



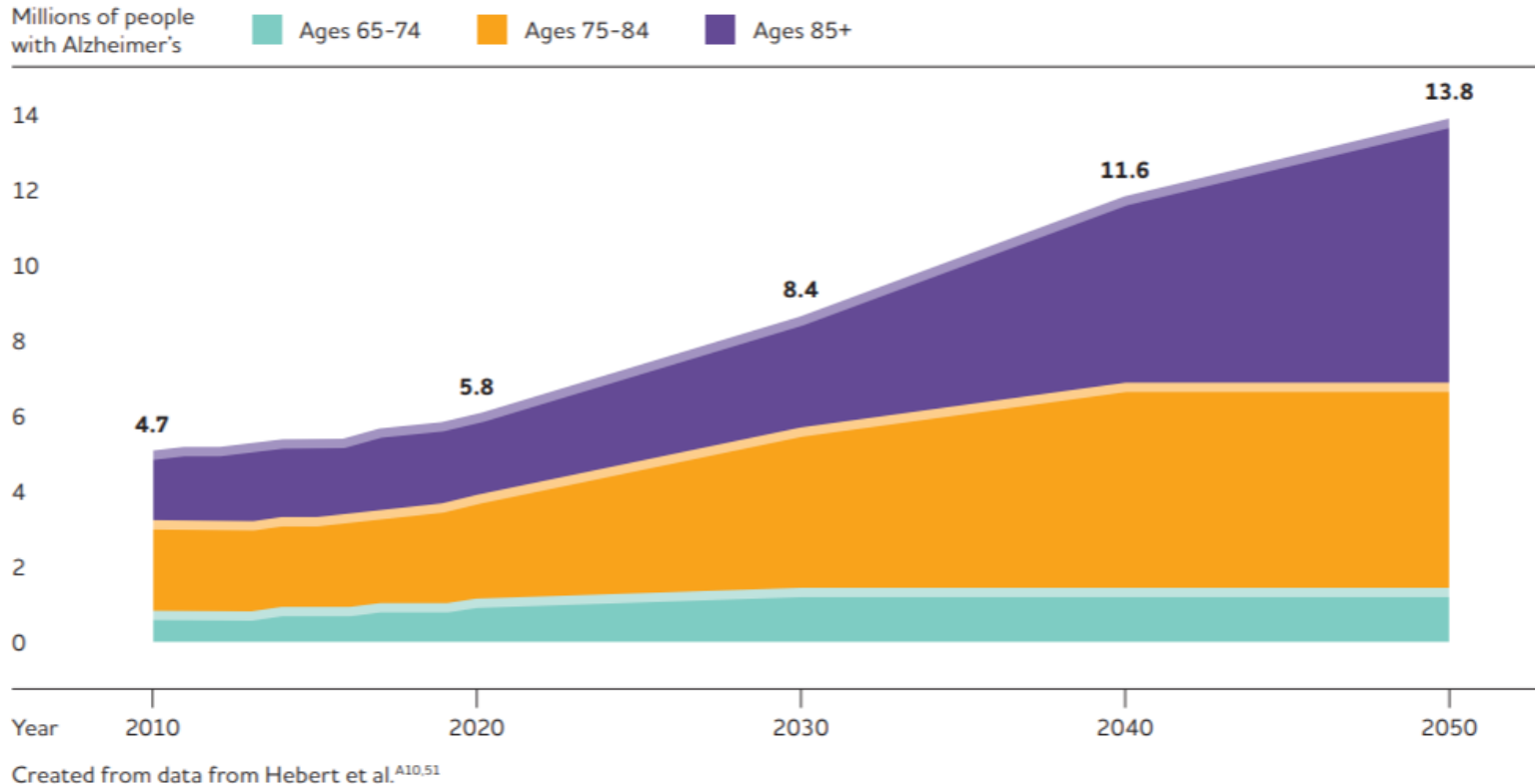
NIA IMPACT
COLLABORATORY
TRANSFORMING DEMENTIA CARE

**National Institute on Aging (NIA) IMbedded Pragmatic Alzheimer's Disease (AD) and
AD-Related Dementias (AD/ADRD) Clinical Trials (IMPACT) Collaboratory (NIA U54AG063546)**

