



JUST ROCK IT!

**Dementia Friendly as a Strategic Business
Imperative for Hospitals & Health Care Providers**

A Blueprint for Success



Anthony Cirillo, FACHE; President, The Aging Experience

context

The Eliza Foundation has identified three major life stressors that if looked at closely impact overall health. They are: Caregiving, Financial Stress and Relationship Issues. Interventions that can help people cope with these life stressors include spirituality, social support and exercise. Things that can hinder coping success are lack of sleep, being sad or worried, and substance abuse. Correlating those to the services health care providers offer and there are many intersections. But no one provider has all of the tools to look at health holistically.

Future success of providers hinges on an understanding that societal health is more than just about population health and that ACO players are not just other hospitals, physicians and long-term care entities. Rather, employers, banks, supermarkets, in short the community all play a role when it comes to understanding dementia, including Alzheimer's. Caring for family caregivers in the workplace and creating dementia friendly communities are key issues that society has to address together. And this goes well beyond any issues identified in a community health needs assessment!

Looking at the top health care utilizers of care, Ian Morrison in a Hospitals and Health Networks article suggested, "the best management of many of these top 5 percent utilizers may end up looking a lot more like social work than medical care. Housing, transportation, income support, nutritional support and counseling may be more beneficial and effective than any form of conventional medical intervention."

We have identified three areas that when addressed can position organizations strategically as the provider of choice for boomers, older adults and their family caregivers.

1. Improve the experience of employees by identifying, embracing and creating programs for family caregivers in the workplace.
2. Improve the patient/resident/person experience by becoming dementia friendly.
3. Strategically position the organization from a marketing perspective by leading dementia friendly initiatives in the communities served.

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Improving the Employee Experience from a Working Family Caregiver Perspective

Happy employees stay with the company, are more productive and motivated and create better experiences. Six in 10 caregivers are employed while caregiving. Among them, 56 percent work full time. While people between the ages of 50 and 64 represent the largest age group of caregivers, Millennials make up nearly a quarter of caregivers, and among those individuals age 18 to 34, men are just as likely to offer care as women

The majority (74 percent) of adults with eldercare responsibilities have worked at a paying job at some point during their caregiving experience. Nearly one in four (22 percent) middle-aged and older workers (ages 45 to 64)—typically caring for a parent—report being family caregivers.

“Millennials make up nearly a quarter of caregivers, and among those individuals age 18 to 34, men are just as likely to offer care as women.”

In the not too distant future, the “caregiver support ratio” will start to plummet when the first baby boomers begin turning 80. By 2030, only 4 potential family caregivers will be available for every person 80 and older, down from a high of more than 7 to 1 in 2010. By 2050, the ratio will fall to less than 3 to 1.

A key to better employee experience is and will be identifying, embracing and creating programs for family caregivers in the workforce.

The “MetLife Study of Working Caregivers and Employer Health Care Costs” examined the additional cost of a series of major health conditions reported by employees with eldercare responsibilities and non-caregiving employees. The estimated average additional health cost to employers is 8% more for those with eldercare responsibilities. This 8% differential in health care for caregiving employees is estimated conservatively as costing U.S. employers \$13.4 billion per year.

Employees providing eldercare were more likely to report fair or poor health in general, more likely to report depression, diabetes, hypertension, or pulmonary disease regardless of age, gender, and work type.

Female employees with eldercare responsibilities report more stress at home than non-caregivers. Caregivers were more likely to report negative influences of personal life on their work. Eldercare

demands were associated with greater health risk behaviors such as smoking and alcohol abuse. Employed caregivers defer preventive health screenings and are more likely to report missed days of work. Younger caregivers (ages 18 to 39) demonstrated significantly higher rates of cholesterol, hypertension, chronic obstructive pulmonary disease (COPD), depression, kidney disease, and heart disease in comparison to non-caregivers of the same age.

Gallup data shows that 24% of caregivers say providing care for an aging parent, relative, or friend keeps them from working more. The National Alliance for Caregiving estimates the cost to employers due to lost productivity of employee caregivers is as high as \$34 billion.

[Estimate the cost of eldercare in your workplace.](#)

Addressing the Need

ReACT (Respect A Caregiver's Time) is an employer-focused coalition dedicated to addressing the challenges faced by employee caregivers and reducing the impact on the companies that employ them. ReACT represents nearly 1 million employees through its membership of more than 30 companies and non-profit organizations. If you are serious about the issues of caregiving in the workplace consider joining the coalition.



Recent research from Gallup shows that three out of four front-line managers know which of their team members are caregivers. What's missing and critically needed is the action. It can come through education.

It Starts with Culture

Organizations need to build a supportive culture for caregivers who fear being stigmatized and ostracized by acknowledging their family caregiver role. Twenty-eight percent of those caring for someone report their employers are

unaware of their caregiving. Cultures that succeed have top leaders heading the charge and talking about the issues.

Organizations need to build a supportive culture for caregivers who fear being stigmatized and ostracized by acknowledging their family caregiver role.

Employees must understand what a caregiver support program will do for them, need the services or policies that are offered, trust that using the program or even revealing their caregiving responsibilities will not lead to negative workplace consequences, and be assured that making workplace accommodations will not be held against them.

ReACT has produced an "Employer Resource Guide – Four Steps for Supporting Employees with Caregiving Responsibilities." Following are some key points.

- Conduct a workplace survey that includes a caregiver self-assessment tool.
- Complement that with an initial organization needs assessment prior to establishing a program.
- Become familiar with the issues of employed caregivers and learn about existing internal policies and internal and external resources.
- Caregivers want to ensure the safety of their loved one, manage their own stress, and balance work and family. Flexibility in the workplace is the number one thing a working caregiver desires. Effective responses do not have to be expensive or elaborate. A good flextime policy can help the majority of employees who are having difficulty managing work and caregiving.
- Initiate a conversation to create a more open and non-threatening environment in which to work. An increasing number of family caregivers are men who are more likely than women to keep their caregiving responsibilities to themselves.
- During employees' evaluations or one-on-one meetings discuss the employee's other responsibilities outside the office.

- Create an Open Door Policy.
- Research companies with best practices toward family caregivers and emulate their programs.
- Consider best in class vendor services that can provide outside counseling, referral and resources.
- After implementation, conduct an annual health risk survey of all employees and include a question about caregiving and the anticipation of caregiving responsibilities.



Best Practices to Consider

The National Alliance for Caregiving conducted a best practice review for ReACT entitled “Best Practices in Workplace Eldercare.” Surprisingly few employers conducted surveys of employees once their program was established. And few conducted needs assessments prior to establishing a program.

