

Aging Brain Care (**ABC**): A Collaborative Dementia Care Model

Indiana University School of Medicine
Indiana University Center for Aging Research

Thank you!



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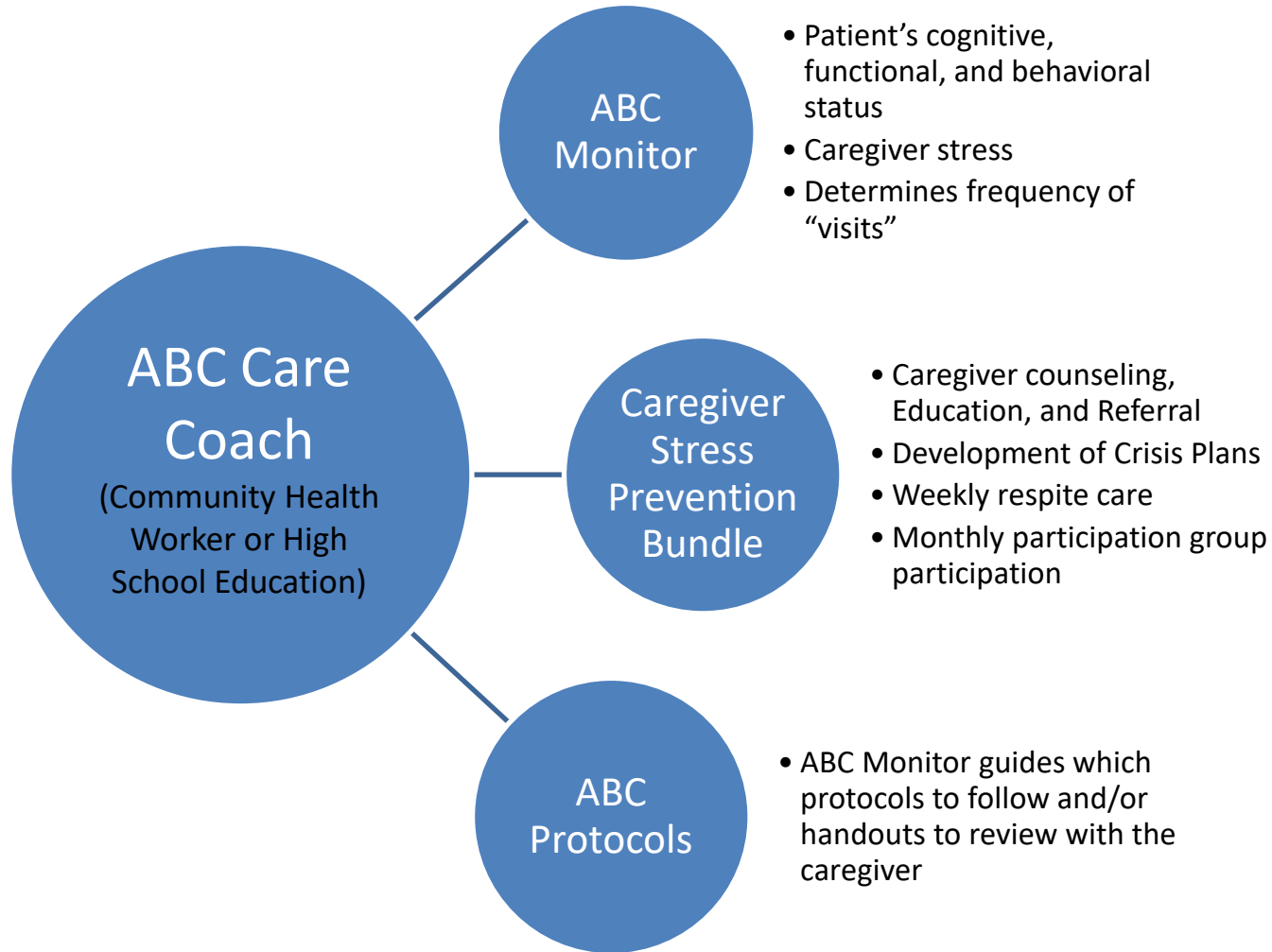


The Opportunity

- People Living with Dementia and their Caregivers deserve better.
- More than 3 million people with dementia experience cognitive, functional, behavioral and psychological disabilities.
- Dementia generates significant financial and emotional stress for both the person with dementia and their unpaid caregivers:
 - Poor quality of life for both the person with dementia, and their unpaid caregivers
 - Higher emergency room utilization
 - More frequent hospital admissions
 - More days in nursing home facilities
 - \$41,000 to \$56,000 yearly total cost per person



The Solution: Aging Brain Care (ABC)



Why ABC? It works.

