Webinar Discussion Series - Community Dementia Care and Support:

Innovations supporting people living with dementia and care partners closer to home

April 6, 2021, Webinar Discussion Summary

Apr 6, 2021, Webinar Synopsis:

This webinar provided an overview of the Community Dementia Care and Support webinar discussion series **and** Centre for Aging + Brain Health Innovation**. Participants discussed the innovations:**

1) Trualta
2) Hospital Without Walls

The moderators for the session were Mimi Lowi-Young (Chair of the Board of Directors: AGE-WELL Network Centre of Excellence INC.) and Mary Beth Wighton (Chair & Co-founder: Ontario Dementia Advisory Group (ODAG) and Dementia Advocacy Canada (DAC); Member - Federal Ministerial Advisory Board on Dementia), who provided insights throughout the session, including these two quotes:

"When I was diagnosed with probable frontotemporal dementia eight years ago, I was handed a pamphlet on FTD and told that the Alzheimer society would be in contact with me in a few weeks. You can imagine my feelings of being disconnected and isolated. Helping people come to terms with dementia and the diagnosis is of utmost importance. As is providing the right help at the right time and tailored to individual needs."

- Mary Beth Wighton

"Despite not having a cure for dementia, there are technologically based solutions that promote cognitive health and active lifestyles to assist those individuals experiencing any level of cognitive impairment. These solutions can also support caregivers. Research is being done with virtual assistance that is designed to help people carry out daily activities and live at home while reducing the burden on caregivers. It is important to support older adults to age at home as long as possible."

- Mimi Lowi-Young

Apr 6, 2021, Discussion Highlights:

Presentation 1: Centre for Aging + Brain Health Innovation (CABHI)

- About CABHI:
    - Stakeholders: mobilize a community to improve the quality of life and experience of Older Adults
    - Health Ecosystem: Improve performance, efficiency, and effectiveness
    - Economic and social impact: Amplify economic and social impact
- CABHI's Innovation Pipeline:
    - Design and Develop
    - Validate and Refine
    - Implement and Scale
- Community of innovation:
    - End users
    - Innovators
    - Care Delivery Organizations
    - Strategic Partners
- Areas of focus:
    - Aging in place
    - Caregiver support
    - Care coordination and navigation
    - Cognitive health
    - Aging Indigenous and rural communities
- CABHI uses their innovation pipeline to identify innovations (e.g., products, practices or programs) that provide timely, competent and compassionate support for persons living with dementia and their care partners.
    - Specifically:
        - Innovations focused on cognitive health, care coordination and navigation
        - Innovations that can be adapted to meet the needs of different communities
- CABHI supports the spread of promising innovations that improve the experience of care for people living with dementia and care partners.
    - They support adoption by:
        - Disseminating solutions across our extensive network of innovation partners, care delivery organization and consortium
        - Assessing organizational readiness and feasibility for implementation
        - Building capacity to adopt innovations
        - Sharing success/lessons learned across adopting organizations
- To learn more about CABHI visit their website.

Presentation 1: Trualta

- Trualta is a unique training program to help families build skills to provide care at home.
  - Professional-level training, adapted for the untrained care partner
  - Personalized learning = high engagement
  - Clinical validation = lower cost of care and extended time at home
  - Increase caregiver access to supports
- Trualta partners with government, social services, insurers and providers in the US and Canada
  - Most often, a Care Coordinator or Social Worker will offer Trualta to the caregiver during a home visit, at the bedside, or remotely
  - They personalize the learning journey based on the care situation, and deliver a range of educational modules (5 mins to 2 hours) in varied formats
  - Through clinical validation, including support from CABHI, they are building the business case for caregiver support
- Trualta is co-designed with people with lived experience through interviews and ideation. Co-designing also includes having the people with lived experience participate in prototype testing.
- Clinical validation is accelerating adoption and proving outcomes of the program
  - Strong results from 60 caregivers, 30-day study:
    - Avg. participating in 33 activities totalling 8 hours; 92% used a skill
    - 12% decrease in severity of behavioral symptoms and 10% decrease in distress
    - 30% improvement in caregiver fulfilment
- To learn more about Trualta visit their [website](#).

Presentation 2: Hospital Without Walls

- A collaborative between acute care, primary care, and geriatrics
- Developed the program using Remote Patient Monitoring (RPM) technology to allow the patient and family/care givers to stay connected to their healthcare clinical team (comprised of a Virtual Hospital RN, a NP and a physician) while in the comfort of their home.
- The virtual hospital RN would be the primary contact with the patient and/or care provider 5 days a week and provide timely support and intervention when required.
- Target population for Virtual Hospital:
  - Be aged 65 or older
  - Have a valid PEI Health Number
  - Live in an area with internet and cellular service capabilities
  - Be either affiliated with a Primary Care Physician or followed by a Nurse Practitioner
  - Must live in the West Prince area of PEI
  - Must not be affiliated with provincial Long-Term Care services
  - Receive a score of 4 or higher on the Clinical Frailty Scale
  - If they had cognitive impairment they could only be included in the project if they had a caregiver in their home
- Eight patients participated in the Virtual Hospital pilot (5 males and 3 females ranging in age from 66 to 88 years old) for the entire duration of the pilot (late April through October 2020).
- Project Aim:

- o Explore an innovative use of RPM technology to support a subset of the marginalized, frail/senior population in the West Prince area who are high users of the system.
  - o To support and coordinate timely interventions when the patient conditions required in order to reduce avoidable trips to the emergency department, primary care, and possible hospital admissions.
  - o Increase the quality of life and improve the patient experience through improved health coordination and compassionate care for patients and their care providers.
- Evaluation questions:
  - o Health System Resource Utilization
    - Were Virtual Hospital patients using fewer health system resources during the pilot than before staring the pilot?
      - Decreases were observed in Emergency Department visits (59%), Primary Care visits (47%), and Hospital admissions (60%).
  - o Clinical Efficacy
    - Were Virtual Hospital patients more knowledgeable about their health conditions as a result of participating in the pilot?
      - 7 out of 8 respondents reported having a better understanding of their health needs or condition as a result of being in the RPM program
    - Were virtual Hospital patients better able to self-manage their health condition as a result of participating in the pilot?
      - 6 out of 8 respondents reported being in the RPM program allowed them to better manage their health
    - Did Virtual Hospital patients report improved quality of life as a result of participating in the pilot?
      - 6 out of 8 respondents reported being in the RPM program made their quality of life better.
  - o Quality and Access to Care
    - Were Virtual Hospital patients satisfied with the RPM program?
      - 8 out of 8 respondents reported they were overall satisfied with the RPM service they received.
      - 8 out of 8 respondents reported they were satisfied with the health care, teaching and coaching that was provided by the RPM program.
      - 7 out of 8 respondents were satisfied with the progress they were able to make in managing their health since the start of the PRM program.
      - 5 out of 8 respondents agreed that being in the RPM program meant their family and friends who provide care felt sure they were receiving the care they need. 3 respondents said this question didn't apply to them.
      - 8 out of 8 respondents agreed the equipment they use in their home for the RPM program was easy to use.
      - 8 out of 8 respondents felt confident sharing their personal health information with the RPM manager.
    - Were Virtual Hospital staff satisfied with the RPM program?
- Opportunities – spread and sustainability

- o Program expansion
  - Program criteria
  - Program capacity
  - Program Spread
- o Clinical Collaboration
- o Funding – Canada Health Infoway
- To learn more about Hospital Without Walls visit their [website](#).

Discussion and Participation: Questions, Answers, and Comments/Suggestions.

Participants were invited to ask questions and engage in a discussion. Below is the list of questions asked and the responses.

Q: Does CABHI give formal training to primary caregivers on ADVOCACY skills?

A: CABHI just launched our LEAP online platform which is a platform that brings together older adults, persons with lived experience and their caregivers. One of the goals of the platform is to help the caregivers and persons with lived experience influence and advocate for how solutions are designed.

Q: Does Trualta help caregivers of advanced dementia patients?

A: Yes, Trualta does help caregivers of advanced dementia patients. In trying to personalize the learning we do try to get a sense of the stage from the care partner. When they log on, they complete a few questions about what stage they are at in terms of the cognitive decline or dementia so that we can ensure they are receiving the right content for them.

Q: Do you have a list of the learning modules that are provided?

A: The list of learning modules is ever growing based on our co-design process. We add 2-3 new modules every month. Some of the broad categories are personal care and activities of daily living, brain health, safety and injury prevention, caregiver wellness, chronic condition and activities and recreation.
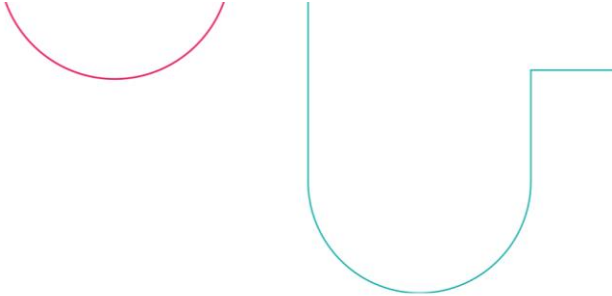
Q: What have been the numbers you have serviced in this program?

A: 8 people were in the pilot.

Q: Did you have access to diagnostics in labs and imaging?

A: We do. We worked directly with a nurse practitioner and a physician that was available to us. In the event the patient required diagnostic labs and imaging we could set up a rapid access appointment. The tests could be ordered and expedited.

Q: Can you elaborate on what your kits include (i.e.: biometric devices as well as tablets/phones)?

A: The kits include a pulse oximeter, blood pressure unit, scale, tablet with pre-designed questions that would be prompted every morning that the patient or care provider would answer.

Q: Do you foresee this being of value for those vulnerable persons with no formal caregiver, except a PSW or HCA coming in home regularly to assist?

A: We are expanding the technology to expand the client and population base that we can support. We launched this virtual technology to support these populations, so they are not left behind.

Q: Has the funding for the virtual hospital been taken up by the health authority/province?

A: It hasn't directly yet. PEI received 3.5 million for digital health and virtual care. There are some current funding pathways available for this project federally and provincially. This project is being looped into a broader digital health and virtual care strategy that didn't previously exist within the province. There are larger discussions going on to see how this project fits into our provincial budget going forward.