

# UVM Project ECHO: Enhanced Diagnosis and Management of Dementia by the Primary Care Team

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Michael LaMantia, MD (UVM Geriatric Services)  
Amelia Gennari, MD (UVM Geriatric Services)



- RECORDING OF SESSION TO BEGIN



# Agenda

- Introductions
- Objectives
- Didactic Presentation (~20-30 min)
- Case presentation
  - Clarifying questions
  - Participants – then faculty panel
- Discussion
- Recommendations
- Summary
- Closing Announcements
  - Submission of new cases
  - Completion of evaluations



# Series Objectives

## **Learning objectives for this ECHO series include being able to:**

- Describe current standard of care for diagnosis, treatment, and care of patients with cognitive impairment, Alzheimer's disease (AD), and dementias – evidence-based review and approaches.
- Name non-pharmacological resources for family caregivers including caregiver supports and assistance in management of caregiver stress.
- List pharmacologic approaches to sleep and behavioral issues.
- Discuss side effects of pharmacologic approaches to sleep and behavioral issues.
- Identify Vermont-specific rules regarding driving and guardianship.

# CME Disclosures

University of Vermont (UVM) Office of Continuing Medical and Interprofessional Education (CMIE) is approved as a provider of Continuing Medical Education (CME) by the ACCME. UVM designates this internet live activity for a maximum of 1.5 AMA PRA Category 1 Credits. Participants should claim only the credit commensurate with the extent of their participation in the activity.

# CME Disclosures

**Interest Disclosures:** As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.

**Meeting Disclaimer:** Regarding materials and information received during this educational event, the views, statements, and recommendations expressed during this activity represent those of the authors and speakers and do not necessarily represent the views of the University of Vermont.

# Community Programming for People with Dementia and their Care Partners

Tiffany Smith, MA, CTRS, CDP

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*Waterbury, Vermont*

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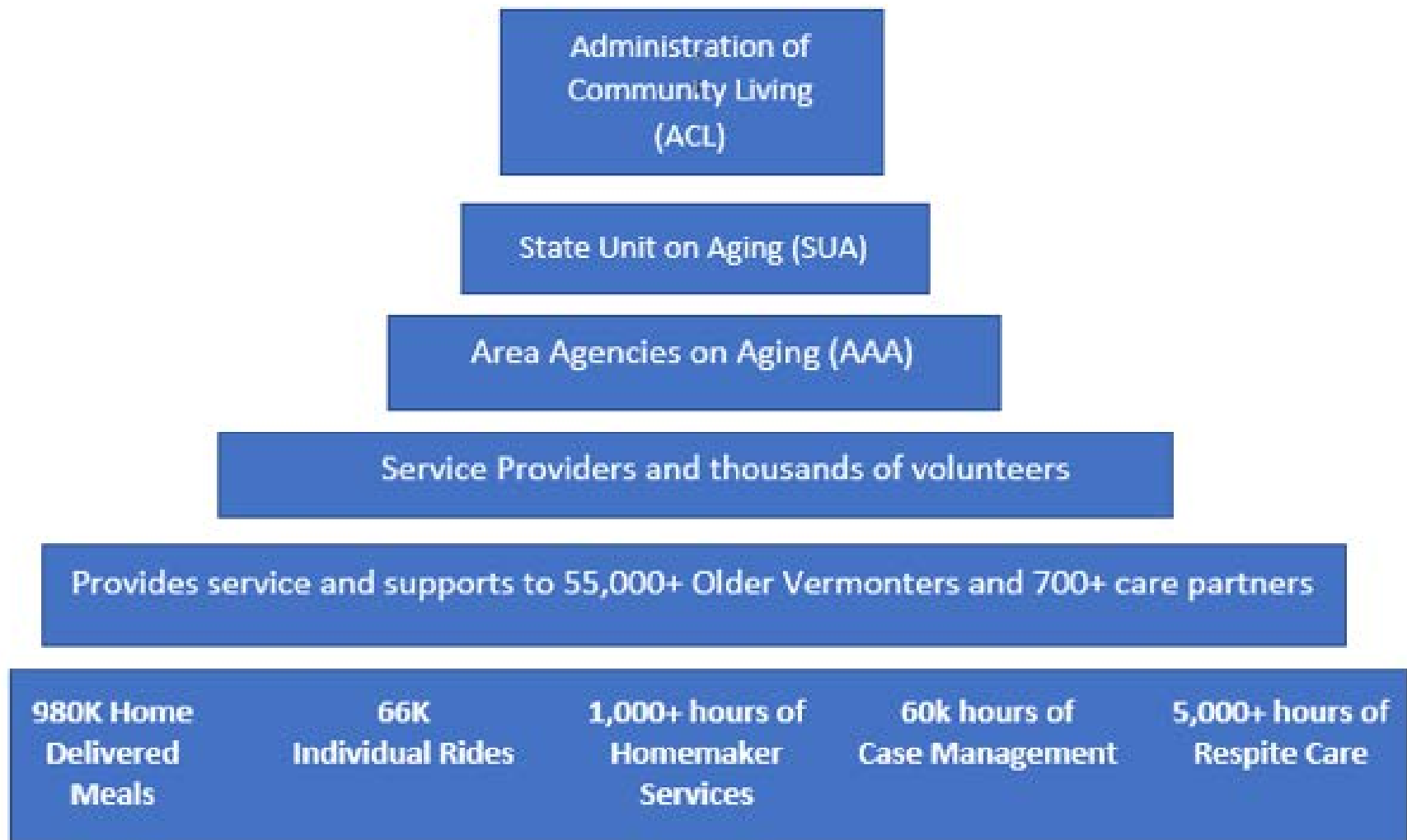
*[I have no conflicts to disclose.]*

