

# THE ALZHEIMER'S PROJECT: SAN DIEGO UNITES FOR CARE AND A CURE

## COUNTY WELFARE DIRECTORS ASSOCIATION

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**LIVE WELL**  
SAN DIEGO

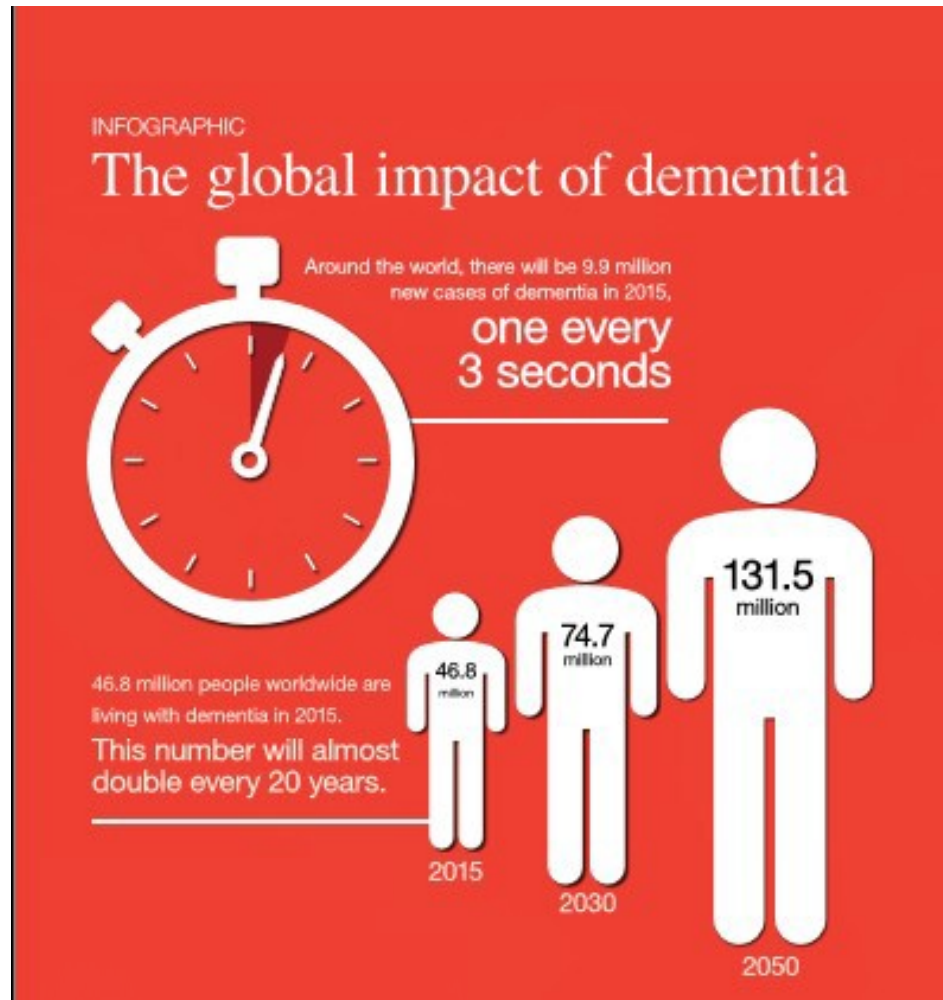
## Alzheimer's Disease and other Dementias (ADOD)

- A progressive disease beginning with mild memory loss possibly leading to loss of the ability to carry on a conversation and respond to the environment.
- The 6th leading cause of death among US adults.
- The 5th leading cause of death among adults aged 65–85 years



## Alzheimer's Prevalence

- Over 46 million people worldwide
- **An estimated 5.3 million Americans of all ages have Alzheimer's disease in 2015.**
- Almost two-thirds of Americans with Alzheimer's are women



## Impacts to San Diego County

- Approximately 62,000 residents living with ADOD, expected to increase over 50% by 2030
- **Number 3 cause of death in San Diego**
- 141,000 caregivers providing 161 million hours of unpaid care



## CREATING A LOCAL STRATEGY



- ✓ Board of Supervisors takes the lead
- ✓ health care experts
- ✓ leaders at Alzheimer's San Diego
- ✓ world-class researchers
- ✓ philanthropists
- ✓ public & private organizations
- ✓ law enforcement
- ✓ and many others!



