

# 2024 Update: Lessons Learned from IHS Dementia Model of Care Grantees

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Teresa Martin – Northern Valley Indian Health
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#### NOTE

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#### IHS Alzheimer's Program Webinar Series

2024 Update: Lessons Learned from IHS Dementia Model of Care Grantees

- Learn about 5 primary drivers of comprehensive dementia care
- Hear about strategies, interventions, and approaches being implemented by current IHS grantees
- Takeaway tips for incorporating activities into your tribal clinic and health system



June 12 @ 4:00 PM ET

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https://www.ihs.gov/alzheimers/



# Nana's Story

"Now, at times, she thinks that Dad is out fishing and will be home soon. In some ways, this is good, because she does not always have to know that he is gone, and continuously have to suffer the pain that loss can bring after a lifetime like theirs together.

But there are many times that she is totally lucent and knows that he is not with her, but is waiting for her to be with him when her time comes too. We have as a family kept Nana in her home, in the surroundings most familiar to her.

There, every day she is close to all of her family who love her and accept her, wherever she may be mentally. She knows that she is home, and that she is safe and loved, despite her confusion."

Marquart K. Nana. The IHS Primary Care Provider. Vol 29 No. 5. May 2004.



# Grants and Program Awards Addressing Dementia in Indian Country: Models of Care

"...to support the development of models of comprehensive and sustainable dementia care and services in Tribal and Urban Indian communities that are responsive to the needs of persons living with dementia and their caregivers."

#### 2023 - 8 Awards

- Absentee Shawnee Tribal Health System (OK)
- Cherokee Nation Health Systems (OK)
- The Cheyenne and Arapaho Tribes (OK)
- The Confederated Tribes of Grand Ronde Community of Oregon (OR)
- The Fallon Paiute-Shoshone Tribe (NV)
- The Kenaitze Tribe (AK)
- The Norton Sound Health Center (AK)
- The Seattle Indian Health Board (WA)

# 2022 - 4 Awardees – entering into their 2nd year

- The Indian Health Board of Minneapolis, Inc. (MN)
- The Indian Health Council, Inc. (CA)
- The Nez Perce Tribal Health Authority (ID)
- The Northern Valley Indian Health (CA)

#### Identify and address modifiable risk factors

# **Cognitive Impairment**

### **Detection**

# Slow progression

Avoid anticholinergic and psychoactive medications

Control Blood Pressure
Optimize DM
management
Cholinesterase Inhibitors
and memantine

Exercise

Care Management



Supportive therapies, socialization

Support in Activities of Daily Living

Attention to safety

#### **Care Planning**

Respite care

Caregiver support



Anti-amyloid agents??
Aducanemab
Lecanamab
Donanemab

#### In the future:

Targeted, disease-specific therapies dependent on disease-specific biomarkers, imaging and new diagnostic criteria

**Environmental Modification** 

Optimize Oral Health and Nutrition

# What does it take to improve the lives of people living with dementia and their families?

Recognition

Detection of cognitive impairment
Opportunities in the community and in the clinic
Understanding risk factors for dementia

Diagnosis

Confidence and skills to diagnose in in primary care, with Access to specialty resources when needed

Assessment

Clinical, functional, and social assessment Identification of needs / gaps in care Resources to meet to those needs / gaps

