Creating Dementia-Capable Systems of Healthcare

GUEST EXPERT
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QUARTERLY UP NETWORK WEBINAR
OCTOBER 19, 2017 | 2-3pm ET

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Continuing Education (CE) Credits Approved

- 1.5 hours of CE credits available in HHQI University following webinar with the completion of:
  - Watching the 60-min webinar (live or recorded)
  - Complete post-test and evaluation

- Approvals for:
  - Nursing by the Alabama State Nurses Association
    • ASNA is an accredited approver of nursing continuing education through the American Nurses Credentialing Center’s Commission on Accreditation (ANCC).
    • Accepted in all states
  - Social Workers by the National Association of Social Workers (NASW)
    National Association of Social Workers (NASW)
    • Accepted in all states except: ID, MI, NJ, NY, OR, and WV
Alzheimer’s & Dementia Facts

- More than 5 million Americans are living with Alzheimer’s disease.
- 1 in 10 people age 65 and older has Alzheimer’s disease.
- Almost 2/3rds of Americans with Alzheimer’s are women.
- African-Americans are about twice as likely to have Alzheimer’s or other dementias as older whites.
- 6th leading cause of death in the U.S

(www.alz.org)
The Dementia Cal MediConnect Project: Promising Practices from California’s Financial Alignment Pilot

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Executive Vice President
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Funding

This project was supported through a cooperative agreement between the U.S. Administration for Community Living and the California Department of Aging.

Additional funding was provided by:

- The Change AGEnts Initiative Dementia Caregiving Network, funded by The John A. Hartford Foundation through a multi-year grant to The Gerontological Society of America
- The Harry and Jeanette Weinberg Foundation
- The Ralph M. Parsons Foundation
- The Allergan Foundation
Learning Objectives

Participants will gain knowledge of:

• Care manager-focused interventions to improve dementia care implemented within a state’s capitated financial alignment demonstration for the dually eligible

• Review of key components of effective care management for people with dementia
  ▪ Workforce preparation
  ▪ Identification and screening of a high-risk population
  ▪ Identification and assessment of family caregivers
  ▪ Collaboration with community-based organizations for patient and caregiver education and support

• Resources for staff training
The Dementia Cal MediConnect Project: Organizational Chart
The Dementia Cal MediConnect Project: Key Components

- Advocacy with health plans - Making the case for focusing on dementia care
- Care manager training and support
- Support services for patients and caregivers through the health plans and through referrals to Alzheimer’s organizations for:
  - Disease education
  - Care planning
  - Respite
- Technical assistance to create systems change
The Case for Improving Dementia Health Care

- Increasing prevalence
- High cost of care
- Multiple quality challenges
  - Poor detection
  - Poor treatment and management
  - Poor recognition of family caregiver’s role
  - Poor access to home- and community-based services


Tools for advocacy: www.alzgla.org/professionals
Project Goals

Creating Dementia-Capable Systems of Care through:

1. Better detection and documentation of patients with dementia
2. Better partnerships between health systems and family/friend caregivers
3. Better partnerships with community-based organizations

Care Management as the Linchpin for Improving Care
Indicators of a Dementia Capable System

1. Better detection and documentation of patients with dementia
   - Include cognitive impairment questions in the Health Risk Assessment (HRA) and other assessments
   - Adopt a validated screening tool
   - Document cognitive assessment in the medical management record
   - Establish a follow-up protocol for diagnosis if the cognitive screen is positive
Challenges to the Recognition of Dementia

• Some HRAs do not include screening questions for cognitive impairment

• Families of Medicare-Medicaid enrollees may be less likely to bring dementia to the physician’s attention
  ▪ Lack of understanding of the condition
  ▪ Stigma

• Providers in diverse communities may share cultural views about dementia and help families hide or deny the disease
Actions to Promote Better Detection of Patients with Dementia

• Review of HRA content

• Train and provide technical assistance to staff to encourage them to:
  ▪ Screen for dementia with a validated tool
    ▪ AD 8
    ▪ Mini Cog
  ▪ Develop a follow-up protocol if cognitive screen is positive
Better Detection of Patients with Dementia

Vignette #1: Incorporating a Cognitive Screening Tool
Indicators of a Dementia Capable System

2. Better partnership between health system and family/friend caregivers

- Ability to identify family/friend caregiver and document this in the medical record(s)
- Ability to assess family/friend caregiver’s needs
- Integration of family/friend caregiver education & supports
- Assignment to dementia knowledgeable staff for care planning and follow up
- Adoption of care plans based on person and family-centered needs
Challenges to Family/Friend Caregiver Engagement

Medical providers may not have adopted systems that identify, document, and engage the caregiver.

