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

April 21, 2022

Course Co-Directors: Mary Val Palumbo, DNP, APRN, GNP-BC
John Steele Taylor, MD

ECHO Director: Elizabeth Cote

Series Faculty:
John Coffin, MSW
Allegra Miller, M.Ed, Family Caregiver
Heather Zuk, OTR, CDRS, CDI
Tiffany Smith, MA, CRTS, CDP
Lori McKenna, MSW, LICSW
Jackie Rogers, PhD
Zail S. Berry, MD, MPH
Doug Franzoni, PharmD, BCGP
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.
End of Life Planning and Palliative Care

Zail S. Berry, MD, MPH

UVM Dept of Medicine, Geriatrics Division
Burlington, VT
zailberry@mac.com

[I have no conflicts to disclose.]
End of Life Planning and Palliative Care

Session Objectives:

1. Identify advance care planning tasks for people with early-stage dementia

2. Add strategies to one’s communication “toolbox” for talking about advance care planning for dementia

3. Recognize late dementia syndromes signaling qualification for hospice services
End of Life Planning

Requires capacity:

- Understanding of
  - the decision to be made,
  - the options,
  - the consequences of each option
End of Life Planning

Requires capacity:

Understand the decision to be made, the options, and the consequences of each option

Capacity is decision-specific:

- Specific treatment decision
  - Trusted decision-maker
  - Ice cream flavor
End of Life Planning in earlier-stage dementia

• Health care agent

Person trusted to make decisions re: medical treatment WHEN YOU ARE UNABLE TO

- reversible

- irreversible
End of Life Planning in earlier-stage dementia

• Health care agent

• Day-to-day financial management and security
  Ex: add trusted name to bank accounts, share passwords (change when needed), anti-scam measures
Trusted online sources

Vermont Attorney General, Consumer Protection Division
https://ago.vermont.gov/consumer/

Online resources from Raymond James
SLOW DOWN.
Scammers pressure you to act urgently. Don’t!

LOG THE CONTACT.
Write down the info of the contact and disengage.

ONE CALL.
Make one call to a primary contact and discuss the incident.

WHO CARES?
Call CAP to identify and report scams at 1-800-649-2424.

Report scams to the Consumer Assistance Program (CAP) through Vermont Attorney General's Consumer Assistance Program Scam Reporting Form - 2021 (office.com) or by calling 1-800-649-2424
End of Life Planning in earlier-stage dementia

• Health care agent

• Day-to-day financial management and security
  Ex: add trusted name to bank accounts
  share passwords (change when needed),
  anti-scam measures

• Estate planning – see an attorney
  Financial and legal arrangements AND POA
Engaging in advance care planning

• Introduce the idea of dementia as a terminal illness ("like a slow-growing cancer")
Engaging in advance care planning

• Emphasize the positive:
  - Steps to “remain in control“
  - Relieve loved ones of burden
  - Avoid guardianship
    - Very high cost (thousands of dollars)
    - Prevent unwanted care and treatment as “default” without guardian
Advance care planning’s KEY ISSUE:

In what state of function (cognitive, physical) do I want to pursue comfort and day-to-day contentment over lengthening life?
Zail’s Freeway Analogy:

• We are all on the freeway of life

• There are periodic offramps; as health care professionals we try to block your way to the offramp to keep you on the freeway

• If you look down the road and don’t like the destination ahead, we can step aside and let you onto the offramp
Zail’s Freeway Analogy:

• We are all on the freeway of life

• There are periodic offramps; as health care professionals we try to block your way to the offramp to keep you on the freeway

• If you look down the road and don’t like the destination ahead, we can step aside and let you onto the offramp

• And that’s not the same as pushing you over the guardrail!
When comfort becomes a primary goal:

• That is palliative care!

Achieve and maintain comfort by facilitating care needs
(equipment, medication, care assistance, caregiver support, etc.)
When comfort becomes primary goal:

• Reevaluate “routine” treatments, prevention:

  Cancer screening

  CVD prevention:
  statin
  hypertension treatment
  anticoagulation in atrial fibrillation
  (5% chance of stroke/yr)

