow chronic disease prevention knowledge, leadership, and capacity among our Membership.
Integrating Alzheimer’s Messages into Chronic Disease Programs

**Why is this important?**

- Combining more healthy lifestyle behaviors is associated with a substantially lower risk for Alzheimer’s disease.

- Adherence to guidelines for physical activity, not smoking, light-to-moderate alcohol consumption, a high-quality diet (MIND), and cognitive activities = lower risk of Alzheimer’s.

- The risk of Alzheimer’s is lower compared to participants with no or one healthy lifestyle factor(s).
How We Worked

• We adapted chronic disease risk reduction messages for diabetes, heart health, nutrition, physical activity, and tobacco.

• Reflected the Healthy Brain Initiative Roadmap Action Agenda Section E-2.

• A Steering Committee of national experts in aging, brain health, health disparities, and public health met monthly.
Public Health Partners
Strategic Solutions for Public Health Problems

For More Information
About Managing Your Blood Pressure
- Mind Your Risks
  www.mindyourrisks.nih.gov
- Take Brain Health to Heart
  www.nia.nih.gov/health/conditions/cognitive-impairment-dementia-alzheimers-disease/take-brain-health-heart
- High Blood Pressure
  www.cdc.gov/bloodpressure
- Million Hearts
  www.millionhearts.hhs.gov

About Brain Health
- CDC Alzheimer’s Disease and Healthy Aging Program
  www.cdc.gov/aging
- National Association of Chronic Disease Directors Healthy Aging Programs
  www.nacdd.org/healthyaging
- Alzheimer’s Association
  www.alz.org

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Questions

• Leslie Best, Consultant
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• chronicdisease.org/page/healthyaging/nacdd-action-on-healthy-aging-and-brain-health

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Thank you

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Action on HBI in States

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Senior Analyst, Health Improvement

Talyah Sands, MPH
Director, Health Improvement

Association of State and Territorial Health Officials (ASTHO)
About ASTHO

VISION
State and territorial health agencies advancing health equity and optimal health for all.

MISSION
To support, equip, and advocate for state and territorial health officials in their work of advancing the public’s health and well-being.
Health Improvers

**Talyah Sands, MPH**
Director, Health Improvement

**Erin Bayer, MPH**
Senior Director, Chronic Disease Prevention and Health Improvement

**Kelsey Donnellan, MPH**
Senior Analyst, Health Improvement

**Priya Shah, MPH(c)**
Intern, Health Improvement
ASTHO’s Role in the HBI Landscape

• Develop a public health system for equitable dementia outcomes through the HBI Road Map by:
  
  ➢ Creating capacity building tools and activities
  
  ➢ Providing 1:1 technical assistance
Two of ASTHO’s “Power Tools” for HBI
Blue Sky Moment

What would it look like to have equitable systems that promote brain health across the life course?

From reducing risk for dementia to meeting the needs of people living with dementia and their caregivers
What’s next?

Awareness

Assessment/Planning

Implementation Support
Blue Sky Mini-Moment

a b c
d e f
Thank you

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Talyah: tsands@astho.org
Introduction to Program

• Healthy Brain Resource Center (HBRC)
  • Currently being developed by ICF
  • Easy-to-navigate, web-based resource library
  • Publicly available through the CDC website
  • Central repository for credible information and tools in the public domain to support implementation and evaluation of HBI Road Map actions
  • Allows for free text searching and filtering of resources by Road Map topics, population of interest, social determinants of health, language, and resource type
  • Ability for HBRC users to suggest content for consideration
Program Achievements

• Two-phased approach to development
  • Year 1 – content identification, stakeholder engagement
  • Years 2 and 3 – content identification, content vetting, stakeholder engagement, development, launch, user orientation and technical assistance

• Anticipated launch: February 2022

• Process checks and refinements throughout to fine-tune approach to content identification
Vision for the Future

- Continued maintenance and enhancements of HBRC functionality
- Regular identification of new and updated content
- Ongoing technical assistance to users
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Cognition in Primary Care

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Departments of Family Medicine, Epidemiology, and Global Health
University of Washington, Seattle
Disclosures
Nothing to disclose

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Information on Grant

• Supported by Alzheimer’s Program/CDC (HPRC SIP-20-002)

• UW IRB has determined it Quality Improvement Program

• 2 years: Oct 2020 – Sept 2022

• Incredible team at UW: see grantee profile!

• Critical input and feedback from CDC and GSA
Enhancing Early Detection of Cognitive Impairment using the KAER Model in Primary Care

A Fitzpatrick, B Gaster, J Raetz, B Belza, M Suchsland
Projected increases in dementia are alarming!

Dementia is often unrecognized and under-reported in primary care.

