

Improving How People Living with Dementia are Selected for Care Coordination: A Pragmatic Clinical Trial Embedded in an Accountable Care Organization



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“Care partners of people living with dementia know when healthcare is not well coordinated. Yet no previous intervention has leveraged those observations to improve care. We intend to change that.”

RATIONALE: Many people living with dementia (PLWD) and their care partners may benefit from the assistance of a care coordinator, a member of the medical team who facilitates communication among all of the people involved. However, care coordinators’ time is limited, and there is uncertainty about which patients should be selected to receive their help. In a national survey, 31% of care partners for PLWD reported difficulty with coordinating care, but these observations have not been leveraged to improve care.

OBJECTIVE: This pragmatic clinical trial embedded (ePCT) in an accountable care organization (ACO) will determine the comparative effectiveness of two approaches for assigning care coordinators to PLWD.

SETTING: NewYork Quality Care, the ACO that brings together NewYork-Presbyterian Hospital, Weill Cornell Medicine, and ColumbiaDoctors.

POPULATION: Community-dwelling Medicare beneficiaries aged ≥ 65 years with dementia who have been attributed to the NewYork Quality Care ACO and who have ambulatory care spread out among many providers (which increases the risk of problems with communication among providers).

INTERVENTION: The intervention is a novel approach to assign care coordinators to PLWD whose care partners report problems with care coordination based on a survey of perceptions of care coordination. By contrast, usual care assigns PLWD to care coordinators after hospital discharge.

OUTCOMES: The primary clinical outcome is the combined endpoint of an emergency department or hospital admission over 12 months of follow-up. The implementation endpoints include four measures (acceptability, appropriateness, fidelity, and efficiency), to inform future dissemination.

IMPACT: This ePCT has the potential to show that an innovative, yet pragmatic change in the way care coordinators are deployed can reduce emergency department visits and hospital admissions compared to usual care.