

Leveraging New Statewide Scale-Up of Telemedicine in Georgia to All Counties to Support Dementia Detection and Care



Key takeaways:

- It's easy to get overwhelmed with the volume to do and/or the amount of work already happening. Start with what we're good at in Public Health - partnerships and data. Our team excels in partnerships. We've leveraged our partners from other topics to introduce them to the BOLD work.
- Find out who the players are, but do not limit yourself in access, reach out. Partnerships are key in providing health care opportunities like telehealth. Listen and find out what resources partners need to succeed. Facilitate introductions for those working on common goals to empower the work already being done in communities. Defer to their expertise; meet them where they are; all progress is good progress. Document along the way to help those that may come after.
- Don't be afraid to set a big goal. Our goal in Georgia is to get to earlier diagnosis. The road is not always clear, but our funding and project decisions always consider this larger goal. Wrapping in the expertise of those that came before us AND aligning with available strategic plans in the name of getting to your big goal is critical.

Please start by telling everyone a little bit about the statewide telemedicine scale-up effort.

Georgia health officials noticed that when healthcare providers referred patients to specialists in population centers such as Atlanta or Augusta, they often missed appointments primarily owing to lack of transportation, work commitments, and financial burdens, for example. "For many of our patients living in small communities, seeing a specialist can be challenging," said Dr. Mark Elam, HIV Clinic Medical Director, Georgia Department of Public Health (DPH). "Often times the nearest specialist can be 2-4 hours away. In addition, many patients have limited transportation options and are unable to take time off from work without it impacting their financial situation." To address these needs, Georgia DPH initiated telehealth pilot projects in 2003 with a formal network buildout in 2012 and statewide network connectivity in 2016. This resulted in a robust telehealth network, supported by legislative funding and infrastructure which has become a best practice model of care. In addition, a telementoring program (Project Extension for Community Healthcare Outcomes) was initiated in 2019 to strengthen provider workforce in Georgia. As Public Health ramps up efforts to support Georgia's Aging Network in dementia detection and care efforts, there are many opportunities to expand patient access to follow-up services using the DPH telehealth/telemedicine network. GA DPH is already exploring opportunities to contract with external providers in telemedicine through various collaborative agreements.

What is the story behind how this effort was approved and funded?

The overarching goal for the Department of Public Health addressed the need for earlier diagnosis with meaningful investigation into risk factors and protective influences. This initiated a deeper dive into at-risk populations and how to provide health equity to hard-to-reach populations, particularly in rural areas of Georgia.



What are some exciting opportunities to leverage this new telemedicine capacity to advance BOLD-related efforts and dementia detection broadly?

Expansion efforts examined older adult populations and identified counties of greatest need. It included developing internal and external partnerships with organizations like Emory and Georgia Department of Human Services to enlarge capacity, access, and accuracy of diagnosis through GMN's (Georgia Memory Net's) tablet-based memory assessment tools and training at local levels. Another great example is found in the work being done through the Augusta-UGA Medical Partnership between the Cognitive Aging Research and Education (CARE) Center, Archway Partnership, and Cooperative Extension. They offer diagnostic memory, neuroimaging, cognitive testing, physical exams, and blood work, aligned with supportive care planning and health intervention to communities with historically low access. Currently Medicare recipients, through their Annual Wellness Visit, can access a free memory and cognition screening that includes a thorough review with a specialist. This broadens community resources. Combining these services and partnerships facilitates health equity, symptom management, and early care planning for rural and at-risk populations that previously encountered barriers.

What would you tell someone who wanted to start a similar program like yours in their own setting (i.e., another state, county, or city)?

Find out who the players are, but do not limit yourself in access, reach out. Partnerships are key in providing health care opportunities like telehealth. Listen and find out what resources partners need to succeed. Facilitate introductions for those working on common goals to empower the work already being done in communities. This is a long road and the capacities vary widely for local public health and the communities they support. Defer to their expertise; meet them where they are; all progress is good progress. Document along the way to help those that may come after.



Where else can people look to find out more about all the great work that you're doing?

- Georgia Memory Net
- Department of Human Services Georgia Memory Net
- <u>Alter Dementia</u>
- <u>TELE-SAVVY@Home</u>
- <u>University of Georgia Cognitive Aging Research and Education (CARE)</u>
 <u>Center</u>
- Georgia DPH Think About It
- <u>Georgia DPH Office of Telemedicine</u>

What would success look like to you for having this expanded telemedicine capacity truly support aging and older adult communities throughout your setting?

Success goes beyond diagnosis. Success connects communities with beneficial and requested services so that everyone can be a part of medical advances and responsiveness. It is found in the strength of a dementia friendly support system that provides welcoming environments and relationships. True support engages communities through the empowerment of key stakeholders invested in their community that can influence outreach. Partners like the CARE Center deliver not only dementia screening and diagnosis to rural areas but involve care planning and community education. Incorporating Telemedicine into programs like Alter that utilize telehealth tools (like dementia-friendly faith-based online broadcasts and dementia education) to develop supportive environments that reflect not just individuals but communities to strengthen the network of support and connectedness for people living with dementia and their care partners to continue accessing places and spaces that are meaningful and fulfilling.



"With early detection, it is important for the individual, the family, and their community to take the opportunity to learn the individual's preferences, desires, etc. but also to learn what the experience may be like to help create a more empathetic environment for quality of life."

"That several disease-modifying therapeutics are on the horizon, which is truly remarkable and reason to have very high hopes in our progress towards finding a cure - however, each of these new potential drugs' success hinges on early detection, and eligibility of research participants or eventually patients will depend on an early and definitive diagnosis of the underlying disease pathology causing their dementia. Additionally, it is crucial for persons living with dementia and their families or social circles to plan early and get plugged into community services and other supports to ensure the highest quality of life and functionality throughout the disease process."



About the Author

Elizabeth Head is the Deputy Director for the Injury Prevention Program at Georgia Department of Public Health. Ms. Head's area of expertise is aging and injury prevention. She earned her master's degree in Public Health from Georgia State University and has worked in public health for seventeen years. In addition, she is a subject matter expert in driver safety for adults 55+ and manages highway safety grants staff within the Injury Prevention Program. She has worked with national, state, and local partners on a variety of injury topics including fire prevention, drowning prevention, and fall prevention.

Elizabeth coordinates the B-SEEN project for Georgia, funded by CDC. This project aims to incorporate public health into dementia work in a systematic way. The entire GA DPH B-SEEN team (Ms. Chloe Hale, Ms. April Spring Wood, and Mr. Steve Davidson) as well as internal and external Georgia partners contributed to the partner spotlight. It is through the foundational work of the entire network of Georgia partners, which includes partners in every sector, that this exciting endeavor is possible. The Georgia B-SEEN team is grateful for the vision, dedication, and commitment of every partner working to reduce the burden of dementia in Georgia. This work is possible because of you.