BUILDING DATA CAPACITY FOR PATIENT-CENTERED OUTCOMES RESEARCH
PATIENT PERSPECTIVES ON DATA NEEDS
GARY EPSTEIN-LUBOW, MD

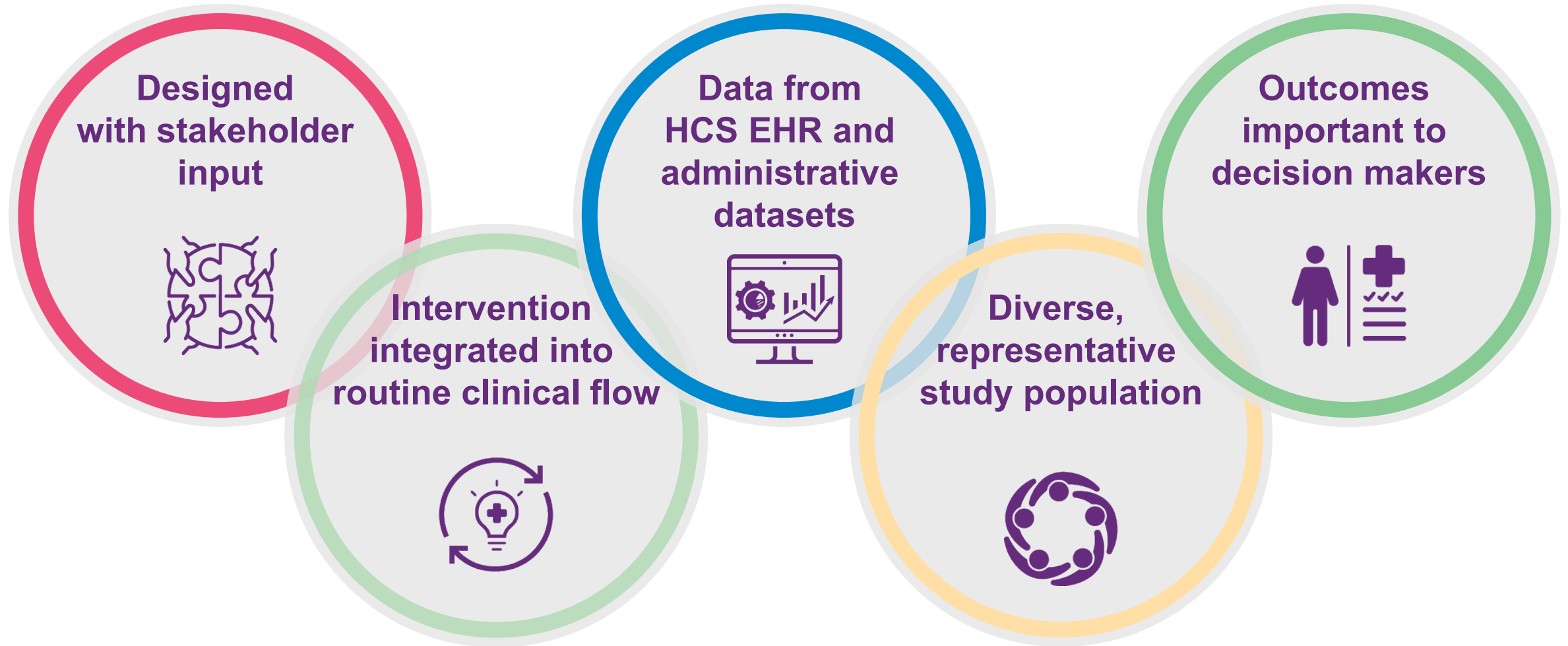
Background

Projected Number of People Age 65 and Older (Total and by Age)
in the U.S. Population with Alzheimer's Dementia, 2010 to 2050