Therefore...

- Poor management of co-morbid conditions
- Apparent non-compliance
- Medication mismanagement
- Behavior symptom mismanagement
- Unnecessary hospital readmissions, ER visits, and possibly even nursing home placement
Recognize and Partner with Family/Friend Caregivers

• Document the family/friend caregiver(s) in the electronic medical record or case management medical record

• Assess and document the caregiver’s needs
  ▪ Caregiver Identification Tool
  ▪ Caregiver Needs Assessment Tool
  ▪ Benjamin Rose Institute Caregiver Strain Index
    (Ref: Bass, Noekler & Reschlin, 1996; Bass D, et al, 1994b)

• Assign patient and caregiver to a Dementia Care Manager
  ▪ Best practice – based care plans

Available at
www.alzglag/professionals
Recognize and Partner with Family/Friend Caregivers

• Links to home and community-based services need to be suitable for lower income people
  - Example: no cost or low cost legal and financial planning

• Provide or refer caregiver for education
  - Plain Language Fact Sheets (English-Spanish)
    • Hallucinations, home safety, anger, getting lost, bathing, medications, sun-downing, and more©
    • Chinese in development
  - Lower literacy educational programs
    • IDEA! Behavior Management Approach
    • Telenovela
Family & Caregiver Resources

Bathing

People with Alzheimer’s disease or dementia may be afraid of bathing or uneasy with having someone help them with bathing. Sometimes they worry about falling or can have trouble knowing which is the hot versus the cold water faucets.

Why Does This Happen?
People with Alzheimer’s or dementia might be:
- afraid of falling
- feeling uneasy getting undressed in front of you
- scared or confused
- feeling helpless

What Can You Do?
Prepare the Bathroom in Advance
- make sure the room is calm and warm
- run the water so it is not too hot or too cold
- don’t use bright lights if possible
Make the Bathroom Safe
- use a non-slip mat in the tub or shower and as a bath mat
- consider a tub seat
- fill the tub with only 4 inches of water
- remove things that may be dangerous such as razors, nail clippers, hair dryer, etc.
- watch carefully – don’t leave him or her alone
Allow Time & Be Positive
- allow your person to enjoy it… if he or she finds bath time relaxing
- stay calm
- be direct… “Your bath is ready now” instead of “Do you want to take a bath?”
- give one-step directions… “Let’s wash your left arm… good! Now your other one”
- be patient… don’t rush
Be Realistic
- don’t argue or get frustrated… a daily bath may be too much
- consider a sponge bath instead of a tub bath
- show what you need from them… pretend to wash your arm so that he or she can copy

Keeping Home Safe

People with Alzheimer’s or dementia may have trouble knowing what is dangerous or making safe decisions. By helping him or her feel more relaxed and less confused at home, you can help stop accidents.

Why Does This Happen?
People with Alzheimer’s or dementia might:
- trip because of changes in balance or trouble walking
- have problems seeing clearly due to poor eyesight
- forget to turn off water, burners, ovens
- forget how to use knives, etc. or where to safely place burning objects

What Can You Do?
Keep Things Simple
- make sure rooms are neat
- place “often used” items in the same place
- remove things that might break and aren’t needed
Look at the Floor
- remove small rugs, rugs that are thick, or rugs that might slide on floors
- don’t shine or wax floors
- keep items off floors… cords, books, toys, bags, boxes, etc.
- make sure bathroom and kitchen floors are kept dry and avoid walking with wet feet
- use tables and chairs that are stable enough to lean on
Remove Dangerous Items
- keep all medicines… vitamin, aspirin, prescriptions… in a locked box, cabinet, or drawer
- place knives, scissors, guns, sharp tools, matches, and lighters out of sight or in a locked area
- move all cleaning supplies to a high shelf or lock them away
- take off knobs from the stove and oven
Don’t Leave Him or Her Alone
- in the kitchen with the stove or oven on
- in the bathroom with water running
- anywhere with burning cigarettes, cigars, or pipes
- near an open or unlocked door or gate
IDEA!

**Identify the Behavior**
Be specific

**Educate Yourself/ Explore**
Understand the causes/triggers
Understand the meaning

**Adjust**
Problem solve
Better Partnership Between Healthcare System and Informal Caregivers/Families

Vignette #2: Using ICD-9 Codes to Identify Members and Families for Caregiver Education
Indicators of a Dementia Capable System

3. Better Partnerships with Community-Based Organizations

- Adoption of a proactive referral tool (ALZ Direct Connect) to connect families to local organizations that can connect families to HCBS like:
  - Respite care
  - Support groups
  - Caregiver education
  - Care counseling
Tool to Facilitate Warm Referrals

ALZ DIRECT CONNECT

REFERRAL PROGRAM

...partnering with Healthcare and Aging Service Providers to improve care and support for people with Alzheimer’s or dementias & their families.

