

Dementia Care Specialist Workforce in California: Role, Practice, Training and Demand

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I. Introduction/Background

Over five million older adults in the U.S., some 630,000 of them in California alone, are currently living with Alzheimer's disease and related dementia (ADRD). This number is expected to rise to 16 million people nationally, with over a million in California by 2050.¹ Effective care coordination and referral to services and support for patients with ADRD and their caregivers can help to decrease unnecessary medical services utilization and care costs, delay institutionalization, and improve quality of life for patients and caregivers.²⁻⁴ Dementia Care Specialists (DCSs) have been proposed as a workforce solution to assist caregivers with care coordination, to educate them as to behavioural strategies, and to provide caregivers with support, all aimed at keeping older individuals safely in their homes. Currently, little is known about the roles, training, or qualifications of DCSs in California, and whether this workforce, in fact, holds promise for effective dementia care management for other states.

We examined the roles and implementation of DCSs in California and how the Centers for Medicare and Medicaid Services (CMS) requirements for dementia care coordination are being met. We also assessed the workforce attributes of the DCS role: training, licensure requirements, certification, customary duties, and reimbursement for services.

II. Methods

Our data is drawn from key informant interviews (n = 17) with a variety of professionals at nine health plans (six counties) and non-profit organizations (Alzheimer's organizations) that utilize DCSs in California. Interviews were semi-structured and conducted with health plan administrators, clinical leaders, care coordinators, and DCSs, between January and March 2017. We used thematic analysis to identify themes and explore issues related to DCS roles, qualifications, training, competencies, and practice.

Conclusions and Policy Implications

- 1) Further efforts should be directed at translating evidence-based practices for dementia care coordination into health systems and to evaluate promising dementia care management practices.
- 2) Future research on the impact of policy and workforce training and capability are needed to ensure effective care coordination for individuals with ADRD and their family caregivers.
- 3) Legislation and regulatory action that supports the adoption of best practices in dementia care, tracking of health outcomes for patients and their families and cost savings for health systems, and future dissemination and quality improvement should be considered.

III. Findings

Across the nine health plans, DCSs were primarily nurse and social worker specialists in care management with training and expertise in dementia care coordination. This included a deep understanding of the needs of persons with dementia, how to engage and support formal and informal caregivers, and serving as a resource and conduit to timely referrals to community and social services. The majority of DCSs supported plan members with ongoing care coordination, conducted cognitive screenings, and served on interdisciplinary care teams aimed at developing effective and standardized care plans. While there were some inconsistencies in dementia care coordination practices, several promising practices were identified and it was clear that there is a growing demand for DCSs as a key component of effective dementia care management.

IV. Conclusion

Further efforts should be directed at translating evidence-based practices for dementia care coordination into health systems and to evaluate promising dementia care management practices. Future research on the impact of policy and workforce training and capability are needed to ensure effective care coordination for individuals with ADRD and their family caregivers.

V. Policy Implications

The use of DCSs to improve systems of care and integrate healthcare services for individuals with dementia and their family caregivers holds promise for improving individuals with dementia and caregiver satisfaction as well as healthcare utilization and costs, but further research is greatly needed. With the growing demand for cost-effective healthcare services for individuals with dementia and their caregivers and for a trained and competent dementia care workforce, legislation and regulatory action that supports the adoption of best practices in dementia care, tracking of health outcomes for patients and their families and cost savings for health systems, and future dissemination and quality improvement should be considered.