Objectives

• Review program purpose and primary objectives

• Highlight program development and activities to date

• Discuss SFY20 goals and anticipated activities
Helpful Definitions

- **AAA**: Area Agency on Aging
- **ADRC Network**: Aging and Disabilities Resource Connection Network
- **Emory ADRC**: Emory Alzheimer’s Disease Research Center
- **AWV**: Annual Wellness Visit
- **CMS**: Center for Medicare & Medicaid Services
- **CSE**: Community Services Educator
- **DHS**: Department of Human Service
- **GARD**: Georgia Alzheimer’s and Related Dementia’s Task Force
- **GMN**: Georgia Memory Net
- **HRSA**: Health Resources & Services Administration (federal agency)
- **MAC**: Memory Assessment Clinic
- **PCP**: Primary Care Provider
$4.12M allocated for Georgia Alzheimer’s Project

FY18/Continuing Budget in Georgia Department of Human Services

Contract with Emory University to carry out objectives

Oversight assigned to Division of Aging Services:
- Reporting and oversight
- Legal & Contracting
- General Assembly
- Area Agencies on Aging
- GA Department of Public Health
- Alzheimer’s/Dementia State Plan group
- Other agencies and partners
Establishing the Need: Know the numbers.

It all adds up: The citizens and healthcare professionals of Georgia need the Georgia Memory Net.

- People With Alzheimer's Growing:
  - 140k [2018]
  - 190k [2025]

- 1.4M People Over 65 Years Old

- 385k with self-reported cognitive impairment
  - 80% have not yet been evaluated or treated

- 123456
  - 6 Year Average Delay In Memory-loss Diagnosis

- $2B In Preventable Admissions Expenses
Setting Our Goals:
It’s only a wish without a plan.

Our objective is to improve outcomes and quality of life for people dealing with memory loss, while streamlining services and offering more efficient care.

- Improve Assessment During Annual Wellness Visits
- Diagnose Accurately at Memory Assessment Clinics
- Improve Care with PCPs and Community Services
- Provide Oversight and Evaluation of Performance and Data Collection
What to Expect: Key benefits.

Georgians who make appointments at a MAC, and the doctors who recommend them, benefit from a variety of integrated services.

- **Trained Clinicians**
  - Proactive planning & support services
  - Expert diagnoses
  - Increased caregiving competence & quality of care

- **Comprehensive Diagnosis and Care of Planning**
  - Comprehensive best-practice care plans
  - In-depth memory evaluations taken off time-crunched PCPs schedules
  - Care plans shared with PCPs, patients & community support

- **Community Services Educator**

- **Education and Community Support**

- **PCP Receives and Manages Care Plan**
  - Supported by National Institutes of Health
  - Connected to Georgia’s only Alzheimer’s Disease Research Center
**The Process:**
An always integrated path.

Our system is designed for efficiency and convenience to all parties involved.

- **PATIENT VISITS PCP'S OFFICE**
  Primary Care Provider identifies Risk through AWV model. Refers patient to MAC*.

- **PATIENT VISITS A MAC**
  Patient visits MAC for accelerated diagnosis testing using latest tools.

- **PATIENT RETURNS TO MAC**
  Patient diagnosed with Alzheimer’s, and their PCP receives Care Plan.

- **CARE PLAN PUT INTO ACTION**
  AAA connects Patient and Care Partner to local support. PCP follows Care Plan for ongoing medical care.

- **PATIENT AND CARE PARTNER MEET WITH CSE**
  Patient and Care Partner receive Customized Care plan.

Patient and Care Partner have a clear path for the best care possible.
SFY18-SFY20 PROGRESS AND GROWTH: HIGHLIGHTS
New healthcare positions at MACs:
~18.5FTE across 53 individuals (+)

Ongoing GMN Partners:
MACs at AU Health, Grady, Navicent, Piedmont-Columbus Regional, Phoebe Putney

ADRC Network and Alzheimer’s Association for crucial services linkage

Rosalyn Carter Institute and GA-POLST for additional education and services

New federally funded partnerships in SFY20
Healthcare Professional Shortage Areas

35% GA counties federally designated full or partial primary care Health Professional Shortage Areas (or HPSAs).

Of those, 73% are designated as high-need.