# Community Programming For People With Dementia And Care Partners

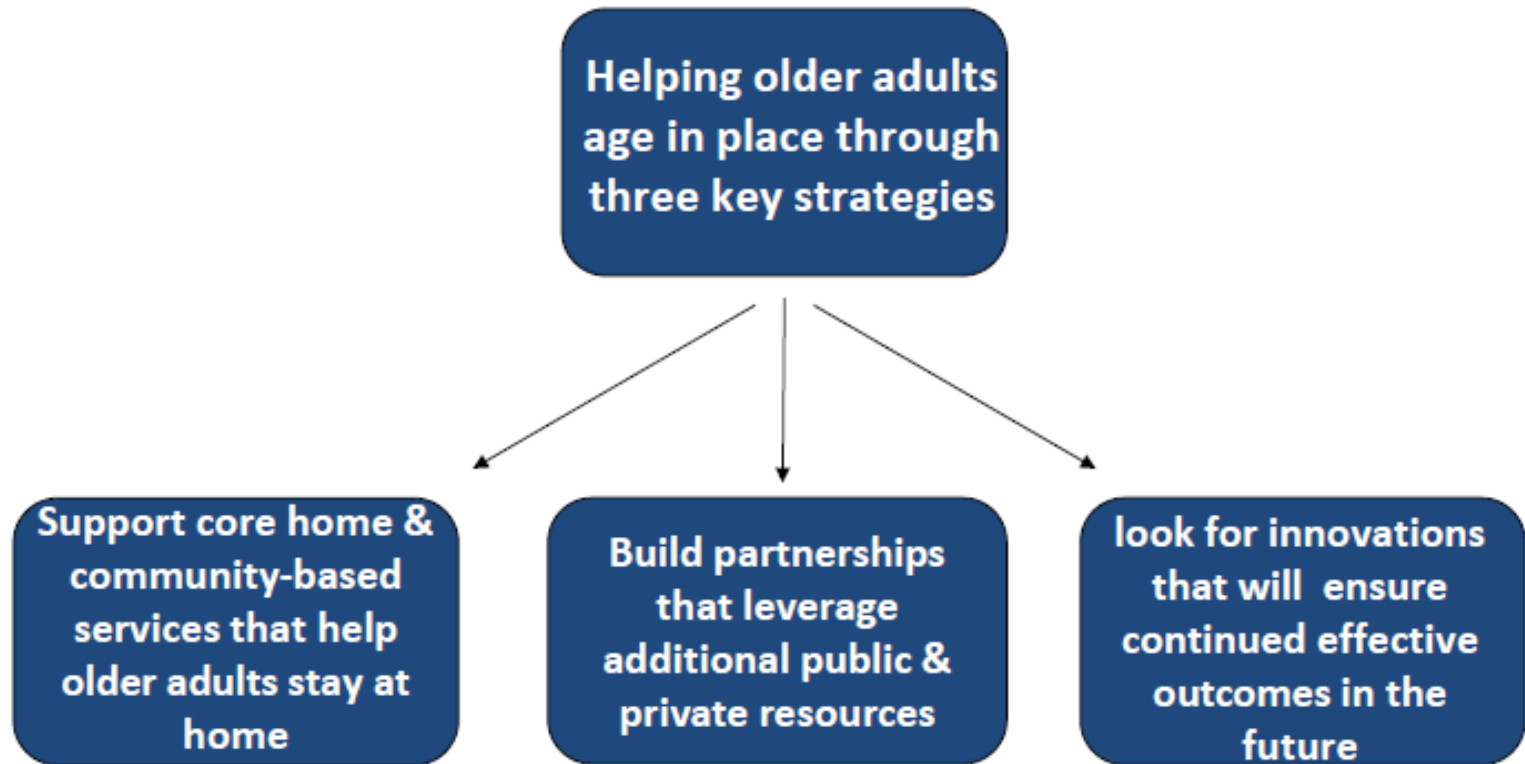
## Session Objectives:

1. Older Americans Act Programs and Services Overview
2. Programs at the Regional Level (Map of Support)
3. Evidence Based Programs and Innovations Across VT





# Our Priority -- Aging In Place



# All AAAs offer five core services under the OAA:



# OAA Services Eligibility

Older Adults 60+

Care Partners 18+ (Caregiver support services)

**OAA prioritizes adults 60+ living with ADRD  
and informal care partners 18+ assisting  
individuals living with ADRD**

**\*\*** OAA Reauthorization in 2020 added people with **early onset** Alzheimer's younger than 60 as a population who can be served with all OAA programs/services

OAA prioritizes those in greatest social and economic need

# Person Centered Approach

**Personal Care**

**Access/Services/  
Information**

**Transportation**

**Home Health Aide**

**Chore/  
Housekeeping**

**Meal Preparation**

**Congregate Meals**

**Adult Day Care**

**Grocery Shopping**

**Home Delivered  
Meals**

**Benefits  
Counseling**

**Financial Plan/  
Management**

**Legal Assistance**

**Socialization/  
Senior Center**

**Home  
Modification**

**Medication  
Management**



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**How to Get Connected**  
**Senior Help Line - (800-642-5119)**

[Vermont4a.org](http://Vermont4a.org)



# Care Partner Specific OAA Services

- **Clinical Counseling** for individuals and/or care teams
- **Respite**- financial assistance for in home, out of home, over night, short term residential/facility care. Also supports self directed care approach.
- **Training**- for primary care partner or chosen care provider (self directed care) ie. Positive Approach Program, Powerful Tools for Caregivers, CARERS etc
- **Access Assistance**- Case management services from the AAA to assist care partner in obtaining/coordinating supports and services within community or across the state.
- **Supplemental Services**- financial assistance to purchase goods and services provided on a limited basis to complement the care provided by caregivers. ie assistive tech, home modifications for access and safety, incontinence supplies, medical transportation.



# Choices for Care: Long-Term Care Medicaid

## **Eligibility:**

- Clinical eligibility: individuals are clinically assessed as needing nursing home level of care (i.e. needing significant assistance with ADLs).
- Financial eligibility: individuals must meet financial eligibility, which includes having limited income and assets.

## **Settings:**

- Once eligible, individuals have the option to receive care at home, in an Adult Family Care (shared living) home, residential care home, assisted living residence or skilled nursing facility.
- Care provided at home is not 24/7, so additional care partner support is often needed.