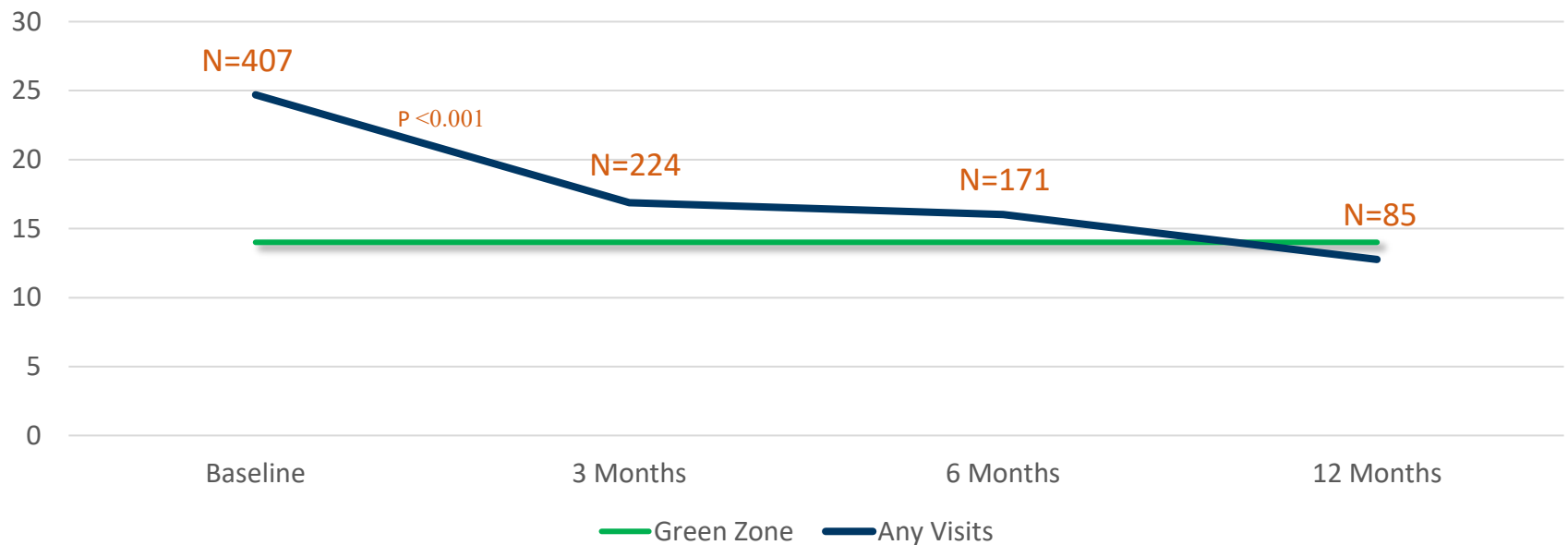
- *Hi, I am a wife and caregiver for my husband who struggles with memory issues which get worse when the sun goes down. He also has violent outbursts when he gets frustrated with me. I have had trouble being patient with him. He will not cooperate with things that we need to do, such as going to see the doctor or going to the grocery store. My reactions to him are negative, which cause him to become physically aggressive. He forgets who I am and says things that hurt my feelings. I feel like I am such a failure, out of control and anxious about everything. I do worry that something bad will happen to him if I don't watch him day and night.*
- *I was recently introduced to an ABC Care Coach from my local Area on Aging Agency. She is trained in providing support to me, the caregiver. She listens to my challenges and provides me education and special tips on caregiving, including how to handle or even prevent the violent outbursts. She takes time to assess my stress level and find ways to reduce this stress. She understands the many different issues with caring for someone with memory problems and shares about resources to help me cope and take care of my needs too.*
- *My stress level was very high when she first connected with me by phone and after a few weeks, she has helped me to have less stress, better quality of life, and helps me find ways for me to take care of me. My husband and I are doing much better. I am so thankful to have my ABC Care Coach and her support.*



