Statewide Implementation of “Reducing Disability in Alzheimer’s Disease:” Challenges to Sustainability

Heather L. Menne, PhD  
Margaret Blenkner Research Institute  
Benjamin Rose Institute on Aging

Salli Bollin, MSW  
Alzheimer’s Association – Northwest Ohio Chapter

November 9, 2012

This presentation is made possible by grants from the Administration on Aging (90AE0329 and 90AE0340) to the Ohio Department of Aging.

Disclaimer and Conflict of Interest Statement

The Benjamin Rose Institute on Aging is committed to providing educational activities that are independent of commercial influence or bias. Every effort has been made to ensure that this presentation is free of commercial bias for or against any product. Any commercial support of related educational materials, including speaker presentations, will not advance the proprietary interests of a financial supporter or proprietary company.

The presenter has signed a conflict of interest disclosure form, which is on file with the Institutional Advancement Office of the Benjamin Rose Institute on Aging.

Non-endorsement of products displayed in conjunction with this activity. Approval status does not imply endorsement by the Benjamin Rose Institute on Aging, ANCC, OBN or ONA of any products displayed in conjunction with this activity.

Program attendance at 100% and completion of the evaluation form is required to receive continuing education contact hours.
The Program: Reducing Disability in Alzheimer’s Disease (RDAD)

- Developed and tested at the University of Washington: Linda Teri, Sue McCurry, Rebecca Logsdon, and colleagues.
- Original Program Goals:
  - to help reduce functional dependence,
  - to reduce frailty and thus delay institutionalization of the person with dementia
- Intervention uses home-based exercise and caregiver training in behavioral management techniques.

Reducing Disability in Alzheimer’s Disease Components

- 12 1-hour sessions over 3 months, then monthly follow-up for 3 months
- Exercise training
  - Aerobic/endurance activities
  - Strength training
  - Balance
  - Flexibility training
- Problem-solving/behavior management techniques
  - Maximize cognitive function
  - Learn how to address problem-solve difficulties
  - Pleasant events
  - Enhance caregiver resources and skills
RDAD: Change in Percent of Subjects Exercising at Least 60 Minutes a Week

RDAD: Reasons for Institutionalization

RDAD Results

Funded by NIA
Fit with Ohio’s Strategic Direction

- Develop Statewide Training Infrastructures
  - At least three Evidence-based Prevention and Disease-Self Management Programs (e.g., RDAD, CDSMP, Healthy IDEAS)
- Take EBP & DSMPs to Scale (Supply, Demand, Quality)
  - Aging Network
    - Medicaid Waiver Programs
  - Health Care
  - Expand to other State and Federal Agencies
  - Faith-Based/Community Organizations
- Create Sustainability
  - Embed it Reimbursement Stream (e.g., Medicaid, Medicare, Patient-Centered Medical Home)
  - Use Evidence-based outcomes to support budget requests (e.g., State Alzheimer’s Respite)
- Support making Ohio Dementia Capable

Project Partners

- Requires collaboration with the original researcher(s), the state agency, the implementation agency(s), and the evaluators.
  - Original researcher - Linda Teri and colleagues
  - State Agency – Ohio Department of Aging
  - Implementation agencies – Alzheimer’s Association Chapters serving Ohio
  - Evaluators – Benjamin Rose Institute on Aging
- Involves “buy-in” of all collaborators
- Communication
- Mutual respect and reciprocity of perspectives
- Relevant to all project partners’ organizational missions
Project Partners

- Successes
  - Ongoing, regular communication
  - Growth in partner understanding about the others’ perspectives and providing evidenced based programs
- Challenges
  - Distance (e.g., Ohio ↔ Washington)
  - Each lead partner is balancing competing demands
- Recommendations/Additional Considerations
  - Find opportunities for all involved to share, celebrate, and address challenges

Agency Adoption

- Consider to what extent an agency, in the effort of offering an evidence-based program, can:
  - Set up standardized internal processes relative to the program
  - Support the implementation staff (e.g., training, supervision)
  - Serve clients
  - Offer the program with fidelity
  - Adapt program to meet needs of community and agency cultures without compromising program fidelity (e.g. diagnosis, recruitment and screening processes, etc.)
Agency Adoption

• Successes
  • 4 agencies implemented the program during this grant
  • Leadership from each participated in state-wide planning
  • Implementation manual developed to support agency adoption
    which included standardized processes, training and forms

• Challenges
  • Variance across agencies (e.g., internal Champion, organizational
    culture, capacity to deliver program)
  • Change in leadership and staffing at agencies

• Recommendations/Additional Considerations
  • Readiness tool

The original research protocols (black plastic binding),
the Ohio created replication
manual (black 2.5 inch binder), and the RDAD
Group supplemental
manual (white 1 inch binder):
Training

• Determining which staff are appropriate for implementing the evidence-based program (e.g., credentials, background) and providing them with effective program-specific training.

