Quality in Care among Persons with Dementia and Co-occurring Chronic Disease

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Tammy LeCaire, MS, PhD
Wisconsin Alzheimer's Institute Scientist

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Disclosures

- No Conflicts of Interest/Disclosures to Report

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Objectives

Promote equitable and high quality care in persons with ADRD and co-occurring chronic disease

- WAI's **mission** is to **promote health equity and improve the quality of life** of people living with ADRD and their families.
- Our commitment to advancing health equity includes embracing a **definition of health equity** where everyone has a fair and just opportunity to be as healthy as possible with resources that are accessible to all.

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National Alzheimer's Project Act (NAPA)

ASPE
OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

National Plan to Address Alzheimer's Disease: 2020 Update

Dr. Cynthia Carlsson, MD, MS
Chair: Advisory Council on Alzheimer's Research, Care and Services

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National Plan to Address ADRD

…identification of **quality dementia care measures** for use **across healthcare settings** that help to ensure "high-quality and **culturally competent care**" and that "take into account **co-occurring chronic conditions** in people with AD/ADRD".

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https://aspe.hhs.gov/collaborations-committees-advisory-groups/napa/napa-documents/napa-national-plans

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National Plan to Address ADRD
GOAL 2: Enhance Care Quality and Efficiency

- Build a **workforce with the skills** to provide high-quality care
- Ensure **timely and accurate diagnosis**
- Identify **high-quality dementia care guidelines and measures across care settings**
- Explore the **effectiveness** of new models of care for people with ADRD
- **Improve care for populations disproportionately affected by ADRD**, and for populations facing care challenges

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Rationale: Improving Health

- Identify a) outcomes (in electronic health records) that can help to measure effectiveness of strategies used to improve skills, timely diagnosis, and quality of care delivered;
- Identify b) outcomes that are important to:
  - healthcare systems and healthcare providers
  - persons with dementia and caregivers and families
- Provide evidence that implementation of quality metrics improves health outcomes

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Rationale: Motivating Improved Care

- Establishment of quality measures may motivate healthcare systems and providers to improve care and outcomes, and work towards addressing disparities due to race/ethnicity, or rurality of patients.

Rationale: Electronic Health Records

- Harness healthcare data from EHR for persons with ADRD
- Use of healthcare data EHRs in ADRD from real-world care delivery can help us provide evidence for improving care delivery and outcomes

Tuzzio L et al. J Am Geriatr Soc 2020;68 Suppl 2:S43-s8.
Mitchell SL et al. J Am Geriatr Soc 2020;68 Suppl 2:S1-s7.

Rationale: Burden of Chronic Disease

- Rising Alzheimer's disease & related dementia
- Rising chronic disease, having multiple chronic conditions
- 2x comorbidities in persons with dementia vs. without
  - ADRD and hypertension, cardiovascular disease, diabetes commonly co-occur

Buttorff C. RT, Bauman M. Multiple Chronic Conditions in the United States. https://www.rand.org/pubs/tools/TL221.html.

Rationale: Burden of Chronic Disease

- Ischemic heart disease, hypertension, and diabetes may exacerbate disease burden in ADRD

  - Chronic disease diagnosis and management is more complex
  - Management tasks to unpaid/untrained caregivers
  - Preventable adverse events

Bunn F, et al. Health Technol Assess 2017;21:1-140.
Quiñones AR et al. Am J Alzheimers Dis Other Demen 2020;35:

FIGURE 17

Hospital Stays Per 1,000 Medicare Beneficiaries Age 65 and Older with Specified Coexisting Medical Conditions, with and without Alzheimer's or Other Dementias, 2014

Goals To Prevent Complications of Diabetes in Adults

- Imputed State-Level Prevalence in Adults with Self-Reported Diabetes (NHANES, ACS, BRFSS)
- Goals: A1C <8%*; BP <140/90mmHg; non HDL-C <130mg/dl; nonsmoking
- U.S. – 26% meet all 4 goals; 56% meet non HDL-C<130mg/dl
- WI ranks last in nation to meet all 4 goals – 22% and last to meet non HDL-C goal – 53%

Chen Y, Rolka D, Xie H, Saydah S. MMWR Morb Mortal Wkly Rep 2020;69:1665–1670.
*<8% with multiple chronic conditions vs. <7% for other adults.

