

About us

The UCLA Alzheimer's and Dementia Care (ADC) program¹ was launched in November 2011 and in 2012 received additional support from a Center for Medicare and Medicaid Services Healthcare Innovations Challenge Award (CMMI HCIA) to expand to 1000 patients and families. Response to the program has far exceeded expectations. As of January 1, 2019, the program has cared for over 2600 patients and their families with an active caseload of approximately 750 divided among 3 Dementia Care Specialists.

The program is based in the UCLA health care system and partners with community-based organizations (CBOs) to provide comprehensive, coordinated, patient-centered care for patients with Alzheimer's disease and other dementias. The goals of the program are to maximize patient function, independence and dignity, minimize caregiver strain and burnout and reduce unnecessary costs through improved care. By doing so, it also intends to achieve Medicare's triple aim of improving the experience of care, improving the health of populations, and reducing health care costs.² The UCLA ADC program was developed based on theory and evidence for enabling, empowering, and supporting caregivers^{3,4} as well as providing disease management/ care coordination to navigate the complicated health care system.^{5,6}

The program uses a co-management model (nurse practitioner Dementia Care Specialist) and consists of four key components:

- Structured needs assessments of patients and their caregivers
- Creation and implementation of individualized dementia care plans based on needs assessments
- Monitoring and revising care plans, as needed, and
- Access 24/7, 365 days a year for assistance and advice.

Program effectiveness

For the first 1091 program participants enrolled over a 30-month period from July 1, 2012 to Dec. 31, 2014, the mean age was 82, 66% female, 89% have Alzheimer's, mixed, or an unspecified type of dementia that, on average, was moderate at the time of enrollment (mean Mini-Mental State Examination 17.3). Almost all caregivers were children (59%) or spouses (41%).

The program has addressed unmet needs. Prior to the program, caregivers were uninformed and fighting this battle alone. Only 38% knew where to turn to get answers about dementia problems and only 24% felt that they had a healthcare professional to help them work through dementia issues. At baseline, 13% of caregivers were depressed and 33% had high stress.⁷



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After entering the program, 94% of caregivers felt that their role was supported and 92% would recommend the program to others. At 1-year, they reported receiving significantly more advice about dementia care and had significantly higher self-efficacy about managing the disease. Their confidence in handling problems and complications of Alzheimer's disease and dementia improved by 79%. Some quotes from caregivers include:

"For a terrible situation, I always felt better after our visits and conversations. I wouldn't have made it through this year without both of you. Thank goodness your organization exists."

"The program has turned my life around. I now have a grip on things. I do not feel totally overwhelmed. I have been given some counseling and adult day care... I can honestly say she has sort of saved me."

"[The program] is very helpful. The staff is here to help us and guide us along and support us. They are always here for me to ask questions and feel comforted."

"Our DCM has supported us and provided us with resources and information that is invaluable. I wish more people had access to people like her and programs like this"

The quality of care provided by the program as measured by nationally accepted quality measures for dementia was exceedingly high; 92% compared to a benchmark of 38%.⁸

As a result, at 1 year, despite disease progression, patients' behavioral symptoms (e.g., agitation, irritability, apathy, and nighttime behaviors) improved by 22% and depressive symptoms were reduced by 34% (both $p < 0.001$). In addition, at 1 year, caregiver distress related to behavioral symptoms, depression scores, and strain improved by 31%, 24%, and 15%, respectively (all $p < 0.001$).

CMMI's external evaluator compared utilization and cost outcomes for 1082 fee-for-service (FFS) Medicare patients enrolled in the UCLA ADC program between July 1, 2012 and December 31, 2015 with 2166 similar dementia patients not participating in the ADC program. At 3 ½ years, participants in UCLA's program had lower total Medicare costs of care (\$2404 per year) relative to a comparison group of persons with dementia receiving usual care. Program participants were 40 percent less likely to be admitted to a nursing home for long-term care.⁹

In summary, the UCLA Alzheimer's and Dementia Care program has been successful in providing high quality of care, improving clinical outcomes, and lowering costs. It is becoming a national model for caring for dementia.

¹ Reuben DB, Evertson LC, Wenger NS, Serrano K, Chodosh J, Ercoli L, Tan ZS. The University of California at Los Angeles Alzheimer's and Dementia Care program for comprehensive, coordinated, patient-centered care: preliminary data. *J Am Geriatr Soc.* 2013 Dec;61(12):2214-8. doi: 10.1111/jgs.12562. Epub 2013 Dec 3. PubMed PMID: 24329821; PubMed Central PMCID: PMC3889469.

² Berwick DM, Nolan TW, Whittington J. The triple aim: care, health, and cost. *Health Aff (Millwood).* 2008 May-Jun;27(3):759-69. doi: 0.1377/hlthaff.27.3.759. PubMed PMID: 18474969.

³ Adelman RD, Tmanova LL, Delgado D, Dion S, Lachs MS. Caregiver burden: a clinical review. *JAMA.* 2014 Mar 12;311(10):1052-60. doi: 10.1001/jama.2014.304. Review. PubMed PMID: 24618967.

⁴ Connor K, McNeese-Smith D, van Servellen G, Chang B, Lee M, Cheng E, Hajar A, Vickrey BG. Insight into dementia care management using social-behavioral theory and mixed methods. *Nurs Res.* 2009 Sep-ct;58(5):348-58. doi: 10.1097/NNR.0b013e3181b49910. PubMed PMID: 19752675.

⁵ Vickrey BG, Mittman BS, Connor KI et al. The effect of a disease management intervention on quality and outcomes of dementia care: a randomized, controlled trial. *Ann Intern Med* 2006 Nov 21;145(10):713-26. PubMed PMID: 17116916.

⁶ Callahan CM, Boustani MA, Weiner M et al. Implementing dementia care models in primary care settings: The Aging Brain Care Medical Home. *Aging Ment Health* 2011 Jan;15(1):5-12. PubMed PMID: 20945236; PubMed Central PMCID: PMC3030631.

⁷ Jennings LA, Reuben DB, Evertson LC, Serrano KS, Ercoli L, Grill J, Chodosh J, Tan Z, Wenger NS. Unmet needs of caregivers of individuals referred to a dementia care program. *J Am Geriatr Soc.* 2015 Feb;63(2):282-9. doi: 10.1111/jgs.13251. PMCID: PMC4332558

⁸ Jennings LA, Tan Z, Wenger NS, Cook EA, Han W, McCreath HE, Serrano KS, Roth CP, Reuben DB. Quality of Care Provided by a Comprehensive Dementia Care Comanagement Program. *J Am Geriatr Soc.* 2016 Aug;64(8):1724-30. doi: 10.1111/jgs.14251. PubMed PMID: 27355394; PubMed Central PMCID: PMC4988879.

⁹ Jennings LA, Laffan AM, Schlissel AC, Colligan E, Tan Z, Wenger NS, Reuben DB. Health Care Utilization and Cost Outcomes of a Comprehensive Dementia Care Program for Medicare Beneficiaries. *JAMA Intern Med.* 2018 Dec 21. doi: 10.1001/jamainternmed.2018.5579. PubMed PMID: 30575846.