

Barriers and Solutions to Implementing a Pragmatic Trial of a Dementia Care Intervention in a Health Plan

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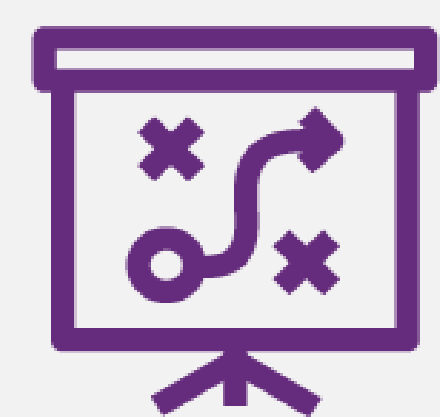


OBJECTIVE: To describe the barriers and solutions to implementing a randomized trial of a dementia care intervention program in a health plan



DESIGN, SETTING, AND PARTICIPANTS:

- The ongoing Collaborative Care Coordination Program for Alzheimer’s Disease and Related Dementias (Co-CARE-AD) is a two-arm (intervention vs. usual care), randomized, pragmatic trial
- Setting: legacy Tufts Health Plan in New England
- Participants: community-dwelling Medicare Advantage members living with Alzheimer’s Disease and Related Dementias (ADRD) identified through claims-based algorithms, and their care partners



INTERVENTION, IMPLEMENTATION, AND MEASURES:

- Individuals randomized into the intervention group underwent two-step outreach (first to primary care provider [PCP] then to member/care partner) before the intervention was provided
- Intervention delivered by trained care consultants over 6 months: comprehensive needs assessments; creation and implementation of personalized care partner and PCP care plans; monitoring and revising care plans; disease education and support coaching; referrals to community-based organizations for service and support; and access to additional assistance
- Primary outcome: emergency department visits by individuals with ADRD



RELEVANCE: Health plans (insurers) have the potential to provide interventions in support of people living at home with ADRD. Pragmatic trials embedded in health plans can provide evidence regarding the real-world effectiveness of specific interventions; but they pose different challenges than those based in clinical care settings. Anticipation of these barriers can facilitate planning to address them and ensure successful implementation.

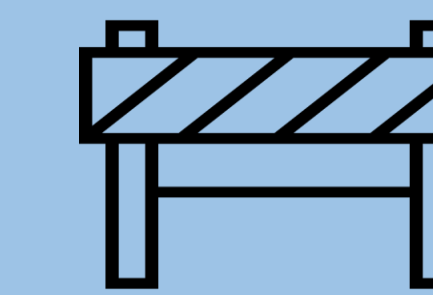


RESULTS:

- Select examples of barriers encountered in this trial and their solutions
- Unique to pragmatic trials embedded in health plans

Coordination w/
health plan

Participant
enrollment



Barriers

- health plan concerns regarding CMS constraints on research in Medicare Advantage population
- critical review of patient engagement and education materials
- needs and challenges of identifying the relevant PCP and obtaining their up-to-date contact information and approval
- obtaining contact information for eligible members and their care partners
- requirement to approach the member with ADRD first to obtain HIPAA approval to speak with their care partners
- member’s potential reluctance to answer a phone call from their health plan



Solutions

- close collaboration and communication with health plan stakeholders to interpret CMS requirements
- web scraping for updated contact information
- multi-stage outreach (medical director rounds, PCP outreach [opt-out + care partner info], mailed introductory brochure, member/care partner outreach)
- tailored voicemail script
- updated caller ID and outreach frequency