

Partners in Dementia Care

**Dept. of Veterans Affairs, Health Services Research &
Development**

South Central MIRECC

Robert Wood Johnson Foundation

Alzheimer's Association



Partners in Dementia Care

- **Five year research & demonstration study focused on veterans with dementia and their family caregivers.**
- **Controlled trial with 5 sites:**
 - **Houston, Oklahoma City, Boston, Providence, Beaumont**
- **Tests the effectiveness of a telephone-based Care Coordination intervention delivered through formal partnerships between the VA and AA.**
- **PDC provides:**
 - **Health-related information/education**
 - **Linkages to services and other resources**
 - **Strengthens the informal network**
 - **Emotional support**

What are the key features of PDC's Care Coordination Intervention?

- **A key staff member in each partner organization:**
 - **Dementia Care Coordinator (VA DCC 50% FTE)**
 - **Care Consultant (Alz. Chapter CC 50% FTE)**
- **Background: social work, counseling or nursing**
- **Staff members share coordinating responsibilities: part-time roles for each**
- **Work as a team with vet/cg & use one care plan.**
- **Predominantly a telephone-based intervention.**
- **Uses a standardized set of protocols and tools.**
- **One year intervention**

What are the key features of PDC's Care Coordination Intervention?

- **Provide disease and issue-related information/education.**
- **Offer emotional support and coaching.**
- **Link veterans and caregivers to other services and resources in the VA health care /benefits systems, Alzheimer's Chapter, and community.**
- **Mobilize the informal care network.**
- **VA DCC is primary for medical domains;**
- **Alz. Chapter CC is primary for non-medical domains and caregiver domains.**

What domains does the intervention address for veterans and caregivers?

Veteran Domains

- **Cognitive Symptoms**
- **Behavioral Symptoms**
- **Co-existing Medical Conditions**
- **ADL and IADL Dependencies**
- **Medications**
- **Sensory Issues**
- **Pain**

Veteran & Caregiver Domains

- **Health Information**
- **Communicating with Providers**
- **Legal/Financial**
- **Anxiety**
- **Depression**
- **Safety**
- **Care-Related Strain**
- **Social Isolation**
- **Informal Support**
- **Formal Support Services**
- **Sleep**

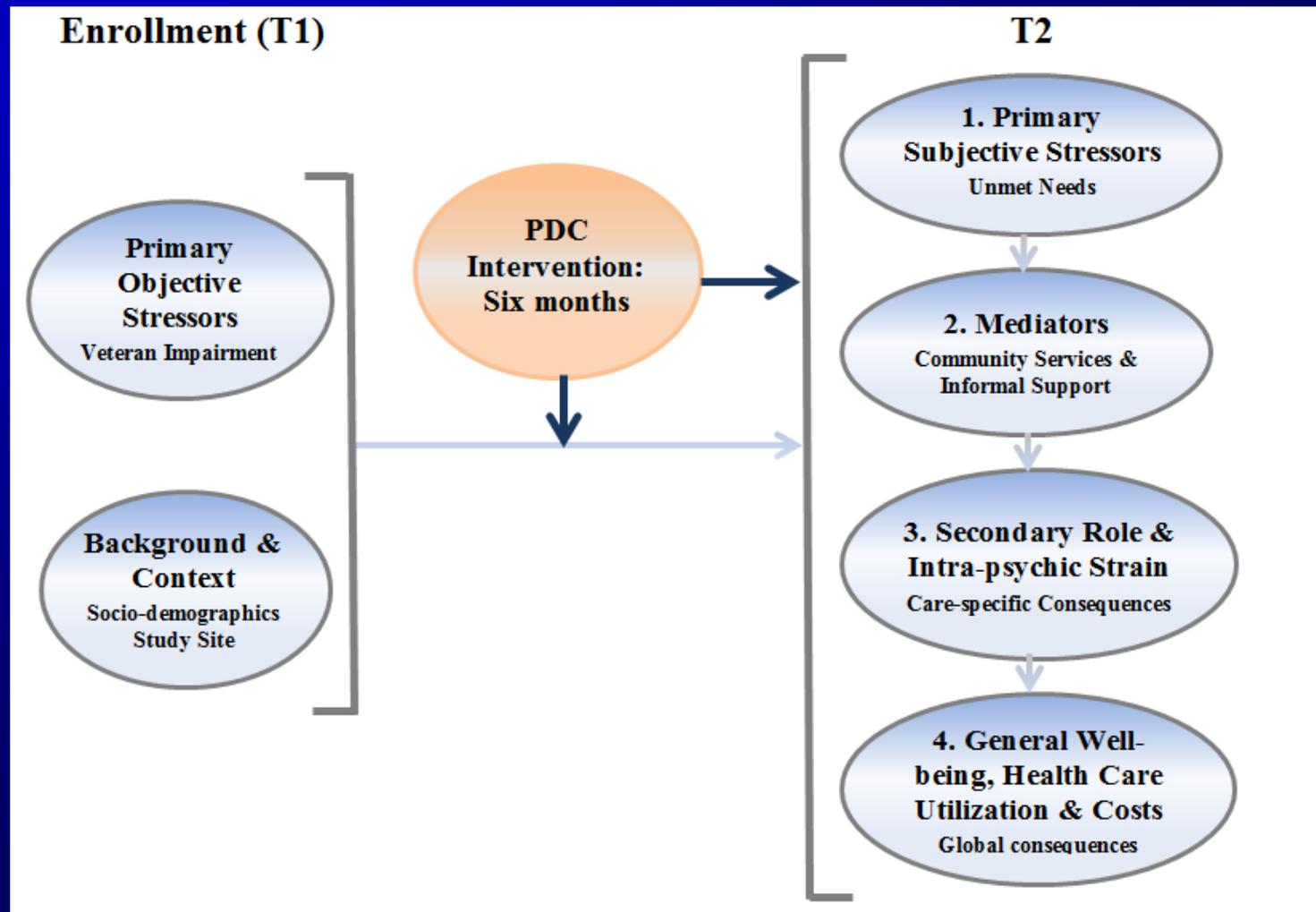
Commonly Triggered Domains : Avg #: 8.7 (SD= 5.5)

