

**Part I: Innovation in Evidence-based Clinical Services**

**8:45am Christopher M. Callahan, MD**

***Collaborative Care Models for Alzheimer's Disease: Challenges and Prospects for Primary Care***

**Abstract:**

Most older adults with Alzheimer's disease are cared for in the primary care setting. Usual care in this setting often fails to meet guideline-level recommendations for care. Recent collaborative care clinical trials demonstrate that quality and outcomes of care for Alzheimer's disease can be improved. However, there is considerable room for improvement in these new models of care, particularly in terms of outcomes relevant to patients, family caregivers, and the health care system. Primary care will remain the hub of care for older adults with Alzheimer's disease, but it must become better integrated with other health care and community services providers.

**Objectives:**

1. Describe the findings of recent collaborative care models based in primary care.
2. Understand the clinical and methodological limitations of these models.
3. Discuss next steps in research and clinical application of collaborative care models.

**Citations:**

1. Boustani, M., Sachs, G., & Callahan C.M., (2007). Can primary care meet the biopsychosocial needs of older adults with dementia? *Journal of General Internal Medicine, 22(11)*, 1625-1627.
2. Callahan, C.M., Boustani, M.A., Unverzagt, F.W., Austrom, M.G., Damush, T.M., Perkins, A.J., Fultz, B.A., Hui, S.L., Counsell, S.R., & Hendrei, H.C. (2006). Effectiveness of collaborative care for older adults with Alzheimer disease in primary care: A randomized controlled trial. *Journal of the American Medical Association, 295(18)*, 2148-2157.
3. Vickrey, B.G., Mittman B.S., Connor, K.I., Pearson, M.L., Della Penna, R.D., Ganiats, T.G., Demonte, R.W. Jr., Chodosh, J., Cui, X., Vassar, S., & Duan, N. (2006). The effect of a disease management intervention on quality and outcomes of dementia care: A randomized, controlled trial. *Annals of Internal Medicine, 145(10)*, 713-726.

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9:10am Lynn Friss Feinberg, MSW

***Integrating Assessment of Families into Everyday Practice in Dementia Care***

**Abstract:**

Systematic assessment of people with chronic or disabling conditions now occurs routinely in medical, health and social service settings. However, assessment of family caregivers' needs is rare. This session reviews the importance to policy and practice of systematically assessing a caregiver's own needs in health care and in home and community settings. The session will focus on the fundamental principles and practice guidelines for conducting an assessment of caregiver needs, and discuss strategies to advance caregiver assessment a basic component of dementia care practice.

**Objectives:**

1. Define the term "caregiver assessment".
2. Understand the importance of assessing the needs of family caregivers.
3. Synthesize the fundamental principles for caregiver assessment into everyday practice with dementia families.

**Citations:**

1. Feinberg, L.F. (2004). The state of the art of caregiver assessment. *Generations*, 27, 24-32.
2. Feinberg, L.F. & Goldstein, C. (2007). Assessment of family caregiver needs. In E. Capuzet, G. Siegler, and M. Mezey (eds.). *Encyclopedia of Elder Care, 2nd Edition*. New York, NY: Springer.
3. Feinberg, L.F., Wolkwitz, K. & Goldstein, C. (2006). *Ahead of the Curve: Emerging Trends & Practices in Family Caregiver Support*. Washington, DC: AARP Public Policy Institute.

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9:35am      Robert Egge

***A Policy Perspective: Emerging Conclusions from the Alzheimer's Study Group Regarding the Delivery of Dementia Care***

**Abstract:**

The Alzheimer's Study Group (ASG) is a taskforce of national leaders charged with creating a National Alzheimer's Strategic Plan. The ASG's executive director will describe the methods that the group has used to explore the implications of evidence-based clinical care, and will share – at this mid-stage in the ASG's work – some of the ASG's tentative conclusions and their potential implications.

**Objectives:**

1. Understand the Alzheimer's Study Group's goals and methods.
2. Identify potential policy implications of evidence-based clinical care findings.
3. Describe how researchers can shape Alzheimer's policymaking.