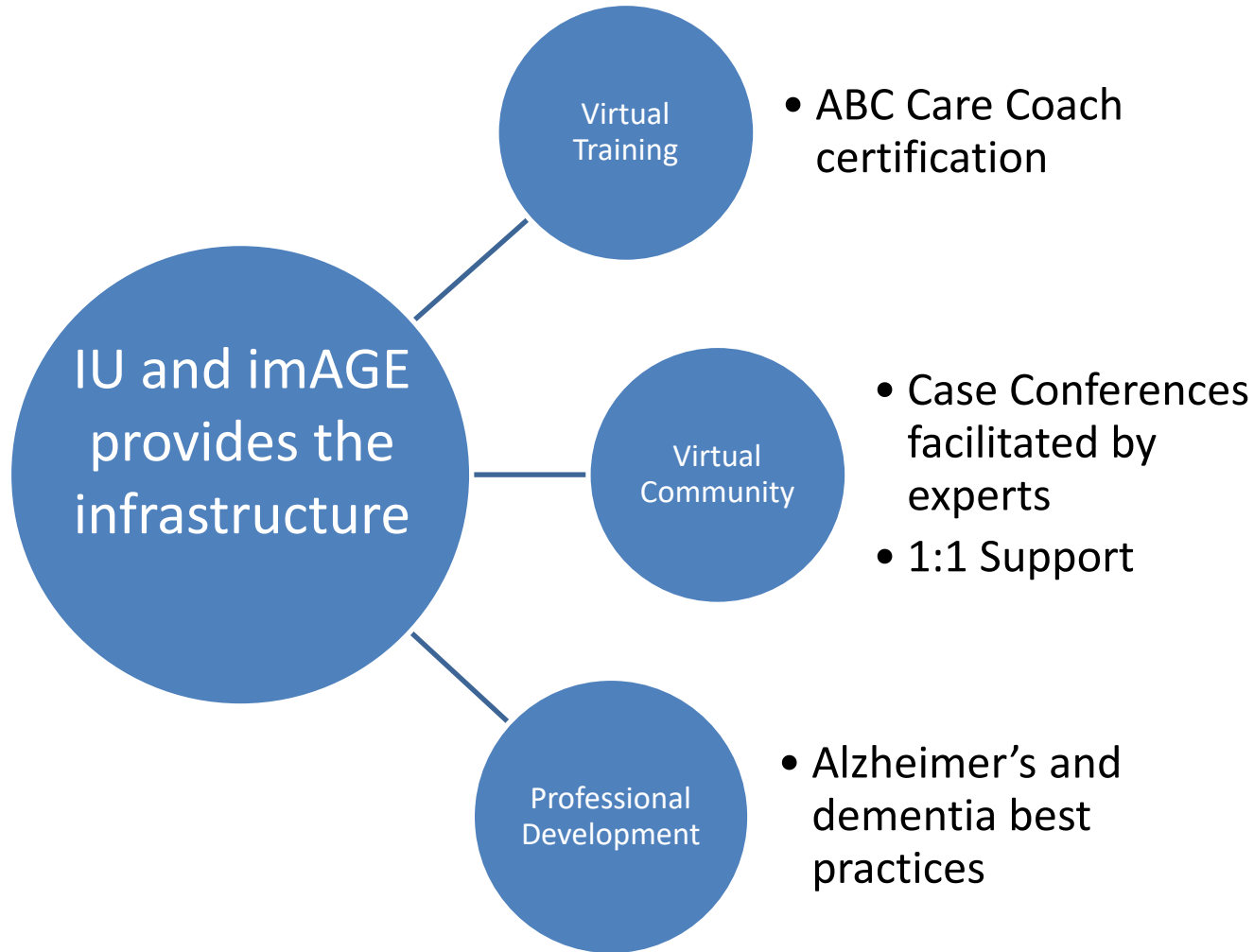
ABC Community

Caregiver Stress at 3, 6, and 12 Months

Longitudinal HABC Monitor Average Total Score



The Solution: Aging Brain Care (ABC)



IHS and ABC

- ABC demonstrates cultural competence as the Care Coach is part of the community.
- Centers on support for the familial unit.
- Telephone-based implementation.
- Proven to be effective with or without physician involvement.
- Provide model language to include in proposal.



Next Steps

- Please, reach out to discuss next steps!
 - Invited to attend our in-person training on September 10th and 11th in Indianapolis, IN.

