Alzheimer's Disease and Related Disorders Commission
Coordinated Care Work Group

Virginia Department for Aging and Rehabilitative Services
1610 Forest Avenue, Suite 100
Henrico, VA 23229

Friday, September 5, 2014 9:00 am

MEETING MINUTES

Members Present:
Laura Adkins
Valerie Hopson-Bell
Carol Manning, Ph.D. ABPP-CN (phone)
Andrew Heck, PsyD, ABPP
Lynne Seward, Ex-Officio

Members Absent:
Courtney Tierney, MSW
Kevin Walsh, DC
George Vradenburg

Guests:
Carter Harrison, Alzheimer's Association

Staff:
Charlotte Arbogast, Dementia Services Coordinator, DARS
Devin Bowers, Research Assistant

Meeting Summary:

Agenda Items:	**Speaker:**
Welcome Valerie Hopson-Bell agreed to chair the meeting and called the meeting to order at 9:05 am and welcomed members.	Valerie Hopson-Bell
Introductions Work Group members and staff introduced themselves.	All
Review and Approval of Previous Minutes Ms. Hopson-Bell briefly reviewed the minutes from last meeting and it was agreed that the work group would approve them at the next meeting.	Valerie Hopson-Bell
Update on 2013-2014 Focus: Care Transitions Ms. Charlotte Arbogast briefly reviewed efforts to include dementia in care transitions projects in Virginia. She noted that DARS received word that it was awarded a three-year Alzheimer's Disease Supportive Services Program (ADSSP) grant from the Administration for Community Living. This grant, which is beginning to get underway, includes a component on dementia capable care transitions programs. Ms. Arbogast will work with the AAAs and the No Wrong Door system to integrate dementia training and best practices in care transitions and other related programs to ensure that they are dementia-capable.	Charlotte Arbogast
Update on 2013-2014 Focus: Interdisciplinary Memory Assessment Clinics Ms. Arbogast provided an overview of the current efforts to collect information on interdisciplinary, memory assessment centers in Virginia. She thanked the work group members for their efforts to collect this information and share it with others. She noted that AlzPossible now has nine clinics listed; six in Virginia and three in neighboring states and Washington, D.C. When the new site launched, a press release with a specific focus on the memory clinic listing was issued.	Charlotte Arbogast
Overview of Relevant Dementia State Plan Goals Ms. Arbogast provided copies of the Work Group's Dementia State Plan Goals: Goal 1 and Goal 4 and asked the members to look through them as a refresher.	Charlotte Arbogast

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Discussion on Dementia State Plan Update At the last meeting, work group members discussed the need for education for primary care providers as well as protocols for referrals. Additionally, some work group members were interested in learning more about the Alzheimer's Association chapters' efforts to do outreach with providers. During this meeting, Andrew Heck wondered if care transitions work could be more proactive and catch potential crises before they escalate, rather than reactive following a hospitalization. He suggested that training may be the best way to encourage proactive efforts. Speaking specifically from a family caregiver perspective, Laura Adkins noted that her experience demonstrated that a proactive response is needed, especially in long-term care settings. She mentioned that families do not know the signs and perhaps such efforts could focus on training both professionals and families on what to look for in a potential pending crisis. Carter Harrison said that often long-term care placements are made quickly and after a crisis and Valerie Hopson-Bell noted that some care transitions programs in the area agencies on aging (AAAs) do not deal with assisted living facilities on the front end, but perhaps they could bring in those facilities earlier. Additional suggestions included: 1. Identify what are the typical pathways to assistance for individuals with dementia, possibly through a study, and develop a system of entry for individuals with dementia and their caregivers 2. Examine the potential financial benefits to preventing unnecessary transitions and hospitalizations 3. Review what other states are doing with care transitions and crisis management 4. Collaborate with the Geriatric Mental Health Partnership 5. Review licensing and survey standards/protocols for long-term facilities, and identify opportunities to improve quality, such as with acuity based staffing 6. Support local ombudsman who can help families identify potential pending crises for their loved ones living in long-term care facilities	All
Discussion and Selection of 2014-2015 Focus; Future Work and Activities The group decided to explore a potential 2014-2015 focus that will advance the previous year's goals and activities to dig deeper into current clinic protocols that the interdisciplinary memory assessment clinics use to respond to patient needs. The Coordinated Care Work Group aims to engage in collaborative discussions with clinic staff, support their activities, and ultimately lay the foundation a fully functioning, evidence-based dementia-capable network across Virginia that provides individuals access to diagnosis, treatment, clinical trials, caregiver supports, and links with key partners, including the area agencies on aging, the Alzheimer's Association chapters, community services boards, long-term care, and home and community based services, among others. Potential options for engaging clinics staff could include site visits, conference calls, and in-person conversations in cooperation with a 2015 Governor's Conference on Aging and Alzheimer's Disease and Related Disorders meeting. The work group decided to reconvene before the next Alzheimer's Disease and Related Disorders Commission meeting on December 2, 2014 at 8:30 am.	All
Meeting Adjournment Ms. Hopson-Bell adjourned the meeting at 10:05 am.	Valerie Hopson-Bell