## LOCAL STRATEGY FOCUS AREAS

Care & Safety

Cure

LEGISLATION & FUNDING

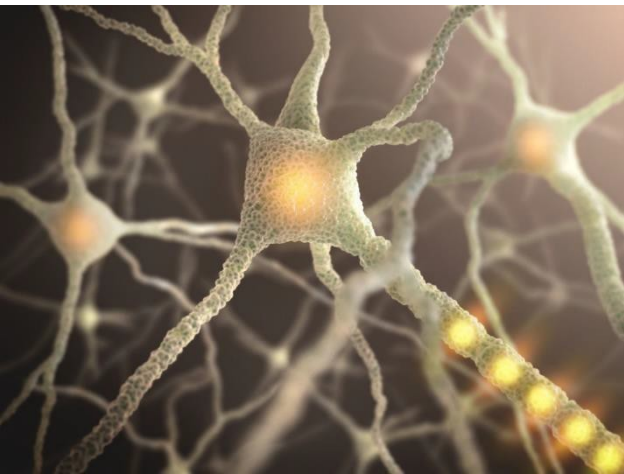
Clinical

Education & Awareness





# CURE ROUNDTABLE



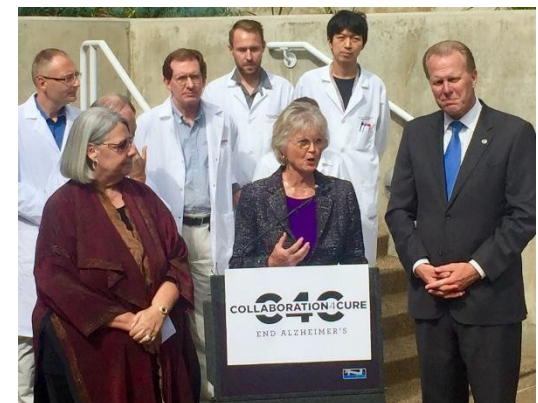
## Goals of the Cure Roundtable

### Focus on finding a cure by:

- Funding critical experiments
- Leverage local drug discovery expertise and automation
- Fund research that aims to identify new AD models to assess drug efficacy
- Partner with biomedical & life sciences companies
- “Collaboration 4 Cure” fund



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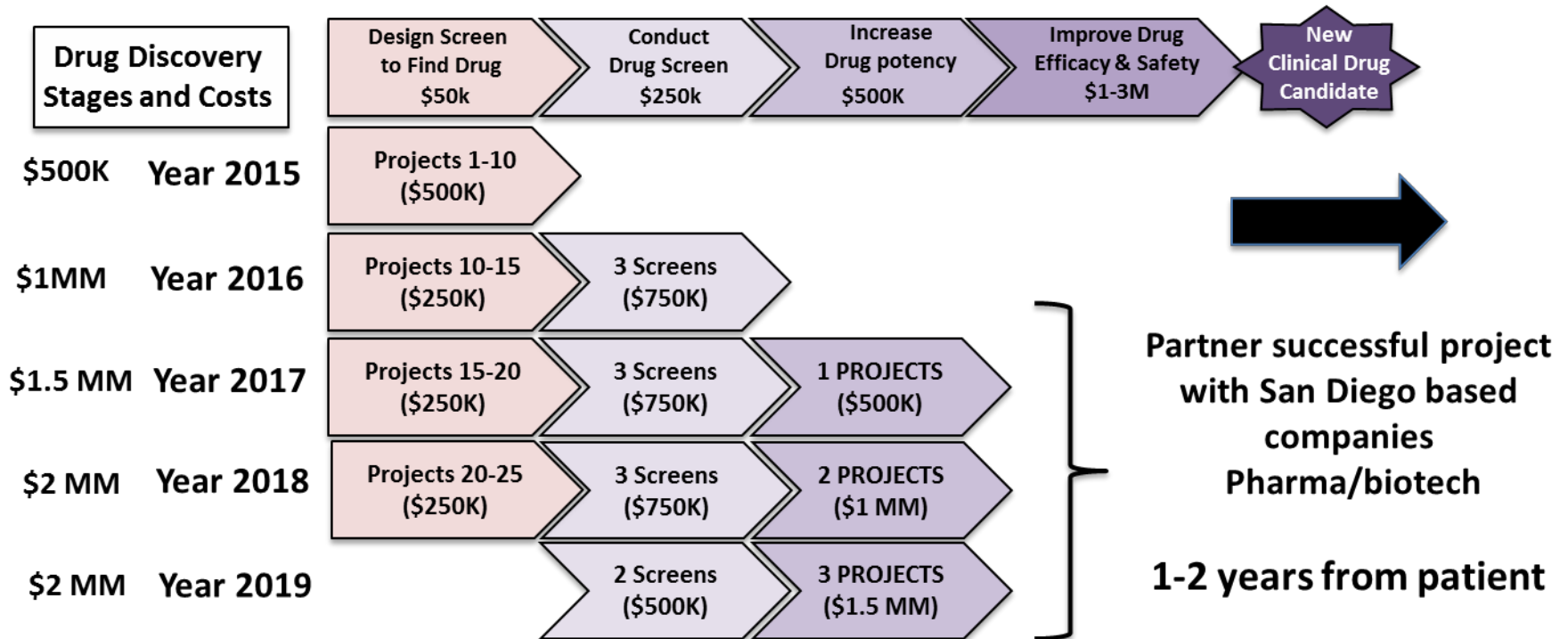




