





#### National Dementia Care Collaborative

Getting to Yes for Launch: GUIDE
Participants Overcoming Challenges to Using
your Electronic Health Record (EHR) to
Implement Comprehensive Dementia Care

February 13, 2025

#### Agenda

- Welcome
- National Dementia Care Collaborative Overview
- Presenters:
  - The UCLA Alzheimer's and Dementia Care Program
  - Integrated Memory Care







#### The UCLA Alzheimer's and **Dementia Care Program**

- APP led model
- Mission: partner with families, physicians, and community organizations to maximize the person living with dementia(PLWD)'s function, independence, and dignity, while minimizing caregiver strain and burnout.
- Approaches the PLWD and caregiver as a dyad who both need support
- First patient: July 11, 2012
- Current state:
  - Compass Rose, EHR/Manual reporting
- Future State:
  - Continuing EPIC feature building

#### **Emory**

- NP led clinic
- Primary care for persons living with dementia
  - Comprehensive medical care, education & support
- 10th Anniversary
- Current State
  - Manual tracking
  - Spreadsheets, spreadsheets
  - Ad hoc report
- Future State
  - Compass Rose







#### **EPIC GUIDE Build Overview**



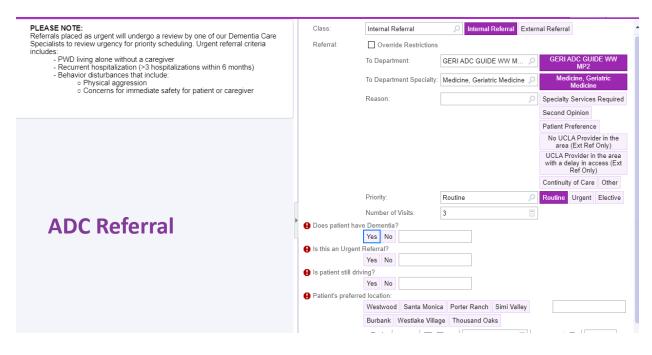
- Pre-Visit
- Clinic Visit/Virtual Visit
- Care Coordination
- Program Management
- Submissions and Alignment
- Patient Family Communication
- CBO Communication

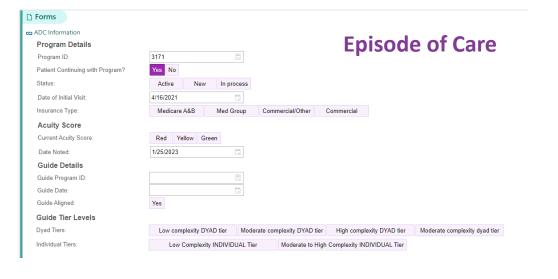
#### **Pre-Visit Overview**

<b>GUIDE Considerations</b>	EPIC Functions
<ul><li>Eligibility</li><li>Scheduling/Enrollment</li><li>Pre-Visit Preparation</li></ul>	<ul> <li>Referral Workqueue</li> <li>Compass Rose Management</li> <li>EPIC Healthy Planet</li> <li>Electronic Questionnaires</li> </ul>

#### Pre-Visit

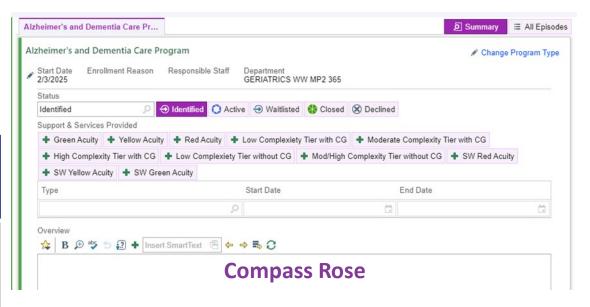
# GUIDE Considerations EPIC Functions • Referral/Referral Workqueue • Compass Rose Management • Case Team, Outreach Management, Patient Status • Healthy Planet Episode of Care Smartform