First generation eldercare programs were based largely on a resource and referral model in use for employees with childcare responsibilities. This model included the provision of eldercare information and assistance in locating needed community services. By the end of the 1990’s, decision-support services such as access to a geriatric care manager, insurance specialists and elder law professionals were added. The number of employers offering flextime and telecommuting

increased. Lunchtime seminars, caregiving fairs and printed material about services emerged. Some employers experimented with specific on-site programs like adult day services and support groups for employees.

According to the Society for Human Resource Management (SHRM), there has been a steady decrease in the proportion of U.S. employers with eldercare programs.

Surprisingly, according to the Society for Human Resource Management (SHRM), there has been **a steady decrease in the proportion of US employers with eldercare programs**. The percent of companies offering referrals for eldercare had dropped from 22% in 2007 to 9% in 2011. Access to eldercare back-up services also dropped during this time from 4% to 2%. Paid family leave had decreased from 33% of employers reporting in 2007 to 25% in 2011. Following are more practices.

- Reliance on technology—intranet and web services—to provide an array of informational and support services to employees.
- A move away from the “full-service” work-family vendor to eldercare programs provided by more than one vendor and, often, supplemented by internal staff and/or an EAP program.
- Some employers have implemented paid time off for caregiving in addition to PTO time.
- Resource and referral services continue to be at the center of eldercare programming.
- Discounted back-up home care for emergency needs is becoming a popular option.
- Geriatric care management services in various models were offered by some of the employers.
- Help with insurance paperwork and information about Medicare, Medicaid, and other insurance policies.
- Health care providers were creative in making sure that the services they provided for their patients or insured were also available to their employees.
- The Duke Employee Elder Care Consultation Service offers a free, confidential elder care

consultation for employees or family members of an employee. Two social workers staff the program.

- Gundersen Lutheran permits employees to donate their PTO hours to assist others.
- Fannie Mae was one of the first in the country to use the services of a full-time on-site eldercare consultant to support employees.
- Some employers with fewer resources implemented a volunteer run program by employees. The companies provide some financial support for attendance at workshops or meetings and managers sit on an advisory committee for the program.
- One employer program utilized trained professionals in geriatrics, elder law, work life professionals to facilitate a workplace review. Relying on professionals in caregiving are key elements when planning an approach that employees will use.

A study of utilization found that knowledge about the services available to help employed caregivers was not a significant factor in an employee's decision to use services. Rather, employees reported they had concerns about revealing their family issues at work or did not need the services that were offered. Supportive supervisors who encourage employees to be proactive in their efforts to balance work and family may be the most important factor in the decision to use workplace programs.

Assess your level of knowledge of the warning signs of dementia, your skills for interacting with people who have dementia, and your ability to make referrals to support services.

Where to Begin

In assessing a program, consider whether the following are in place: employee assistance program (EAP); family health insurance; flexible work hours; job sharing; leave time for caregiving-PTO or other paid leave; leave time for caregiving-unpaid leave; on-site adult day care center; telecommuting/work at home; pension/retirement plan; program that allows employees

to set aside pre-tax dollars to pay for care of an older family member; resources and referral services for elder care; seminars on balancing work and family issues; subsidy for parent care.

Assess the organizational level of knowledge of the warning signs of dementia, skills as an organization for interacting with people who have dementia, and the ability to make referrals to support services.

Outsourcing Caregiver Resources

The information from SHRM that there has been a steady decrease in the proportion of U.S. employers with eldercare programs is alarming. It may be because the sheer numbers of people in need are overrunning the ability to provide assistance. That is when a trustworthy and experienced outside vendor can be of assistance.

Resource and referral services continue to be at the center of eldercare programming for employees.

While there are several programs in the marketplace that serve as guidance and referral sources to family caregivers, only one that we have uncovered have their roots in senior fraud and abuse and which concentrates as much time and resource on the care of the caregiver as it does providing referral and other services for the person for whom they are caring. They stay with you after a loved one has passed to prevent and handle any fraud and abuse issues while protecting the estate.

The Caregiver TouchPoint Program was created to be a comprehensive solution to the contemporary challenges faced by a family member providing adult caregiving.

Major program components include:

- Unlimited toll free access to a personal advocate available to provide guidance to ongoing caregiving challenges.
- Advocates address urgent needs such as benefit eligibility and long-term planning.
- Specialized services for Medicare and Medicaid, veteran's benefit eligibility.
- Downloadable caregiver tools and forms.
- Extensive library of research, contemporary

articles, guidelines, statutes.

- Searchable databases across the continuum of providers including extensive information and the federal institutional rating.
- Caregiver's Guide to Medicare service includes a platform for initial screening of covered benefits and a link to the Medicare database. Services also include access to over 100 gerontology resources.
- Personalized Mitigation of Elder Financial Abuse.
- Specialized document management including crucial replacements.
- Elder Identity Wellness Checkup on behalf of the care recipient.
- Full resolution of existing issues and suggestions for proactive measures to protect the estate.
- Estate settlement.
- Search for imbedded life benefits.
- Notification assistance and documents required to settle the estate.

The eldercare advocate is the first point of contact regarding services. The advocate quickly becomes a trusted source and stays with the caregiver through the entire relationship, assuring continuity and consistency.

Innovative Program Supports Caregivers Through Video

Caregiving is hard, but it can be easier and more fulfilling for you and the loved one you care for! That is the premise behind a 30-Day Video Caregiver Support Program introduced by Anthony Cirillo, FACHE, president of The Aging Experience.

Each day family caregivers receive an inspiring video that covers one aspect of caregiving. There is a story, a moral, and a key takeaway that they can apply that day to make their life a little bit easier as a caregiver. In addition to hearing a message, Anthony incorporates song into the videos as well.

The Program helps turn caregiving from a potentially burdensome experience to a joyful opportunity, one where you don't just survive but thrive.

Health companies can use this as a value-based offering for caregivers who utilize their services. A home health company with a new client can give this to the family caregiver who they worked with or an assisted living organization welcoming a new resident can also show the family caregiver appreciation too.

The CARE Act has been passed in some 17 states. In one version or another it requires a hospital or rehabilitation facility to record the name of the family caregiver when a loved one is admitted for treatment; require the family caregiver to be notified if a loved one is going to be discharged to another facility or released to their home; require hospitals and rehabilitation facilities to provide explanations and in-person instruction about medical tasks that the family caregiver will need to provide at home. As health care providers and family caregivers start to form closer relationships, this program is a value-added service that providers can offer.

