

WISCONSIN'S JOURNEY WITH DEMENTIA CRAFTING NEW PRIORITIES IN 2018

2018 Dementia Summit Results | Priorities for 2019-2023



WISCONSIN DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH
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INTRODUCTION

The Wisconsin Department of Health Services (DHS) is working with partners across the state on a five-year State Plan for Alzheimer’s disease and related dementia (State Plan). DHS and The Johnson Foundation at Wingspread co-hosted a stakeholder “Dementia Summit” in March 2018 to lay the foundation for the new State Plan. The State Plan will be implemented from 2019 through 2023.

The purpose of the Dementia Summit was to engage key stakeholders in identifying priorities for the State Plan and to craft a structure for implementation. Summit participants established high-level goals and strategies in four major categories: care in communities, health care, dementia-related crisis response, and facility-based care. This document shares those goals and strategies.

The State Plan is a Wisconsin plan. It is not one agency’s plan and one agency cannot meet the goals of the State Plan independently. The State of Wisconsin will need all partners, and success of the State Plan relies on the involvement of our community, medical, social, crisis and protective service, advocacy, and provider networks. Whether you participate in a State Plan committee, do systems work behind the scenes, or provide care or support to one person at a time, we welcome you to join us in continuing to move forward on creating a dementia-capable Wisconsin.

A steering committee established in mid-2018 was charged with forming workgroups to help implement the goals and strategies established at the Dementia Summit. Sign up to receive updates about the State Plan and the steering committee and workgroups on the DHS [Dementia-Capable Wisconsin](#) website.



CARE IN THE COMMUNITY

GOAL #1: Increase understanding and reduce the stigma associated with a dementia diagnosis.

STRATEGIES:

1. Develop tools and materials to support education and awareness about dementia.
2. Develop a public awareness campaign about dementia, highlighting the services and resources available to support people with dementia and their family caregivers.
3. Develop materials for community partners to help expand dementia-friendly community efforts, including dementia-friendly business training.
4. Expand the use of the brain health curriculum in schools.

GOAL #2: Improve and expand support and education for family caregivers of people with dementia.

STRATEGIES:

1. Conduct focus groups with caregivers to better understand what they need.
2. Expand access to and the diversity of support groups for caregivers, including peer mentoring.
3. Expand access to respite care.
4. Expand the aging and disability resource center (ADRC) dementia care specialist program statewide.
5. Work with employers to support employees who are caregivers.

HEALTH CARE

GOAL #3: Increase timely and accurate diagnosis by primary care providers (PCPs) to enable people with Alzheimer's disease, related dementias, and other cognitive disorders to receive culturally tailored, high-quality treatment and support in order to maintain the highest possible quality of life.

STRATEGIES:

1. Provide PCPs with clinical training and ready access to educational resources on standardized approaches to diagnosis and management of common cognitive disorders and on appropriate referral strategies to dementia specialists for people with complicated or rare cognitive and/or behavioral disorders.
2. Provide incentives for PCPs to appropriately diagnose dementia, mild cognitive impairment, and other cognitive disorders.

3. Provide dementia education and information on workforce needs to undergraduate students interested in health care; medical, nursing, and physician assistant students; and residents in primary care (internal medicine, family medicine) and other related fields (psychiatry, neurology) through partnerships with state medical schools, advanced practice provider training programs, and residency programs.
4. Ensure that PCPs have the knowledge of and access to resources so they can provide information to people with dementia and family caregivers to help link them with community resources.

GOAL #4: Ensure that health care systems and providers are dementia-capable so that people with dementia and their families receive quality care in the most effective and least restrictive environment possible.

STRATEGIES:

1. Develop and implement strategies for marketing and building awareness of the value of having dementia-capable health systems for health care professionals, including administrators, associations, and the community.
2. Develop a roadmap and toolkits for role-specific dementia training for health system professionals, support teams, and administrative leaders including:
 - Non-clinical staff
 - Clinical staff
 - Allied health professionals
 - Primary care providers
 - Memory care specialist clinicians
 - Other clinical providers (for example, orthopedic surgeons, gastroenterologists)
 - Health care system administrators and leaders.
3. Enhance the competence of health care professionals by implementing basic and continuing interdisciplinary training with mandatory minimum standards.
4. Develop and incentivize the use of best practices in dementia care, including the provision of linkages to community resources and incorporation of dementia-friendly design principles and environments in health care settings.

CRISIS RESPONSE FOR PEOPLE WITH DEMENTIA

GOAL #5: Increase dementia-related knowledge and competency of crisis response professionals.

STRATEGIES:

1. Develop dementia-related educational materials, including decision trees and protocols, that are customized for professional groups within the crisis system.

2. Create an action plan for dementia-related training for law enforcement professionals and first responders.
3. Develop a dementia-related resource database and referral system that can be localized.
4. Provide for cross-training of county adult protective services (APS) and crisis teams on dementia-capable response.

GOAL #6: Develop a uniform system of dementia-related crisis response with priority on treating and managing crisis in place.

STRATEGIES:

1. Develop recommendations for statutory and regulatory clarification or changes.
2. Form a statewide workgroup to develop best practices and replication procedures and guidance.
3. Develop protocols for identifying individuals at risk related to dementia and for intervening, with culturally appropriate considerations at every stage.
4. Establish an infrastructure for dementia-related crisis response, including:
 - a. Secure funding for local personnel for a dementia-related crisis response infrastructure.
 - b. Create new positions to ensure statewide leadership within DHS.
 - c. Collect data on system operations and analyze to evaluate and improve.

FACILITY-BASED CARE

GOAL #7: Ensure that people with dementia receive consistent, high-quality, and appropriate care in facilities.

STRATEGIES:

1. Identify and promote standards of practice for memory care and other dementia care in facilities.
2. Ensure that facility staff have the training and support needed to provide care that is consistent with standards.
3. Ensure that consumers have the information they need to make informed decisions.
4. Ensure managed care organizations (MCOs), ADRCs, and other referral services have the information needed to help consumers make informed decisions.
5. Promote and sustain the Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL).

GOAL #8: Expand the workforce and increase training and credentialing of facility staff.

STRATEGIES:

1. Expand health care charter schools.
2. Increase and expand outreach to high schools and middle schools to incorporate health care professions in career options for students.
3. Provide more geriatric training at secondary education level.
4. Create synergies across state agencies to ensure coordination and create efficiencies related to long-term care career development.

GOAL #9: Create a new and adequate reimbursement structure based on acuity.

STRATEGIES:

1. Establish reimbursement models to recognize dementia-related costs.
2. Reimburse based on the expertise of the staff providing care and the qualifications of the facility (tied to standards).
3. Explore reimbursement for bed holds to promote continuity.
4. Modify the long-term care functional screen and the pre-admission screen and resident review (PASRR) to collect information about dementia-related behaviors so that rates can be set more accurately.