Training

• Successes
  • Development of a 1-day initial training for implementation staff, plus ½ day initial training for administrative staff
  • Development of a 1-day, annual refresher training for all program staff
  • Quarterly “technical assistance” calls with all program staff, original researcher, and exercise consultant
  • 31 staff trained during grant period; 19 staff still implementing program at close of grant

• Challenges
  • Transition from a researcher-led training, to a train the trainer model

• Recommendations/Additional Considerations
  • Consider the most cost effective methods to offer training and assistance to larger audience (e.g., on-line, telephone, video)
<table>
<thead>
<tr>
<th>Variable</th>
<th>Range</th>
<th>%/Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td>89.0% female</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td>96.0% white</td>
</tr>
<tr>
<td>Educational Level</td>
<td></td>
<td>36.0% = Bachelor’s degree;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>64.0% = Master’s degree/License</td>
</tr>
<tr>
<td>Educational Field</td>
<td></td>
<td>20.8% = Nursing;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>37.5% = Social Work;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12.5% = Counseling;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12.5% = Psychology;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16.7% = Other</td>
</tr>
<tr>
<td>Years Worked with Older Adults</td>
<td>1-36 years</td>
<td>15.93 (10.16)</td>
</tr>
<tr>
<td>Years Worked with Persons with</td>
<td>1-36 years</td>
<td>13.70 (8.80)</td>
</tr>
<tr>
<td>Dementia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years Worked at Current Employer</td>
<td>1-18 years</td>
<td>6.15 (4.81)</td>
</tr>
</tbody>
</table>
Program Promotion and Outreach

- Requires understanding
  - The needs of the community (i.e., will they use the program)
  - Whether there is enough “need” to warrant the program
  - Methods for promoting the program

Successes

- For the grant period, 564 families expressed interest in the program, and of those 404 enrolled (72%)
- For the grant period, 271 (67%) of enrolled families completed 10 of the 15 program sessions (this number will increase)

Challenges

- 75% of those who expressed interest learned about the program from the Alzheimer’s Association – 25% came from a combination of AAAs, other community agencies, TV/newspaper, health fairs.

Recommendations/Additional Considerations

- How does a 72% enrollment rate for RDAD compare to enrollment rates for other programs of the agency?
- Continue to explore non-traditional methods for promoting program
Exciting, New Program!

The Alzheimer's Association, Central Ohio Chapter; Ohio Department of Aging; and Benjamin Rose Institute are working together to offer a new program for people with memory loss and their caregivers. This program is a replication of an exercise and education program developed by Dr. Linda Teri (University of Washington, Seattle). This program is being funded by a grant from the Administration on Aging.

This program will be of benefit to people you work and can be a supplement to services you offer! The program will:

- Teach gentle exercises to the individual with dementia and their caregivers
- Provide education to individuals with dementia and their caregivers
- Offer support to families who are struggling with a diagnosis of dementia

Research from the initial project was shown to increase exercise abilities of individuals with dementia and help caregivers cope.

This program combines a gentle exercise program, education, and problem solving to try to help people improve their abilities. In order to be involved in this program, the individual with memory loss and caregiver must both participate. There is no cost for this program.

For more information, see our FAQ's or contact 1-800-272-3900 and ask for more information about the "RDAD Program".

Fidelity and Evaluation

- Requires understanding why consistency is necessary in:
  - The original program content
  - The implementation program context (e.g., referral and screening)

- Steps are taken to monitor and evaluate the consistency of content and context components
Fidelity and Evaluation

- **Successes**
  - Average Number of Sessions that Program Components Were Reviewed

- **Challenges**
  - Monitoring several agencies who are not accustomed to evaluation processes and deciding the methods for follow-up when problems arise with agencies and Trainers

Program Impact and Outcomes

- Once an evidence base is established in an RCT, it is expected that similar outcomes will be achieved in a replication.
- In addition, broader program impacts should be considered for:
  - Families
  - Agencies
  - States
Program Impact and Outcomes

• **Successes**
  • **Families are very satisfied!** At 3 months 78.3% and at 6 months 65.8% report being “very satisfied” with the RDAD program overall.
  • **Families expect to continue using what they learned!** At 6 months, caregivers report that 73% of persons with dementia will still be exercising and 95% of caregivers will still be using their newly learned skills at the 1 year mark.
  • **Agencies are impacted positively.** Chapters offered a new service to families, and staff saw/heard first hand how families benefitted. In addition, new families were introduced to a Chapter and these families often began using additional services.
  • Positive impacts on families help all project partners fulfill their organizational missions and goals.

Program Impact and Outcomes

• **Challenges**
  • No improvement seen in the physical ability of persons with dementia, nor depression levels of either the caregiver or person with dementia at 3 months or 6 months.
  • So much data . . . so little time: Have not yet looked at change in service usage as related to Chapter services.
  • **Recommendations/Additional Considerations**
  • Need articulated standards to determine that results are “similar” to the RCT without involving a control group.
Sustainability and Cost

- Methods and resources for maintaining evidence-based programs are critical for developing systems that support agencies and families.
  - Alternative models
  - Quality assurance
  - Cost analysis

- Successes
  - 2nd grant from AoA – expand to rest of Ohio; develop and do preliminary test of “alternative models” (e.g., booster sessions; implementation by home health aides; group version)
  - Infrastructure for new initiatives (e.g., dementia capability)

- Challenges
  - Start-up costs can be high (these $$s are still preliminary):
    - Average service unit rate during “start-up” phase: $161.70/hour
    - Average service unit rate post-start-up phase: $79.48/hour
  - Still working on identifying ongoing reimbursement sources
    - Insurance/Medicaid reimbursement
    - Private pay
    - Additional grants
Sustainability and Cost (cont’d)

- Recommendations/Additional Considerations
  - Additional support is needed as States work with researchers to sustain evidence-based programs (e.g., market demand, licensing, quality assurance, ongoing reimbursement)

Thanks for participating!

Contact information:
Heather Menne, hmenne@benrose.org  216-373-1627
Salli Bollin, sbollin@alz.org  419-537-1999