[Here are the first three days of the program.](#)

For more information:

www.avanoo.com/anthonymcirillo





Improve the Person-Centered Experience by Becoming a Dementia Friendly Provider

The employee experience is the essential building block from which to improve experiences for others. Becoming a dementia friendly health care provider is the next step in the journey. By becoming dementia friendly, providers in turn become safer, provide higher quality and gain a distinct market advantage. Dementia Friendly complements other provider mandates and helps providers anticipate the trends impacting health care.

Are You Ready?

When working with providers, it is essential to know from an attitudinal and cultural fit where the organization ranks.

The “Attitude Toward Dementia including Alzheimer’s Disease” tool identifies key strengths and potential areas for improvement in a dementia care environment, in essence, a cultural assessment tool.

The tool poses statements and asks people to rate their agreement with them. It also poses additional questions to help understand the needs of the organization from a training and education standpoint. Here are some examples.

- It is rewarding to work with people who have Dementia Including Alzheimer’s (DIA). (Yes or No)
- I am afraid of people with DIA.
- People with DIA can be creative.
- I feel confident around people with DIA.
- It is possible to enjoy interacting with people with DIA.
- People with DIA can enjoy life.
- How much education and training have you had on Alzheimer’s disease and dementia?
- What are the three biggest HOPES, GOALS and OPPORTUNITIES that you see for dementia care?

By becoming dementia friendly, providers will in turn become safer, provide higher quality and gain a distinct market advantage. Dementia Friendly complements other provider mandates and helps providers anticipate the trends impacting health care.

Put Yourself in Their Shoes

Many reading this paper have probably participated in aging sensitivity training sessions where the physical challenges that older people experience is simulated. What if people could also experience the cognitive and sensory challenges too?

The Virtual Dementia Tour®

The Virtual Dementia Tour® (VDT) is an award winning, scientifically-proven method of training designed to build sensitivity and awareness in individuals and health care providers who are providing care for those who are living with dementia. It is an experiential tool kit that provides a simulation of what it “feels like” to live with dementia.

P.K. Beville, a specialist in Geriatrics, created the VDT to help professional and family caregivers better understand people who are living with dementia, how to identify and understand behaviors and unmet needs, as well as how to understand the physical and mental challenges of people with dementia. This unique, interactive curriculum has been proven to improve communication and help people provide better care by having a better understanding of what it “feels like” to walk in the shoes of people who are living with dementia. “Perfectly healthy people who five minutes before behaved “appropriately” start doing what we call “inappropriate behaviors,” automatically, all on their own!”

The VDT utilizes pre-and post-testing to measure attitudes, perceptions and opinions before and after experiencing the tour.



Over 250,000 individuals representing eldercare communities, corporations, caregivers, municipal employees and nonprofit organizations have completed the VDT. Of that, ninety-four percent of participants responded that it is crucial and necessary to undergo sensitivity training like this in order to provide good care to those with dementia.

Assess the Environment

Knowing your cultural readiness and being exposed to what it is like to “walk in their shoes” an organization is now ready to assess the environment.

- The “Person-Centered Dementia Care Assessment Tool” is a best practice tool developed by the Wisconsin Department of Health Services Bureau of Aging and Disability Resources which reviews environment, language and communication, care plans, problem solving, activities, communication and leadership, team structure, knowledge and training, policies and procedures.
- The “Environment & Communication Assessment Toolkit (ECAT) for Dementia Care” developed by Jennifer Brush, Margaret Calkins, Carrie Bruce, and Jon Sanford is another tool that can be modified for different health care environments. It assesses personal spaces and public spaces, visibility, wayfinding and navigation, contrast, sound and light levels. A team of speech-language pathologists and architects who specialize in dementia care developed it. It has more than 300 specific recommendations for interventions and modifications that reduce typical problems encountered during routine activities of daily living for people with dementia. In field tests, 98% of professionals using ECAT reported it gave them new treatment options.

The key to person-centered and person-directed care is to get to know the person you are taking care of so that you can tailor the care to their desires and preferences when appropriate.

- As part of its Dementia Friendly Community initiative, Act on Alzheimer’s includes hospital assessments that focus on:

- ▶ Training hospital staff in early detection of dementia, caring for people with dementia and other dementia education.
- ▶ Providing dementia-specific follow up information and education about the medical care of the condition to both the patient and family, once someone is diagnosed.
- ▶ Providing non-medical information about services and supports available to both the patient and family caregivers or helpers, once someone is diagnosed.



Inpatient Hospital Care

Admissions and Intake – Get to Know the Person

The key to person-centered and person-directed care is to get to know the person being taken care of so that care can be tailored to their desires and preferences when appropriate. A variety of tools exist to help providers.

- The Alzheimer's Society in the U.K. has the [This is Me](#) assessment. It provides information about the person at the time the document is completed. It can help health and social care professionals build a better understanding of who the person really is. It should be completed by the individual(s) who know the person best and, wherever possible, with the person with dementia.
- A variation of this tool is “[Get to Know Me](#)” created by Ellen Belk. Ellen has been a

recognized Dementia Care Solutions Expert and is known for her creative activity programs, operational resolutions, advocacy efforts and caregiver training.

- Everyone has a story, but often we learn his or her story too late. That's the reality that motivated Sheila Brune, MS, RN to create [The Living History Program](#), a copyrighted program that records and creates the personal story of patients. Those stories are then used to personalize the care of patients, making the experience for everyone more fulfilling.
- Mosaic Life Care conducts care plan meetings in which a sketch artist illustrates the plan in a drawing that is then placed on a button. It becomes a conversation starter.

The Hospital Wristband Program

Gary Joseph LeBlanc has created The Hospital Wristband Program to raise awareness and ensure staff is aware of an underlying dementia diagnosis or someone identified at-risk of cognitive impairment.

- Hospital staff, volunteers and first responders receive training developed by LeBlanc.
- A dementia screening is added to the admissions process to identify cognitive impairment even if there is no prior diagnosis. Vetted by health care attorneys, the mini-cog test is considered a precautionary program, such as a fall prevention program. It is for staff to identify those who may be at risk for cognitive issues. It is not a diagnostic tool.
- Upon admission, those identified with a prior diagnosis or identified at risk have a Purple Angel affixed to their hospital wristband and on their door, reminding those entering to keep the patient's special needs in mind.

The majority of nursing home admissions come directly from the hospital. People with dementia are far more likely to be hospitalized than their peers. About two-thirds of the hospitalizations that occur in people with dementia are for potentially preventable.

Dementia Coordinator / Impact on Discharge Planning

Many health care providers have care coordinators that work in service line specific environments. Often providers lament that they need a coordinator for the coordinators. In the U.K. certain hospitals in the NIH have implemented a role, Dementia Coordinator, to service this specific patient population across diagnoses. It is critically important in light of the following.