**Citations:**

1. Alzheimer's Study Group (2008). *A source document on thinking about Alzheimer's disease*. Washington DC: Author.  
<http://alzstudygroup.org/LinkClick.aspx?fileticket=YSvzqdDKvuU%3d&tabid=36&mid=373>

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10:00am      **Barry W. Rovner, MD**  
                 **Barry J. Jacobs, PsyD**

***Reaction and Questions***

**Citations:**

1. Berwick, D.M. (2003). Disseminating innovations in health care. *Journal of the American Medical Association*, 289(15), 1969-1975.
2. Bradley, F., Wles, R., Kinmonth, A-L, Mant, D., & Gantley, M. (1999). Development and evaluation of complex interventions in health services research: case study of the Southampton heart integrated care project (SHIP). *British Medical Journal*, 318, 711-715.
3. Jacobs, B.J., (in press). *Caring for the family caregiver, perspectives: a view of family medicine in New Jersey*.
4. Jacobs, B.J., (2006). *The emotional survival guide for caregivers—looking after yourself and your family while helping an aging parent*. New York: Guilford Press
5. Parks, S.M. & Novielli. K.D., (2000). *A practical guide to caring for caregivers*. *American Family Physician*, 62(12), 2613-2622.
6. Yaffe, M.J. & Jacobs, B.J., (in press). Advocating more family physician involvement in promotion of teaching of family caregiver issues, *Canadian Family Physician*.
7. Yaffe, M.J. & Kivana, J. (2002). Physician perspectives on the elderly patient-family caregiver-physician encounter. *Israeli Medical Association Journal*, 4(10), 785-789.
8. Yaffe, M.J., Orzeck, P., & Barylak, L., (2008). Family physicians' perspectives on care of dementia patients and family caregivers, *Canadian Family Physician*, 54(7), 1008-1015

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**Part II: Innovation in Training Health Professionals**

10:45am Susan Reinhard, PhD, RN, FAAN

***Implications of New Care Models for Competencies to Support Family Caregivers***

**Abstract:**

This presentation will focus on the competencies needed by nurses and social workers to support family caregivers and to implement a patient- and family-centered service paradigm, which is especially important for persons with dementia. Recommendations for competencies, as well as ways to develop them, are the result of a "State of the Science" symposium initiated by a unique partnership among organizations representing consumers, family caregivers, and nursing and social work leaders. The training implications for all health care professionals emerging from this initiative, "Professional Partners Supporting Family Caregivers", will also be discussed.

**Objectives:**

1. Identify competencies needed to support family caregivers.
2. Identify methods of developing such competencies.
3. Recognize the implications for health professionals of "family-centered" service models.

**Citations:**

1. Institute of Medicine (IOM). (2008) *Retooling for an Aging America*. Washington, DC: The National Academies Press. [www.nursingcenter.com/ajnfamilycaregivers](http://www.nursingcenter.com/ajnfamilycaregivers)
2. Reinhard, S., Brooks-Danso, A., & Kelly, K. Eds. (2008). State of the science: Professional partners supporting family caregivers. *American Journal of Nursing*, 108, No. 9 Supplement.
3. Reinhard, S. Given, B., Huhtula, N., & Bemis, A, (2008). Supporting Family Caregivers in Providing Care, in *Patient Safety and Quality: An Evidence-Based Handbook for Nurses, 2008*, AHRQ Publication No. 08-0043). Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/qual/nursesbdbk/>

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11:10am Leslie M. Swann, PhD

***Bridging Philosophy & Practice: Understanding Concepts that Enhance Clinical Models of Cultural Competency and Proficiency***

**Abstract:**

Within the subtext of every clinical model of cultural competency, is a philosophical concept of cultural competency. When one does not examine and understand these underlying or subtextual cultural competency concepts, it limits a lack of understanding the clinical model. This presentation will discuss the value of several philosophical concepts of cultural competency within the context of understanding clinical models of cultural competency. Basic philosophical concepts, such as world view, JW Berry's Model of Acculturation, Bennett's Model of Intercultural Sensitivity, and the Cross Model of The Cultural Competence Continuum will be introduced.

**Objectives:**

1. Understand how philosophical cultural concepts influence the presentation and teaching of clinical models.
2. Understand how the presentation and introduction of philosophical concepts influence learning attitudes.
3. Introduction to and understand four philosophical concepts about cultural competency.

**Citations:**

1. Berry, J.W. (1990). Psychology of Acculturation, In J. Berman (Ed.), *Nebraska Symposium on Motivation* (pp. 457-488). Lincoln: University of Nebraska Press.
2. Clark, M. E. (2002). *In Search of Human Nature: Who Do We Think We Are?* Routledge.
3. Cultural Competence Education. (2005). Association of American Medical Colleges. <http://www.aamc.org/meded/tacct/culturalcomped.pdf>
4. Kleinman, A. & Benson, P. (2006) Anthropology in the clinic: The problem of cultural competency and how to fix it. *PLoS Medicine* 3(10), e294 doi:10.1371/journal.pmed.0030294.
5. Purnell, L. (2002) The Purnell Model for cultural competence. *Journal of Transcultural Nursing*, 13 (3), 193-196.