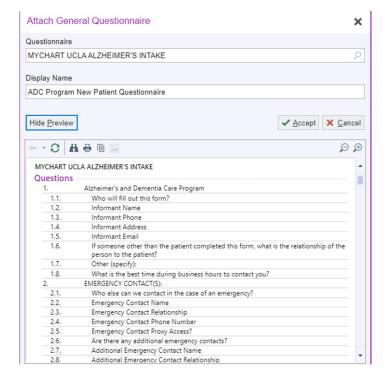




#### **Pre-Visit**

GUIDE Considerations	EPIC Functions
Scheduling/Enrollment	<ul> <li>Appointment Desk</li> <li>Compass Rose Management         <i>Update Case Team, Outreach Management, Patient Status</i></li> <li>Healthy Planet         <i>Update Episode of Care Smartform</i></li> <li>Electronic Pre-Visit Questionnaire         (e-PVQ)         <i>E-PVQ mapped to flowsheets Flowsheet then mapped to smartphrase</i></li> </ul>

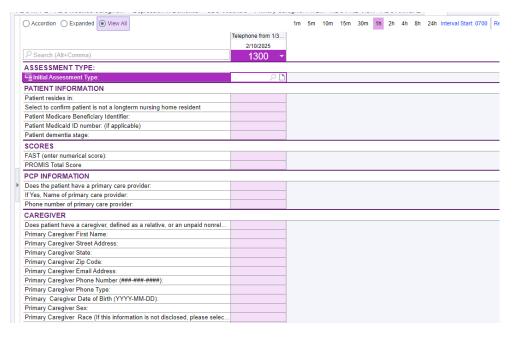




**E-PVQ** 

#### Pre-Visit

# GUIDE ConsiderationsEPIC FunctionsPre-Visit Preparation<br/>Patient information, tool collection,<br/>caregiver demographics• Electronic Pre-Visit Questionnaire (e-PVQ)<br/>E-PVQ mapped to flowsheets<br/>Flowsheet then mapped to smartphrase



**E-PVQ Flowsheet** 

#### Pre-visit

#### Recruitment

- Sending EMR messages to existing patient panels
  - Lots of phone/messages
  - Developing FAQ document

#### Eligibility screening

#### Visit Questionnaires

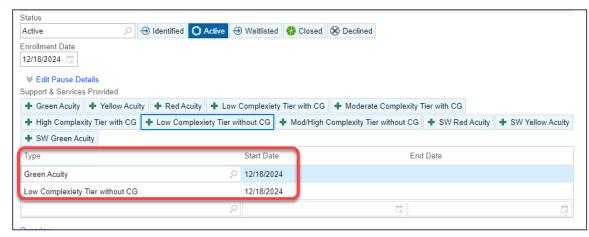
- o Fillable PDF
- Sent ahead of appt
- Portal, email, fax for return
- Packets for in person visits

#### Clinic Visits/Virtual Visits Overview

<b>GUIDE Considerations</b>	EPIC Functions
<ul> <li>Video Visit</li> <li>Collection of Information for GUIDE requirements</li> <li>Post-visit education for caregiver</li> </ul>	<ul> <li>MyChart video</li> <li>Flowsheets</li> <li>Referrals</li> <li>After Visit Summary</li> <li>Healthy Planet</li> </ul>

#### Clinic/Virtual Visits

<b>GUIDE Considerations</b>	EPIC Functions
<ul> <li>Video Visit</li> <li>Collection of Information for GUIDE requirements</li> <li>Cognitive screening, caregiver demographics, PROMIS 10 and Zarit, HRSN, FAST, etc.</li> </ul>	<ul> <li>MyChart video Virtual visit encounter</li> <li>Flowsheets Flowsheets will map to smartphrase</li> <li>Smartphrases</li> <li>Compass Rose Updating complexity tier on program support and services</li> <li>Healthy Planet Updating episode of care to indicate complexity tier</li> </ul>



☐ Forms ADC Information **Program Details** Program ID: Patient Continuing with Program? In process Date of Initial Visit: Commercial/Other Guide Eligible Medicare A&B Med Group Insurance Type **Acuity Score** Red Yellow Green Current Acuity Score Date Noted: 1/8/2024 **Guide Details** Guide Program ID: Guide Date: Guide Aligned: **Guide Tier Levels** Dvad Tiers: Low complexity DYAD tier Moderate complexity DYAD tier High complexity DYAD tier Individual Tiers: Low Complexity INDIVIDUAL Tier Moderate to High Complexity INDIVIDUAL Tier