Nearly half of all individuals on antipsychotics in nursing facilities were admitted with a prescription for these medications already in place. The majority of nursing home admissions come directly from the hospital. Make the connection.

In 2010, 24.3% of hospital patients 65-84, and 44.3% of hospital patients aged 85+ were discharged to a nursing home after an average stay of 5.5 days in the hospital. Nearly 45% of hospitalizations among nursing home residents enrolled in Medicare or Medicaid are avoidable. People with dementia are far more likely to be hospitalized than their peers without impaired brain function. About two-thirds of the hospitalizations that occur in people with dementia are for potentially preventable illnesses.

- The role is designed to support patients admitted with a known diagnosis of dementia or cognitive impairment, to ensure they receive a positive hospital experience that supports their recovery in a stimulating and social environment.
- To be a familiar and consistent person involved in the care of patients with dementia and cognitive impairment, encouraging familiarity and trust.
- Cognitive stimulation and social interaction is encouraged to support patients to maintain their independence, aid their recovery and promote discharge from hospital in an appropriate timeframe.
- The coordinator is a dementia champion, assisting in reducing the stigma attached to dementia patients.
- Key to the role is assisting with the provision of lunch clubs, activities and stimulation and exercise groups in collaboration with other members of the multidisciplinary team for the patients.

- The coordinator is also responsible for ensuring support of the family caregivers of people with dementia, ensuring that they are referred for assessment and referred to relevant support services.
- The coordinator is also responsible for helping family caregivers and patients fully understand their discharge instructions, appropriately follows up and assures smooth transitions to other care environments and home.

Learning the art of building meaningful relationships is the fundamental building block of care that puts the person living with dementia first. The role of sensitivity, awareness, and presence in identifying the needs of those living with dementia is essential.

Training and Education

Acting on the findings of a dementia assessment and instituting effective programs at admission can only be successful if the health care staff is educated about dementia, including Alzheimer's so as to understand how to work with patients and their family caregivers. There are many education models in place including the Alzheimer's Association's Dementia Friendly Hospital Initiative (DFHI): Care Not Crisis. Effective education includes:

- Understanding the difference between the "medical model" and the "experiential model" of care and the need to change the culture of dementia care.
- Learning the art of building meaningful relationships as the fundamental building block of care that puts the person living with dementia first. The role of sensitivity, awareness, and presence in identifying the needs of those living with dementia is essential.
- Understanding the importance of the language society uses when describing dementia, including Alzheimer's. An excellent resource is the Dementia Action Alliance's "[Words Matter](#)" document.
- Understanding of the issues of hospital delirium in an elder population, the use of anti-psychotics and the impact on both health and readmissions.

Specialty Focus

Forward thinking hospitals have recognized the value of certain services and programs that improve the quality of care for all elders with or without dementia, while reducing costs and preventing unnecessary admissions and readmissions.

NICHE Nurses

NICHE (Nurses Improving Care for Healthsystem Elders) is the leading nurse driven program designed to help hospitals and health care organizations improve the care of older adults. The vision of NICHE is for all patients 65 and over to be given sensitive and exemplary care. The mission of NICHE is to provide principles and tools to stimulate a change in the culture of health care facilities to achieve patient centered care for older adults. NICHE, based at NYU College of Nursing has over 620 hospitals and healthcare facilities in 46 states, Canada, Bermuda, and Singapore. There is a long way to go when you consider the thousands of hospitals in the U.S. alone.



Focus on the ED

Effective work by NICHE nurses can happen in the Emergency Department, where unnecessary hospitalizations can be avoided and where appropriate referral to community resources can be made. Taking it a step further, a small but growing number of hospitals are building emergency departments specifically for elderly patients.

According to Modern Healthcare, more than 50 U.S. hospitals have opened EDs for elderly patients since 2011 and at least 150 more have senior-specific EDs in development. Some hospitals are building new geriatric-focused emergency departments while others are carving out part of their existing ED for seniors.

Elderly patients account for up to a quarter of all ED visitors worldwide. They are more likely to have

complex comorbidities, require longer diagnostic workups, and be readmitted. They often end up in the emergency department after a fall or not taking their medications correctly.

Some characteristics of these EDs include:

- Soundproofing
- Thicker mattresses to prevent bed sores
- Non-glare flooring to prevent calls
- Shorter triage and treatment times
- ED nurses receive specialized training, and geriatric nurse practitioners and nurse managers are part of the staff.
- Staff members call patients after a visit to the ED.

The costs associated with this kind of ED can range from \$150,000 to \$3.2 million, depending on the number of beds; retrofitting and structural modifications; and new processes, protocols and staffing.

Outpatient Geriatric Assessment Centers

Some organizations have created outpatient geriatric assessment centers. Hunterdon Medical Center in Flemington, N.J. created "The Center for Healthy Aging" and has 50 NICHE nurses trained on staff and five geriatricians. These types of centers provide:

- Geriatric Assessment - A comprehensive evaluation of the older adult by a team of health care professionals specializing in geriatrics. Geriatric assessments are targeted for patients at high risk of future hospitalization or nursing home placement, patients with impairments in daily living activities, or patients experiencing any of the following age-related conditions: Falls, urinary or fecal incontinence, dementia, depression, delirium, weight loss. Caregivers also benefit from the assessment.
- A geriatrician or geriatric nurse practitioner conducts a physical examination.
- A comprehensive approach to the evaluation and treatment of fainting and falling to reduce risk and prevent expensive inpatient hospital stays.

- Most geriatric assessment centers have dedicated pharmacists that resolve drug interaction problems for patients taking multiple medications.
- Additional supporting team members may include physical and occupational therapists to reduce the risk of falls, psychiatrists to treat mood disorders, or dieticians to address nutritional needs.

These centers have been found to offer significant improvements in seniors' quality of life and living independence. The geriatric assessment team creates a personalized set of recommendations after assessing the patient. Most outpatient geriatric assessment centers accept payment from Medicare and do not require a referral from the patient's PCP.

It Starts in the Medical Practices

The cultural and environmental assessments conducted in the hospital setting should also be conducted in physician practices.

Early detection and diagnosis of dementia, including Alzheimer's is critical for improving the physical, emotional and financial impacts of the disease. Unfortunately, medical providers do not routinely assess the cognitive health of their patients, leading to delayed diagnosis and post diagnostic care. Currently, less than 35 percent of people with dementia have the diagnosis documented in their medical record. Benefits of early diagnosis include:

- Optimize current medical management.
- Relief gained from better understanding.
- Maximize decision-making autonomy.
- Access to services.
- Risk reduction at home and in the community.
- Ability to plan for the future.
- Improve clinical outcomes.
- Avoid or reduce future costs.