## C4C 5-year Plan: On Our Way

*Building and Advancing a Portfolio of drugs*

IDEA → Screen → Hit → Drug Lead



# CLINICAL ROUNDTABLE



## CHALLENGES

- Dementia care is fragmented, piecemeal
- 3,500 primary care doctors in SD region
- No consistent standards for screening/management
- Patients not properly diagnosed

## GOALS

- Develop clear standards for region
- Get proper diagnosis faster
- Direct patients, families to resources



## CLINICAL ROUNDTABLE DEVELOPMENT PROCESS

- Cross cultural consideration
- Informed discussions
- Literature searches
- Creation of subcommittees
  - Screening & Evaluation
  - Disease Management
  - Provider Education



## SCREENING & DIAGNOSIS SUBCOMMITTEE

- Conducted research and evaluation of current screening instruments
- Surveyed current physician practices and capabilities  
Discussions of capacities of physician practices
- Created a screening protocol
- Presentations and pilot programs to local health systems

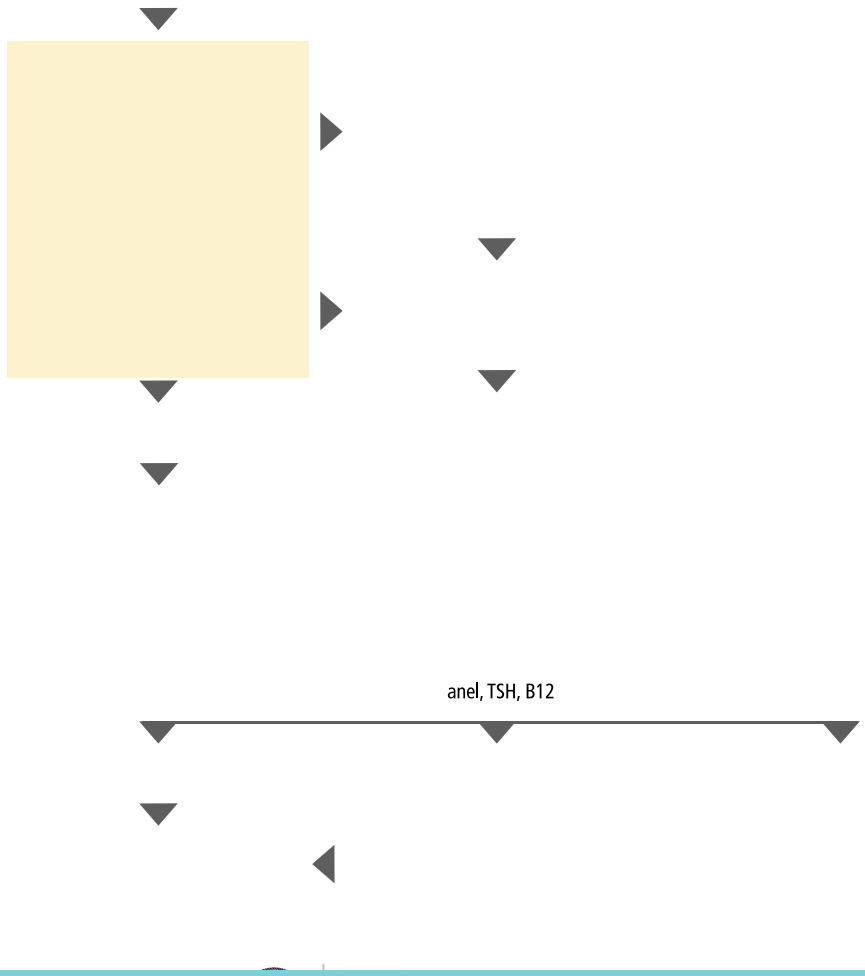




# ALZHEIMER'S CLINICAL ROUNDTABLE

## RECOMMENDED SCREENING ALGORITHM FOR ADULT COGNITIVE IMPAIRMENT

NOTE: Cognitive screening may be a part of a regular annual physical exam.