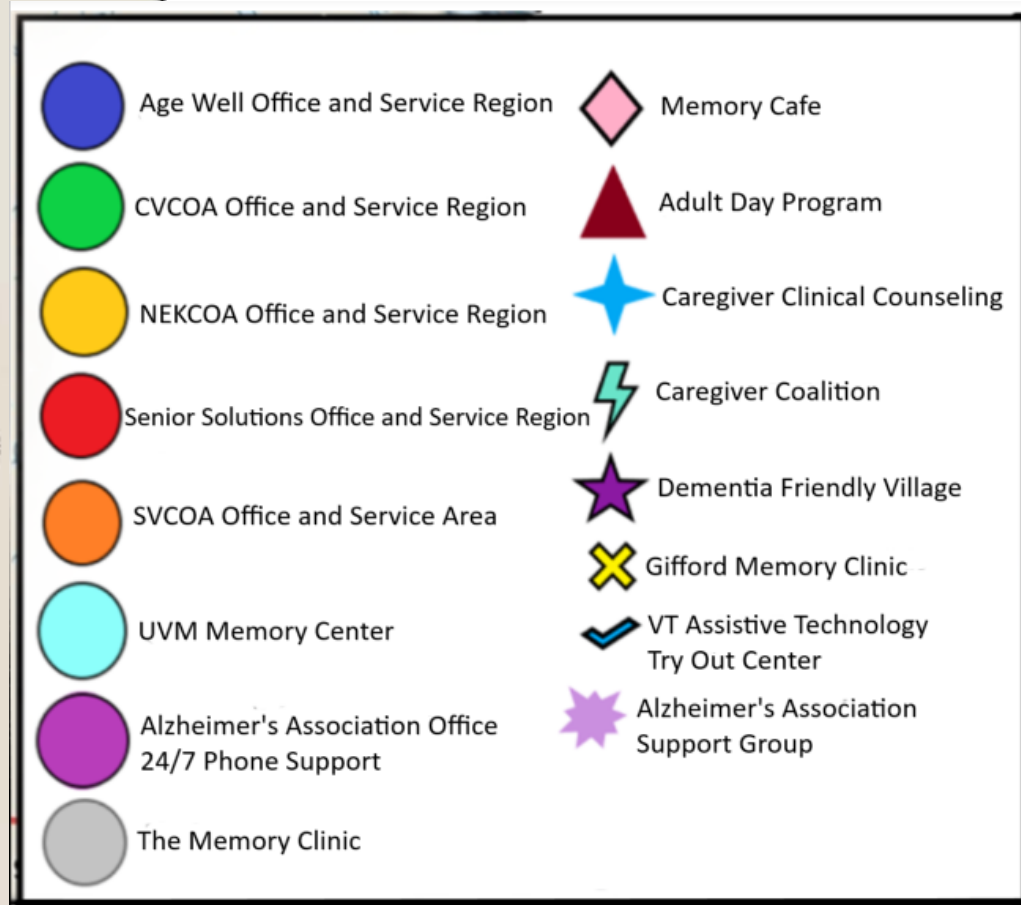
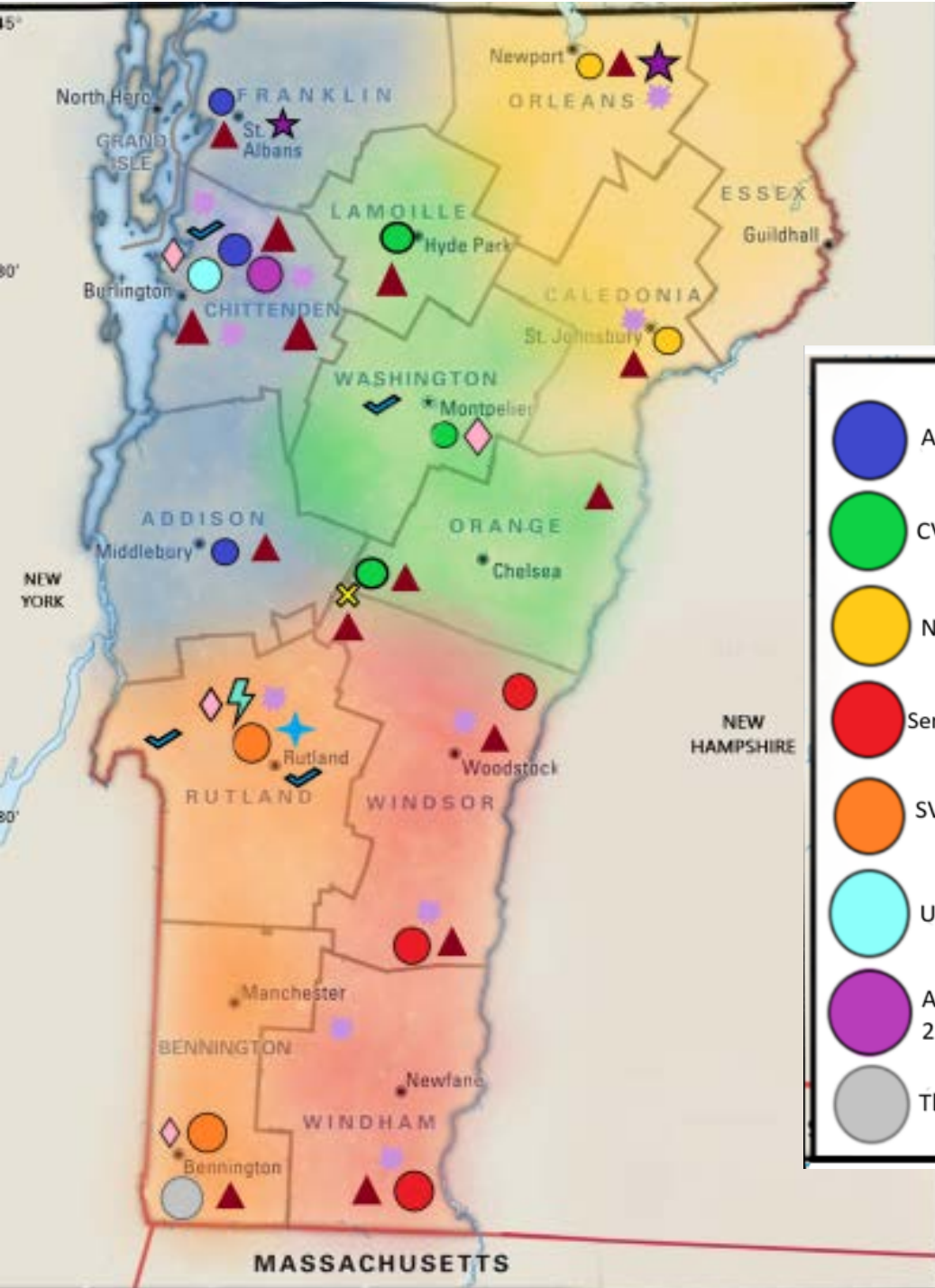
## **Services:**

