There is compelling socioeconomic pressure to manage cognitive impairment (CI) in our rapidly aging society. Effective programs aimed at community care of those with CI have not yet been developed. Difficulties include the need to incorporate both pragmatic top-down (e.g., policies and guidelines) and bottom-up (e.g., community and physician work flow) processes as well as the need for sustainability.

OBJECTIVES
- Design an effective community based cognitive healthcare delivery model
- Identify challenges for developing and implementing public programs for cognitive health
- Recommend programmatic components for developing and implementing public programs for cognitive health

PROGRAM STRUCTURE

PROGRAM GOALS
- Better clinical care delivery and management
- Better healthcare resources utilization
- Better clinical care delivery and management
- Better healthcare resources utilization

PROGRAM DELIVERY COMPONENT

ORANGE COUNTY VITAL BRAIN AGING PROGRAM

The OCVBAP is a population health program in Orange County, California, aimed at helping the community maintain cognitive health throughout their adult life. The program was launched in 2010 based on published guidelines for preventing dementia, and targets both the public and physicians.

The program was based on published guidelines for preventing dementia, and targets both the public as well as healthcare providers. The public outreach includes education seminars, an online education web portal, and tools for self-identification of risk factors. It also includes a pathway for self-referral (pragmatic top-down) and professional guidance for cognitive health management.

OUTCOMES

PUBLIC EDUCATION AND ENGAGEMENT
Public promotion and expert messaging (targeting persons over 45 years old with the focus on “prevention”) increased public engagement and attracted participants who were quite reluctant to address cognitive concerns. This reluctance is partly due to insufficient general knowledge about causes and management of CI, which delays early detection and treatment of manageable conditions. That contributes to OCVBAP. This program has been successfully removing this misconception through public education. In addition, partnering with the existing internal and external programs and services increased, by 3-fold, participation from Hispanic and Latino community (54% in Orange County) to our services from 2011 to 2018.

GAPS IN HEALTHCARE DELIVERY

We identified knowledge gaps among PCPs, including limited understanding of causes and management of CI and insufficient clinical processes and communication skills to address CI and related issues. We also identified gaps in insurance plans that often dictate services and hinder effective approaches to managing CI.

The physician needs identified include:
- Specific education on managing cognitive health
- Assistance implementing cognitive assessment and need easy referral sources
- CI: awareness, simple steps to improve cognitive impairment
- Information about available community resources

IN-PERSON MEMORY ASSESSMENT

To date (as of June 2019), 5,235 individuals participated in the in-person assessment. Over 30% of participants have returned for annual assessments—in total, 11,460 assessments were conducted. Assessment results indicated that 22% of participants were found with some degree of CI and 24% showed high risk for dementia. These measures have never been identified or addressed by physicians. This suggests a better triage model (or hub) is needed.

SUMMARY

Changing public and physician behavior to achieve a more proactive approach to CI healthcare delivery is a substantial, yet achievable challenge that requires a well-coordinated effort among a variety of medical and non-medical professionals, institutions, community-based organizations, and public advocates. Our OCVBAP experience has and will continue to help define and improve comprehensive, community-based cognitive healthcare models.

Population-Based Cognitive Health Program: Learnings from the Orange County Vital Brain Aging Program

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