

# Alzheimer's and Dementia Care Program

SUPPORT FOR ALZHEIMER'S AND DEMENTIA PATIENTS AND CAREGIVERS

December 2019

## Our Mission

- Maximize patient function, independence and dignity
- Minimize caregiver strain and burnout
- Reduce unnecessary costs

## Our Team

Our core team includes three nurse practitioner Dementia Care Specialists (DCS) and a geriatrician lead physician, who are supported by staff and health professionals.

## What We Do

Care in the Alzheimer's and Dementia Care Program begins with a 90-minute, in-person appointment for patients and their caregivers with a Dementia Care Specialist. This initial assessment along with input from the patient's physician, results in an individualized care plan. Caregiver education, support and referral begin immediately. The program optimizes the patient's medical treatment plan to slow further decline in cognition, manage dementia symptoms and reduce side effects. The Dementia Care Specialist continues to follow the patient, providing ongoing advice and services, including referral to community-based organizations, as needed.

## 2020 Goals

- Add a fourth DCS who will be hired in 2020 to continue program growth
- Continue to disseminate the program outside UCLA
- Work with other groups and Medicare to provide coverage for UCLA Alzheimer's and Dementia Care program and similar comprehensive dementia care services



## The Program's Impact

As of November 2019, the program has served over 2,750 patients and their caregivers.

Prior to entering our program, many caregivers were poorly informed about dementia caregiving and felt they were fighting this battle alone. One-third had high stress and more than 10 percent were depressed.

By the end of a year in the program, confidence in handling problems and complications of Alzheimer's disease and dementia improved by 72 percent. Caregiver strain, distress and depression were reduced.

Although the program cannot prevent the progression of dementia, persons with dementia had fewer problem behaviors (agitation, irritability, apathy, nighttime behaviors) and depressive symptoms after one year in the program.

Overall, 58 percent of persons with dementia and 63 percent of caregivers demonstrated clinical benefit through fewer symptoms.

Moreover, the program reduced emergency department visits, days spent in the hospital, admissions to nursing homes for long-term care and overall Medicare costs.

During the past year, the program has:

- Assisted UCLA Health in creating a complementary program (Alzheimer's and Dementia Information Service, or ADIS) for UCLA patients with mild dementia
- Held a caregiver bootcamp training program in Spanish
- Been featured in two national webinars:
  - Resources for Integrated Care sponsored by Medicare (1414 attendees)
  - Patient Centered Primary Care Collaborative (130 attendees)
- Trained 180 nurse practitioners at other health systems through an online curriculum and an additional 91 at events in Los Angeles and Las Vegas

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Support from our friends helps our program thrive. For more information or to make a gift to the Alzheimer's and Dementia Care Program, go to: [uclahealth.org/geriatrics/giving](http://uclahealth.org/geriatrics/giving) or contact us at 310-794-7620 or [bloew@support.ucla.edu](mailto:bloew@support.ucla.edu)

### The Program's Impact *(Continued from previous page)*

- Spread the program to seven new sites: Baylor, Scott & White Health; Geisinger Health; University of Texas, Medical Branch; Wake Forest University; Hebrew SeniorLife, Cheyenne Regional Medical Center and Partners HealthCare.
- Placed second in the NIA dementia care coordination challenge Eureka Award for the Dementia Care Software with the Gerontological Advanced Practice Nurses Association (GAPNA)



## A Journey in Caregiving

*We recently spoke to Darryl Stroh — the husband and caregiver to our 902nd patient, Judith Stroh — to discuss how our program has affected their lives. Judith enrolled in the program in 2014 and has been followed by Dementia Care Specialist, Leslie Evertson ever since*

### Tell us a little bit about Judith.

Judy was a prolific scrap-booker and was interested in all kinds of activities before her diagnosis eight years ago. We travelled a lot, visiting our daughter in Florida at least once a year.

Nowadays, we do less traveling, but our days are pretty normal and we have a good time, every day. I try to keep her active, taking her

to the mall or Wal-Mart to walk around a bit and bringing her along on errands. She goes everywhere with me — and she's got a good attitude and never complains. We even pick up our grandkids a couple days of the week for school and they're so good with her, they love her. She's involved in all of it. If we don't make it out of the house, she's content playing mahjong on her iPad.

### How was the referral process to our program?

When we were planning our move back to Los Angeles from Arizona in 2014 to be closer to our children and grandchildren, Judy's neurologist in Arizona recommended a UCLA neurologist to take over her care. Once we saw the UCLA doctor, she referred us to Leslie and the Alzheimer's and Dementia Care Program — and we are so thankful she did.

### How is your relationship with your Dementia Care Specialist?

We've seen all kinds of doctors here in Los Angeles and in Arizona, and for me, Leslie is 10 times more valuable than all of them combined. Her knowledge and availability is a lifesaver. Any time I have a question, Leslie is very accessible to address any of my concerns.

For me, there is security in knowing, and with the ADC program, I have immediate access to answers.

### How have you benefited from being in the program?

When we first got Judy's diagnosis about eight years ago in Arizona, she was dealing with severe depression and behavioral issues. After enrolling into the ADC program, all these issues were resolved. After seeing Leslie for the first time, Judy's medications were adjusted and we haven't had any issues with anxiety, depression or outbursts since.

More recently, Judy was having issues doing things without my assistance, which isn't normal for her. I wasn't sure what to do, so I called Leslie. After talking it out with her, we decided not to take her to the Emergency Room, and now Judy's fine again. It saved us from having to make a trip to the ER.

### What is your wish for the program?

I would like to see it expand to other sites around the country. Based on my experience, the ADC Program is an awesome program and everyone would benefit from having it available.