

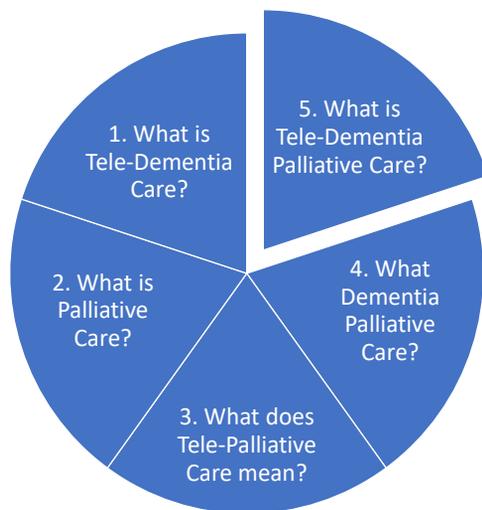
What does Tele-Dementia Palliative Care look like?

Nathaniel Chin MD, Assistant Professor (CHS) of Medicine
Division of Geriatrics, UW School of Medicine and Public Health
Medical Director, Wisconsin Alzheimer's Disease Research Center
Medical Director, Wisconsin Registry for Alzheimer's Prevention (WRAP) Study

 **Wisconsin Alzheimer's Disease Research Center**
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Disclosure Statement

I have no relevant financial relationships to disclose that exist now or in the past 12 months.



1. What does Tele-Dementia Care look like?

- 41 studies concerning follow up care
 - 32 focused on *support to patients*
 - Active- brain training, improving daily function
 - Passive- GPS, avoid wandering
 - 9 focused on *support for caregivers*
- Support to patients
 - Memory training (*taking pictures*), orientation problems (*tracking devices*), improve functioning (*2-way video for medications*), cognitive stimulation and rehab
 - Require specific training/expertise and are targeted time-intensive therapies
- Support to caregivers
 - Telephone support, videoconferencing support groups
 - Interventions not clinician based; could be supported by social workers, therapists

2. What is Palliative Care?

- World Health Organization
 - Approach to care that improves **quality of life** of patients and their families facing the problem associated with life-threatening illness, through the **prevention and relief of suffering** by means of **early identification** and impeccable assessment and **treatment of pain and other problems**, physical, psychosocial and spiritual.
 - Symptom management
 - Support to patients so they can live as actively as possible until death
 - Support to family so they can cope during the patient's illness
 - Team approach to address the needs of patients and their families



3. What does Tele-Palliative Care look like to patients?

- Scoping review 1/2000-10/2018
 - 22 papers from 19 studies
- 4 thematic groupings
 - Easy and effortless use of telehealth regardless of current health condition
 - Visual features that enhance communication and care
 - Symptom management and self-management promotion
 - Perceptions of improved palliative care at home
- Conclusions
 - Tele-Palliative care is feasible and improves access while also enhancing feelings of security and safety being home
 - Visual features allow a genuine relationship with health care professional
 - Equivocal findings on whether it helps burdensome symptoms and quality of life
- Future studies need to look at non-cancer conditions and 85+yo

Steindal et al. Patients' experiences of telehealth in palliative home care: scoping review. Journal of Medical Internet Research. 2020.



3. What can Tele-Palliative Care do for patients?

- World Health Organization
 - Telemedicine should complement face-to-face delivery of health services, not replace it
 - Clinical protocols are needed to explain what can and cannot be done
- Systematic review by Jess et al 2019
 - Video consultations broke down geographical and physical barriers to palliative care
 - Enabled other family members to be present
 - Patients, families & providers reported positive experiences
 - Diagnosis and age were not barriers
 - Allows providers to note physical changes and mental health
 - Some providers worry about technological challenges, frail patients, and sensitive subjects
 - Concern for being too time consuming and need for administrative support
- Conclusions
 - Need protocols and support staff for training
 - Improves access and enhances face-to-face care

Sutherland AE et al. BMJ Supportive & Palliative Care. 2020.



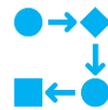
Palliative care in dementia

- Holistic multi-disciplinary care
- Address current and future needs

- | | | |
|---|--|---|
| <ul style="list-style-type: none">• Medical<ul style="list-style-type: none">• Dementia• Co-morbidities• Frailty = function• Psychological<ul style="list-style-type: none">• Mood• Grief | <ul style="list-style-type: none">• Behavioral symptoms<ul style="list-style-type: none">• Family education / training• Safety issues• Medications• Community & Spiritual<ul style="list-style-type: none">• Engagement / Isolation• Faith• Dying | <ul style="list-style-type: none">• Caregiver<ul style="list-style-type: none">• Education & self-efficacy• Burnout, respite, support• Social & Legal<ul style="list-style-type: none">• Advanced care planning• Safety planning |
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What does Tele-Dementia Palliative Care look like?

- Multidisciplinary but with clearly defined roles
 - Medical Assistants “rooming” patient and families
 - Social Workers talking with caregivers before & after visit
 - Nurses calling after visit
 - Physicians or Nurse Practitioners doing video consultations
- Protocols
 - Management of dementia, depression, anxiety, BPSD
 - Face-to-face visit schedules after changes in medication
 - Approach to BPSD, delirium, cognitive/functional declines, safety issues
 - Resources for caregivers; connection to community organizations



What does Tele-Dementia Palliative Care look like?

- Provide stage of dementia
 - Common cognitive & functional symptoms seen
 - Common mood & behavioral symptoms seen
 - Symptom management
 - Pain, constipation, diarrhea
 - BPSD: poor sleep, sun downing, anxiousness, worry, paranoia, wandering, agitation
 - Anticipatory care
 - What functional changes are seen in the next stage
 - What to look out for when transitioning to next stage
 - Potential safety issues, mood issues, BPSD
 - What changes in treatment at next stage
 - De-prescribing
 - Swallow evaluations, Community organization referrals
 - Review goals of care
 - What interventions do we want to consider?
 - What does the end look like?
-
1. Multiple visits & team members
 1. Virtual and in-person
 2. Phone calls
 2. Education, problem mitigation, & strategizing
 1. Decline & course of disease
 2. BPSD & symptoms of suffering
 3. Dying & death
 1. Prioritizing goals
 2. Supporting families