## DISEASE MANAGEMENT SUBCOMMITTEE

- Review of development of other disease management algorithms
- Assessment of most common behavioral and psychological issues facing patients/caregivers
- Development of DICE model for most common issues



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# DICE APPROACH TO BEHAVIORAL AND PSYCHOLOGICAL SIGNS AND SYMPTOMS OF DEMENTIA

<p><b>DESCRIBE</b></p>	<p><b>Caregiver describes behavioral factors:</b></p> <ul style="list-style-type: none"> <li>• Social &amp; physical environment</li> <li>• Patient perspective</li> <li>• Degree of distress to patient and caregiver</li> </ul> <p><b>Look for:</b></p> <ul style="list-style-type: none"> <li>• Antecedents</li> <li>• Context</li> <li>• Patterns</li> <li>• Co-occurring events</li> </ul>
<p><b>INVESTIGATE (ASSESS)</b></p>	<p><b>Investigate possible causes of behavior:</b></p> <ul style="list-style-type: none"> <li>• Medication side effects</li> <li>• Pain</li> <li>• Functional limitations</li> <li>• Medical conditions</li> <li>• Psychiatric comorbidity</li> <li>• Severity of cog impairment</li> <li>• Degree of executive dysfunction</li> <li>• Poor sleep</li> <li>• Sensory changes</li> <li>• Emotional triggers: ie., fear, abandonment</li> <li>• Lack of physical activity</li> <li>• Suboptimal exposure to bright light</li> </ul>
<p><b>CREATE (TREATMENT)</b></p>	<p><b>Provider, caregivers, clinical team collaborate to create and implement a treatment plan</b>  <b>Address physical problems and medical issues first</b>  <b>Employ behavioral interventions</b></p> <ul style="list-style-type: none"> <li>• Provide caregiver interventions</li> <li>• Simplify tasks</li> <li>• Enhance communication</li> <li>• Increase or decrease the amount of stimulation in the environment</li> <li>• Create meaningful activities</li> </ul> <p><b>Ensure that the environment is safe</b></p> <p>If behavioral interventions not effective/partially effective, selecting a class of psychotropic medication based on psychobehavioral "Assume/Assess/Align" model, as below</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="568 943 890 1072" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>ASSUME patient does not have dementia</p> </div> <div data-bbox="954 943 1277 1072" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>ASSESS psychiatric signs and symptoms</p> </div> <div data-bbox="1335 943 1657 1072" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>ALIGN symptoms to best fit psychiatric syndrome  eg., major depression, paranoid psychosis, mania, etc.</p> </div> </div>
<p><b>EVALUATE (AND RE-EVALUATE)</b></p>	<p><b>Evaluate whether "CREATE" interventions implemented by caregiver(s) have been safe/effective</b></p> <ul style="list-style-type: none"> <li>• Make modifications as needed and continue to look for possible underlying causes</li> <li>• Re-evaluate periodically</li> <li>• If intervention not effective or if patient or caregiver are in danger, consider referring to neurologist or psychiatrist</li> </ul>

## PROVIDER EDUCATION SUBCOMMITTEE

- Discussions of most effective teaching/learning tools and venues
- Survey of health systems and large practices regarding continuing education
- Presentations to medical residents
- Recommendations for distribution of information and tools



## NEXT CLINICAL ROUNDTABLE STEPS

- Refine algorithms
- Make print version of guidelines and resources
- Meet with physicians to introduce guidelines
- Complete pilot studies





# PUBLIC AWARENESS EFFORTS: Alzheimer's San Diego



Alzheimer's group worked with writers, filmmakers

FROM ED and support group leaders. Whatever their connection to the disease, the raw depiction of how a brilliant woman, Alice Howland played by Julianne Moore, and her family grapple with Alice's early-onset Alzheimer's, stirred up a lot of emotion. "That was tough; it brought back so many memories," said Alford Claiborne, who for 13 years, has been caring with his wife, Rita, who was diagnosed with early-onset Alzheimer's when she was 54.



