Dementia Care Excellence Oversight Committee Meeting Notes

Overseeing Implementing of San Francisco's Strategy for Excellence in Dementia Care

Wednesday, September 17, 2014, 2:00 – 3:30pm
Department of Aging and Adult Services
1650 Mission Street, 4th floor, Mission room
Conference Call Number: 1-866-277-4013 / Participant Code: 191338

Present:
Ruth Gay, Policy Director, Alzheimer's Association of N. California and N. Nevada, CHAIR
Cindy Kauffman, Chief Operating Officer, Institute on Aging
Wendy Zachary, MD, Hospitalist, Internal Medicine & Geriatrics, CPMC
Anne Hinton, Executive Director, Department of Aging and Adult Services
Betty Fung, Director of Programs and Administrator, Self Help for the Elderly
Brooke Hollister, PhD, Assistant Professor, Institute for Health and Aging, UCSF
Elizabeth Edgerly, PhD, Education and Training, Chair (by phone)
Cathy Spensley, Age and Disability Friendly San Francisco Workgroup, Chair
Michelle Venegas, Family Caregiver Alliance
Sherrie Matza, Community Representative
Mivic Hirose, Executive Administrator, Laguna Honda Hospital
Joanne Robinson-Teran, Alzheimer's Association
Marcy Adelman, PhD, Consultant
Natasha Boissier, LCSW, UCSF Memory and Aging
Laura Thorngill, Alzheimer's Association (by phone)

Welcome and Introductions

Discussion on hospitalization of persons with Dementia –
Potential RFP from CPMC Innovations Grant via SF Foundation
Hospitalization topic –
Group discussion – In ER / hospital settings – what are you seeing?

- Natasha – clinical social worker w/ UCSF memory and aging clinic – share observations from hospital perspective / observations as front line practitioner
  -Most concerning issue – people w/ dementia w/ psychiatric or behavioral issue w/ hopes of being admitted are frankly not welcome. "We don't want your people."
  -Psychiatric hospitals won't admit because of dementia diagnosis.
- How do we get folks seen in the ER? – told by hospital staff it is an insurance / coding issue.
- 5150 – Dementia not covered under 5150
- In CA – carve-out for people of dementia
- Psych diagnosis has to be axis 1 and dementia is not
- 5150 does take away someone's freedom, so there is pushback.
- Folks already in mental health system do get 5150; harder for others.
- Psych ER not a nice place; solution is better somewhere else. Laguna Honda space? – is there a carve-out somewhere in an assisted living, etc. / transitional housing /

something equivalent to 5150 but specializes in dementia – recommendation from Services workgroup

- Wendy Zachary – geriatric psych units don't exist; limited in sf. / 48 hours not enough – testing, stabilization / make safe environments in the community – let people stay where they are / any transition is dangerous / delirium is high risk for anyone w/ dementia.
  Case-by-case – individualized outpatient plan – everyone needs that.
- Assisted living settings who evict person when they manifest behaviors. – need training / assistance.
- 5150 equivalent for people w/ dementia – allows someone to be involuntarily held; in statute – have to get Board of Supervisors to approve use in the county.
- (3 issues – carve-out / 5150 / psych needs, accessibility)
- Mobile unit could have 2 parallel paths – crisis unit that goes to home to keep them there as long as possible; triage is necessary for patient or spouse or caregiver; assess need right there; have de-escalated; but what about when spouse says can't do anything else

Anne – Palliative care recommendations; struck by the team approach in palliative care – when you have a team, the team works together. People w/ Dementia at top of their list in palliative care.
RFP for mobile unit – prove it will work in pilot and then hope that hospital council picks up once benefits shown. / who would be on mobile team? – MD/NP?, social worker or specialist in dementia psychosocial areas; offer respite for spouse; help make plans; discharge planning – where do they go?;
There are currently 2 programs that go into the home – "UCSF house calls program"; "Sutter AIM program" – palliative care approach; AIM can be bridge to hospice; acts like Home Health service, but more lax.
Funding – how can we enact a dementia mobile team? Similar to the HOT team.
Paramedics first responder and they trigger the team to the home.
-does person need to go to hospital?; is there an acute medical need?
-in ER, can they activate team so they don't get admitted?
Model project – specific to dementia.
CPMC Innovations Fund – one-time funding; if needs ongoing funding, from where?
Need data to sell the project to the hospital council. (12 months / 18 months?)
DAAS will send the information so SF Foundation can write the RFP.

<u>Update from Transportation workgroup –</u>
Exploring CalTrans grant for the peer escort project. TA workshop for the grant was attended by Jonathan Cheng, and will update group about the grant at next meeting.
Pilot project -- 5 service providers who could potentially participate in pilot project, with 10 peer escorts; program would assist with afternoon / evening routes as see more problems with safety at these times.
DAAS assistance with project? – The project may need seed funds from DAAS of about 55-60K; Anne thinks this is doable.
The pilot project would be a partnership between Paratransit, SFMTA, and Family Service Agency, who would assist Paratransit in training the escorts.

Goal is to provide safer rides, as well as employment opportunities for older adults. The project is ready to move forward; just need the money. Clients identified by Paratransit.

Update from LGBT workgroup--

Marcy – LGBT Aging policy task force recommendation is to provide training targeted to first responders, as well as the mainstream, about the LGBT population. Also, the LGBT Aging Policy Task Force recommends development and implementation of a Dementia education and awareness campaign targeted to the LGBT community.
Brooke informed group of UCSF grant that is a pilot grant for faculty members who are looking to do focus groups with LGBT folks with Dementia with the goal of learning about needed support, preferences, how do you want to age with Dementia.
Issues – live alone, lack of support networks, easily frayed networks, gay men especially being alone in old age.

Review and Adoption of Addendum to 2020 Foresight:
SF Strategy for Excellence in Dementia Care--

Addendum attached for review. (Further discussion at next meeting)
Suggestions –
Add objective around data collection – monitor quality. Brooke will examine an objective in this area.
Recommendation #4 – cognitive screen across board. – Senior legislature put forth bill that MD would offer screening and patient can reject or deny; explore how to approach; what is the tool; this is about diagnosis, not treatment.
Actionalz.org is a resource for tools.
Recommendation #12– related to 5150 conversation. Look at how to assist people with dementia accessing behavioral health services. Cathy Spensley will contact Kelly Hiramoto to discuss.
Recommendation #13 – Long term care facilities focused on admitting short-term rehab patients, not long-term, therefore less long-term beds available.
For living options, often default to Skilled Nursing Facilities so can use MediCal. Need to further explore waiver for assisted living facilities to be able to bill MediCal for services. Make reimbursements more equitable.