Assessing the cognitive health of all Medicare patients at the annual wellness visit is one way to start. It is a new and underutilized Medicare benefit.

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Act on Alzheimer's has a toolkit of practice decision tools that are free to use and adapt with attribution. They include:

- Clinical Provider Practice Tool: Provides physicians a streamlined protocol for managing cognitive impairment and guiding decisions for screening, diagnosis, and disease management.
- Electronic Medical Record (EMR) Decision Support Tools: Provides a template to assist clinicians in implementing a standardized approach to all aspects of dementia care within the health record.
- Screening, Diagnosis, Treatment and Management: Each tool guides the provider toward best care practices for patients living with Alzheimer's disease or a related dementia, with the benefit of improved diagnosis accuracy and improved care coordination and health outcomes.
- Managing Dementia Across the Continuum: Includes a protocol for treating, managing and supporting persons with dementia beyond the early stages of the disease. Appropriate for medical and nursing directors in older adult settings and for other professionals involved in dementia care.
- Care Coordination Practice Tool: Ensures that the agreed-upon plan of care is guided by the goals, needs and preferences of the patient.
- Community Based Service Provider Practice Tool: Community based service providers can utilize a practice tool to support clients with memory concerns and their care partners.
- After a Diagnosis: Action steps and tips medical and provider professionals can share with individuals and their family when a diagnosis of Alzheimer's or dementia is made.

Falls – A Serious Issue

Falls among the elderly are serious. Falls among those with dementia, including Alzheimer's can be catastrophic. To address low rates of fall prevention screening, the CDC's National Center for Injury Prevention and Control created the STEADI (Stopping Elderly Accidents, Deaths, and Injuries) Tool Kit for Health Care Providers. This tool kit can be accessed at

<http://www.cdc.gov/steady/patient.html>

This online program for use with older adult patients who are at risk of falling (or have fallen) provides information and tools for assessing and addressing the fall risk of older patients. The tool kit is based on an algorithm for fall risk assessment and intervention that can be incorporated into medical practice on a daily basis. While in the waiting room, patients complete a questionnaire that asks about falls, unsteadiness, lack of strength, and incontinence, all of which are risk factors for falls. Patients bring this questionnaire into the office visit, and their score guides the physician in selecting the appropriate workup.

Without letting others know what one really wants when faced with serious decisions, loved ones are left guessing, and very often make decisions based on their own wishes and not those of the person who is sick.

End of Life Care

Any discussion about becoming dementia friendly must include a conversation around end of life care. There is much written on this topic and two excellent sources to put this in perspective are Atul Gawande's book "Being Mortal" and the PBS special of the same name.

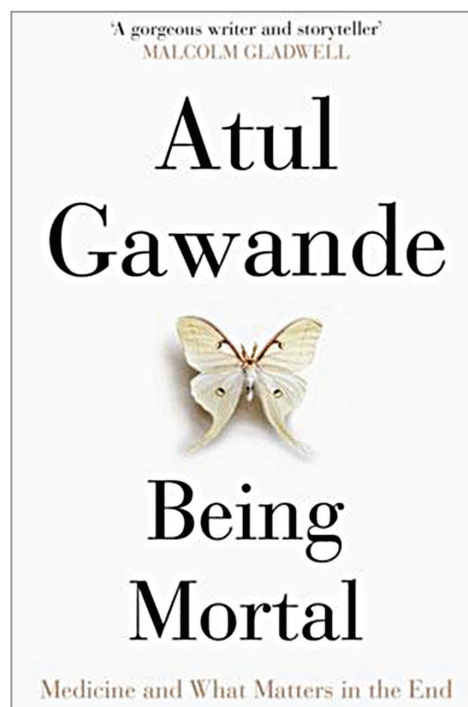
There has been an increased emphasis on planning end of life care, having advanced directives and utilizing tools like [Five Wishes](#).

Here is another way to help spur the conversation.

Unique playing cards are being innovatively used by [Norwell Visiting Nurse Association \(NVNA\)](#) and

Hospice to entice seniors to talk about their end of life wishes. Cards include wishes like:

- Not being connected to machines.
- To keep my sense of humor.
- To be able to talk about what scares me.
- To maintain my dignity.



Called "The GoWish Game" the cards were created by Coda Alliance. It is a tool to introduce serious considerations in a non-threatening way. With 36 cards in the deck, each player divides it into three piles: very important to me; somewhat important to me; not important to me. Then, each player chooses the top 10 from the "most important" cards.



Clinicians and office staff participate in various sessions to play the game and discuss their own individual concerns and wishes. An eye opener for many, it provides invaluable insight into what patients must consider in their lives. What

is often most revealing through the game is that many people don't really know what their loved one wants. What one person may consider very important, another may not. The genius of this game is that it gets difficult conversations started in an easygoing way.

Having the conversation with loved ones and/or the people who will be responsible for overseeing one's care is perhaps one of the most important things anyone can do.

Without letting others know what one really wants when faced with serious decisions, loved ones are left guessing, and very often make decisions based on their own wishes and not those of the person who is sick.

Engaging Family Caregivers

While caregiving in the workplace was discussed in depth at the beginning of this paper, it is important to extend this discussion to the needs of those family caregivers that providers encounter on a daily basis. As with many things in health care, providers often wait for mandates and carrots and sticks to be introduced before acting on issues.

Consider that the family caregiver is often the person filling out the Press Ganey survey and you quickly realize the importance of their engagement.

For example, as mentioned, The CARE Act has been passed in some 17 states. In one version or another it requires a hospital or rehabilitation facility to record the name of the family caregiver when a loved one is admitted for treatment, require the family caregiver to be notified if a loved one is going to be discharged to another facility or released to their home, require hospitals and rehabilitation facilities to provide explanations and in-person instruction about medical tasks that the family caregiver will need to provide at home. This just scratches the surface.

Consider that the family caregiver is often the person filling out the Press Ganey survey and you quickly realize the importance of their

engagement. Consider the following when looking at deepening relationships with family caregivers.

- Document the family caregiver in the medical record even if your state has not passed the CARE Act.
- Conduct focus groups with family caregivers.
- Establish a Patient Family Advisory Council in this area.
- Promote portal engagement and use of EMR tools for communication.
- Implement a caregiver assessment tool to gauge the state of the health of caregivers.



Strategically Market the Organization by Leading Dementia Friendly Community Initiatives

Blueprints are well established for implementing Dementia Friendly Community programs. The 2015 White House Conference on Aging introduced Dementia Friendly America, whose blueprint is illustrated below. However, effective execution on these plans is hard. Limited budgets and volunteer efforts are well intentioned but can only move the needle so far. Health care providers, particularly hospitals, relatively speaking, have deeper pockets to fund these initiatives.