**Updated Compass Rose Support and Services** 

Updated Episode of Care



**Linked Smartphrase** 

#### Clinical visit

#### Unique visit types in Epic

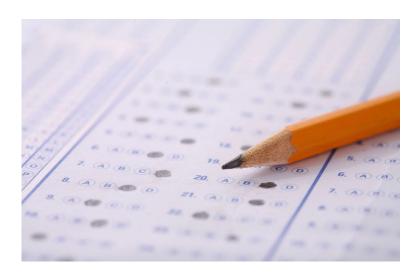
- o GUIDE Intake
- GUIDE Follow-Up
- o GUIDE Home Assessment

#### Centralized Intake Clinician

- Streamline work-flow
- Less chance of confusion
- F/u with regular clinician after initial
- Primary provider for existing patients does CDR

# Questionnaires

- Fillable forms/paper
  - o For virtual visits, confirm returned forms prior to visit
- Scanned into EMR with labels
  - ZBI 1/1/25
  - PROMIS 1/1/25
  - o HRSN 1/1/25
  - o CDR 1/1/25



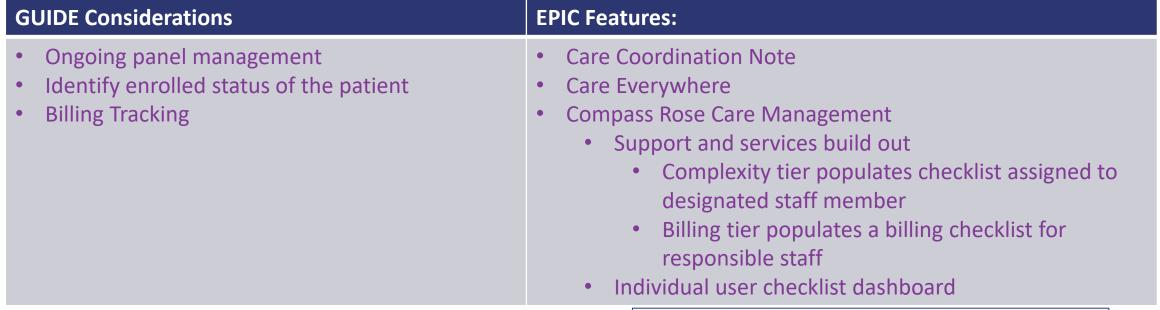
# **Submissions and Alignment**

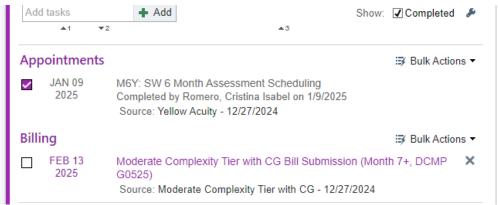
<b>GUIDE Considerations</b>	EPIC Function
<ul> <li>Collection of GUIDE submissions requirements</li> </ul>	• Smartforms map to flowsheets Flowsheets map to a report for weekly GUIDE submission

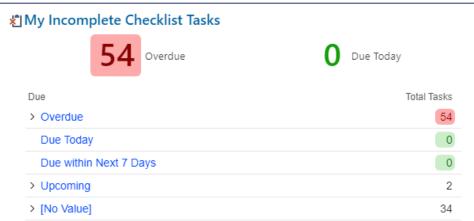
#### **Care Coordination Overview**

<b>GUIDE Considerations</b>	EPIC Functions
<ul> <li>Ongoing panel management</li> <li>Identify enrolled status of the patient</li> <li>Optimize dementia management quality measures maker</li> <li>Billing Tracking</li> </ul>	<ul> <li>Compass Rose Care Management</li> <li>Care Coordination Note</li> <li>Advance Care Planning Module</li> <li>Best Practice Alert (BPA)</li> <li>Care Everywhere</li> </ul>