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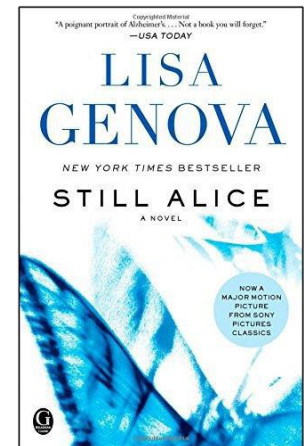
## Public Awareness & Education Implementation Plan

- **EDUCATE** San Diegans about Alzheimer's disease and the impact it has in our community
- **ENGAGE** the San Diego community in a dialogue about the disease
- **BUILD AWARENESS** for the disease and the many resources offered to the San Diego community



## County efforts at increasing public awareness:

- New position added to AIS in Outreach & Education
- New website [www.SDAlzheimersProject.org](http://www.SDAlzheimersProject.org)
- In-Home Supportive Service (IHSS) Public Authority outreach
- Financial literacy efforts aimed at caregivers and others
  - “Financial Wellness Wednesdays”
  - Financial literacy events





# CARE ROUNDTABLE EFFORTS



## CARE ROUNDTABLE

Development of recommendations and an implementation plan

Top Priority - Improve safety net, protect those at-risk for wandering

- Expand/enhance *Take Me Home* Program
- Preventive assessments to identify those at-risk for wandering
- Explore SilverAlert to help locate individuals who have wandered
- Direct support to families to help prevent wandering





## CARE IMPLEMENTATION PLAN ELEMENTS: EXISTING RESOURCES

14 recommendations within **existing resources**:

- Support older adults aging in place
- Work with employers to support caregivers and reduce negative impacts on workplace
- Increase awareness of FACT as resource for affordable transportation



## CARE IMPLEMENTATION PLAN ELEMENTS: NEW RESOURCES NEEDED

8 top priority recommendations for new resources:

- Training for first responders and County staff
- Connect community with resources
- Expand caregiver support centers
- Increase availability of affordable residential care



## COLLABORATION WITH SD COUNTY SHERIFF

### Take Me Home Program

- Currently approximately 1200 enrolled
- Attendance at town hall meetings and caregiver conferences
- Outreach to Senior Volunteer Sheriff academies
- Working to regionalize with all SD law enforcement jurisdictions



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## San Diego County Activities

### Abuse and Neglect Prevention and Response

- Adult Protective Services (APS)
  - Acutely Vulnerable Adult (AVA) Protocol
  - Updated data tracking capabilities
    - Alzheimer's Disease
    - Dementia
    - Mental health & violence
    - Drug/Alcohol abuse
- Project CARE



## San Diego County Activities

- **Caregiver and ADOD Support**
  - Hispanic caregiver conferences
  - Expansion of family caregiver resource centers
  - Efforts to prevent rehospitalizations
  - Working with partners to offer programming for early-stage patients and their caregivers
  - Increase awareness of end-of-life issues

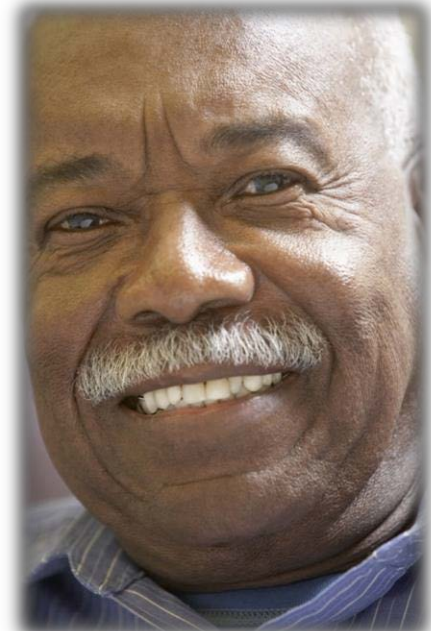


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## San Diego County Activities

### Caregivers in the Workplace

- Caregiving Support Needs for County Employees
- Caregiver webinars & conferences
- Conduct needs assessment with county staff
- Publicize Employee Assistance Program caregiver resources
- Develop outreach materials & LMS trainings
- Develop comprehensive county workplace pilot program





## San Diego County Activities

- **Training of professionals and County staff**
  - Geriatric Workforce Enhancement Grant (GWEP)
  - Creation of the San Diego-Imperial Geriatric Education Center



## The Alzheimer's Project Will Continue with Ambitious Goals

- Some roundtables wrapping up their work (Clinical); others will continue (Cure, Care and Public Awareness)
- Areas of Focus for the Care Roundtable
  - **Expand availability and affordability of adult day health care**
  - **Increase access to and affordability of respite care**
  - **Increase access to and affordability of residential care**
  - **Increase affordability of home care**
- Focus in coming years on building “Age-Friendly & Dementia-Friendly communities” so that all our citizens can Age and Live Well in San Diego



## Concluding Thoughts

- Exciting endeavor with impressive levels of collaboration across sectors
- Political champion and visionary on our Board of Supervisors
- Tapping into the strengths of local research institutes, medical systems, and
- Consistent screening and disease management standards
- Widespread public awareness efforts
- Focus on improved patient and caregiver support
- Promotion of preventative health behaviors (proper diet, exercise, social connection)