The key is to understanding the return on investment (ROI) of taking the lead. It is obvious from a brand and marketing perspective the value of leading these initiatives in your community. In doing so, you also expand the definition of

community benefit and assessment, which in turn enhances and fulfills provider obligations in this area.

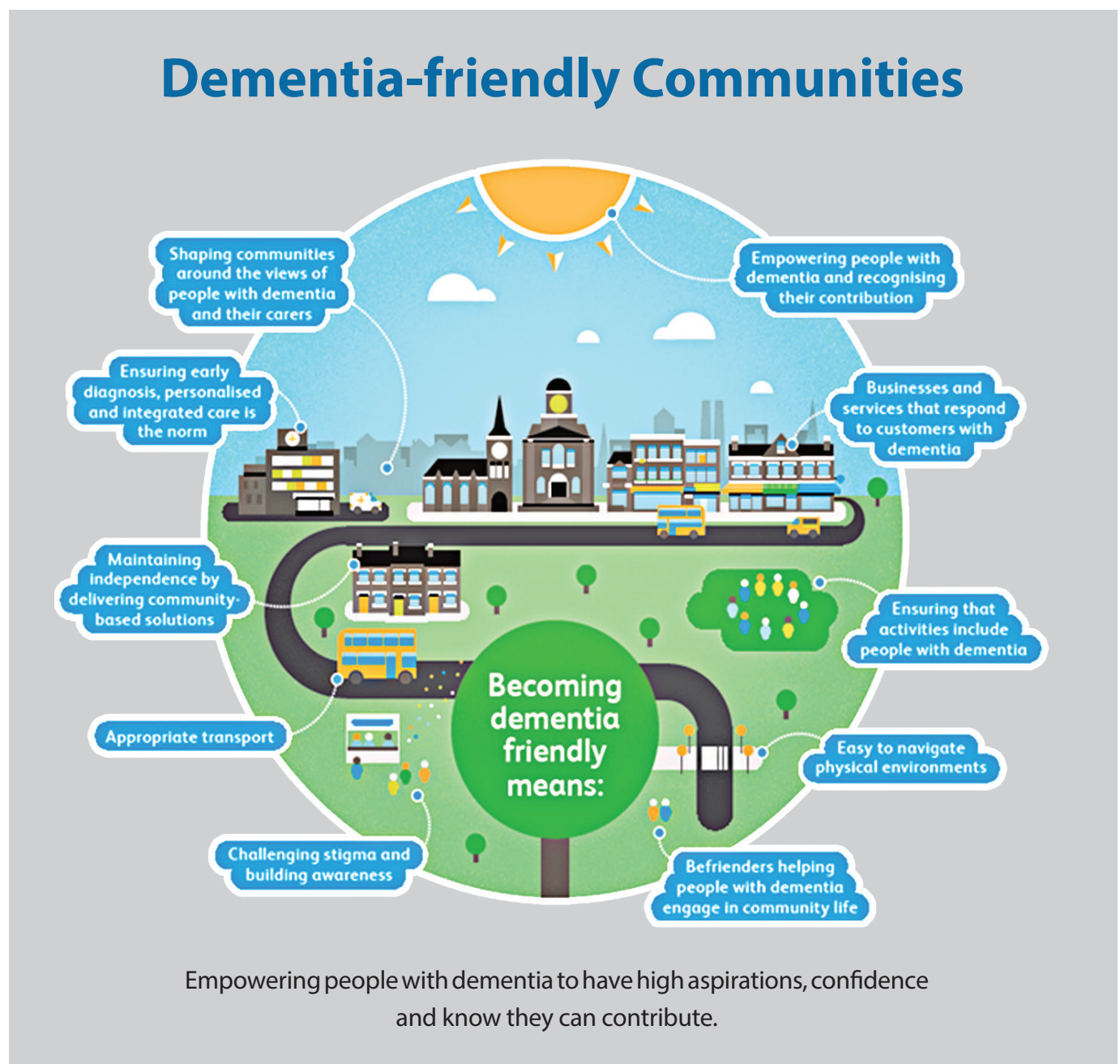
But thinking broadly and with vision, smart providers also realize that a dementia friendly community is a healthier community, one which helps reduce inappropriate admissions and guides people to the appropriate long-terms services and supports. These initiatives broaden the thinking about who an ACO partner could be and who might be in a bundled payment scenario. In short, a dementia friendly focus fast tracks a provider in responding to where the marketplace is moving while providing a unique niche to fill and a unique story to tell.

The Dementia Friendly America initiative



The Dementia Friendly America initiative, a multi-sector, national collaborative, is on a mission to foster communities that are equipped to support people with dementia and their family and friend caregivers by becoming “dementia friendly.”

The Alzheimer's Society in the U.K. has been firmly entrenched in this area and this [white paper on building communities is an excellent resource](#). The U.K. blueprint is quite similar to the U.S. as illustrated below.



Act on Alzheimer's in Minnesota is considered one of the most progressive and well-formed initiatives in the U.S. [Their extensive toolkit is available online](#).

The toolkit offers four clear steps and processes:

- Convene key community leaders and members to understand Alzheimer's disease and its implications for the community. Then, form an Action Team.
- Assess current strengths and gaps in meeting the needs that result from the disease and related dementias, using a comprehensive community assessment tool.
- Analyze community needs and determine the issues stakeholders are motivated to act on; then set community goals.
- ACT Together to establish implementation plans for goals and identify ways to measure progress.



Telling Your Story

“It is a young mind, in an aging body, with a maturing wallet.”

That is how Robin Wight, Chair of London-based advertising firm WCRS, describes the 55+ market. While a dementia friendly focus is imperative, marketing to older adults no matter what their cognitive state, requires a different focus and awareness.

Consider that most marketing functions in health care consist of Gen X and Millennials and you can readily see some of the barriers in understanding and communicating with an older audience, let alone an audience that includes people with dementia, including Alzheimer’s and their frazzled family caregivers.

Marketing theory is intrinsically age neutral but application of marketing is instinctively youth-centric.

Are You Ready to Market to an Older Consumer?

Here are some obvious but strategic questions to ask when marketing to an older population.

- How is the age composition of our markets changing?
- What effects does this have on our marketing strategy?

- What is the target age range of our customers? How has it changed in the last five years and how will it change in the next five?
- What research and assumptions are used to reach these decisions?
- How is our media spend allocated over the age profile of the market? Will this change?
- What is the basis for deciding how we apportion the spend?
- What account is taken of the needs of people 50+ in our new product and service development?
- To what extent do we research the needs of older consumers?
- Is our marketing age neutral?

Age Neutral

To gauge whether your marketing is age neutral take this test. Answer yes or no to the following.

