

Presentation of Recommendations to 2018 ADWG

Diagnosis, Treatment and Professional Education Committee

Committee Membership

Co-Chairs:

Dr. Edward Rattner, Minneapolis VA GRECC, U of M

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Rebecca Sash, Concerned Citizen

Cheryl Smith, Care Providers of Minnesota

Cally Vinz, Concerned Citizen

Dr. Patrick Zook, Retired Physician from St. Cloud

Dr. Terry Barclay, HealthPartners

Recommendations

Recommendation 1: **Information for Newly Diagnosed and their Care Partners**

Diagnosis Category / EASY

The Minnesota Department of Human Services should direct the Senior Linkage Line program to compile and organize a Web site that contains links to on-line reliable, non-commercial information about the diagnosis and treatment of dementia for use by Minnesotans.

WG Poster Comments:

- *What type of information? Disease education? Treatment? Living well? Resources available? Needs clarification*
- *Avoid just using the word "dementia". Include MCI.*
- *The presentation made reference to in-person information and support. Is this recommendation related to solely online material or is it in-person as well?*
- *Resources for persons living with cognitive issues who don't have support of nuclear family.*
- *This needs further discussion – don't "recreate the wheel" of existing resources. Ensure linkages to other dementia resources.*

Recommendation 2: State-wide Network of Regional Community Dementia Resource Center Concept
Treatment Category / HARD

The Minnesota Legislature should provide funding for development of a MN State-wide network of community dementia resource centers. This could be through providing grants for specific communities working on this or through direct support through supervision by the University of Minnesota medical school or School of Public Health, similar to what is currently done in Wisconsin.

WG Poster Comments:

- *This got lots of positive comments but I am willing to bet we all have different definitions of what a “resource center” is and does. Flesh out a bit to include key attributes of who could get the funding and how it must be used.*

(Pat Z. – contact me for fully developed written DRC model)

- *Resource centers provide opportunity for screen of dementia and other related issues*
- *Funding for Bold Act?*

Treatment Recommendation #3: Education to Primary and Direct Care Providers
Professional Education Category / EASY

The legislature should direct funding for a study of a baseline assessment of the dementia knowledge and skill gaps in the state’s primary and direct care providers, in order to determine what is needed to improve the state’s workforce capacity to care for those with dementia. Additionally, ensure all primary care providers and associated staff (nursing, etc.) are trained to deliver culturally-competent evidence-based cognitive screenings (such as the MoCA or SLUMS) when provider, patient, or family reports problems. As a result, the SEGIP (State Employee Group Insurance Program), representing one of the largest employers in the state, should pressure providers to ensure access to quality dementia care for all populations.

WG Poster Comments:

- *Maybe DHS Medicaid can also exert pressure along with SEGIP. Maybe MDH/MN Community measurement can add cognitive screening measures to its quality measures.*
- *This subcommittee needs to include a recommendation about early/timely detection of memory loss conditions. This deserves special attention/call-out. Avoid using the term “screening” which is controversial and means different things to health care providers than it does to others. Instead, consider “objective assessment” or “cognitive assessment” in response to signs, symptoms and reports of a problem. How can the state incentives systems to assess brain routinely, have a protocol, etc.?*
- *Yes, important in language from screening.*

Recommendation 4: Veteran’s Home Offers Professional Training
Professional Education Category / Moderate

The Minnesota Department of Veterans Affairs should include in its mission expansion of the workforce able to provide long term care services, including dementia care, through clinical training of medical, nursing, and other health professional trainees.

Work Group Poster Comments:

- *Solid recommendation! Love it.*
- *There should be more people trained within long-term care experience.*
- *Most modern medical trainees would benefit more from a learning environment that is among dementia spectrum patients at a much earlier stage than long term care*

Recommendation 5: Targeted Increases in MERC Funding

Professional Education Category / HARD

The legislature should revise Minnesota Statute 62J.692 Medical Education to remove the exclusion of training in nursing facilities and amend funding formulas for Medical Education and Research Costs (MERC) grants to include sites that serve populations with high prevalence of dementia, such as nursing homes, adult day service providers, and home health agencies.

Work Group Poster Comments:

- *Groups such as Genevive, could benefit from expanded funding for providers*
- *Don't limit this to the MERC fund – could use other vehicles as well*
- *MERC could be great tool for placement in residential assisted living*

The following recommendation candidates that are difficult to achieve or beyond the scope of the state's control. We share them with the Work Group should there be overlap from other committees that points to possible synergy or solutions. It is also possible that these are placed in a different area of the report.

CATEGORY? <u>Primary Care Compensation</u> Compensate primary care providers appropriately for education, training, and providing services.
TREATMENT: <u>Establish Minimum Levels of Care</u> Establish a state-mandated minimum level of care and state-wide quality indicators such as the quality indicators by the American Academy of Neurology.
DIAGNOSIS: <u>Immediate Referrals</u> Provide immediate referrals to specialists when primary care providers are unable to make a diagnosis If a patient does not “pass” a cognitive screen during a wellness visit or other clinic visit.
DIAGNOSIS: <u>Effective Use of Specialists</u> Given the limited number of specialists across our state, judiciously utilize specialists (neurologists, geriatricians, neuropsychologists) for unusual clinical presentations of dementia such as younger onset , MCI, or co-morbid dementias. Stated another way: The Departments of Health and Human Services should promote innovations in payment models for care of those with dementia to permit the limited numbers of specialists/consultants expert in this condition to serve greater numbers of patients who require complex diagnostic or therapeutic approaches.
TREATMENT: <u>Patient Registries</u> Encourage primary care health care homes to create registries of patients with cognitive impairment including measures of quality of care, such as those developed by the (American Council of Neurologists?)