

## The Aging Brain Care Virtual Program



### Principal Investigators

Alexia Torke, MD, MS  
Nicole Fowler, PhD, MHSA

Indiana University School of Medicine

### Health Care System

Indiana University Health

*“People living with dementia and their family caregivers are overwhelmed and stressed. The Aging Brain Care Virtual Program will identify the main sources of needs and of stress for families and match those needs with support, education, and resources to manage living with dementia.”*

**RATIONALE:** Family care partners are critical to the wellbeing and quality of life of people living with dementia (PLWD), but often lack experience in how to manage behavioral and psychological symptoms of dementia as well as the common comorbidities that PLWD frequently have. There is a tremendous demand for primary care-based interventions that address these crucial needs, are pragmatic, able to be scaled across urban, rural, and suburban settings and focused on improving care and outcomes for PLWD and their family care partners.

**OBJECTIVE:** To conduct a statewide pragmatic cluster randomized trial to test the effectiveness of a virtual dementia collaborative care program to PLWD and their care partners to reduce emergency department (ED) visits.

**SETTING:** 24 Indiana University Health primary care clinics located across the state of Indiana.

**POPULATION:** Patient participants will be 860 community-dwelling patients aged 65 or older, living with dementia (PLWD) (430 intervention, 430 control) and 430 care partners of intervention participants. Up to 30 clinicians and care partners will be interviewed about their experience with the Aging Brain Virtual Care program.

**INTERVENTION:** The intervention consists of a dementia care manager who will provide a needs assessment of the dyad, develop a care plan, and implement protocols over a 12-month period that will help the care partner manage the symptoms of dementia and other acute and chronic illnesses that the PLWD may have. Some components of the intervention will be tailored to the needs of each PLWD and care partner.

**OUTCOMES:** The primary clinical outcome is all cause utilization of emergency department over the 12 months of the intervention. The secondary clinical outcomes are appropriate medication use, in particular anticholinergic medicines, benzodiazepines, and antipsychotics over 12 months. Implementation of the intervention will be assessed through surveys and interviews with clinicians and care partners. Implementation endpoints include measures of acceptance, feasibility and appropriateness measured by the Acceptability of Intervention Measure (AIM). Feasibility of Intervention Measure (FIM), and Intervention Appropriateness Measure (IAM). Qualitative interviews with stakeholders will assess the process and outcomes of the Aging Brain Care Virtual program.

**IMPACT:** Embedding a scalable primary care-based intervention that addresses the crucial needs of PLWD and their care partners has the potential to improve the quality of dementia care across the country, especially where PLWD do not have access to highly specialized research centers.