- Case Management
- Personal Care Services
- Companionship and Respite
- Adult Day Services
- PERS (Personal Emergency Response Services)
- Assistive Devices and Home Modifications

For more information: Choices for Care [Eligibility](#), [Application Process](#), [Setting Options](#).



# VT Alzheimer's Disease and Related Disorders Support Map





# Evidence Based Programs (available regionally)

- **TCARE**- Care Partner assessment and resource tool (AAAs)
- **HomeMeds**- Home based medication management (AAAs)
- **Tai Chi** for Falls Prevention for individuals with ADRD, and Care Partners 60+ (AAAs)
- **PEARLS** 'Program to Encourage Active, Rewarding Lives' addressing late-life depression. For individuals with ADRD and/or mild MCI, and Care Partners 60+ (Southeast VT AAA)
- **Trualta** skills-based training platform for family members caring for aging loved ones living at home. (NEK AAA)
- **Powerful Tools for Caregivers** Self Care focused Caregiver training (AAAs)
- **CARERS**- Coaching, Advocacy, Respite, Education, Relationship and Simulation. (UVMCMC)
- **TEACH**- Training, Education and Assistance for Caregiving at Home. (UVMCMC)



# Innovation Around the State

- **Volunteer Respite Corps** -Age Well
- **Care Partner Clinical Counseling** -SVCOA (in partnership with Rutland Mental Health)
- **CARERS Program** -UVM Memory Center
- **Connect Share Care**- Dartmouth Hitchcock Online Peer Support Program for Care Partners
- **Virtual offerings** of Memory Cafés, Support Groups, education/training and other programs.
- **Dementia Friends Program** and the **Dementia Friendly Vermont** initiative- VT Governor's Commission on ADRD
- **'Village' model living**- Mansfield Place
- Development of **Hub & Spoke** model with EHR integration