  Calcium, Vit D, bisphosphonates, multivitamins
Hospice Referral

• FAST Stage 7c
# FAST - Functional Assessment

<table>
<thead>
<tr>
<th>Stage</th>
<th>Stage Name</th>
<th>Characteristic</th>
<th>Expected Untreated AD Duration (months)</th>
<th>Mental Age (years)</th>
<th>MMSE (score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Normal Aging</td>
<td>No deficits whatsoever</td>
<td>--</td>
<td>Adult</td>
<td>29-30</td>
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<tr>
<td>2</td>
<td>Possible Mild Cognitive Impairment</td>
<td>Subjective functional deficit</td>
<td>--</td>
<td></td>
<td>28-29</td>
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<tr>
<td>3</td>
<td>Mild Cognitive Impairment</td>
<td>Objective functional deficit interferes with a person’s most complex tasks</td>
<td>84</td>
<td>12+</td>
<td>24-28</td>
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<tr>
<td>4</td>
<td>Mild Dementia</td>
<td>IADLs become affected, such as bill paying, cooking, cleaning, traveling</td>
<td>24</td>
<td>8-12</td>
<td>19-20</td>
</tr>
<tr>
<td>5</td>
<td>Moderate Dementia</td>
<td>Needs help selecting proper attire</td>
<td>18</td>
<td>5-7</td>
<td>15</td>
</tr>
<tr>
<td>6a</td>
<td>Moderately Severe Dementia</td>
<td>Needs help putting on clothes</td>
<td>4.8</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>6b</td>
<td>Moderately Severe Dementia</td>
<td>Needs help bathing</td>
<td>4.8</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>6c</td>
<td>Moderately Severe Dementia</td>
<td>Needs help toileting</td>
<td>4.8</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6d</td>
<td>Moderately Severe Dementia</td>
<td>Urinary incontinence</td>
<td>3.6</td>
<td>3-4</td>
<td>3</td>
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<tr>
<td>6e</td>
<td>Moderately Severe Dementia</td>
<td>Fecal incontinence</td>
<td>9.6</td>
<td>2-3</td>
<td>1</td>
</tr>
<tr>
<td>7a</td>
<td>Severe Dementia</td>
<td>Speaks 5-6 words during day</td>
<td>12</td>
<td>1.25</td>
<td>0</td>
</tr>
<tr>
<td>7b</td>
<td>Severe Dementia</td>
<td>Speaks only 1 word clearly</td>
<td>18</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>7c</td>
<td>Severe Dementia</td>
<td>Can no longer walk</td>
<td>12</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>7d</td>
<td>Severe Dementia</td>
<td>Can no longer sit up</td>
<td>12</td>
<td>0.5-0.8</td>
<td>0</td>
</tr>
<tr>
<td>7e</td>
<td>Severe Dementia</td>
<td>Can no longer smile</td>
<td>18</td>
<td>0.2-0.4</td>
<td>0</td>
</tr>
<tr>
<td>7f</td>
<td>Severe Dementia</td>
<td>Can no longer hold up head</td>
<td>12+</td>
<td>0-0.2</td>
<td>0</td>
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</table>
FAST score 7:

<table>
<thead>
<tr>
<th></th>
<th>7a</th>
<th>7b</th>
<th>7c</th>
<th>7d</th>
<th>7e</th>
<th>7f</th>
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<tbody>
<tr>
<td></td>
<td>Severe Dementia</td>
<td>Severe Dementia</td>
<td>Severe Dementia</td>
<td>Severe Dementia</td>
<td>Severe Dementia</td>
<td>Severe Dementia</td>
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<tr>
<td></td>
<td>Speaks 5-6 words during day</td>
<td>Speaks only 1 word clearly</td>
<td>Can no longer walk</td>
<td>Can no longer sit up</td>
<td>Can no longer smile</td>
<td>Can no longer hold up head</td>
</tr>
</tbody>
</table>
Key dementia syndromes for hospice referral

• Dysphagia

• Weight loss

• Very rapid functional decline

• Exacerbation of chronic disease
Discussion and Q & A
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, UVMHC Memory Program Co-Director)</td>
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<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, UVMHC Memory Program)</td>
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<td>Nov 18</td>
<td>TeleECHO Session 3</td>
<td>Care Giver Supports &amp; Services (John Coffin, MSW; Allegra Miller, Family Caregiver)</td>
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<td>Dec 16</td>
<td>TeleECHO Session 4</td>
<td>Dementia and Driving (Heather Zuk, OTR, CDMS, CDP, UVMHC Driver Rehab)</td>
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<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>
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<td>Feb 17</td>
<td>TeleECHO Session 6</td>
<td>Non-pharmacological approaches to behavioral issues for caregivers (Lori McKenna, MSW, LICSW, UVMHC Memory Program)</td>
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<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>
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<td>Apr 21</td>
<td>TeleECHO Session 8</td>
<td>End Of Life Planning and Palliative Care (Zail S. Berry, MD, MPH, UVMHC Geriatrics)</td>
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<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, UVMHC Outpatient Pharmcav. Geriatric Consultant Pharmacis)</td>
</tr>
</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

Or Email: 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)

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