



Figure 1  
**MIND at Home Program Process**



# Waiting for IMPACT

*Tracking a team-based approach to home-based care for dementia*

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**A**s the U.S. population rapidly ages, the prevalence of people living with dementia (PLWD) is growing. PLWD represent some of the highest-need and highest-cost individuals living in the community, and primary care (PC) plays a pivotal role in the detection, diagnosis, and delivery of services for this vulnerable patient group.

Despite the availability of a range of evidence-based dementia and symptom management approaches, few Americans with dementia receive adequate care. Effective evidence-based dementia care interventions and best practices embedded in PC settings are needed, but not yet widely implemented.

In 2022, AMGA Research and Analytics was awarded a National Institute on Aging (NIA) IMbedded Pragmatic Alzheimer’s Disease and Alzheimer’s Disease-Related Dementias (AD/ADRD) Clinical Trials (IMPACT) pilot grant. The study, *Implementation of MIND at Home Program*

*in Primary Care for People Living with Dementia*, seeks to embed and test the feasibility of a novel best-practice approach, MIND at Home, a program developed by Johns Hopkins University Medical Center, within PC. The program enhances and elevates the role of existing PC staff to Memory Care Coordinators (MCCs), increases PC access to interdisciplinary collaborative care, and systematically combines the benefits of clinic-based services with a home-based assessment to support the implementation of family-centered care planning for PLWD and their care partners.

## Methods

We implemented the MIND at Home Dementia Care Coordination Program into primary and geriatric care clinics in Iowa and North Carolina. We targeted 100 PLWD and their care partners (dyads) for a three-month intervention period that included:

Table 1

## Characteristics of the study PLWD (n=106)

	Mean	Range
Age	81	63–97
	%	Median Score (Assessments Only)
Male	51%	
Non-Hispanic White	96%	
Dementia diagnosis	74%	
Dementia-related Rx (e.g., memantine, AChE <sup>1</sup> inhibitors)	76%	
Mini-Mental State Examination (MMSE)	32%	23
Saint Louis University Mental Status Examination for Detecting Mild Cognitive Impairment (SLUMS)	12%	12.5
Montreal Cognitive Assessment (MoCA)	36%	19

<sup>1</sup> AChE = acetylcholinesterase

- ▶ A comprehensive needs assessment conducted in the home
- ▶ Regular touchpoints, at least monthly (home visits, phone calls, clinic visits, etc.)
- ▶ The development and implementation of individualized care plans

Care plans were shared with the PC team as well to integrate the care provided by the MCC and PC team (see Figure 1).

Programmatic process outcomes (i.e., patients enrolled and declined, needs identified, and needs met) and clinical outcomes (i.e., hospital transfers, ED visits, and polypharmacy and appropriate medication use) were calculated. Our hypotheses are that hospitalizations and ED visits will decrease as a result of the program, and appropriate medication regimens will be achieved (i.e., fewer antipsychotics, more memantine and acetylcholinesterase inhibitors prescribed).

A total of 106 dyads were enrolled as of December 2023 (see Table 1).

### Implementation Learnings

There were two key learnings from the implementation process.

First, trust was a key factor in recruitment. It was easier to recruit patients to the program

when they were part of another established program at the clinic (e.g., Chronic Care Management [CCM]), or when the provider referred them directly.

Second, many PC providers are reluctant to put a diagnosis of dementia on a patient’s chart because patients and families may have a hard time accepting the diagnosis. Therefore, we adjusted our enrollment criteria to include prescriptions for dementia-related medications.

At the same time, we addressed the issue by encouraging providers to make the diagnosis early to ensure patients and families get the care they need and deserve and emphasizing that this is the standard of care.

### Conclusions and Next Steps

The MIND at Home program was successfully implemented in the PC setting. Pragmatic modifications were necessary to meet the local needs and context of health

## Peace of MIND

MIND at Home combines the benefits of clinic-based services with home-based services to support PLWD, families, and care partners.

The purpose of the MIND at Home pilot study is to determine: (1) the feasibility of identifying eligible PLWD and their care partners, referring and enrolling them in the program; (2) the feasibility, acceptability, and fidelity of implementing the MIND at Home program into pilot PC clinics across the U.S.; and (3) the feasibility of obtaining patient-level outcomes data from participating sites’ EHRs.

Table 2

## PLWD and Caregiver Needs Identified and Met

Need Type	Site 1 (n=35) JHDCNA 2.0		Site 2 (n=65) JHDCNA 3.1	
	Need Identified No. (% total needs)	Need Met No. (% identified needs met)	Need Identified No. (% total needs)	Need Met No. (% identified needs met)
<b>Overall</b>	<b>512 (100)</b>	<b>464 (91)</b>	<b>273 (100)</b>	<b>102 (37)</b>
<b>PLWD Needs Assessment</b>	<b>364 (71)</b>	<b>344 (95)</b>	<b>171 (63)</b>	<b>61 (36)</b>
Cognitive Symptoms	13 (3)	13 (100)	8 (3)	2 (25)
Behavioral Symptoms	41 (8)	41 (100)	26 (10)	6 (23)
General Health Care	76 (15)	75 (99)	25 (9)	13 (52)
Home and Personal Safety	119 (23)	117 (98)	67 (25)	26 (39)
Daily and Meaningful Activities	65 (13)	54 (83)	22 (8)	5 (23)
Legal and Advanced Care Planning	38 (7)	36 (95)	20 (7)	8 (40)
Care Financing	12 (2)	8 (67)	3 (1)	1 (33)
<b>Caregiver Needs Assessment</b>	<b>148 (29)</b>	<b>120 (81)</b>	<b>102 (37)</b>	<b>36 (39)</b>
Caregiver Education	106 (21)	84 (79)	48 (18)	24 (50)
Caregiver Mental Health	3 (1)	1 (33)	4 (1)	2 (50)
Caregiver Health	2 (0)	2 (100)	4 (1)	1 (25)
Caregiver Informal and Emotional Support	24 (5)	21 (88)	25 (9)	8 (32)
Caregiver Daily Living	7 (1)	7 (100)	11 (4)	2 (18)
Caregiver Decision-Making and Legal Documents	6 (1)	5 (83)	10 (4)	4 (40)

systems, and an embedded pragmatic clinical trial (ePCT) is needed to fully evaluate the impact of MIND at Home in PC and other ambulatory care settings.

The last patient was enrolled on December 1, 2023, and graduated from the program on March 1, 2024. After a one-month post-intervention period has passed, we will analyze the data from the 106 enrolled patients to measure hospitalizations, ED visits, and medications. We are working with our research partner, Johns Hopkins University, to submit a full ePCT to NIA in 2024. [GRJ](#)

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**If interested in learning more about the study or participating in the upcoming trial, please contact [research@amga.org](mailto:research@amga.org).**