56% GA counties designated as primary care low-income population HPSAs with shortages of primary care providers serving low-income residents.
Impact: MAC Placement

County Health Rankings

Health factors include: health behaviors, access to care, quality of care, social and economic factors (education, employment, income), and the physical environment (housing & transit)

Map at left: less color intensity indicates better performance

Source: 2019 County Health Rankings and Roadmaps
Focus:
- Training and more training: early, definitive diagnosis is key
- Streamline MAC workflow
- Streamline and standardize linkage to community services

GMN Leverages Technology:
- Reporting: SmartSheet, Tableau (MAC to Emory, Emory to State)
- Dashboards and project management
- Patient linkages to care and automated referrals
GMN creates a system supported by IT, bolstered by facilitated human interaction, with a central coordinating center to ensure the “Net” remains in tact.
SFY20: Ongoing Training Opportunities

Site Visits
- Beta Clinic at Emory Cognitive Neurology
  - Technology to facilitate distance learning for MAC providers
  - On-Site trainings at MAC sites year-round

Monthly Case Conferences
- Providers: MRI Review and Neuropsych Testing
- Community Services Educators and Partners

1:1 Mentoring with Emory experts via Zoom meeting

Large Group Live Training
- Bi-Annual CSE Retreat
- Annual Training Summit at Callaway Gardens
SFY20: Primary Care Outreach

Strategy
Increase physician awareness of GMN and increase referrals to MACs by providing an overview and introduction that establishes the need for GMN, explains our goals, the process, and how we support PCPs.

Introduce GMN Georgia Greats and Go Annual campaigns.

- Educate internal healthcare system physicians and marketing/communications teams for each MAC
- Leverage healthcare system marketing/communications teams to tap into marketing channels/opportunities for region specific multi-physician practices
- Arrange face-to-face meetings with smaller / individual regional practices

Tools: GMN PCP Welcome Kit, GMN PCP Animated Video, Georgia Greats Video, Go Annual Video
PARTNERSHIPS
FY20 Progress: Expanded Partnerships

• Go Annual Campaign to drive Annual Wellness Visits
• Partnered Primary Care Training – Workforce Development
• Data Group Partnership

Emory Alzheimer’s Disease Research Center
• New research projects coming in ($30M+)
• Strategic Planning specifically includes intake of GMN patients into research at Emory and create research partnerships at MACs and other agencies
• Plan incorporates export of Emory projects to GMN partner sides and nationwide
FY20 Progress: Expanded Partnerships

- **Federally Funded Geriatrics Workforce Enhancement Programs**
  - Georgia Geriatric Workforce Enhancement Program (GWEP)
    - GMN is foundational to GA-GWEP
    - ~$4M/5 years
    - Focus on rural and underserved patient populations
    - Focus on underrepresented minority faculty training
    - Focus on infusion of Geriatrics best practice into primary care
  - Dartmouth GWEP Partnership
    - Augusta Region – Nursing led Annual Wellness Vist practice change (5 practices)
FY20 Progress: Expanded Partnerships

Partnerships

• **Emory Integrated Memory Care Clinic**: Training

• **Emory Cognitive Empowerment Program**: Research opportunities and patient-facing services; Free resource guide for all GMN patients and families with a diagnosis of Mild Cognitive Impairment

• **LEAN Initiative at Emory**: Translation to MAC clinic teams

• **Roybal Center at Emory School of Nursing**: Multi-million dollar NIH Funded Center (Summer 2019) focused on caregivers of persons with dementia and patient-facing issues
SFY19/20: DPH Alzheimer’s Registry

GMN has facilitated build out of IT interface between MAC electronic medical records to ADRD Registry

Records will automatically be shared via secure server from local EMR to Registry (rather than MD manually inputting each individual patient data)

Augusta MAC integration complete; Emory, Grady MAC, Albany MAC to begin piloting system in summer 2019
MAC Finances (General)

$350K: What It Gets You and What Else It Gets You:

- Estimated coverage of gap between reimbursement and actual cost
- CSE: non-billable service and is key to success: crucial bridge between clinic & community based services
- Initial training and **necessary continuing education** in dementia diagnosis & care
- Clinical technology tools and process improvement management
- Research opportunities via Emory ADRC
- Financial modeling for targeted patient volume, resource utilization (e.g. NP’s vs MD’s for more bang for buck)
GMN Program Return on Investment

Health Economics & Public Health Evaluation

- Collection of quarterly CMS Claims data (see appendix)
- Collection of AMA/APA data
- Planned evaluation over time of Return on Investment to the State
  - Reduction in early Skilled Nursing placement, unnecessary ER visits, long inpatient stays
  - Increase in appropriate dementia diagnosis codes, AWV codes, etc.
  - Diversion of funds (Medicaid) to needed community services
  - Services utilization monitoring
ADDITIONAL QUESTIONS?