Shannon Effler, MSW

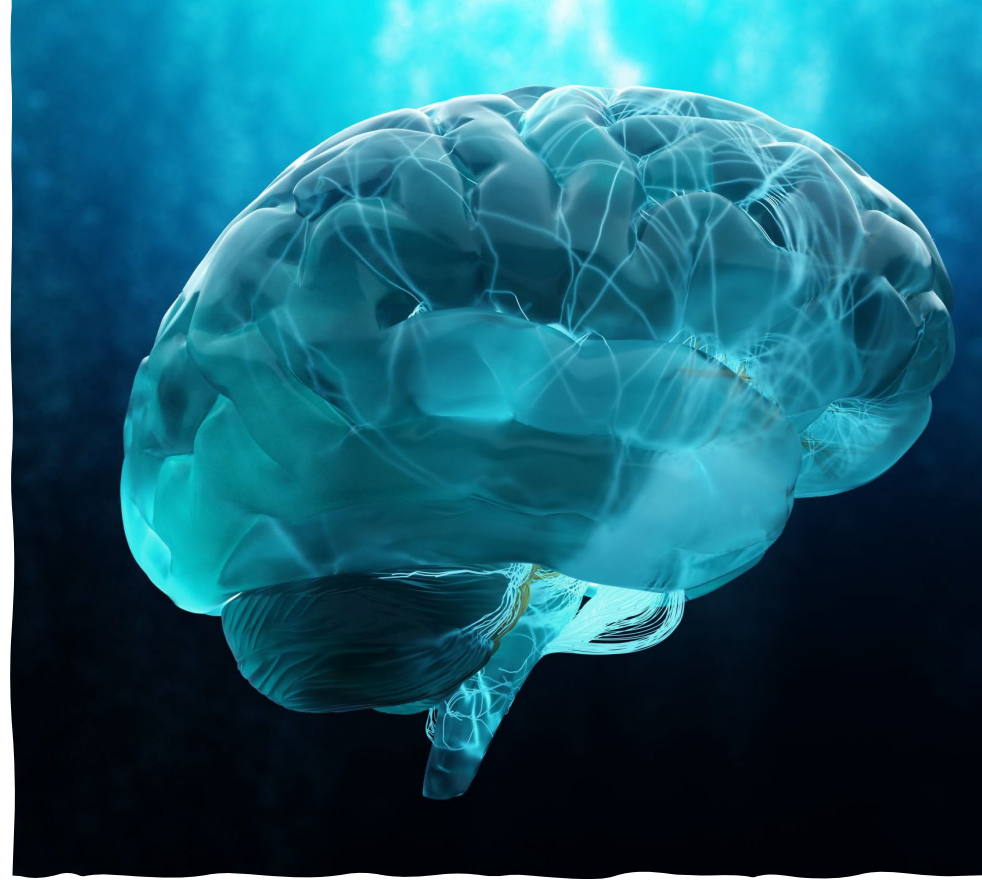
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Aging Brain Care (**ABC**): A Collaborative Dementia Care Model

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History of the IU Aging Brain Care Program

- Developed the Aging Brain Care Model (**ABC beta**) (2000-2001).
- Evaluated the model in RCT* (2001-2006).

- Translated the model into a local **clinical** program (**ABC 1.0**) (2007).
- Served 1,000 patients in Indianapolis (2012).

- Developed a **scalable clinical** version (**ABC 2.0**) (2012).
 - Served 5,000 patients in Indiana (2015).
 - Developing Alternative Payment Model (2018-2023)