Management & Referral for Resources

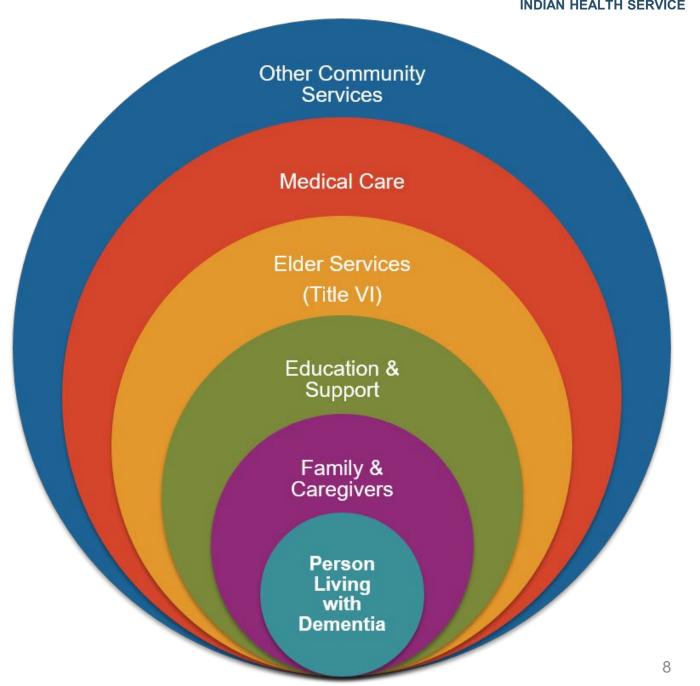
Anticipate and address changing needs Advance care planning Manage care to avoid crises

Support for Caregivers

Care for the caregiver is part of care for the person living with dementia



A comprehensive approach to addressing dementia requires partnerships and collaboration across boundaries, services, service lines, and organizations.





# **Awareness and Recognition**

- Increase understanding of clinical and community-based staff in dementia, the value of detection, and resources available
- Improve the ability of clinical, outreach, and community-based staff to recognize and detect cognitive impairment
- Increase opportunities for detection
- Education and screenings at Tribal and Elder events
- Culturally appropriate materials and education

# **Accurate and Timely Diagnosis**

- Training and Education of Clinical Staff
- Develop internal expertise / champion
- Standardized approach to evaluation and diagnosis
- Standard workflow and reports in Electronic Health Record
- Capture reimbursement for evaluation

# Interdisciplinary Assessment

- Establish an interdisciplinary team and define roles
- Establish a patient pathway from diagnosis through assessment and plan
- Build a standardized, culturally adapted assessment process
- Develop and use clinical referral resources not available within the program
- Connect patients to community-based organizations and services to meet their needs
- Capture reimbursement for Assessment and Care Planning



# **Management and Referral**

- Use a registry to track and manage care for patients and families
- Proactive management and support
- Periodic re-assessment of needs and revision of plan
- Relationship with referral resources for specialty dementia management
- Establish workflow for referrals to community-based services
- Identify gaps in available services in the Tribe(s) or community



# **Care for the Caregivers**

- Identify caregivers routinely and in the EHR and other records
- Assess caregiver strengths, resources, needs as part of the assessment process and in the management of care
- "Just in time" education for caregivers and family
- Evidence-based, culturally appropriate caregiver coaching
- Collaborate with Tribal or Community-based programs to develop or and identify respite care services
- Incorporate information on dementia care into community outreach and education opportunities



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# Northern Valley Indian Health

Northern Valley Indian Health (NVIH) is a private, nonprofit tribal organization founded in 1971 by a group of Northern California American Indians seeking to reestablish health services in California. A board of Directors from the Mechoopda Indian Tribe (MIT) of Chico Rancheria, the Grindstone Indian Rancheria (GIR) of Wintun-Wailaki Indians of California, the Yocha Dehe Wintun Nation of California, and the Kletsel Dehe Band of Wintun Indians of California govern the organization.

### **NVIH Mission:**

Excellence in healthcare services to Native Americans and all community members

#### Values:

Compassion
Integrity
Respect
Customer Service
Teamwork







Comprehensive and integrated medical, dental, behavioral health, women's health, nutrition and community health and outreach services are provided to over 6500 American Indians and Alaska Natives (AI/AN) who reside in the NVIH five county service area. The NVIH service area includes Glenn, Yolo, and portions of Colusa, Butte, and Tehama counties. NVIH clinics are in the cities of Chico, Willows, Red Bluff, and Woodland.