GAmemorynet.org

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rdillar@emory.edu

Michaela Harris, GMN Program Manager
Michaela.harris@emory.edu
APPENDIX: GMN PROGRAM
GROWTH,
ENHANCEMENTS,
ACTIVITIES
GMN Program Structure

Program Administration
Program Director - Rebecca Dillard
Program Manager – Michaela Walker
Admin Assistant – Bryshia Ingram
Consultant – Sean Sudduth

PCP Core
- Sr. Faculty: Dr. Johnson
- Executive Director: Dr. Lindsay Prizer
- Eval Faculty: Dr. Moore
- Program Manager: TBD
- Coordinator: Emily Germany

MAC Core
- Sr. Faculty: Dr. Lah
- Executive Director: Dr. Hales, Dr. Loring, Laura Medders
- Eval Faculty: Dr. Bender
- Program Manager: Tara Kemp
- Coordinator: TBD
- Consultants: Asif and Cherie

Community Services Core
- Sr. Faculty: Dr. Hepburn
- Executive Director: Laura Medders, Natasha Kennedy
- Eval Faculty: Dr. Perkins
- Program Manager: TBD
- Coordinator: Nicole Wachter

Evaluation Core
- Executive Director: Dr. Bender
- Senior Public Health Associate: Joanna Jungerman
- Coordinator: *Student Assistants; TBD Coordinator/RA

Information Technology
- Petek Ozgul

Comms & Awareness
- Sue Volkert

Reporting & Analytics
- Alina Varghese

Call Center
- Gary Gordon*
Leverage Technology

- Key element to Governor Kemp’s Four Point Plan
- SmartSheet and Tableau DHS Dashboards
- Dashboard capability for ADRC network partners
  - Potential for licensing to ADRC
GMN Technology

GMN MEMORY ASSESSMENT CLINICS (MACS)
Albany    Atlanta    Augusta    Columbus    Macon

COMMUNITY PARTNER CARE
PLAN SHARING (REGIONAL AAA's)

GEORGIA HEALTH INFORMATION NETWORK (GHIN)

DPH ALZHEIMER'S
REGISTRY

GMN PORTAL:
Standardized diagnostic tool for all MACs

GMN REPOSITORY:
Patient Data // Caregiver Data // PCP Data

EXTERNAL DATA SOURCES:
- Outcome Data
- PCP Data
- Private & Public Service Utilization

REPORTING & OVERSIGHT:
- Project management tools for program oversight [Smartsheet]
- Data access and reporting to key stakeholders
- Population Health

GMN Technology Infrastructure
(ASW Cloud)
Smartsheet Dashboards – Financial Oversight

GMN Administrative Dashboard

FY20 Prime Budget Summary

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<th>FY20 Prime Award Contracting Status</th>
<th>FY20 Prime Budget</th>
<th>FY20 Prime Budget Allocation</th>
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FY20 MAC Budget Summary

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**Memory Assessment Clinics**

### MAC Status Summary

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<tr>
<th>Primary</th>
<th>Health</th>
<th>Status Update</th>
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| Albany MAC (Phoebe Putney) |        | - Eval Core site visit week of 8/30  
- GMN Portal Pilot Go-Live (training 8/26) |
| Atlanta MAC (Grady)      |        | - Kelly working with Morehouse to secure time for Dr Endeshaw to serve as physician lead.  
- MA position posted to support psychometric testing & other GMN activities.  
- Updated volume calculator sent by Alina. Any questions?  
- Internal PCP followup meeting 8/29 |
| Augusta MAC (MCG)        |        | - Onsite visit Aug 6 for capacity discussion and PCP outreach planning.  
- Completed financial model review & Kristine to continue evaluate their resource needs.  
- Plan to do outreach to 2 targeted PCP’s (1 internal 1 external). Meeting scheduled w/ Dr. Van Alstine practice on 9/13 |
| Columbus MAC (Piedmont Columbus) |  | - LPN hired and is going through Hospital orientation. Another LPN offered a position and awaiting acceptance. Both will be helping with multiple areas within the clinic (Psychometric and CSE).  
- PCP referral to in network physicians expected to begin early September. (About 12 providers)  
- Columbus MAC does not appear to have agreements in place to with GaHN to send data to Alz Registry  
- As if to send draft of sample workflow and schedule meeting to document site specific variations. |
| Macon MAC (Navicent)     |        | - Relaunch observation visit 8/15. Successful completion of patient visit. 3 additional patients scheduled in the next two weeks.  
- New Hire CSE (Mandy Stone) started 7/29.  
- New Psychometric tester (Lynn Kirby) shadowing at AU 8/8  
- Veronda OOO. Unknown return date as yet. Stephanie covering |