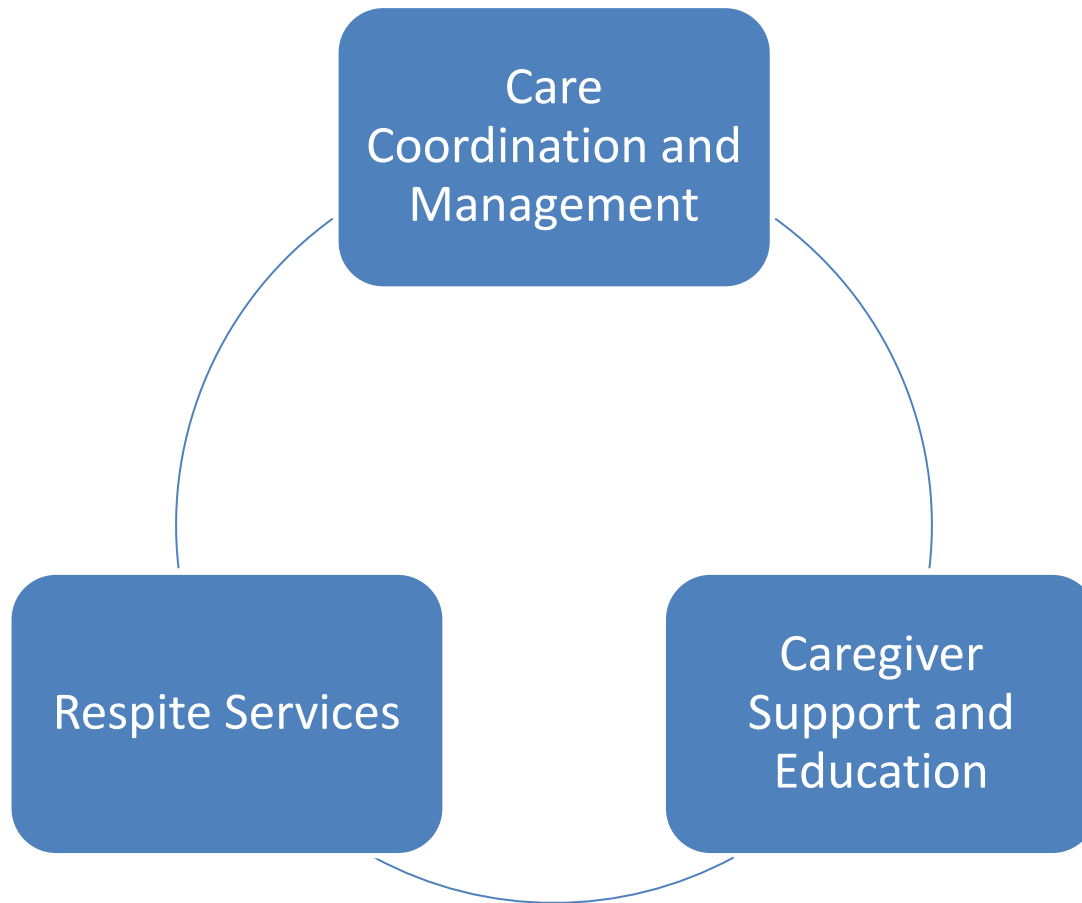
- Developing a **scalable community** version (**ABC 3.0**) (2016-2019)
 - iCare ABC
 - ABC Community

- Evaluating **ABC 3.0** (2019 - 2027)