Project Goals

- **1) Evaluate performance on quality measures related to cardiovascular disease and diabetes among persons living with ADRD in the state.**
  - Identify gaps in how chronic diseases are managed in persons with ADRD
  - Support improving best practices in diagnosis and management in this context
- **2) Generate ways to monitor dementia care quality across healthcare systems through electronic health records.**
  - Build and pilot ADRD outcome measures that can be monitored using EHR data that reflect high quality and culturally competent dementia diagnosis and care.

Collaborators

- WAI-Affiliated Dementia Diagnostic Clinic Network
- Wisconsin Collaborative for Healthcare Quality
- UW-Madison Health Innovation Program, School of Medicine and Public Health

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Wisconsin Collaborative for HealthCare Quality

Mission
WCHQ publicly reports and brings meaning to performance measurement information that improves the quality and affordability of health care in Wisconsin, in turn improving the health of individuals and communities.

https://www.wchq.org/

Wisconsin Collaborative for HealthCare Quality

- 35 health systems, 325 medical clinics, > 150 dentists
- > 65% of Wisconsin's primary care providers
- > 5,000 primary care physicians, advanced practice providers and physician assistants
- ~60% of WAI Clinic Network members

Access Community Health Centers	Mayo Clinic Health System
Ascension Wisconsin	Medical College of Wisconsin
Aspirus	Mercyhealth System
Aspirus Divine Savior Hospital & Clinics	Prairie Clinic
Associated Physicians	Prevea Health
Aurora Health Care	Primary Care Associates of Appleton
Bellin Health	ProHealth Care
Beloit Health System	Reedsburg Area Medical Center
Children's Wisconsin	Sauk Prairie Healthcare
Dental Associates	Sixteenth Street Community Health Centers
Fort HealthCare	SSM Health
ForwardDental	ThedaCare
Froedtert Health	UnityPoint Health	Meriter
Gundersen Health System	UW Health
HealthPartners, MN	Watertown Regional Medical Center
Holy Family Memorial	Wildwood Family Clinic
Marshfield Clinic Health System	

https://www.wchq.org/

Approach – Aim 1)

- Use WCHQ's existing statewide quality measures for chronic disease management to evaluate care in persons with ADRD
- Evaluate differences in performance according to ADRD diagnosis and social factors such as race/ethnicity and rural/urban status

Chronic Disease Management

Comorbidity	Performance/Outcomes Measure
Essential hypertension	*Outcomes* • Blood pressure control (< 140/90)*
Ischemic vascular disease	*Outcomes* • Blood pressure control (< 140/90)* • Tobacco-free • Statin use*† • Daily aspirin/antiplatelet*† • All or none optimal control*
Diabetes	*Performance* • A1C testing • Kidney function monitoring • eGFR tested annually* • All or none optimal testing *Outcomes* • A1C Blood Sugar Control (<8%) • Blood pressure Control (<140/90)* • Tobacco-free • Statin use*† • Daily aspirin/antiplatelet*† • All or none optimal control*

*Exclusions apply. †Unless contraindicated

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Approach – Aim 2)

Convene a group of stakeholders, including experts in dementia diagnosis and care in the state to develop quality metrics for ADRD diagnosis and care that are meaningful

- a) in the context of comorbidities,
- b) to patients and providers, and
- c) can be applied across healthcare settings and healthcare systems throughout the state

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Health Innovation Program

Mission
To transform healthcare delivery and population health across the state and nation through health systems research that partners University of Wisconsin faculty with healthcare and community organizations.

Dr. Maureen Smith, MD, MPH, PhD

https://hip.wisc.edu/

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Future Goals

- Ease access to data on quality metrics and health outcomes in persons with ADRD

- Measure impact of interventions for improving quality of care and health outcomes in clinical trials building on experience with dementia diagnosis and care in Wisconsin

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Thank-you!

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