## **COMMUNITY HEALTH & OUTREACH**

Provide services to the Native American population, including members of the Native households

CHICO: 530-899-5156 WILLOWS: 530-934-5431 WOODLAND: 530-207-5483

Community Health & Outreach Director

CH Admin Asst.

RN Coordinator

LVN

2-3 CHRs

RN Coordinator

LVN 2-3 CHRs

RN Coordinator

Coordinator

LVN

2-3 CHRs

Dementia

Program Coordinator

MAT

Program Coordinator

Injury Prevention

Program Coordinator

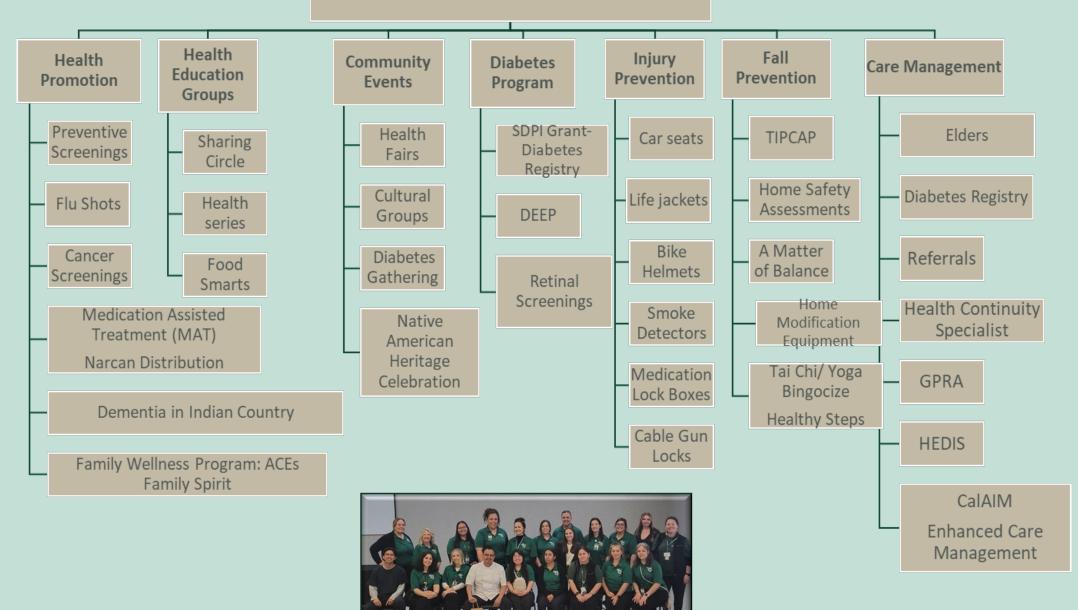
Family Wellness

2 Health Continuity

Specialist

**Program Coordinator** 

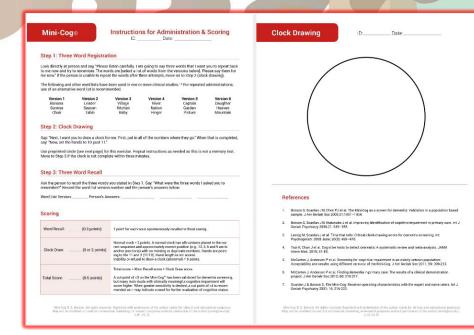
#### **Community Health & Outreach Services**