#### **Care Coordination**

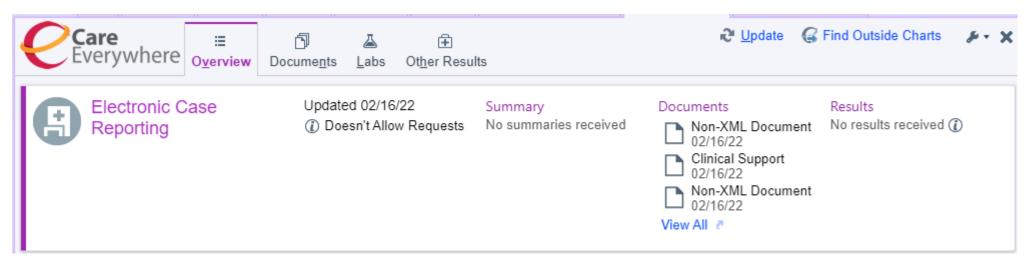




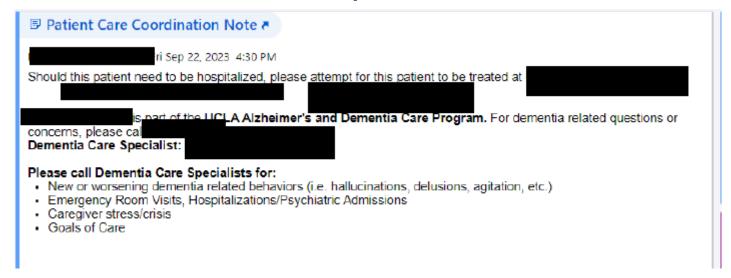


**Individual Checklists (Complexity Tier and Billing Checklist)** 

**Individual User Checklist** 



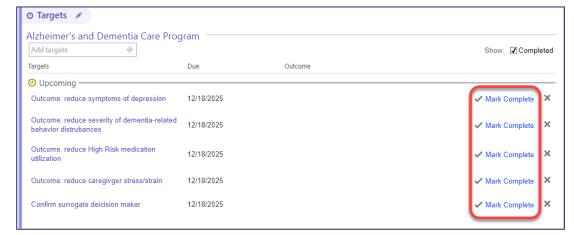
#### **Care Everywhere**

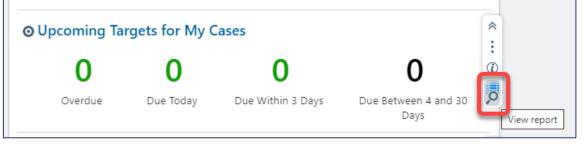


**Patient Care Coordination Note** 

#### **Care Coordination**

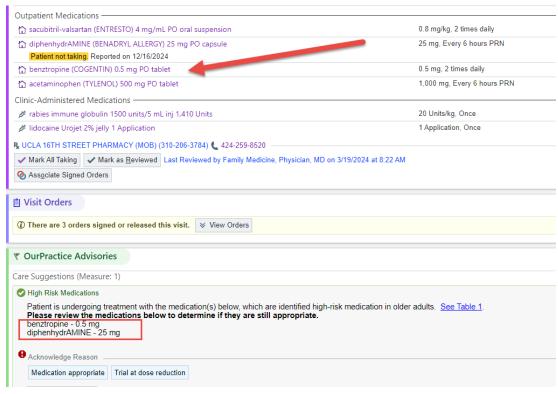
# Optimize dementia management quality measures Use of high-risk medications, reduce severity of dementia related behaviors, reduce caregiver stress and strain, and confirm surrogate decision maker Targets Individual user dashboard- Target Report Advance Care Planning Module Best Practice Alert (BPA)



