Integrated Memory Care in Community

AMERICAN NURSES FOUNDATION | Reimagining Nursing

INPUTS

- Business Operations
  - Legal agreements with senior living communities (SLCs)
  - Marketing to people and families living with dementia
  - Dedicated space for staff
  - Analytic staff and tools
- Primary Care
  - Nurse Practitioners-Primary care and Geriatric psychiatry
  - Licensed Practical Nurses
  - Social Worker
  - Consultant Geriatric Pharmacist
- Activities Program
  - Occupational Therapist
  - Community Care Workers
  - Dedicated software platform
- Participants
  - SLCs within one hour of IMCC
  - Current IMCC patients and families
  - People and families living with dementia who reside in SLCs
  - The broader geriatric healthcare community

STRATEGIES

- Provide preventive, acute, chronic primary care to patients
- Share in advance care planning and medical decision-making with families
- Make ourselves available to patients and families 24/7
- Staff training at senior living communities
- Engage senior living staff in reporting daily activities of patients weekly
- Coordinate care and services with families and senior living community
- Regularly review medication for appropriateness and safety
- Engage patients in cognitively stimulating activities for 2 hours/week
- Monitor activities and behaviors for early

OUTCOMES

1–3 years

- Consistent enrollment of 10 patients and families monthly
- Signed agreements with 15% of the 142 senior living communities in the Atlanta metro area
- Community care workers (CCW) recruited and hired with completed dementia care training
- Usability of CCW software platform
- Established protocol for after hours and urgent visits
- Increased access for those residing at an hour driving distance from IMCC
- Decrease loss of patients to other providers when moving to a community setting

3–6 years

- Expanded IMCC access for additional patients
- Rate of potentially inappropriate medication prescribing < 5%
- Avoidance of emergency department, acute care and psychiatric hospitalization; Maintain a rate of < 5% for ambulatory sensitive admissions, similar to the IMC Clinic
- High patient/family and senior living community satisfaction with services
- Optimized health outcomes for acute and chronic conditions
- End of life care consistent with patient and family goals

6–10 years

- Continuity of IMCC care model for patients and families
- Demonstration of sustainable and effective care model for people living with dementia
- Opportunity to replicate the IMCC care model in other areas of the US

MEASUREMENT

Business model

- Cost avoidance by reducing inappropriate acute care utilization vs. comparable group of EHC patients
- Direct reimbursement for nursing for complex care management time by NP, RN, and LPN
- Program profit/(loss)

Nurse and staff

- Engagement (Gallup Q12)
- Job satisfaction
- Decreased attrition from profession
- Increased leadership opportunities for nurses
- Increased pipeline of RNs and NPs
- Increased diversity of nursing workforce

Patient and caregiver outcomes

- Impact of DCA activities on patient outcomes
- Adherence to dementia care quality measures
- Primary care measures
- Utilization of preventative/wellne ss services
- Utilization of unwanted services
- Caregiver stress, strain, experience

External Factors:
Healthcare Environment, Political Climate, Regulatory Climate, Pressures on Academic and Practice Environments