# Remote support for Adults living with ADRD and their Care Partners

- **Virtual Education/Training**

- [Alzheimer's Association guides](#), [Teepa Snow videos](#), [AARP Home Alone Alliance videos](#), [Phone Apps](#), [Alzheimer's Association training series](#), [Caregiver Action Network Caregiver Toolbox](#), [Financial Caregiving Resources hub via wiserwomen.org](#)

- **Virtual Support Communities**

- [Family Caregiver Alliance](#), [Memory Café](#),
- Phone Support from [Alzheimer's Association 24/7](#)

- **Supports for caregiving in your home**

- [Assistive Devices](#), [Home Modifications for access and safety](#), Respite. Federal and State financial assistance for available through the regional [Area Agencies on Aging](#))



## Additional community resources to explore

- Regional 'CARES' Communities (Southeast VT)
- Onion River Exchange Time Bank (Central VT)
- Community/Senior Centers
- Faith based organizations
- Veteran's Support Programs
- Front Porch Forum (Statewide)



# Thank You Everyone!

## Questions?



Photo: Han Chengli

Feel free to contact me for  
additional information  
[tiffany.smith@vermont.gov](mailto:tiffany.smith@vermont.gov)



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# Discussion and Q & A

# Cases/HIPAA

## DO NOT INCLUDE:

- Names
- Address
- DOB
- Phone/Fax #
- Email address
- Social Security #
- Medical Record #



The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.



# Case Presentation Format

Case presentation from a participant (a *real-world case, from the field*)

Then

Clarifying questions about the case from group to case presenter

Then

Ideas, suggestions, recommendations from participants

Then

Ideas, suggestions, recommendations from ECHO faculty team

Then

Additional discussion, if any (All)

Then

Summary of case discussion

(course co-directors: Mary Val Palumbo, DNP, APRN, GNP-BC and John Steele Taylor MD)





- RECORDING TO BE STOPPED FOR CASE PRESENTATION



Patient Age:	76	
Gender/Race:	M/white	
Care Giver Support: Y/N	Y wife	
Primary Question for Discussion:	What other resources can support this couple? Wife is “overwhelmed” and now seems unable to care for husband.	
History of the Current Problem/Issue:	Pt and wife in 2 <sup>nd</sup> marriage with no close family support. Previously an engineer with MBA. Tension over finances, depression and memory issues prompted a self referral to MP 1/23/2020 after PCP dismissed concerns according to wife. Pt. driving at excessive speeds and yelling at wife. Individual therapy for depression was not effective. Two year hx of worsening memory, now neglecting hygiene, oversleeping med non-compliance and worsening health issues: DM (A1C 10.3, previously 7.4)	
PMH:	MCI – Probable Alzheimer’s Major Depression (chronic) Asthma DM Type 2 Chronic Renal Insufficiency Sleep Apnea GERD Urge Incontinence Gout Hypertension CAD	
Current Medications:	<input checked="" type="checkbox"/> Donepezil: 5 mg, titrate to 10 mg/day, <input type="checkbox"/> Rivastigmine Patch: 4.6 mg/24h titrate to 9.5 mg/24h topical QD, <input type="checkbox"/> Galantamine ER: 8 mg -24 mg QD, <input type="checkbox"/> Memantine: 10 mg BID, <input type="checkbox"/> Memantine XR capsules: titrate to 28mg, <input type="checkbox"/> Memantine XR 28 mg/Donepezil 10 mg once daily (in Bubble Pack – now refusing all meds)	
Other Meds:	Albuterol 90mcg/actuation inhaler Atenolol 25mg Atorvastatin 80 mg Cymbalta 60mg Glipizide 10mg XL Indapamide 1.25mg Omega 3- Fish Oil 1,000mg Pantoprazole 40mg Actos 15mg Terazosin 5mg Allergies: Advair, Dulera, Lorisartan, Metformin, Fluoxetine (diarrhea)	
Work up: Cognitive screen	MMSE Score: 25- 3/12/20 20-2/1/21      MOCA Score:      Clock Drawing: GDS or PHQ9: 18      GAD-7:      Pain Scale: <input checked="" type="checkbox"/> No substance abuse	
Labs and Imaging	<input checked="" type="checkbox"/> Vitamin B12, <input checked="" type="checkbox"/> TSH, <input checked="" type="checkbox"/> CMP, <input checked="" type="checkbox"/> CBC <input type="checkbox"/> HIV, <input checked="" type="checkbox"/> syphilis, <input type="checkbox"/> UA if indicated (no recent one found) <input type="checkbox"/> Non-enhanced CT scan, <input type="checkbox"/> PET, <input checked="" type="checkbox"/> MRI Describe abnormal: A1C 10.7 – 12/21	