### Overall MAC Visits

- **Albany**: 100
- **Atlanta**: 150
- **Augusta**: 200
- **Columbus**: 50
- **Macon**: 25

**Legend**
- Clinic Diagnostic Visits
- Care Planning Visits
- Subsequent Clinic Visits
Call Center Design (Detailed)
GMN Call Center Overview

Two Primary Functions

Inbound
The GMN call center will serve as a resource center for patients, caregivers, providers and the community for those seeking information related to Alzheimer’s and dementia, the memory assessment clinics, or available services.

Outbound
GMN staff will perform periodic follow-up phone calls with GMN patients to monitor program outcomes.
Call Center implementation

Two Implementation Phases

Phase I
Outbound calls only with return calls expected

Phase II
Outbound calls
Inbound calls from the community
GMN Call enter

Phase I Inbound Calls (Revised Design)

Central Phone Line

GMN Queue

Agent 1
Agent 2

Shared Voicemail

No one available in queue

Desired State:
Caller routes to the first available agent in the queue. If no agent is available, the call routes to a shared voicemail.

If no agents are logged in to queue (outside of operating hours) calls DO NOT route to EHC operator.

All calls are recorded.
GMN call center

Phase II Inbound Calls

Central Phone Line

GMN Queue

Agent 1  Agent 2
Agent 3  Agent 4
Agent 5  Agent 6

Desired State:

Caller routes to the first available agent in the queue. If no answer, the caller waits in the queue until an agent becomes available.

If no agents are logged in to queue (outside of operating hours) calls DO NOT route to EHC operator.

All calls are recorded.
SFY20: Primary Care Outreach

GMN PCP Welcome Kit

- Welcome Kit Folder
- Welcome Letter
- PCP Brochure Update
- GMN Top 10 Things To Know
- AWV Top 10 Things To Know
- Process Infographic Flow Chart
- CSE Overview
- Who Would Benefit from GMN
- GoAnnual Educational Overview
- In-office Signage Summary
- GMN PCP Informational Poster
- GMN Patient Informational Poster
- GoAnnual PCP Informational Poster
- GoAnnual Patient Informational Poster
Welcome Kit Examples
SFY20: Primary Care Outreach

PCP Animated Video Examples (Completion date: 9/23/2019)
Primary Care Outreach

GMN Georgia Greats

GMN GoAnnual
Sample Web Inquiry and Physician-Guided Response:

My 63-year-old sister and my 74-year-old cousin have memory loss and I don't know where to go and what to do. My nieces and nephews are handling things but I don't think they are doing enough. How can I help?

Thank you for contacting Georgia Memory Net regarding your sister’s and cousin’s health concerns. Georgia Memory Net’s Memory Assessment Clinics require a referral from a Primary Care Provider in order to make certain that individuals receive needed follow-up care and community services referrals.

Your concern comes from a place of caring. Sometimes individuals like your nieces and nephews can feel like there is nowhere to turn, and Georgia Memory Net hopes to be that lifeline for many. We hope that you will share information that you received about the program. It may also be that your sister and cousin personally are able to understand information about your concern.

While you need permission from your sister and cousin to have their doctor tell you information, you do not need permission for you to share your concerns with their primary care provider. We encourage you to share any health concerns you may have with your relative’s Primary Care Provider to determine whether or not a detailed physical examination or memory testing would be beneficial…

At Georgia Memory Net’s Memory Assessment Clinics, trained clinicians initiate comprehensive diagnostic assessments and care planning for patients and families referred by PCPs…

We recommend visiting the Alzheimer’s Association website at www.alz.org. The AA website provides information on Alzheimer’s, help and support for care partners, and guides to local resources. The Alzheimer’s Association also offers a helpline that is staffed by a live social worker 24 hours a day (800-272-3900). You can also find helpful information regarding Alzheimer’s and related dementias care, research, and support through the National Institute on Aging’s website at www.nia.nih.gov…