

NEXT LEVEL
SENIOR ADVISORS



Interdisciplinary Team Collaboration

About Courtney Ivy



- Advisor with Next Level Senior Advisor
- Bachelor of Science – Oklahoma State University (Recreational Therapy)
- Master of Public Health, ABD – University of Oklahoma
- AL/RC Licensed Administrator since 2016
- Been working with dementia for over 12 years
- Volunteer with Alzheimer's Association
 - Community Educator
 - Support Group Facilitator
 - Community Engagement Committee for The Walk to End Alzheimer's

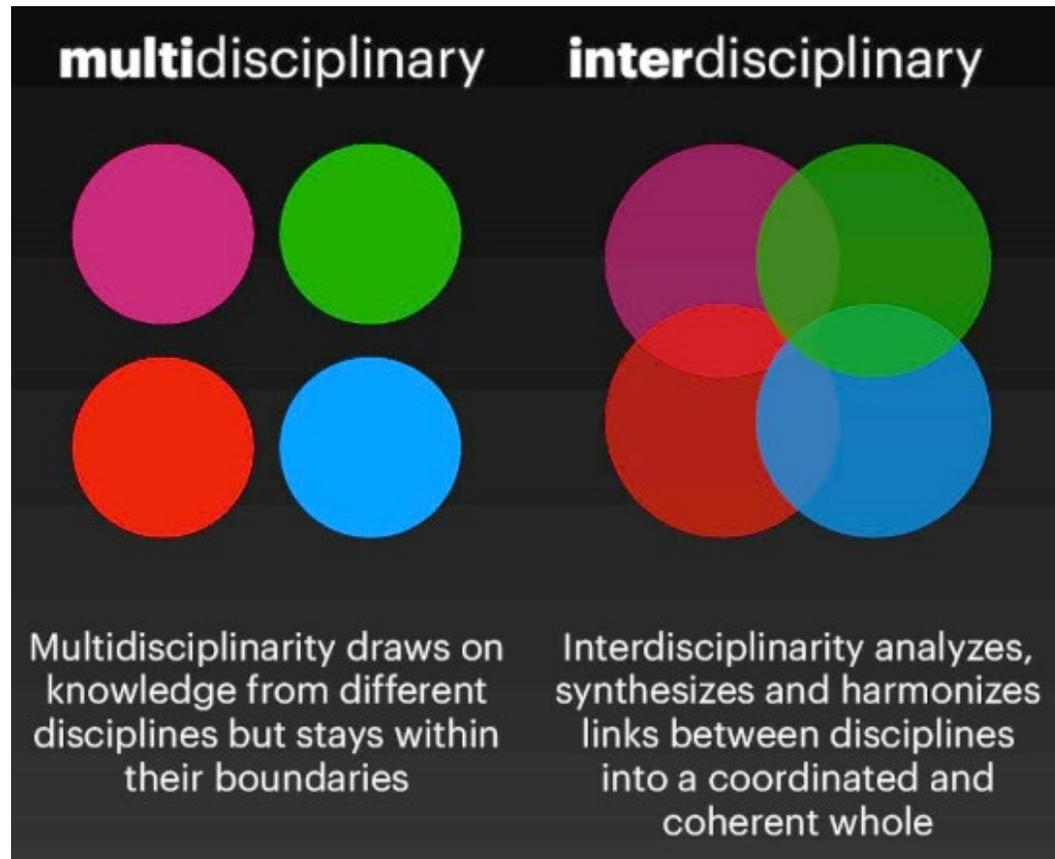
Today's Agenda

1. What is interdisciplinary team approach?
2. Why is it Important?
3. How does interdisciplinary approach look in different settings?
4. How to implement an interdisciplinary approach in your setting?



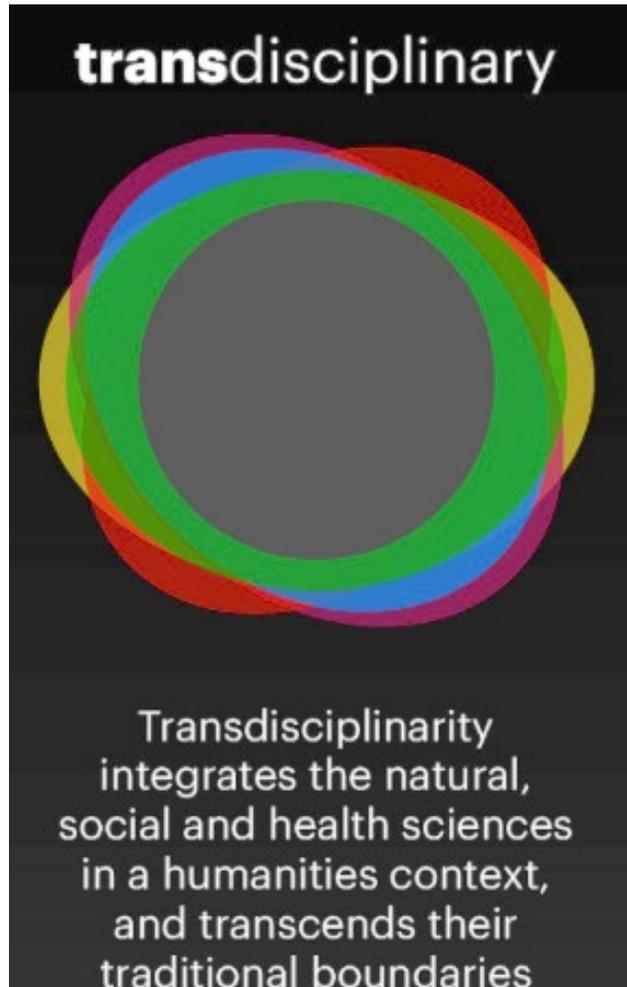
What is an Interdisciplinary Approach?