- With regard to the consumer’s age, is the marketing strategy and its implementation unbiased, dispassionate and based on facts only, not assumptions?
- Is the application of the marketing strategy regularly reviewed to ensure that it remains age neutral?
- We assume that the consumers’ behavior is age neutral unless there is convincing evidence to the contrary.

- We make no decisions based on assumptions about the effects of aging on consumers' reactions to new brands technology, change and new experiences.
- We have plans to exploit the changes to consumer markets created by changes in population age and economic structure.
- We account for the differences in the behavior of older people on the basis of their nationality and ethnic origin.
- We apply an age-neutral approach to all areas of marketing, not just communications.
- We are aware of the physiological effects of aging and incorporate them into all aspects of our marketing.
- Our intention is to make age-neutrality part of our marketing strategy.
- Unless we have compelling research evidence, we do not use the chronological age of consumers to segment our market.

How one perceives older people impacts how you care for them. And how you care impacts the experience. And the experience impacts word of mouth. And that impacts revenue and referrals.

Age Prejudices

In a Caring.com article entitled, "[5 Common Misconceptions About Aging](#)", Anthony Cirillo writes about some of the common age biases many associate with older people. Typical stereotypes are that seniors are "slow" or have poor memory, for example. In addition, Princeton University professors have uncovered prescriptive prejudice, which are beliefs about how older adults should act. They found three key ideas:

- Succession, the idea that older adults should move aside from high-paying jobs and prominent social roles to make way for younger people
- Identity, the idea that older people should not attempt to act younger than they are
- Consumption, the idea that seniors should not consume so many scarce resources, such as healthcare

How one perceives older people impacts how you care for them. And how you care impacts the experience. And the experience impacts word of mouth. And that impacts revenue and referrals.

Don't Assume

When marketing to the mature market, don't make assumptions about their desire to change brands, adopt technology, accept change or seek new experiences. All bets are off.

Don't use age-related segmentation of chronological age, life stage, generation unless proven by specific market or product research. Age is an attitude and lifestyle is the manifestation of that attitude. That is what you market to in an older population.

But Be Realistic

While people may have the attitude and lifestyle younger than what is associated with their chronological age, here are certain physical realities that have to be addressed such as vision and hearing loss and problems with dexterity. Do take account of age-related deterioration and health issues. These impact the delivery and presentation of your marketing messages.

In turn, consider:

- **Fonts** – avoid using Serif. Arial, Verdana and Helvetica are preferred.
- **Color** – light letters on a dark background can be easier to read. Avoid black on red and using red and green together. Use a high level of brightness.
- **Format** – the line length on a screen should be a maximum of 50 characters. If the line is too short, it will cause eye strain as the user's eyes travel back and forth from line to line.
- **Mouse** – older people have trouble using a mouse. That is in part why tablet computers have become popular. For computer users it is important to keep graphics and other clickable items large. Have a resize feature as standard. Ensure sufficient space between links so people do not accidentally click on the wrong one.
- **Navigation** – goal-centered navigation anticipates the reasons for people visiting a website. That makes for common sense design for all audiences. Make search easy and obvious. And provide ample clues on how to navigate back to pages.

An audit that assesses culture, messaging and deliverables can go a long way in refocusing your marketing to effectively reach older adults.

Conclusion

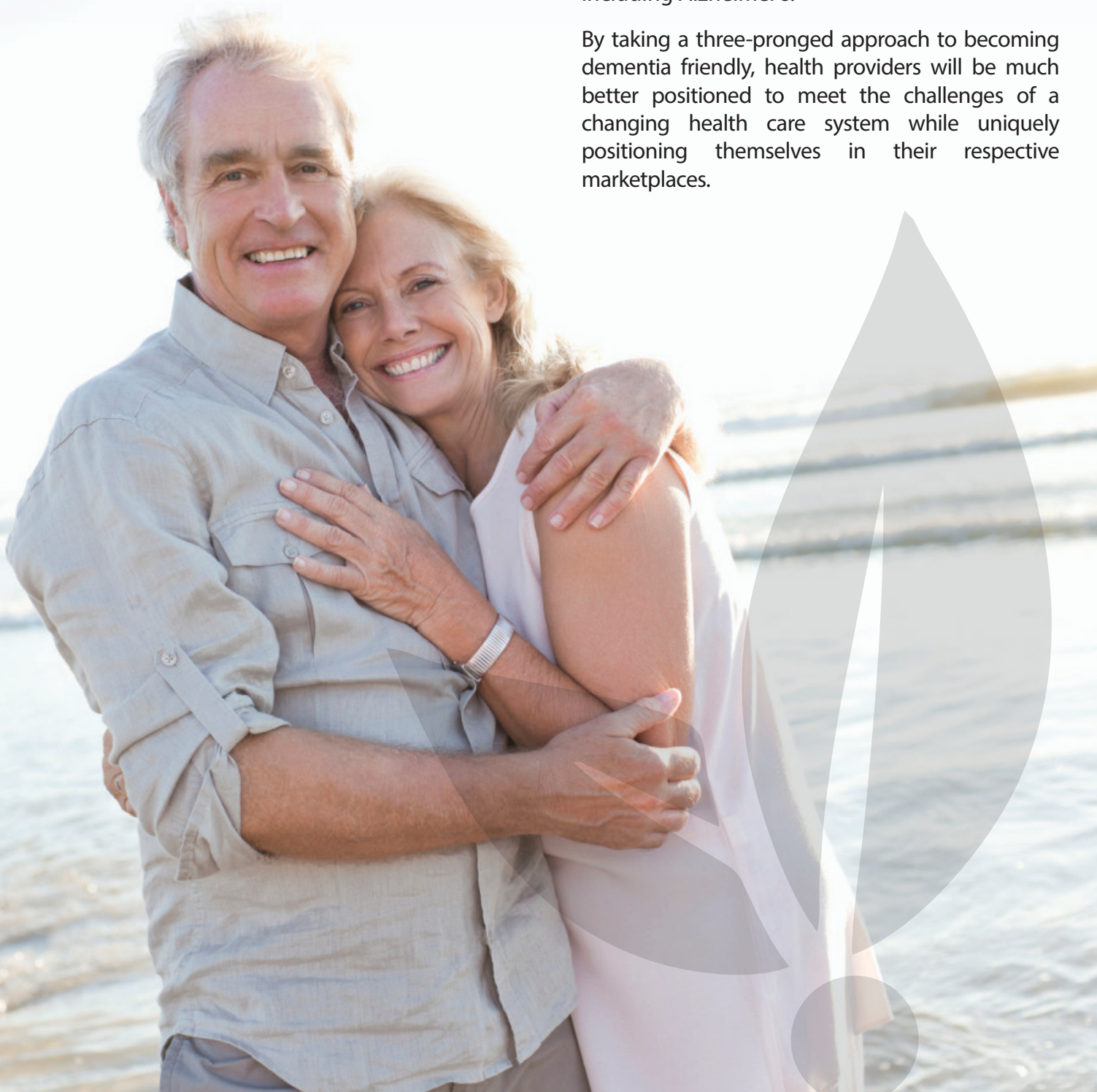
The OMNIA Health Alliance was recently formed among Horizon Blue Cross Blue Shield of New Jersey and several physician and hospital groups in the state. Its mission is to develop innovative ways to keep individuals healthy and improve the quality of care individuals receive. The organizations will collaborate and innovate on ways to increase the scale of population health management across the state.