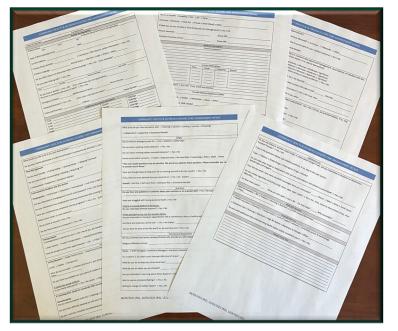




#### **Goals**

- 1. Raise Awareness of Dementia
  - a. Training:
    - 1. CH/OR Team attended Dementia Care Aware
    - 2. Community Education Sessions
      - a) Alzheimer's Association
      - b) Agency on Aging: Passages
    - 3. Medical Providers and Support Team
      - a) Training for Primary Care's role Dr. Finke
- 2. Selecting Screening Tool
  - a. Mini-cog/AD-8
  - b. CH/OR staff training in administration of screening tools
- 3. Identified Target Populations
  - a. Age 55+, risk factors that increase incidence of cognitive decline
  - b. Assigned screening with CH/OR intake
  - c. Patients referred for a home safety assessment
  - d. Patients verbalizing a change in their health status





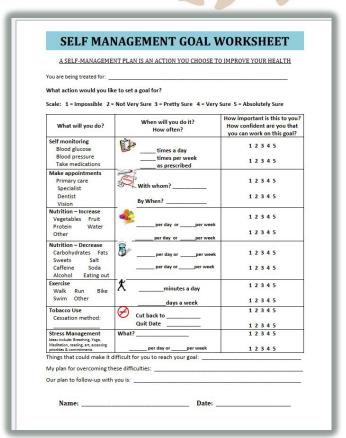
### **CARE MANAGEMENT**

Comprehensive Assessment is key to patient-centered care plan

Visit type: Home/Clinic/Community

Intake includes immediate functional needs questions

- Stay Independent assess fall risk, Sit and Stand as second assessment
- Home Safety Assessment
  - Home modifying equipment
- Mini-cog
  - Caregiver training
- Adverse Childhood Experiences (ACEs)
  - Stress Busters
- PHQ2
  - Potential referral to Behavioral Health
- Substance Use
  - Potential referral to PCP, Addiction Specialist





# PATHWAY OF CARE

Support patient in making a primary care appointment and educate on what to expect over the next couple of weeks/months

**Positive Screening** 

Support patient, let

them know this is

only a screening

tool and not a

diagnosis

**Future** 

**Programming** 

**Brain Health Series** 

Caregiver Training

Support Groups

**Patient** 

Patient's Family and Support System

Engage in CH/OR services, link to resources, invite to lifestyle modification groups, such as cooking classes, Tai Chi, Healthy Steps Comprehensive assessment

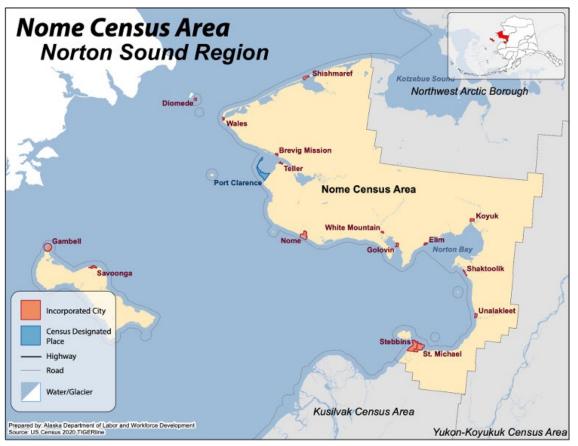
Includes evaluation of health, vision, hearing, medications, 1abs, MRI/CT Scan & refer to specialist

> CH/OR staff to support and navigate care plan CH/OR Intake Needs Assessment

# **Norton Sound Health System**

# NORTON SOUND HEALTH CORPORATION NOME & NORTON SOUND REGION - ALASKA





Google earth

https://www.researchgate.net/figure/Bering-Strait-Norton-Sound-region\_fig7\_312155744

# NORTON SOUND HEALTH CORPORATION TRIBAL HEALTH ORGANIZATION



- Nome, Alaska is the regional hub for the Bering Strait Region.
- There are 15 surrounding villages only accessible by air (and boat).
- The region equates in size to the state of West Virginia.
- Regional population is 10,046 (2020 census).
- NSHC provides all primary, emergency, and acute inpatient care for the area utilizing the regional hospital and 15 village clinics.