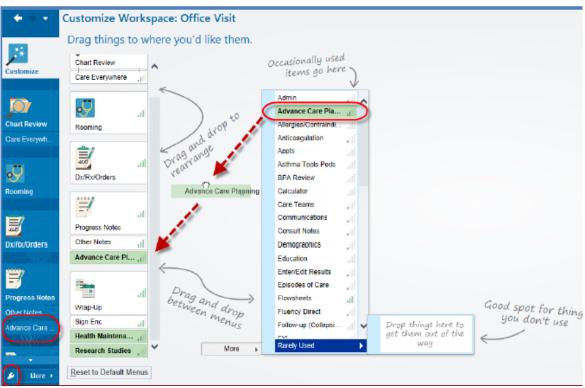


**Targets** 

**Targets on dashboard** 



**BPA Alert** 



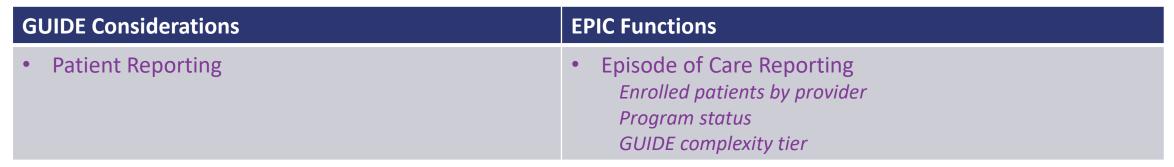
**Advance Care Planning** 

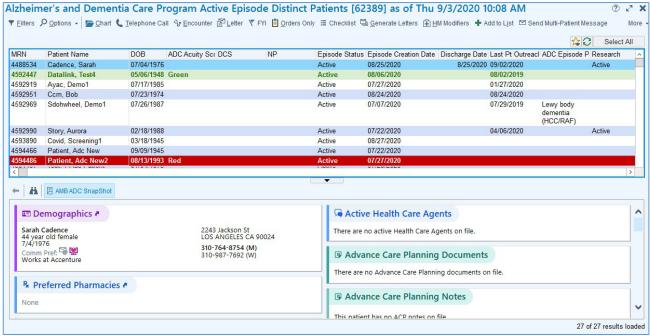
#### Care Coordination

No differences in care coordination for GUIDE vs others

- OT contracted for home visit
  - Developed home safety and function checklist
  - o Refer through a portal, get checklist and comments back through portal

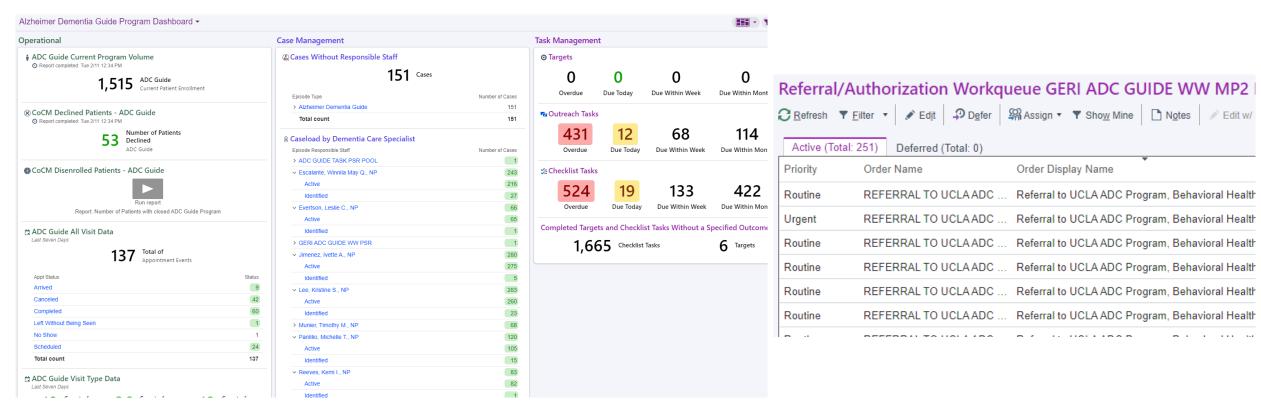
<b>GUIDE Considerations</b>	EPIC Functions
<ul><li>Reporting</li><li>Program Performance Measures</li><li>Program Billing Tracking</li></ul>	<ul> <li>Episode of Care Smartform         Reporting</li> <li>Compass Rose Program         Dashboard</li> <li>Referral Workqueue</li> </ul>





**Episode of Care Reporting** 

GUIDE Considerations	EPIC Functions
<ul> <li>Program Performance Measures</li> <li>Program Billing Tracking</li> </ul>	<ul> <li>Compass Rose</li> <li>Program Dashboard         <ul> <li>Target tracking</li> <li>Program performance tracking</li> </ul> </li> <li>Support and Service breakdown</li> <li>Referral Workqueue         <ul> <li>SW Referrals</li> </ul> </li> </ul>



**Program Dashboard** 

**Referral Workqueue** 

#### Interest

 Dates, methods, eligibility, reason not eligible, scheduled intake

#### Alignment

 Intake visit, alignment date, assigned tier, assigned G code, respite eligibility, home visit provider, home visit date, follow up CAV due, CCM disenrollment, GUIDE flag in Epic