Earlier diagnosis leads to better care!
Our Goals

• Improve primary care of patients with dementia to include:
  • Earlier detection
  • Improved management
  • More resources
  • Meet quality metrics

• Provide support to PCPs and Clinics (through and outside of the grant)

• Use GSA KAER tools to support implementation
Understanding PCP’s Perceptions

• **Key Informant Interviews**
  • 10 UW Primary Care MDs and Nurse Practitioners
  • 4 Primary Care Clinical Staff (including 1 Social Worker)
  • Held via ZOOM in April-May 2021

• **Current Practice**
  • Often addressed via Medicare well-visit memory question
  • Lack of time to devote to thorough cognitive evaluation
  • Usually responding to patient or family concern
  • Unsure of follow-up if diagnosed

• **Needs**
  • Education: Normal aging vs cognitive decline
  • Tools to evaluate
  • Integration in electronic health record (EHR) system
  • Follow-up directives and options
  • Resources in the community
CME  (by and for primary care)

• 3-part Zoom series. Practical, efficient, high quality.
• Based on GSA-KAER
• Quick 30-minute each, each with 15 minutes Q+A.
• Offered on 12 dates from Oct thru Nov to UW Medicine network PCPs (16 clinics, 160 PCPs – over 100 have registered)
• Series is free (optional $25 fee for CME credit)
• Easy sign-up!  Cognition-PrimaryCare.org
Simple Efficient Clinic Workflow

1. **Be-Aware**: Use “Warning Signs” to decide when to ask pt to return for full cog-eval visit.

2. **Evaluate**: A structured “Cog-Eval” visit using new, tested Epic tools.

3. **Make a Plan**: Schedule one more follow-up visit: Answer patient and family questions, prioritize their needs, refer them to resources.
Electronic Medical Record (EMR) Tools

• UW Medicine uses EPIC.
• Content based on PCP interviews
• We created an order set (EPIC 'SmartSet') which contains tools for documentation, commonly ordered tests and referrals to expedite evaluation of patients with suspected cognitive impairment.
• We created a checklist (EPIC 'SmartPhrase') for providers not to miss reversible and contributing causes of cognitive impairment.
• Developing a “CLINIC WORK FLOW” to pilot these tools
10 Warning Signs of Alzheimer’s

If you notice any of these signs, take action.

Use this form to note your concerns so you can address them with a friend, family member or doctor.

1. MEMORY LOSS THAT DISRUPTS DAILY LIFE. One of the most common signs of Alzheimer’s disease, especially in the early stage, is forgetting recently learned information. Others include forgetting important dates or events, asking the same question over and over again, or increasingly needing to rely on memory aids (e.g., reminder notes or electronic devices) or family members for things the person used to handle on their own.

What’s a typical age-related change? Sometimes forgetting names or appointments, but remembering them later.
Structured Epic Checklist

Cognitive Checklist

- Harmful med assessment
- EtOH amount rare
- Depression considered
- Sleep apnea considered
- Hearing loss considered

Visual hallucinations:  ☑️ NO

- Perform a MoCA Test 25/30
- Obtain family/friend input

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Epic Smart Set

• Intended for a **Cognitive Evaluation Visit** (just like the AWV SmartSet which is used just for that specific, dedicated type of visit.)

• Will have links to MoCA, a Family Member input questionnaire (AD8), the Cog-Eval check list. Plus community resources that, with a click, can be added to the After Visit Summary.
Goals for the resource directory

- **Purpose:** A regional resource to be shared (verbally and/or written) by primary care providers and clinic staff in discussions with patients and family members about cognitive impairment

- **Audience:** Individuals undergoing evaluation for cognitive changes and their families and care partners who are seen in the UW Medicine primary care clinics

- **Values for the resource:**
  - Sustainable and current - requires minimal updates
  - Evidence-based
  - Of value across diverse cultural groups
  - User-friendly
  - Useful after project is complete
Lessons from key informant interviews

- Understand what will be most useful to patients and families
- Do not just list every single resource
- Provide cross-cultural resources
- Understand the barriers to existing resources
- Prevent people from being overwhelmed
- Overcoming stigma and re-centering as a health issue
- Patients need guidance and get overwhelmed easily
- Narrow scope - what happens right after diagnosis in primary care
- Senior centers are being underutilized by healthcare
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Development of the Website and Directory
Development of the Website and Directory

COGNITION IN PRIMARY CARE
A program to facilitate detection of cognitive impairment and improve care for people with dementia.
Thank you

CPC UW, CDC and GSA Program Team
HPRC Community Advisory Board
Cognition in Primary Care Technical Advisory Committee
UW Medicine Department of Family Medicine
Questions?

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