That is a good first start. It is bigger than one ACO. It is statewide initiative. Realizing that dementia care transcends population health management,

a logical next step for this collaboration would be to embrace community partners who can work with hospitals on the frontlines of dementia care, well before other disease states manifest that then neatly put a person into the population health model. By then it is often too late.

Providers must realize that future success hinges on an understanding that societal health is more than just about population health and that ACO players are not just other hospitals, physicians and long-term care entities. Rather, employers, banks, supermarkets, in short the community all play a role when it comes to understanding dementia, including Alzheimer's.

By taking a three-pronged approach to becoming dementia friendly, health providers will be much better positioned to meet the challenges of a changing health care system while uniquely positioning themselves in their respective marketplaces.





About the Aging Experience and Anthony Cirillo, FACHE, ABC

Help organizations seize opportunity in the mature market. Help caregivers thrive & individuals make educated decisions. Consultant. Speaker. Media Expert.

Many remember us as Fast Forward Consulting, a firm specializing in strategic marketing and experience management in health care. In fact we were one of the first to connect experience to branding. [Not to mention being at the forefront of launching the patient experience movement.](#) We've come a long way.

See, the experience is blind to the setting and the settings are becoming blurred. Further consider that in an aging society, [population health management doesn't quite capture dementia](#), including Alzheimer's. [And to change the culture of aging care we have a long way to go.](#)

Consulting

While we continue to offer [patient experience management](#); [strategic marketing](#); and [international health care consulting](#), our unique perspective and ability to connect the dots allows us to specifically address aging issues head on while still effectively impacting the experience of care and the marketing and brand image of your organization.

Whether you are a health care organization, a company marketing to health care organizations, or any organization that has an interest in the mature market and family caregivers in the workforce, we can help you create better experiences, strategically position the organization, and be a conduit to reaching your intended customers.

We are improving the experience for health care organizations by helping them become dementia friendly. We are improving the experience of employees by helping organizations identify, embrace and create programs for family caregivers in the workplace. And we are strategically positioning our clients from a marketing perspective by helping them to lead dementia friendly initiatives in their communities.

Speaking

Our videos, list of groups addressed and their reviews speak for themselves. Anthony Cirillo is a member of the National Speakers Association who uses song and performance to present expert knowledge in an entertaining way. Whether it's addressing the Cleveland Clinic patient experience conference or keynoting the Alzheimer's Association meeting in Charlotte, Anthony creates experiences to be remembered.

Products

We offer an array of products that can help companies provide value-added services and create good will; provide resources to family caregivers; and joy to elders.

Media Expert / Spokesperson

Quoted in the Wall Street Journal, Forbes, USA Today and more, Anthony Cirillo is a veteran media expert who appears monthly on The Charlotte Today program talking about aging issues. Need an expert. Call Anthony. Need someone to effectively represent your organization as a spokesperson. Yep – call Anthony.

Why The Aging Experience?

Our values:

- Actively listen.
- Do what's right. Do it once. Get it right.
- Be visionary. Plan now for the anticipated future.

More about Anthony Cirillo

If you have a product or service and want to reach health care providers, boomers and/or senior consumers, I am your connector.

Anthony is president of [The Aging Experience](#). He helps organizations craft experiences and seize opportunities the mature marketplace. He helps family caregivers thrive and individuals make educated aging decisions. A consultant and professional speaker, Anthony is a monthly contributor on The Charlotte Today program, the [about.com](#) expert in Senior Care, an executive board member of [CCAL](#), and a member of the [Dementia Action Alliance](#). In his home community he participates in [Huntersville CARES](#), a dementia friendly community initiative, and is a board member of the [Lake Norman Family Health Clinic](#).

As someone who helped launch the patient experience movement, Anthony has a unique ability to envision the future state of health care, see solutions before others see problems and formulate answers before people understand the question. He has been called innovative, inventive, original and resourceful. He provides logical support for futuristic thinking and makes difficult to understand ideas easier for people to comprehend. Anthony can connect the dots in healthcare. CEOs retain him for big picture thinking.

Story

Anthony Cirillo is a passionate advocate for family caregivers and older adults, helping them lead a quality life through a platform of educated aging – physically, emotionally and financially. He understands the business of health care and as someone who spends thousands of hours a year with older adults and their caregivers, he understands consumer perspective and needs.

A Fellow of the American College of Healthcare Executives, Anthony consults with health care organizations globally. Having helped launch a Wall Street startup, he brings marketing savvy and an entrepreneurial mindset to clients, being named a Top 50 Entrepreneur in Charlotte in 2011.

His article “The Chief Experience Officer” became an impetus for the Cleveland Clinic to create an office of patient experience, hire the first hospital chief experience officer and create a groundswell to promote better patient experiences long before the focus on value-based purchasing.

His blog, Educated Aging and corresponding video blogs help consumers understand the health care system while imparting ways to live a quality life. His blog is listed as one of the top boomer blogs by AllTop contributing to Anthony's online Klout influence that tops 60. His book, *Who Moved My Dentures?*, dispels myths about aging.

A member of the National Speaker's Association, he has spoken to thousands of health care professionals and consumers at wide-ranging venues and is represented by several speakers' bureaus.

Anthony started his career as a producer for CBS-TV in Philadelphia. And he uses skills honed early in his career when he appears on radio and TV as an expert in aging and health care. Anthony is a prolific writer, having written hundreds of blogs and articles. He is often cited in the press including wide-ranging publications such as the Wall Street Journal, Forbes, USA Today, among others.

Anthony fell into a mission and advocacy for elders when he started performing in nursing homes. A gifted singer-performer, he has been to Nashville to record and has sung around the country. He uses his performing gifts in his keynote speeches. Anthony brightens the lives and promotes the quality of life and the dignity of caregivers and seniors. And he is a conduit that helps businesses reach and connect to boomer and senior audiences.



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