Optum

Elevating dementia care

How multi-layered, proactive interventions can help reduce hospitalizations



Minimizing avoidable hospital admissions is one of the key goals – and challenges – for senior living communities and nursing homes. And perhaps no population is more vulnerable than those struggling with dementia.

Cognitive decline has long been associated with increased hospitalizations, with one study finding that seniors with dementia are more than twice as likely as their peers to end up in the hospital.[1] And 40% of those hospitalizations were for potentially preventable conditions, according to another study.[2]

Yet hospitals are "probably the worst place for someone with dementia who's confused and already in discomfort," said Dr. Cathy Lipton, national medical director for Senior Community Care at Optum.

"The best place for someone with dementia is where they are comfortable, where they know the environment, they have structure, they know the caregivers and the caregivers know them."

The challenges for communities, however, are multifold – from learning how to effectively communicate with dementia patients to effectively managing their medicines and being able to provide increasing and consistent levels of support.

And as baby boomers age and life expectancy continues to rise, the number of seniors with dementia and cognitive impairment is expected to increase significantly in the decades ahead.

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More than 7 million people age 65 or older had dementia in 2020, according to the Population Reference Bureau. And if current demographic and health trends continue, the bureau says, more than 9 million Americans could have dementia by 2030 and nearly 12 million by 2040.[3]

The numbers underscore the need for more holistic in-home care and improved strategies to help senior communities meet the unique and complex challenges of caring for this growing population of seniors.

The challenge: Cognitive decline and hospitalization impact

The reasons dementia patients end up in the ER or admitted to the hospital aren't that different from those for seniors generally. Common causes are falls, urinary tract infections, respiratory issues and pneumonia, according to Lipton.

But dementia patients end up in the hospital more frequently, in part because it's harder to determine what's going on with patients who have cognitive dysfunction.

"They may have an escalation of aggression, or depression, or just doing something differently," Lipton said. "And it's very hard to know if this is coming from their dementia or a medical issue. They oftentimes cannot help us diagnose the problem. We can't really ask them, where does it hurt, what are your symptoms?"

Staffing challenges can exacerbate the issue, especially if there are agency workers or new staffers who don't really know the individual, or if communities don't have the capability to diagnose and treat individuals in house.

Hospital stays are associated with subsequent cognitive decline among all older persons, and persons with dementia are especially at risk. They're more likely to be restrained or put on sedatives if they seem agitated or aggressive, Lipton noted. Additionally, they may be put on new or different medications, all of which can lead to further decline.

"There are people that can be hospitalized, and they go back to what we call their baseline or their pre-hospital status," Lipton said. "But certainly, it can be stressful to their system, and we will see almost a sort of stair-step type of thing where instead of a gradual decline overtime, if they've had a couple of hospitalizations, they take a big step down. And that can be significant."

The solution: Multi-layered, personalized care

Special needs plans can be an important part of the solution, providing extra layers of support that bring proactive, personalized care directly to your residents.

Reducing unsafe and avoidable hospitalizations is a key focus of the Optum care model, which is designed to understand and treat the whole patient. A study of the model showed that residents of nursing homes and senior living communities enrolled in special needs plans had 42% reduction of unsafe and avoidable hospitalizations,[4] 51% fewer trips to the emergency room and 45% fewer readmissions.[5]

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Studies show that special needs plan residents have:

42% reduction of unsafe and avoidable hospitalizations compared to traditional Medicare[4]

51% fewer trips to the emergency room[5]

45% fewer readmissions[5]

This holistic approach is especially important when caring for dementia patients. Here's how it's helping to keep residents in their communities longer:



Individualized treatment plans

One of the first and most important elements of memory care is really getting to know residents.

"We know them longitudinally. We do comprehensive exams. We meet their families. That is key to knowing what is going on and catching things early," Lipton said. "So ideally we pick up on changes in condition, whether that be physical or emotional or behavioral, early, and then start addressing what might be going on."