Identifying Team Approaches



- Multidisciplinary: Draws on knowledge from different disciplines but stays within their boundaries.
- Interdisciplinary: Analyzes, synthesizes, and harmonizes links between disciplines into a coordinated and coherent whole.

Identifying Team Approaches



- Transdisciplinary: Integrates the natural, social and health sciences in a humanities context, and transcends their traditional boundaries.

My Experience in Collaborative Care



Basic Components to Team Approach

- **Team Composition:**
 - Physicians
 - Nurses
 - Therapists
 - Social Workers
 - Dietician
 - Activity Directors
 - Often not included are aides, housekeeping, and maintenance personnel
- **Person-Centered Planning:** Team creates a personalized care plan tailored to meet patient needs (functionally and cognitively)
 - Meeting patients social, emotional, and mental needs as well.
 - Improving overall quality of life
- **Communication Methods:** Assessment tools and documentation vary in settings and based on policy if in a private pay setting

**How does this approach
look in different settings?**



Interdisciplinary Approach in Different Settings

- **Inpatient Rehab:** Treatment Team
- **Post Acute Rehab:** IDT
- **Skilled Nursing & Rehabilitation:** IDT/Care Team Meeting
- **LTC (Nursing Homes):** Care Plan Conferences
- **Assisted Living:** Depending on company and policy
- **Memory Care:** Depending on company and policy
- **Home Health Care:** Care Conferences
- **Hospice Care:** IDG meetings
- **Community Settings:** GUIDE and Aging Brain Care (ABC) Program

GUIDE Program

Guiding an Improved Dementia Experience (Model)

OU Health Physicians, Inc: OU Health Memory Care Clinic

What Is GUIDE?

Guiding an Improved Dementia Experience

A standardized set of services provided by an interdisciplinary care team to enable people with dementia to live a better quality of life at home.

GUIDE is available to traditional Medicare beneficiaries with a dementia diagnosis who do not reside in an LTC facility and are not enrolled in Medicare's hospice benefit.

Services Offered

Through the GUIDE program, those with dementia and their caregiver receive:

- Care Navigators**
 - Caregiver training, support and check-ins
 - Resources and referrals
 - Care and services coordination
- Respite Care**
 - \$2,563/year towards in-home respite care, adult day program, and 24/7 community
- Medical Oversight**
 - Telehealth accessibility
 - 24/7 access to 125+ specialty providers

ABC Program

Aging Brain Care Program

Indiana University: School of Medicine: Eskenazi Health

- One of six national dementia care models selected for the Centers for Medicare & Medicaid Services (CMS) Guiding an Improved Dementia Experience (GUIDE) Model program
- Rooted in collaborative care and includes the patient's care partner(s) and the patient's primary care team.
- Operating for 15 years
- Unique characteristics include
 - home-based assessments of caregiver stress and patient cognitive, behavioral, psychological and functional status coupled with protocol-driven interventions.
- All interventions are done in collaboration with the primary provider — the ABC model does not assume care of the patient but rather brings additional resources to the table for the primary provider.

ABC Program

Aging Brain Care Program

Indiana University: School of Medicine: Eskenazi Health

- Management of dementia and co-occurring conditions delivered by an interdisciplinary care team: geriatrician or primary care provider, social worker and care coach.
- Caregiver Education and Support
 - 10 hours of virtual instruction delivered LMS platform.
 - Caregiver skills training and education.
 - Caregiver Stress Prevention Bundle (CSPB) centered on support group participation, problem solving, and crisis planning.
- Respite Services
 - The caregiver receives eight hours per week of respite.

**Why is an
interdisciplinary
approach important?**

Why is this approach important?

- Aging is hard in general but add dementia and the need for a more supportive approach to care is an absolute necessity.
- Evidence shows that effective interdisciplinary teams (as opposed to multidisciplinary) can pool and integrate their collective discipline specific knowledge to problem-solve more complex situations.
- Improved patient outcomes across disciplines
- Reduction in trips to the ER
- Reduction in hospitalization
- Increasing the time a person living with dementia remains in the home
- Better mental health
- Overall improved quality of life for patient and caregiver
- Our population is aging and our current approaches aren't working
- Provides a sense of pride and ownership within the TEAM

ABC Program

Aging Brain Care Program

Indiana University: School of Medicine: Eskenazi Health

Program Effectiveness

The Acute Care Service Utility Domain	ABC	Routine Primary Care
% 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

Why is this approach important?