*RCT: Randomized Controlled Trial



ABC meets GUIDE requirements

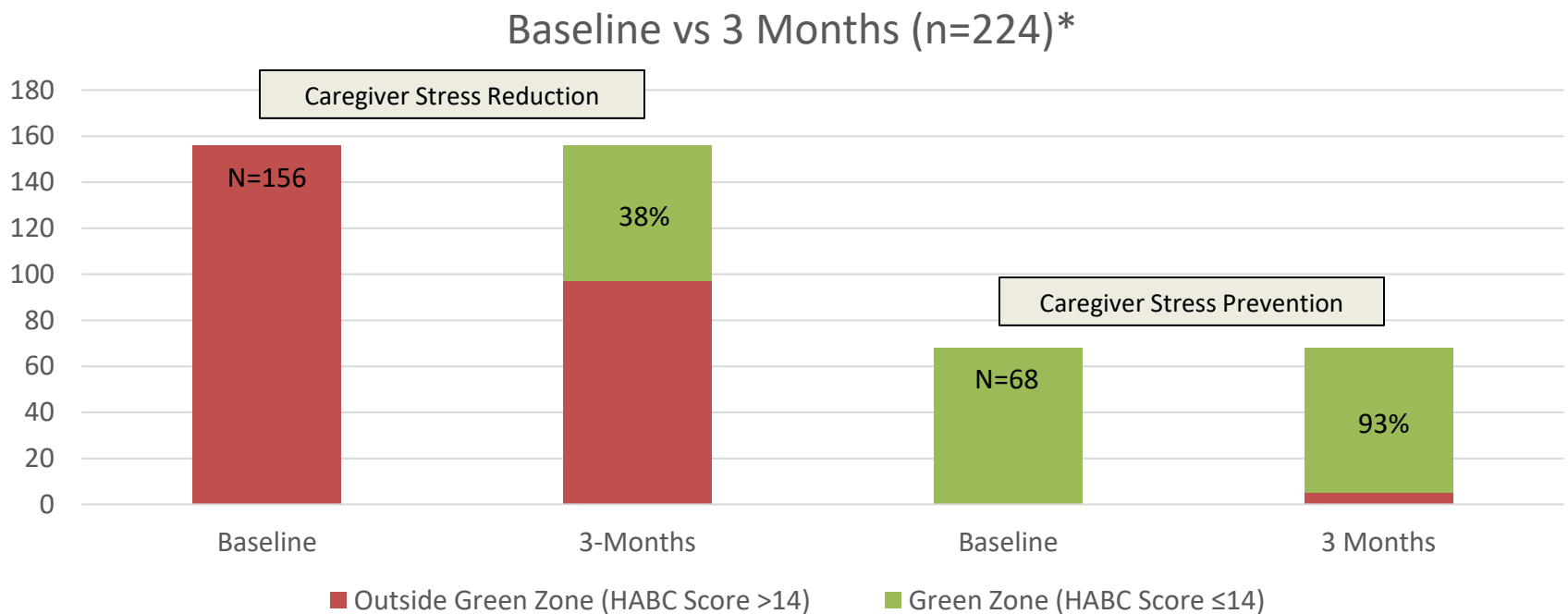


ABC works!

The Acute Care Service Utility Domain	ABC	PCC
% patients with at least one ER visit	28%	49%
Total number of ER visits	124	1143
% patients with at least one hospitalization	13%	26%
Total number of hospitalizations	45	438
Mean/Median length of hospital stay	5 / 4	7 / 4



ABC Program Effectiveness



*McNemar Chi-Squared Test $P < 0.001$



ABC Implementation Package

- The ABC implementation team provides:
 - Technical assistance
 - Education and training
 - Access to developed materials and protocols
 - Sustainability support



ABC Implementation Tools

- Training for Dementia Care Coaches to deliver caregiver coaching
- Healthy Aging Brain Care (HABC) Monitor
- Caregiver Protocols

LaMantia et al JAGS 2015; Frame et al eGEMS 2013; Monahan et al, JCIA 2010;
Monahan et al JCIA 2012; Boustani et al, JCIA 2009



Healthy Aging Brain Care (HABC) Monitor

- Measures the burden of ADRD related disabilities:
 - Cognitive
 - Functional
 - Behavioral and Psychological
- Assist in tailoring the caregiving coaching.



Caregiving Protocols and Handouts

From the HABC Monitor --> reviews relevant Protocols/Handouts --> provides caregiver suggestions on ways to enhance problem solving strategy

Protocols

DETAIL EVIDENCE-BASED METHODS OF ENGAGEMENT WITH THE PATIENT AND CAREGIVER, AS WELL AS REFERENCING APPROPRIATE HANDOUTS AS NECESSARY

Blue Headers: Pages 69-89

- Stress
- Exercise
- Communication
- Legal & Financial
- Physical Health
- Depression/Anxiety
- Repetitive Behavior
- Aggression/Agitation
- Mobility: Wandering & Shadowing
- Mobility: Balance & Falls
- Dressing
- Personal Care: Meals & Inappropriate Eating Behavior and Dental Care
- Toileting/Incontinence
- Sleep Disturbance
- Delusions/Hallucinations, Psychosis
- Delirium: Preventing Delirium in the Hospital
- Delirium: Post-Hospitalization Medication Reconciliation
- MCI Protection Protocol

Handouts

TO BE DELIVER, ACCORDING TO A RESPECTIVE PROTOCOL, TO THE CAREGIVERS.

