

## **Promoting Dementia Care Partner Health: Implementing REACH Community™**

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Unpaid, family care partners provide the bulk of the care for older adults living in the community.<sup>1</sup> Close to half of all care partners provide care to someone with Alzheimer's disease and related dementias.<sup>2</sup> Providing care and support for a loved one with dementia is rewarding, but it can also be very challenging.<sup>3</sup> The stress created by the challenges of dementia caregiving has been shown to negatively impact the health outcomes of some dementia care partners.<sup>4</sup> Dementia care partners are twice as likely to report problems with their emotional, financial, and physical health as care partners of older adults who do not have dementia.<sup>2</sup>

COVID-19 has made the job of family caregiving even harder. Below, I describe an evidence-based intervention that is designed to easily pivot to virtual or remote service delivery.

In September of 2017, the Healthy Aging team at MaineHealth, received funding from the Administration for Community Living to improve services for dementia care partners. Addressing unpaid care partner health and wellbeing is one of the focus areas of this grant. The project team decided to implement the Resources for Enhancing Alzheimer's Caregiver Health Community (REACH Community™) program. REACH Community™ is adaptation of the REACH VA, which is a translation of REACH II developed by Linda Nichols, PhD, Jennifer Martindale-Adams EdD, and Robert Burns, MD of the University of Tennessee Health service center and the Memphis VA Caregiver Center.

The REACH Community™ program provides support to care partners of individuals living with dementia in the community. It focuses on skill building, education about dementia, and how to address the caregiver needs while they provide care to their loved one. The goal is to keep care partners healthy and empowered to support their loved one. The REACH VA translation reduced the 12 sessions required in REACH II to 4 sessions completed over the phone or in person. This shorter intervention replicated the outcomes observed in REACH II, but the program was much less time consuming for the care partner and interventionist.<sup>5</sup> REACH Community™ was developed to be implemented outside of the VA.

Patient centered care is one of the values of our health system. The REACH Community™ program is designed to be patient centered. The program consists of up to five sessions, which are delivered telephonically, in-person, or via telehealth. Each care partner receives a caregiver book that they learn how to use during each session and in between sessions when needed. Each session is driven by what the care partner's needs are at the time. The number of sessions are also determined by the care partner's needs. "Sometimes a care partner early in the disease

process only needs 1 or 2 sessions to regain a sense of confidence in caregiving.” –Stacey Ouellette, Director of Maine Behavioral Healthcare’s Integrated Behavioral Health program.

Originally we planned to train two clinicians from Maine Behavioral Healthcare’s Behavioral Health Integration program located in two primary care practices. We soon learned that turnover could be an issue. During the recruitment of a new clinician we learned that there was much more interest among the clinicians and the primary care practices to offer a service like this in their practices. Today, our REACH Community™ partners include Maine Behavioral Healthcare and Maine Medical Center’s Geriatric Psychiatry and Geriatrics Center social work teams. Since June of 2018, 27 clinicians have been certified and have offered the REACH Community™ service. Service is provided in 17 MaineHealth owned primary care practices, one Neurology practice, Maine Medical Center Geriatric Psychiatry, and Maine Medical Center’s Geriatrics Center.

As part of our sustainability planning for the continuation of this service after the grant funding ends, the team began to consider ways to bill insurance for this service. At the time, this was not a reimbursable service. COVID-19 related CMS changes to allow for billing for virtual services allowed for the team to bill for virtual visits. In the summer of 2020, the MaineHealth REACH Community™ team contributed to the creation a billing a coding guide developed by the Administration for Community Living and the National Alzheimer’s Disease Resource Center. This guide illustrates how this service and other similar evidence-based services for supporting care partners have used the billing codes to get reimbursed for these services.<sup>6</sup> This is critical to the sustainability of services like REACH Community™.

This work continues to expand. Maine’s central and eastern area agencies on aging partnered to receive ACL dementia capability funding in 2019. In August of 2020, Memorial Hospital, a MaineHealth hospital in New Hampshire, also received this ACL funding. Both projects have included REACH Community in their scope of work. November is Family Caregiving Awareness month, here in Maine we are highlighting the REACH Community™ program as well as working to improve care partner identification in order to better connect dementia care partners who could benefit from support to this service.

For Caregiver Survival Tips click here: [https://acl.gov/sites/default/files/news%202017-03/HealthyLivingTips\\_Caregiver\\_SurvivalTips.pdf](https://acl.gov/sites/default/files/news%202017-03/HealthyLivingTips_Caregiver_SurvivalTips.pdf)

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