Collaborative transdisciplinary team approach for dementia care

James E Galvin, Licet Valois, Yael Zweig

- Changes in Patient and Caregiver Outcomes After Collaborative Care
 - Patients showed improved confidence in their knowledge, with trends toward reduced stress and depressed mood.
 - Caregivers showed significant reductions in uncertainty and feelings of lost control, with trends toward less frustration and greater confidence.
- Collaborative care outperformed single-physician models on nearly every satisfaction measure.
 - The biggest gaps were in:
 - Time spent with patients
 - Clarity of explanations
 - Respect, communication, and shared decision-making



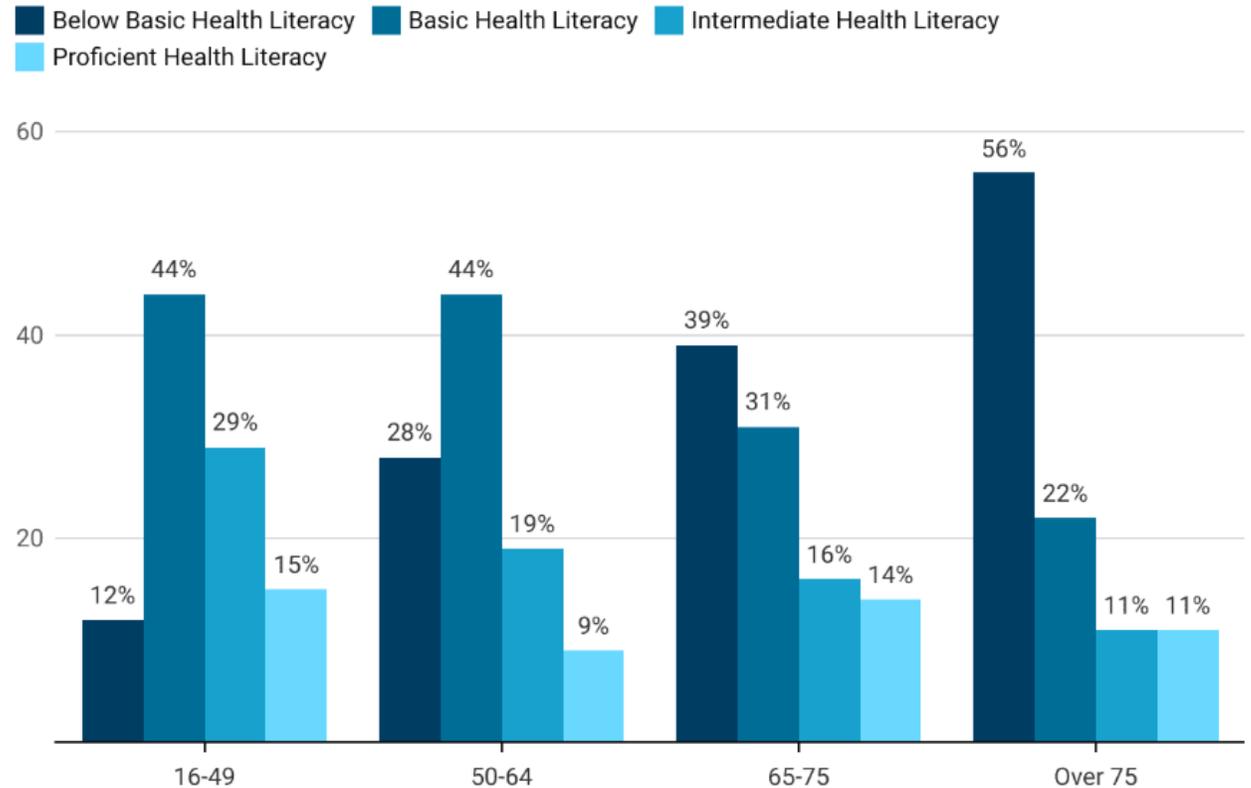
These are the **facts**
about the **Alzheimer's** crisis

Why is this approach important?

Health Literacy

- Approximately **36%** of adult Americans possess only basic or below basic health literacy skills.
- Only **12%** of Americans are considered proficient in their health literacy skills.

Literacy in Percentage



(Literacy in %)

Source: Market.us Media

**How to implement an
interdisciplinary team
approach and
collaborative?**



How to Implement an Interdisciplinary Team Approach

- Consistent Leadership: Shared leadership and mutual respect for each discipline's input are critical for effective collaboration.
 - Obtaining the buy-in and gaining respect
- Shifting from a medical-only model to a holistic approach involving all staff, including housekeeping, dietary, social services and other less thought of disciplines ensures a truly supportive environment.
- Training & Education: Regular training on dementia care for all team members is necessary, including specialized communication techniques and behavioral management strategies.
- Commitment: Dedicating the time and making the most of it.
 - Structured meetings where everyone knows what is expected of them
 - Remember to make it measurable if possible (this doesn't have to be hard pre and post surveys work beautifully)
 - Document and then document some more

Q & A

Thank you!