PROVIDE EDUCATIONAL MATERIALS AND SUGGESTIONS FOR HANDLING A SPECIFIC BEHAVIOR

- | | | |
|---------------------------------------|------------------------------------|--|
| #1. Taking Care of Yourself | #12. Getting Dressed | #23. Help with Sleeping |
| #2. Guidelines for Coping | #13. Clothing Ideas | #24. Help with Verbal Noises |
| #3. Depression | #14. Bath Time | #25. Help with Repetitive Behavior or Words |
| #4. Communicating with Your Loved One | #15. Toileting | #26. Catastrophic Reactions and Sundowning |
| #5. Suggestions for Communication | #16. Mealtimes | #27. Help with Paranoia |
| #6. Understanding Nonverbal Messages | #17. More Help at Mealtimes | #28. Help with Hallucinations |
| #7. Nonverbal Messages | #18. Dental Care | #29. Help with Inappropriate Sexual Behavior |
| #8. Activities to Encourage | #19. Help with Balance and Walking | #30. Help with Delirium in the Hospital |
| #9. Activities to Avoid | #20. About Falling and Injuries | #31. More Help with Delirium at the Hospital |
| #10 Help with Exercise | #21. Help with Wandering | #32. Help with Delirium at Home |
| #11. Personal Care | #22. More Help with Wandering | #33. More Help with Delirium at Home |

ABC Case Review

Dominick Bennett is a 70 y/o male first seen for subjective memory concerns in 2011 and has now been diagnosed with early stage Alzheimer's disease with an MMSE of 25/30. He has been married to his wife, Susan, for over 40 years. Together they live in the same home they bought 40 years ago. You have scheduled a visit with the Bennett Family. Susan was reasonably distraught when you called to schedule this visit and she seems to need help. However, you are not quite sure what the main concern is.

What are your steps for this visit?



ABC Case Review: Answer

- Complete HABC-Monitor
- You check the results (inside the green zone or outside the green zone)
 - Outside the Green Zone: You ask the caregiver for her top three stressors and start 8 weeks of Problem Solving coaching cycle working on one stressor at time per weekly 30 minute sessions. For each stressor select the right protocol and its correspondent handouts to guide your coaching session. Then measure the HABC-M at the end of 8 weeks and if the monitor is still outside the green zone then restart another 8 weeks Problem Solving coaching cycle.
 - In the Green zone then you check on her Caregiver Stress Prevention Bundle status and work on getting her 100% adherence to the bundle..



ABC Case Review

CGM: 22 (down from 30 on 3/2021)

3 months later, Susan has followed your advice and is better able to manage repetitive behavior, but is still finding difficulty with her husband's agitation which has become more generalized during the day now. Her stress level appears to be lower than last time, but she is still at a loss of how to handle Dominick's verbal agitation. He now shouts at her when she tries to help him. He also will often shout at others when they are out at a restaurant.



ABC Case Review: Answer

- Conduct Agitation Profiling, identify the correct agitation protocol and its correspondent handouts and start the 8 weeks Problem Solving Coaching Cycle
- Repeat the HABC-M- at 8 weeks



ABC Case Review

MMSE: 17 (down from 23 on 3/2021)

CGM: 19 (down from 22 on 6/2021)

Susan has been doing well at managing Dominick's occasional outbursts and has otherwise reduced them by keeping him out of overstimulating environments, maintaining a relaxing setting at home, and other recommendations you worked with her on when you last visited. However, Dominick has now become more and more *physically* aggressive alongside his verbal aggression. He attempts to hit out at Susan when she tries to help him. His MMSE is also lower than expected.



ABC Case Review: Answer

- Sudden or rapid decline in global cognition with agitation (verbal, physical, aggressive or non aggressive) is Delirium until proven otherwise.
- You can identify sudden or rapid decline in global cognition by:
 - Using the MMSE and if there is more than 2 point decline over 3 month then consider the presence of delirium
 - Asking the Caregivers is the patient more confused over the past week or day. If the answer is yes then ask the caregiver to contact the patient clinicians to rule out the presence of delirium
 - If doctor ruled out delirium then start the 8 weeks of Problem Solving coaching cycle.



ABC Case Review

MMSE: 14 CG: 5

Almost 3 years after his delirium superimposed on Mixed AD/VaD, Dominick and Susan have been doing very well. Her CGM is the lowest it has ever been, and Dominick's MMSE appears to be decreasing at a steady rate as expected. Dominick attends an Adult Day Center 3 days a week, giving Susan plenty of time off. She as well has a home health aide who helps her manage Dominick's ADLs as he has become more and more dependent regarding his ability to perform them.

Susan is overall grateful for your help along this journey!



Next Steps

- If you are interested in implementing ABC, please reach out to:
 - Shannon Effler (seffler@iu.edu or 317-278-7222), Director of Geriatric Programs, to develop your implementation package.