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11:35am      Christine Arenson, MD

***Reaction and Questions***

**Citations:**

1. Bodenheimer, T. (2008). Coordinating care - a perilous journey through the health care system. *New England Journal of Medicine*, 358(10), 1064-1071.
2. Mongan, J.J., Gerris, T.G., & Lee, T. H. (2008). Options for slowing the growth of health care costs. *New England Journal of Medicine*, 358(14), 1509-1514.

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**Lunch Session**

**12:00pm      Orien Reid, MSW**

***Global Dementia: Care across Cultures***

**Abstract:**

We are at the crossroads of what is a global phenomenon! There is one new case of dementia every 7 seconds around the world with a current global estimate of more than 26 million, rising to 82 million in 2040. The global cost of the disease will rapidly strain social insurance, pension systems and long established social support systems in the future. The presentation reveals regions with the greatest growth potential for dementia, explores cultural perceptions, and some of the innovative programs developed by the Alzheimer associations around the world.

**Objectives:**

1. Understand the global impact of dementia.
2. Appreciate cultural perceptions of dementia care throughout various regions of the world.
3. Describe innovative programs developed by the Alzheimer's associations across the globe.

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**Part III: New Directions in Research**

1:30pm      Katie Maslow, MSW

***What Do We Know? What Don't We Know? Implications for Policy.***

**Abstract:**

Research findings on interventions to support family caregivers are now strong enough to justify substantial government funding for translation projects. Findings on coordination of medical and community services for people with dementia are almost as strong. In contrast, we lack research on other important aspects of dementia care, including effective approaches to identify people with possible dementia in medical and community settings and ways to manage (and help family caregivers manage) co-existing medical conditions in people with dementia. This research is needed to ensure that people with dementia are included in the health care and chronic care reform proposals policymakers will consider in the next few years.

**Objectives:**

1. Understand the strong research findings on interventions to support family caregivers and coordinate medical and community services and the lack of similar findings on other important aspects of dementia care.
2. Identify policy initiatives that depend on these research findings.

**Citations:**

1. Maslow K, (2004). Dementia and serious coexisting medical conditions: A double whammy. *Nursing Clinics of North America*, 39, 561-579.
2. Silverstein, N.M. & Maslow, K. (2005). Improving hospital care for persons with dementia. New York, NY: Springer Publishing Co.

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1:55pm      Richard Schulz, PhD

***Health Effects of Caregiving: Transitions and Treatments***

**Abstract:**

Summarize data from several large longitudinal/intervention studies focused on family caregiving. Present a comprehensive view of the health effects of caregiver role transitions. Explore intervention implications of these findings and report results of two intervention trials designed to alleviate physical and psychiatric morbidity effects of caregiving. Conclude with suggestions for future research.

**Objectives:**

1. Identify psychiatric and physical morbidity effects of caregiving.
2. Identify key caregiver transitions and how they impact on health.
3. Discuss intervention opportunities to improve caregiver health.

**Citations:**

1. Schulz, R. (corresponding author for REACH II investigators). (2006). Enhancing the quality of life of dementia caregivers from different ethnic or racial groups. *Annals of Internal Medicine, 145*(10), 727-738.
2. Schulz, R., & Beach, S. (1999). Caregiving as a risk factor for mortality. The caregiver health effects study. *Journal of the American Medical Association, 282*, 2215-2219.
3. Schulz, R., Mendelsohn, A.B., Haley, W.E., Mahoney, D., Allen, R.S., Zhang, S., Thompson, L., & Belle, S.H. (2003). End of life care and the effects of bereavement on family caregivers of persons with dementia. *New England Journal of Medicine, 349*(20), 1936-1942.

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2:40pm      Louis D. Burgio, PhD

***Translating the REACH II Intervention for Use in Community Agencies***

**Abstract:**

The purpose of this presentation is to describe efforts to translate the evidence-based REACH II intervention for Alzheimer's disease (AD) caregivers for use in four Area Agencies on Aging (AAAs). In a recently completed project (in press, Burgio et al, *The Gerontologist*) a partnership was formed between the Alabama Department of Senior Services and The University of Alabama. Over a 5-month period, the partnership trimmed the full REACH intervention used in the clinical trial (Belle et al., 2006) for feasible use in a social service agency. A condensed REACH intervention package was delivered to AD caregivers during four home visits and three therapeutic phone calls over a 4-month period. A condensed assessment package examined pre-post effects on care-recipient risk and behavior problems, and caregiver burden, health, and depression. All aspects of the program except for training and periodic consultation were controlled by AAA staff. Efforts of an ongoing project that that attempts to improve methods and procedures of the original translational project will also be discussed.