#### Monthly Touchpoint

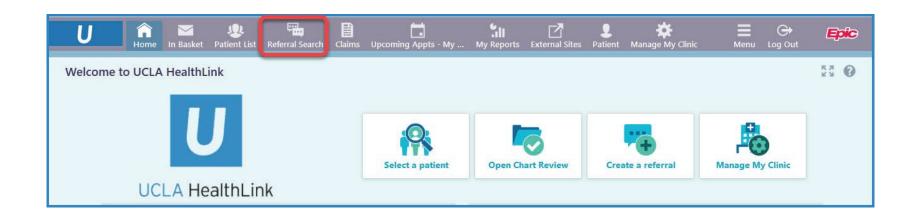
- Date of outreach
- Documentation encounter in EMR

#### EMR Reports

- Flag in EMR for GUIDE
  - Allows to pull visits
  - Alerts billing
- High Risk Meds
  - Developing report
- Existing hospitalization report

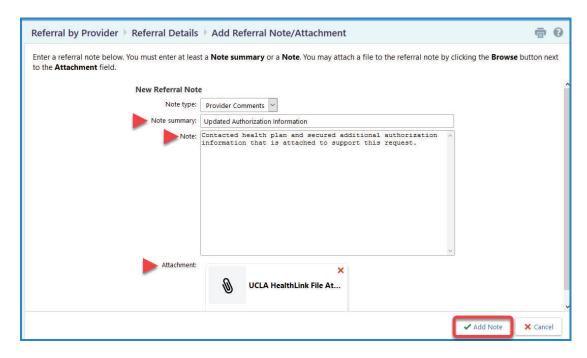
#### **CBO Communication**

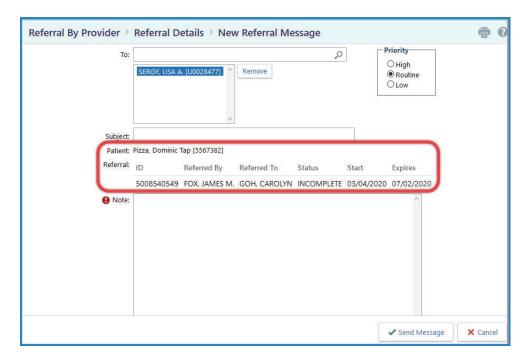
<b>GUIDE Considerations</b>	EPIC Functions
<ul> <li>CBO Respite Referral Management</li> <li>CBO Utilization</li> <li>Communication between participant and CBO</li> <li>Documentation</li> </ul>	<ul> <li>HealthLink</li> <li>Referral Messaging</li> <li>Respite Tracking Flowsheet</li> </ul>





HealthLink





**Referral Messaging with CBOs** 

# **Patient Family Communication**

- Documentation encounter
- List of topics to prompt conversation
- Local resource sheet available



# Community partners

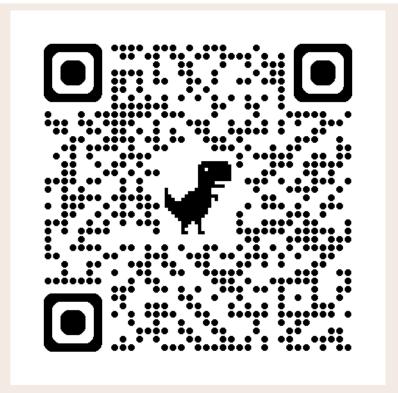
OT for home assessment

- Respite "broker"
  - Communicate need and eligibility
  - o Invoice to clinic
  - Monthly tracking report

Questions & Answers

#### Get Connected!

Join the NDCC Mailing List



Complete the Dementia Care Improvement Instrument



#### Upcoming Webinar - Thursday, February 27th 4pm EST/1pm PST

Getting to Yes for Launch: GUIDE Participants Overcoming Challenges to Using your Electronic Health Record (EHR) to Implement Comprehensive Dementia Care

#### Presenters:

- Brown Medicine: Thomas Bayer, MD and Aman Nanda, MD, Co-Directors Comprehensive Dementia Care
- My Memory Clinic: Christi Rushnell, Chief Operating Officer

Thank you for attending!