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

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Zail S. Berry, MD, MPH
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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.
What’s New?

Non-Pharmacological Approaches to Behavioral Issues for Caregivers

(New approaches for supporting the family caregiver)

Lori McKenna, LICSW
University of Vermont Medical Center, Elder Care Services
Frederick C. Binter Center for Parkinson’s disease and Movement Disorders
Huntington’s disease Society of America, Center of Excellence.

Jeanne Hutchins, MA
Executive Director, Center on Aging
Larner College of Medicine
Manager, Elder Care Services, UVMMC

(We have no conflicts to disclose.)
Objectives:

• Provide an inter-professional opportunity for attendees to imagine the breadth of services necessary to support the family caregiver, in an ideal world.

• Enhance the knowledge base of attendees regarding the needs of the family caregiver.

• Provide information to attendees regarding new evidence-based programming currently practiced at UVMMC and community partners to address plans to disseminate this programing in other areas.
Non-pharmacological approaches to behavioral issues for caregivers are often the first line of treatment in addressing behavioral and psychological symptoms of dementia, acknowledging that:

- With an increase in behavioral issues, the levels of stress with caregivers will likely increase

- Adverse side effects of behavioral challenges may lead to premature residential care, and impact caregiver health
Today we will highlight:

1. The importance of identifying the family caregiver (as part of an initial comprehensive evaluation of patient) AND understanding what their current challenges are

2. Connect caregiver to provider/social worker with dementia specific knowledge

3. Education, education, education

4. Skill building for the caregiver (cognitive behavioral interventions, like the CARERS program)

5. Individual therapies to support the family caregiver
Who is a family Caregiver?

“Family care-givers are individuals who provide extraordinary uncompensated care on a long-term basis in a home care setting. It involves significant amounts of time and energy requiring the performance of tasks that may be physically, emotionally, socially or financially demanding.”

How do you recognize a family caregiver?

• Who drove the family member to the appointment?
• Who checks on the family member’s home to make sure meals are eaten? Laundry is done?
• Who assists with home maintenance?
• Who is managing the family’s finances?
• Who is part of the family member’s health team?
Family Caregiving Impact
The most common behavioral challenges are:

• Agitation
• Depression
• Aggression
• Psychosis
• Disinhibition
Family Caregivers

Have a -
• High incidence of psychological distress and stress.
• Low self-efficacy, low subjective well-being, and more problems with physical health.

Success depends on -
• Communication skills for dementia care
• Coping abilities and strategies
• Appropriate expectations and understanding of disease progression.

(Alzheimer’s Association, 2021)
What does a Family Caregivers Need?

• Skills and knowledge regarding dementia & caregiving
• Skills for solving problems
• Practical help & support (with chores, meals, transportation etc.)
• Financial support and resource information
• Respite- time away from caregiving, for self care
• To be heard & understood
• Emotional support & compassion
Stages of Dementia

Early stages – Anxiety and Depression

Moderate to severe stages: Delusions, hallucinations, aggression.

Apathy and agitation seen throughout. Agitation usually episodic.
Person with Dementia

Pre-existing conditions
• Pre-existing personality patterns
• Life-long psychiatric disorders

Acute Medical Conditions
• Undiagnosed illnesses
• Pain
• Medication side effects
• Drug-to-drug interactions

Unmet Needs
• Physical
• Psychological
• Emotional
• Social
Alternative therapies for the person with dementia can be enormously helpful in addressing behavioral challenges, such as:

1. Activity therapy: dance, sports
   ✓ helps with fall risk, improved mood/sleep

2. Music therapy:
   ✓ promising results with improved level of well-being

3. Art therapy:
   ✓ meaningful stimulation improved self-esteem

4. Interpersonal therapy/group therapy: (early-stage dementia)
   ✓ may help with issues of grief and loss

5. Personal care attendants:
   ✓ for social and intellectual stimulation

6. Adult day programs
   ✓ for social stimulation
Groups for Family Caregivers
Offered by the Clinical Social Work Team at UVMMC and Community Partners

Evidence based therapy groups developed through research trials at The Reitman Centre in Toronto Ontario.

• **TEACH Group:** for family caregivers who are new to caregiving for someone with dementia

• **CARERS Program:** Skills based group therapy for caregivers with experience who have significant challenges.
The CARERS Program Philosophy

Active support of caregivers is a necessary component of the care of individuals with dementia.
What is TEACH?

Training, Education, and Assistance for Caregiving at Home

• A psychotherapeutic group
• For any family caregiver- spouse, adult child, sibling- new to caregiving for dementia.
• Four 90-minute sessions focused on skills training, using modified problem solving
• Each week has a theme
  1. Self Care
  2. Resources & Systems Navigation
  3. Change in Relationships
  4. Planning for the Future
What is the CARERS Program?

Coaching, Advocacy, Respite, Education, Relationship, Simulation

8 weekly small group sessions
- A psychotherapeutic group for those caring for a person with advanced disease
- Co-facilitated by two mental health professionals
- Separate groups for Spouses/Partners & Adult Children

• Four major elements:
  - Dementia education
  - Problem Solving Therapy- CBT
  - Simulation
  - Follow-up monthly sessions, meeting for one year
Clinical Goals

• Enhance practical skills
• Improve coping & problem solving
• Improve emotional regulation
• Enhance sense of mastery & self-efficacy
• Reduce depression & anxiety
• Improve social interaction & support
The basis for using PST

The connection between problems and caregiving burden

Caregiving problems

Caregiver Burden

Physical illness, Depression
Anxiety, Anger, Grief, Guilt,
Financial and Social Stresses

Impaired Problem solving
Reduced Caregiver capacity
What is Simulation?

• Live face-to-face encounter between a caregiver and simulated patient (SP)

• Provides experiential learning

• Used to re-enact a situation of interpersonal challenge

• Can identify feelings, patterns of behavior, and knowledge gaps
Simulation
References

• References: NASW Presentation, Lisa Lax, LISW, EdD
• Snow, Amber, MSN, APRN, AGPCNP-C, (2021), “Non Pharmacological Approaches to Managing Challenging Behaviors in Dementia,” 12, 18-20
• Sadavoy, Joel, MD, FRCP(c), FCPA, Wesson, Virginia, MD, MSc, FRCP, Nelles, Laura Jayne, MFA, PhD(c), “The Reitman Centre CARERS Program: A Training Manual for Health Professionals”
• Gaugler, Joseph E., PhD “Driving the Science Forward: Finding the Voices of People Living With Dementia and Their Caregivers in Research.” Gerontology Symposium University of Vermont. (June 2021)
• Videos:
  • “Family Caregiving Impact” YouTube: Reitman Centre, Sinai Health System (Jan. 2017) bing.com
Plans to disseminate the CARERS program statewide

1. The Dementia Caregiver Support and Education Center

2. Rollout of the CARERS program in VT
   - Training additional group leaders and partnering with other providers/agencies across the state
Questions?
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
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)

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

Sign up at: https://www.signupgenius.com/go/5080B4AACAE2FA6FC1-corner

For Primary Care and other healthcare providers.

Or Email: Mary.Palumbo@med.uvm.edu

Online Learning via Vermont Health Learn
(CMEs at your own pace)

Conclusion

• Slides are posted at www.vtahec.org

• Volunteers to present cases (this is key to the Project ECHO model)
  • Please submit cases to 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
  • Elizabeth.Cote@uvm.edu