**Objectives:**

1. Understand the process of translating the REACH clinical trial intervention to Area Agencies on Aging in Alabama.
2. Understand the procedures and intervention components of the Alabama REACH treatment package.
3. Understand current efforts to improve the Alabama REACH translational efforts.

**Citations:**

1. Belle, S., Burgio, L., and the REACH Investigators. (2006). Enhancing the quality of life of Hispanic/Latino, Black/African American, and White/Caucasian dementia caregivers: The REACH II randomized controlled trial. *Annals of Internal Medicine*, 145(9), 727-738.
2. Burgio, L.D., Collins, I.B., Schmid, B., Wharton, T., McCallum, D., & DeCoster, J. (in press). Translating the REACH Caregiver Intervention for Use by Area Agency on Aging Personnel. *The Gerontologist*.
3. Centers for Disease Control and Prevention and the Kimberly-Clark Corporation. (2008). *Assuring Healthy Caregivers: A Public Health Approach to Translating Research into Practice: The RE-AIM Framework*. Neehah, WI: Kimberly-Clark Corporation. Available at: <http://www.cdc.gov/aging/caregiving/index.htm>

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3:05pm      Laura Gitlin, PhD

***Promising Nonpharmacologic Approaches to Enhancing Quality of Life in Individuals with Dementia and Family Caregivers***

**Abstract:**

Most individuals with dementia are cared for at home by family members. One of the most challenging aspects of providing care is managing troubling behaviors such as resisting care, shadowing, repetitive vocalizations, wandering, or agitation. These behaviors, which occur throughout the progression of the disease, have a profound emotional effect on families, heightening caregiver burden and risk for nursing home placement, increasing health care costs, and decreasing quality of life of the individual with dementia. Even passive behaviors (withdrawal, apathy) are sources of great frustration and sadness to families and individuals with dementia. The purpose of this presentation is to describe two randomized clinical trials testing different non-pharmacological approaches that reduced behavioral occurrences and caregiver distress. The outcomes from both studies are promising and suggest that nonpharmacologic approaches should be integrated with clinical disease management and supportive services for families.

**Objectives:**

1. Describe the findings of home-based nonpharmacologic interventions to address behavioral challenges in persons with dementia.
2. Understand the importance of enhancing quality of life in individuals with dementia and family caregivers.
3. Identify next steps for integrating nonpharmacologic approaches in health care and supportive services for families.

**Citations:**

1. Gitlin, L. N., Reeve, K., Dennis, M. P., Mathieu, E., & Hauck, W. W. (2006). Enhancing quality of life of families who use adult day services: Short and long-term effects of the "Adult Day Services Plus" program. *The Gerontologist, 46*(5), 630-639.
2. Gitlin, L. N., Winter, L., Burke, J., Chernett, N., Dennis, M., & Hauck, W. W. (2008). Tailored activities to manage neuropsychiatric behaviors in persons with dementia and reduce caregiver burden: A randomized pilot study. *American Journal of Geriatric Psychiatry, 16*, 229-239
3. Gitlin, L. N., Winter, L., Dennis, M. P., & Hauck, W. W. (2007). A non-pharmacological intervention to manage behavioral and psychological symptoms of dementia and reduce caregiver distress: Design and methods of Project ACT. *Clinical Interventions in Aging, 2*(4), 695-703.

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3:30pm Nancy B. O'Connor

***Medicare Caregiving Initiatives***

**Abstract:**

As our population ages, Medicare is reaching out to the growing caregiver population in order to ensure that people with Medicare receive the help and service they need from the program. Today's caregivers are tomorrow's Medicare beneficiaries; therefore, the education and information we provide about the Medicare program, its benefits, and its covered services, to caregivers will benefit today's and tomorrow's generations.

**Objectives:**

1. Understand the background of the Centers for Medicare and Medicaid Services (CMS) caregiving initiative.
2. Describe the goals of upcoming "Ask Medicare" campaign that begins with a fall, 2008 kickoff.
3. Thoroughly understand the Medicare discharge planning tool.

**Citations:**

1. Family Caregiver Alliance (2007). State legislation introduced or enacted in 2004-2006: San Francisco, CA: Author
2. MetLife Mature Market Institute & National Alliance for Caregiver (2006). *The MetLife Caregiving Cost Study: Productivity Losses to U.S. Business*. Westport CT: The MetLife Mature Market Institute.

***Reaction and Questions***

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**4:00PM**      **Janice P. Burke, PhD, OTR/L, FAOTA**

***Where do we go from here?***

***Audience Reaction and Questions***

1. What do we know that works in the clinical management of this devastating and costly disease?
2. How shall we prepare the current and next generation of health and human service professionals in evidence-based care?
3. What are the emerging research questions that need to be answered to transform dementia care?

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