As part of that process, care teams conduct comprehensive geriatric assessments, including memory exams, upon admission to the program. Memory assessments are conducted every year, or more often as needed, to pick up on early signs of dementia or decline. The teams then develop individualized treatment plans that address residents' physical as well as behavioral and mental health needs.

"Dementia is not a one-size-fits-all," Lipton said. "We need to look at each individual and figure out what works best for that patient."

Advance care planning conversations

Knowing residents' and their families' long-term care goals is also key.

"A lot of people say a dementia patient can't tell you what their wishes are for hospitalization, nutritional support, whether they are open to having infections treated, but opposed to major surgery," Lipton said. "But really, the truth is that even mild to moderate dementia patients can still express what their wishes are."

An effective long-term care plan focuses on 3 pillars: longevity, function and comfort.

"We have educated, ongoing conversations about their present conditions, the evolution of dementia and what their options are," Lipton said. "This is something that really does help to know what the next best step is if someone is having a decline."

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Medication management: Striking the right balance

Managing medications is another crucial element of dementia care, both for keeping residents out of the hospital and preventing readmissions.

As with all senior housing residents, it is important to closely monitor all the prescriptions dementia patients are getting from multiple doctors treating a variety of conditions.

"Medications are such a big piece of the puzzle, making sure dementia patients are on the right combination of just the right medications and not too many, but not too few," Lipton said.

This is especially important after a hospital stay, where they may be put on new medications that are detrimental for the long term, and other important medications may be discontinued.

"It's well-intentioned," Lipton said. "The hospital may say, 'Oh we'll put this gentleman on XYZ while here.' But then, unfortunately, what can often happen is that person gets released on that medicine and it takes somebody to flag it after the fact."



A consistent, team approach

Ultimately, consistency and early detection are key to keeping dementia patients out of the hospital. But keeping them in their homes and daily routines requires a team approach.

That's why it's important for clinicians to work closely with community staff and families, both one-on-one and in communitywide forums, to help them better understand dementia, how to effectively communicate with dementia patients and how to pick up on signs of changes early.

"Our clinicians are trained in how to communicate with these individuals, and they in turn can help the staff understand good ways to talk and how to approach them and talk to them slowly and clearly," Lipton said. "They also help them work with the patient to demonstrate what they need, not arguing or trying to correct something they say that is not accurate or doesn't really matter."

Additionally, Optum care teams educate staff and families about important triggers to be on the lookout for, such as unintentional weight loss, signs of dehydration and pain.

"Again, the earlier we catch those things, the more likely we can bring resources and care to the bedside so that we can treat them safely in place so we can keep them out of the hospital and in their home environment as long as possible," Lipton said. "That's what the Optum care model is all about."

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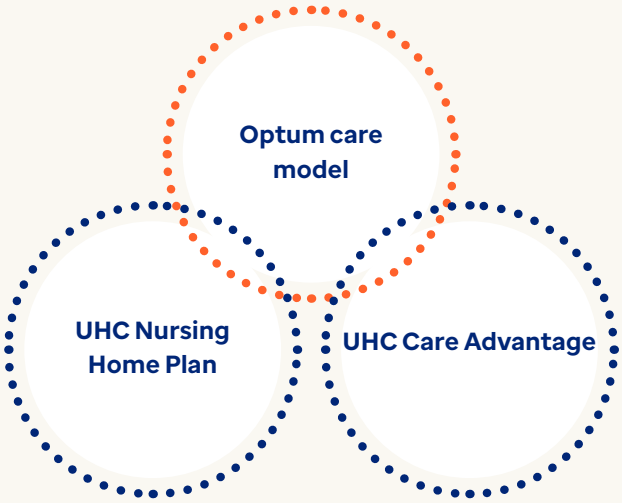

The Optum care model is offered through the UHC Nursing Home Plan and UHC Care Advantage, Medicare Advantage special needs plans. Together, they bring specialized health plan benefits, clinical support and expertise to residents in nursing home and senior living communities. The model consists of a dedicated care team that works one-on-one with residents to coordinate and support their physical and behavioral health care needs.

Sources

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