#### PROGRESS TOWARDS GRANT DRIVERS

- 1) Increase Awareness and Recognition of Dementia
  - Media publications, local radio, translations into local Native Alaskan languages
  - Health Fairs
- 2) Make an Accurate and Timely Diagnoses
  - Standardized internal screening and diagnosing process
  - Provider training through IHS, upcoming INTACT, VA
- 3) Interdisciplinary Assessment
  - Monthly MDT with medical providers including eye care, audiology, dental, PT/OT/SLP therapies, social work, inhome programs, primary care, psychology etc.
- 4) Management and Referrals
  - Life planning and wrap-around medical care follow up
  - Grant funded Referral Coordinator
- 5) Support Caregivers
  - Hourly Respite with grant funds and personal care services
  - Provide resources through state-wide partners



#### PATIENT SUPPORT SERVICES



#### LESSONS LEARNED

- Dream big and then be specific about achievable goals
- Start with strengths and build on existing programs and clinical processes
- Find partners and trainings for services and resources not yet offered and skill/knowledge gaps

#### **NEXT STEPS FOR NSHC**

- Host more community education events
- Increasing access to caregiver resources

# **Cherokee Nation**



# Cherokee Nation Health Services

- Patient Navigator
  - Address individual needs
  - Provide assistance navigating clinical care
  - Collaborate with other tribal departments/programs
  - Partner with external entities
  - Outreach initiatives
  - Facilitate caregiver support groups, community education, and other trainings
  - Home safety inspections
- Media Campaign
- Travel Vouchers

# **Resource Slides**



## **Funding Opportunity Resources**

#### **Contacts**

#### Dr. Jolie Crowder

National Elder Services Consultant

**Indian Health Service** 

**Division of Clinical and Community** 

Services

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## Indian Health GeriScholars Now Recruiting



#### Become a local resource and champion for the care of older adults:

- Week-long intensive training from approved Geriatrics Board Review course.
- · Mentored geriatric improvement project at your local facility.
- Clinical practicum or mentorship in geriatric practice.
- · Ongoing education, training, and peer support.

#### Deadline to apply is July 5, 2024

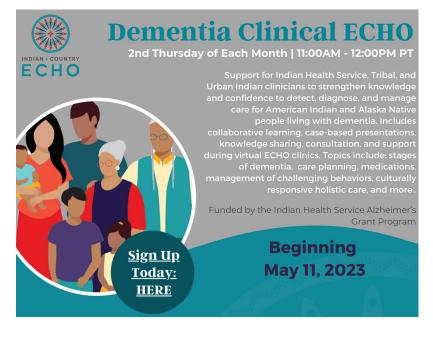
**Download** an application @ ihs.gov/alzheimers





## **Other IHS Dementia Activities**

- See: <a href="https://www.ihs.gov/alzheimers/alztraining/">https://www.ihs.gov/alzheimers/alztraining/</a>
- Join: IHS Elder Care LISTSERV
- Participate: Clinical and Caregiver ECHOS supported by IHS Alzheimer's Grant Program





## The IHS Elder Care Team









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Bruce Finke,
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IHS Elder
Health
Consultant





# For More Info

The IHS Alzheimer's Grant Program

www.ihs.gov/alzheimers/

2024 Alzheimer's Grant Program funding opportunities

https://www.ihs.gov/alzheimers/fundingopps/2024fundingopp/

Education and training resources and opportunities

www.ihs.gov/alzheimers/alztraining/

#### Dementia information and links

www.ihs.gov/alzheimers/informationresources/alzdementiaresources/

Stay Connected and join the IHS Elder Care Listserv at <a href="https://www.ihs.gov/alzheimers/">www.ihs.gov/alzheimers/</a>