Domain	Veteran	Caregiver
Sensory Issues	38.7%	
Risk of Falling	34.4%	
IADL Help	29.0%	
Medications	26.9%	
Home Safety	25.8%	
Pain	24.7%	
Difficult Behaviors	23.7%	
Depression	24.7%	32.3%
Sleep	23.7%	29.0%
Anxiety	21.5%	36.6%
Social Isolation	18.3%	46.2%
Informal Support	11.8%	34.4%
Legal & Financial Planning	18.3%	29.0%
Physical & Emotional Strain		33.5%
Capacity to Provide Care		44.1%

Care Coordination Delivery Results

- **Pattern of Contact : 84% done by phone**
 - VA-DCC Initiated 47.7% of Contacts
 - AA-DCC Initiated 39.0% of Contacts
 - Consumers Made 16.1% of Contacts
 - Most contact within first few months
- **Call Recipients**
 - 45.5% of calls made to caregiving spouse
 - 13.9% of calls made to caregiving daughter
- **Average number and duration**
 - Average of 24.6 (SD:15.4) contacts over 12 months
 - Average call length: 14 minutes (SD: 5.5)

Conceptual Framework for Hypotheses: Stress Process Model



Hypothesized Ways PDC May Impact Outcomes

- 1. Improves outcomes for entire intervention group compared to comparison group.**
- 2. Improves outcomes for intervention group when veterans are more impaired at enrollment.**
- 3. Improves outcomes for intervention group for those experiencing more negative effects (i.e., problems) at enrollment.**

Samples

Samples (508 dyads):

- **Caregivers interviewed**
 - T1 = 486
 - T1 – T2 panel = 394 (23 bereaved caregivers excluded)
- **Veterans interviewed**
 - T1 = 333
 - T1 – T2 panel = 263

Summary of Significant Effects

Six-Month Outcomes	Beneficial effects all	Beneficial effects depending on impairment	Beneficial effects depending on baseline problems
Caregiver			
1. Unmet Need		X	
2. Support Service Use			X
3. Support Service Knowledge			X
4. Number Informal Helpers		X	X
5. Emotional Strain	--	--	--
6. Role Captivity			X
7. Physical Health Strain		X	
8. Isolation	--	--	--
9. Depression	X		
10. Satisfaction with VA		X	
Veteran			
11. Unmet Need		X	
12. Community Service Use	--	--	--
13. Community Service Knowledge			X
14. Number Informal Helpers		X	
15. Embarrassment	X		
16. Isolation		X	
17. Relationship Strain		X	
18. Depression		X	
19. Satisfaction with Physicians			X

Utilization Measures Over 12 Month Study Period (intervention-comparison group differences)

	Likelihood of Using Service (n=399)	Volume of Services Used – includes those with no service use (n=399)	Volume of Services Used - excludes those with no service use
Inpatient (VA + non-VA)	No significant differences	No significant differences	No significant differences
Emergency Department (VA + non-VA)	No significant differences	Decreased when more behavioral symptoms of dementia (b=-.144 ;p=.033)	Decreased more behavioral symptoms of dementia (b=-.199 ;p=.048) (n=169)
Nursing Home or Assisted Living Use	Decreased when more cognitively impaired (b=-.282 ;p=.010)	(DATA NOT AVAILABLE)	(DATA NOT AVAILABLE)
VA Neurology Outpatient services	Increased (b=1.40;p=.000)	Increased (b=.464;p=000)	No significant differences
VA Mental Health Outpatient services	Increased (b=1.135;p=.000)	Increased (b=1.405;p=000)	Increased (b=2.264.;p=022) (n=159)
VA Primary Care Outpatient Services	No significant differences	Increased (b=1.792;p=000)	Increased (b=1.942;p=000) (n=356)
VA Other Outpatient Services	Increased when veterans had more behavior problems (b=.295;p=.037)	Increased (b=9.176;p=000)	Increased (b=9.344;p=000) (n=359)