<b>Social History and Alert Factors</b>	<input checked="" type="checkbox"/> Limited/No Social Supports, <input checked="" type="checkbox"/> Unable to cook/shop, <input type="checkbox"/> Unstable/Unsafe Housing, <input type="checkbox"/> Alcohol/Substance Abuse, <input type="checkbox"/> Tobacco, <input type="checkbox"/> Unemployment, <input checked="" type="checkbox"/> Still Driving, (totaled car 10/20) <input type="checkbox"/> Lacks Transportation, <input checked="" type="checkbox"/> Elder Domestic Abuse (potential for), <input checked="" type="checkbox"/> Financial Challenges, <input checked="" type="checkbox"/> Difficulty with medication adherence, <input checked="" type="checkbox"/> Incontinence, <input checked="" type="checkbox"/> Neglected personal hygiene, <input type="checkbox"/> Mobility challenges, <input type="checkbox"/> Frequent Falls, <input type="checkbox"/> Frequent ER/Hospital Visits Other: Showers every 3-4 weeks. Wife stopped all meds at pharmacy because he won't take them. Weight loss, poor appetite
<b>Behavioral Issues:</b>	<input type="checkbox"/> Wandering, <input checked="" type="checkbox"/> Agitation, <input type="checkbox"/> Personality Changes, <input checked="" type="checkbox"/> Violent Behavior (yelling)
<b>Communication:</b>	<input type="checkbox"/> Unable to speak, <input type="checkbox"/> Expressive Aphasia, <input type="checkbox"/> Receptive Aphasia, <input type="checkbox"/> Hard of Hearing/Deaf, <input type="checkbox"/> Visually impaired
<b>Current community services receiving:</b>	12/17 wife and social worker discussed applying for Long Term Medicaid program on behalf of spouse. "This will prompt a visit from State RN (Long Term Clinical Care Coordinator) to assess pt for clinical eligibility. Wife will need to collect financial documentation for the application.
<b>Previous Efforts to Address This Issue:</b>	1. Trial of counseling to address depression for patient – not effective 2. Increase Aricept from 5mg to 10mg 3. Notify PCP of possible care deficient in current situation due to med non-compliance. 4. Hands to Home care – 3 hours 2X per week 5. CARERS program participation ("feels she didn't get as much out of this as other members seemed to") 6. Continued consulting with Memory Program SW for wife ('Who presents with both cognitive and emotional difficulties which interfere with her caregiving responsibilities'- acknowledges the need for assisted living for husband but does not have access to his finances.)
<b>Are there any other relevant factors/issues impacting the community's ability to address this issue?</b>	Pandemic
<b>Suspected DX:</b>	<input type="checkbox"/> Mild cognitive impairment, <input type="checkbox"/> Frontotemporal dementia, <input type="checkbox"/> Vascular dementia without behaviors, <input type="checkbox"/> Vascular dementia with behaviors, <input type="checkbox"/> Parkinson's disease dementia, <input type="checkbox"/> Lewy-body dementia, <input type="checkbox"/> Alzheimer's disease, <input type="checkbox"/> Alzheimer's dementia without behavioral disturbance, <input checked="" type="checkbox"/> Alzheimer's dementia with behavioral disturbance, <input type="checkbox"/> Alzheimer's disease, early onset, <input type="checkbox"/> Alzheimer's disease, late onset, <input type="checkbox"/> Mixed dementia, <input type="checkbox"/> Unspecified dementia without behaviors, <input type="checkbox"/> Unspecified dementia with behaviors, <input checked="" type="checkbox"/> Depression, <input type="checkbox"/> Anxiety



# Questions and Discussion from the group....



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# Prep for Next Session

Prior to each session, if you have specific questions for our faculty expert(s), please let us know and we will pass along ahead of time.