- >5 million with AD/ADRD; increasing
- Urgent public health need to provide care to PLWD and care partners
- Non-pharmacological interventions have efficacy but limited adoption
- ePCTs potential to accelerate translation of interventions into clinical practice

ePCTs Bridge Research and Clinical Care



ePCTs in Dementia Require Special Focus

HEALTH CARE SYSTEMS

Nursing homes
Assisted living
Home health
Rehab
Hospice
Hospital



DATA SOURCES

Medicare
Minimum DataSet
EHRs



ETHICS/ REG

Vulnerable
Consent capacity
Federal-wide assurance



OUTCOMES

PWLD
Care partners
HCS
Ascertaining from datasets



DESIGN/ STATS

Cluster RCT
Dyadic
Loss to follow-up



IMPLEMENT

Complex interventions
Challenging settings
Adherence



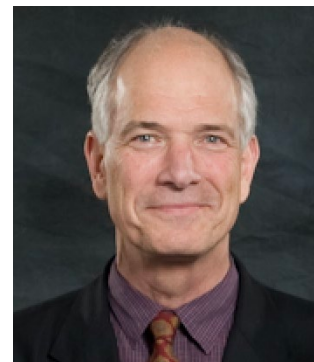
Leadership



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Cores

Patient/Caregiver Reported Outcomes

Develops and supports use of PCROs relevant to PLWD and their CPs in the design and conduct of ePCTs.



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Executive Committee:

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Joan Teno, MD, MS
Sheryl Zimmerman, PhD



Teams

Stakeholder Engagement

Engaging stakeholders, including HCSs, in the conduct of ePCTs among PLWD and their CPs.



Gary Epstein-Lubow, MD

Associate Professor,
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Jill Harrison, PhD, Associate Lead
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What are the main data needs for dementia?

- Information to improve person-centered care.
- Reporting on functional status.
- Linkage of data: people living with dementia (PLWD) and caregivers.
- Strategies for capturing information about lived experience.
- Methods for standardizing proxy reporting for people who lack capacity to report directly.

Implications of the statutory scope of PCOR

- Increases opportunities for learning about PCOs
- Creates risk for under-representing PCOs from under-represented groups
- Potential for added burdens or missed opportunities related to family members and caregivers
 - Collection of data about caregiving
 - Collection of data as proxy respondents for PLWD
 - Missing data from family caregivers

Unanswered questions & underserved populations by current PCOR data infrastructure

- There is not a standard measure set for people living with dementia
- There is not a standard measure set for family caregivers.
- Quality measures for dementia care are optional in most reporting systems
- There are challenges regarding collection of PCOs from people living with moderate or severe dementia
- Accommodations for data collection may be required for people with limited health literacy
- Linkage of data for caregivers

What new data sources could be incorporated into the PCOR data infrastructure?

- Five dementia measures in Merit-based Incentive Payment System (MIPS) could become required:
 - Dementia Associated Behavioral and Psychiatric Symptom Screening and Management
 - Dementia: Cognitive Assessment
 - Dementia: Education and Support of Caregivers for Patients with Dementia
 - Dementia: Functional Status Assessment
 - Dementia: Safety Concern Screening and Follow-up for Patients with Dementia
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Measures of Patient Experience:
 - Continue use and consider expand to include proxy report of dementia

What data capacity challenges is HHS best positioned to address?

- 2020 Recommendations of the Public Members of the HHS Advisory Council on Alzheimer's Research, Care and Services, including:
- **Clinical Care Recommendation 5: Encourage further development, evaluation, and use of health care models for AD/ADRD that align performance measures, the experience of care by persons living with AD/ADRD and their caregivers, and payment.**
 - Use CMS definitions of care “value” and study models that enhance value
 - Rely on the CMS “Meaningful Measures” initiative, including use of new care planning codes, the annual wellness visit, and MIPS dementia measures

<https://aspe.hhs.gov/public-members-advisory-council-alzheimers-research-care-and-services-2020-recommendations#clinical>



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Questions?

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