



Working Group to Develop a State Plan for Alzheimer's Disease and Related Disorders  
Workforce Subgroup  
9-10:00 am  
Healthcentric Advisors  
235 Promenade Rd.  
Providence, RI  
November 28, 2012

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Present: Cathy Salerno, Lindsay McAllister, Valerie Topp, Sarah Collins, Gary Epstein Lubow, Faith Sands

1. October 24, 2012 meeting minutes were approved unanimously.
2. Gail asked the group about the survey the subgroup had discussed creating. A draft was shared with the participants via email twice between the last few meetings.
  - a. Cathy Salerno expressed a concern that adult days that serve individuals with disabilities are being left out of this survey and asked if we could
  - b. Marge Angilly does a dual diagnosis train the trainer program.
  - c. Sarah Collins suggested adding a question about what type of setting the person filling it out is from.
  - d. Valerie Topp – the residential groups had the Caregiver Homes Program, Homestead, and if they still have it, they'd be a great resource because they're doing training for 24/7 care providers for dementia but also supporting the DD population.
  - e. Gary Epstein Lubow asked if this would go to providers for example primary care provider offices.
  - f. Valerie – state safety commission for elders offers an annual dementia training program for law enforcement. This year they had over 80 participants. It is a half-day training.
  - g. Gail Patry – we have all the contacts for assisted living, nursing homes, etc. but provider offices are trickier.
  - h. DOH might have a list? Lindsay volunteered to look into this and try to get a suggestion for how to reach these offices.
  - i. Dr. Lubow suggested urgent care centers and the other is emergency rooms.
3. State Plans:
  - a. Quality reporting website Nursing Home Compare has holes and isn't consumer friendly.
  - b. Lindsay shared the MD plan including their goals and objectives

- i. We've talked about ADRC beefing up in the past.
    - ii. We've discussed creating a website in a couple of our work groups
    - iii. We need a road map – help caregivers know what their loved one needs and how to match that up with the appropriate care setting
    - iv. A road map helps to avoid crises points – especially at the beginning when a family first gets a diagnosis.
  - c. Mental health services:
    - i. There are few providers who will go into a nursing home and there is a wide range of skill mix
    - ii. There is a shortage of outpatient providers. Butler is asked all the time for a geriatric psychiatrist.
    - iii. Sarah - there's a disconnect in LTC facilities. They're increasing the number of people they have to see each day so they're not getting to know the patient.
    - iv. Admissions to the hospital that could have been prevented.
  - d. Co-locating caregiving services and patient care. A lot of what happens at association is caregiver only and what happens at nursing homes is patient centered.
  - e. Caregiver assessment needs to be done when patient is hospitalized.
  - f. Most outpatient clinics here refer out to the Alzheimer's association for support.
  - g. VA model of social worker following up with caregiver while patient is in medical appointment
  - h. Dementia care – CMMI grants to Indianapolis and LA? Lindsay will look into these and report back.
- 4. Valerie – when in hospice, see the medical support of the individual and the other services wrapping around
- 5. Sarah – Evercare has patients they have to see monthly but they also contact the families each month and have frequent meetings with the families. Time is spent supporting them – talk them through the patient's diagnosis, what dementia is like and what to expect, disease trajectory, etc.
- 6. Valerie – caregivers can go onto website to self-assess [www.caregiverstress.com](http://www.caregiverstress.com)
- 7. Telephone study through RIH (Dr. Tremont) people could go in and become part of the study and see if the support provided over the phone would help with stress and depression.
- 8. Dr. Lubow – you have to have two conditions so you can compare and both were active. 250 families benefited.
- 9. The meeting was adjourned at 10:02am.