**\*\*SESSIONS ARE ON THURSDAYS FROM 7:30AM TO 9:00AM\*\* (3rd Thursday of each month)**

DATES	SESSION	DIDACTIC TOPICS (in addition to case review)
<b>Sep 16</b>	TeleECHO Session 1	<b>Importance of Early Evaluation of Cognitive Complaints</b> (John Taylor, MD, UVMMC Memory Program Co-Director)
<b>Oct 21</b>	TeleECHO Session 2	<b>Living Alone with Dementia – Challenges for PC teams</b> (Mary Val Palumbo, DNP, APRN, GNP-BC, UVMMC Memory Program)
<b>Nov 18</b>	TeleECHO Session 3	<b>Care Giver Supports &amp; Services</b> (John Coffin, MSW; Allegra Miller, Family Caregiver)
<b>Dec 16</b>	TeleECHO Session 4	<b>Dementia and Driving</b> (Heather Zuk, OTR, CDRS, CDI, UVMMC Driver Rehab)
<b>Jan 20</b>	TeleECHO Session 5	<b>Community Programming for People With Dementia and Care Partners</b> (Tiffany Smith, MA, CRTS, CDP, Program Administrator State Unit on Aging)
<b>Feb 17</b>	TeleECHO Session 6	<b>Non-pharmacological approaches to behavioral issues for caregivers</b> (Lori McKenna, MSW, LICSW, UVMMC Memory Program)
<b>Mar 17</b>	TeleECHO Session 7	<b>Legal Issues of Guardianship, Competency and Power of Attorney</b> (Jackie Rogers, PhD, DAIL Public Guardian Program)
<b>Apr 21</b>	TeleECHO Session 8	<b>End Of Life Planning and Palliative Care</b> (Zail S. Berry, MD, MPH, UVMMC Geriatrics)
<b>May 19</b>	TeleECHO Session 9	<b>Managing Behavioral Issues and Sleep – Pharmacological Approaches</b> (Doug Franzoni, PharmD, BCGP, Meds To Beds Supervisor, UVMMC Outpatient Pharmacy. Geriatric Consultant Pharmacist)



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SERVING VERMONT & NEW HAMPSHIRE

## Dementia Clinical Consults

**45 min slots available****2<sup>nd</sup> and 4<sup>th</sup> Wednesdays****2- 4 PM**Sign up at: [https://](https://www.signupgenius.com/go/5080B4AACAE2FA6FC1-corner)[www.signupgenius.com/](https://www.signupgenius.com/go/5080B4AACAE2FA6FC1-corner)[go/5080B4AACAE2FA6FC1-corner](https://www.signupgenius.com/go/5080B4AACAE2FA6FC1-corner)**Or Email :**[Mary.Palumbo@med.uvm.edu](mailto:Mary.Palumbo@med.uvm.edu)

## Diagnosis & Management of Dementia

**For Primary Care and other  
healthcare providers.****Online Learning via Vermont  
Health Learn****(CMEs at your own pace)**Register at [https://catalog.vthl.org/  
product?catalog=Dementia-Diagnosis-  
Treatment-Management](https://catalog.vthl.org/product?catalog=Dementia-Diagnosis-Treatment-Management)The University of  
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# Conclusion

- Slides are posted at [www.vtahec.org](http://www.vtahec.org)
- Volunteers to present cases (this is key to the Project ECHO model)
  - Please submit cases to [Mary.Palumbo@med.uvm.edu](mailto:Mary.Palumbo@med.uvm.edu)
- Please complete evaluation survey after each session
- Once your completed evaluation is submitted, CE information will be emailed to you.
- Please contact us with any questions, concerns, or suggestions
  - [Mary.Palumbo@med.uvm.edu](mailto:Mary.Palumbo@med.uvm.edu)
  - [Elizabeth.Cote@uvm.edu](mailto:Elizabeth.Cote@uvm.edu)

