

Name of Project: Care Ecosystem

Investigators:

Bruce Miller, MD

Principal Investigator

Bruce.Miller@ucsf.edu

Kate Possin, PhD

Project Director

Katherine.possin@ucsf.edu

Research Questions(s):

Most dementia care today is crisis-oriented, intermittent and impersonal. The Care Ecosystem is a proactive model that emphasizes coordinated, continuous, and personalized care and aims to improve health and satisfaction for patients and their caregivers. The intervention will also try to reduce avoidable emergency room visits and hospitalizations, and delay entry into a nursing home.

Brief Background/Significance:

UCSF and the University of Nebraska Medical Center are partnering with patients and their caregivers to better understand and manage dementia with a new, telephone and web-based model of care. This project is funded by a 3-year, \$10 million [Healthcare Innovations Award](#) from the Centers for Medicare & Medicaid. The impact of the Care Ecosystem will be studied, as it aims to support patients and their caregivers with decision-making, medications, caregiver support, online education, and, for a subset of patients, remote monitoring with smartphones, watches, and home sensors.

For all enrolled patients and caregivers, we will first conduct telephone surveys on their experience with dementia and dementia care. Two-thirds of participants will then be randomly selected to participate in *Navigated Care*. For these people, Care Team Navigators (CTNs) will provide support through an innovative dashboard that will drive personalized and coordinated care. The CTNs will be backed by a Navigated Care Team, made up of social workers, nurses and pharmacists with dementia expertise. This team will help caregivers cope with and plan for the many challenges that face adults managing dementia.

Inclusion/Exclusion criteria (list):

Inclusion Criteria:

For Patient Participation

- Has a diagnosis of dementia
- Has a primary caregiver
- Is covered by Medicare or Medicaid or is Medi-pending
- Speaks English, Spanish, or Cantonese
- Lives in California, Nebraska, or Iowa
- Is age 45 or older
- Does not reside in a nursing home/skilled nursing facility (assisted living ok)

For Caregiver Participation

- Agrees to join the study
- Speaks English, Spanish, or Cantonese
- *(Spanish and Cantonese-speaking caregivers who do not also speak English can enroll starting in 2016)*

Exclusion Criteria:

- Not fitting above criteria.

Method of Contact/Recruitment (be specific):

Potential patient participants will be identified by providers and Research Coordinator's by patient lists at the various recruitment sites. Potential patient or caregiver participants may also self-refer within or outside of the targeted recruitment sites. The Research Coordinator (RC) will conduct a preliminary chart review to confirm patient subject's eligibility and to determine if the patient meets the inclusion criteria. If the patient is outside of the UCSF medical record system, appropriate medical release will be obtained by the Research Coordinator in order to obtain medical records for determining eligibility.

Possible strategies for recruitment include: Research Coordinators will send out a study introductory letter to potential participants after they are screened for eligibility and referred or approved by provider. RC will then follow up with an introductory phone call.

Benefits/Burden for participants (clearly identify potential for harm):

Benefits: There are no guaranteed benefits by taking part of the study but we hope increase patient and caregiver quality of life, reduce caregiver burden and reduce overall healthcare costs.

Risks/Burden: Patient and caregivers may feel uncomfortable answering some study questions.

Any benefits or burden to DGIM practitioners?

When recruiting we may reach out to providers to review their eligible patient lists

For patients that enroll into the study and that are assigned to the Navigated Care intervention, we may follow up the patient's PCP informing them to their group assignment and how best communicate with about their patients.

Timeline for recruitment (projected start and stop dates):

9/1/2014-8/31/2017

Funding Source:

This project is funded by a 3-year, \$10 million [Healthcare Innovations Award](#) from the Centers for Medicare & Medicaid

Potential for DGIM collaborators? (We encourage DGIM resident and fellow involvement in particular):

We would like to collaborate with faculty member with interests in improving health systems to work with us on integration of the Care Ecosystem into primary care in a way that does not increase burden, and also to think about how payment models can consider PCP efforts.

Do you agree to notify us when recruitment is completed?

Yes.

Date form completed?

9/1/15