ALZ DIRECT CONNECT allows healthcare and aging services providers to directly link patients/clients and families to Alzheimer’s Greater Los Angeles for:

- access to care coordination and psychosocial support
- referrals to supportive services (often at no cost)
- help with understanding the disease & navigating its progression
- a 360 approach to care through feedback to the referring provider.

Additional Questions?
Contact (323) 930-6277

HELPs
families understand Alzheimer’s & other dementias

CONNECTs
families to resources & education

IMPROVES
coordinated care & builds supportive networks
Challenges to Partnerships with Community-Based Organizations

• Involves a culture change for both partners
  ▪ Health systems timeliness and feedback
  ▪ CBOs may not be HIPAA-compliant or have capacity to handle increased volume of referrals

• CBOs may require additional resources to meet increased service volume & respond to other health plan requests.

• Partners involved need to invest time to better understand one another’s cultures and services.
Better Partnership with Community-Based Organizations (CBOs)

Vignette #3: ALZ Direct Connect – Linking for Caregiver Education, Support, and Respite
Dementia Care Manager Training Components

- Fundamentals of Cognitive Impairment, Alzheimer’s Disease, and Related Dementias
  - AD8 Screening

- Practical Dementia Care Management
  - IDEA! Behavior Management Approach
  - Plain Language Fact Sheets on Behaviors

- Caring for the Caregiver

- Resources/Support Services
  - ALZ Direct Connect
Dementia Care Manager Training Components

- Dementia Care Specialist Toolkit for Dementia Care Management
  - Assessment tools *(AD8 Screen, Family Caregiver Identification tool, and Care Needs Assessment tool*, Caregiver Stress & Strain Instrument**)
  - 23 Best practice care suggestions* (sleep disturbances, hallucinations, driving, etc.)
  - Materials to share with caregivers – *(plain language fact sheets)*

*Adapted from the ACCESS Project. Vickrey, B. et al. (2006)

# Best Practice Care Suggestions for Common Caregiving Issues

## Caregiver Depression/Stress

<table>
<thead>
<tr>
<th>Identify the Problem</th>
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<tbody>
<tr>
<td><strong>PROBLEM:</strong> Caregiver Depression/Stress (feeling blue and/or overwhelmed)</td>
</tr>
<tr>
<td><strong>GOAL/EXPECTED OUTCOME:</strong> To reduce caregiver depression and stress</td>
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<tr>
<th>Educate Yourself</th>
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<tbody>
<tr>
<td><strong>ASSESS FURTHER:</strong></td>
</tr>
<tr>
<td><strong>Depression</strong></td>
</tr>
<tr>
<td>- What happens right before the caregiver feels depressed?</td>
</tr>
<tr>
<td>- How does the caregiver know when he/she is depressed? What does it feel like physically and emotionally that lets him/her know?</td>
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<tr>
<td>- How often does the caregiver feel depressed? How many times per day/week?</td>
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<tr>
<td>- How does the caregiver act when he/she is feeling depressed?</td>
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<tr>
<td>- Is there anything the caregiver does that helps to reduce feelings of depression?</td>
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<tr>
<td>- Is there anyone the caregiver can talk to when he/she is feeling this way?</td>
</tr>
<tr>
<td><strong>Stress</strong></td>
</tr>
<tr>
<td>- What happens right before the caregiver feels stressed?</td>
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<tr>
<td>- How does the caregiver know when he/she is stressed? What does it feel like physically and emotionally that lets him/her know?</td>
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<tr>
<td>- Is the caregiver feeling socially isolated?</td>
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<tr>
<td>- Is the caregiver having increasing family disagreements?</td>
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<tr>
<td>- Is the caregiver having uncomfortable feelings about his/her relationship with the person he/she cares for?</td>
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<tr>
<td>- Does the relationship feel strained?</td>
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<tr>
<td>- Does the caregiver have feelings of guilt?</td>
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<tr>
<th>Adapt Problem Solve with Interactions and Actions</th>
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<tr>
<td><strong>TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:</strong></td>
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<tr>
<td>- Join a support or education group or identify a trusted friend/family/clergy member you can talk to when you are feeling this way</td>
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<tr>
<td>- Try to stay connected with family and friends</td>
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<tr>
<td>- Focus on what you are able to do as a caregiver, remember that caregiving can be very challenging</td>
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<tr>
<td>- Set realistic goals</td>
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<tr>
<td>- Ask for help with caregiving from others in the family or community</td>
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<tr>
<td>- Try to take a break and do something you enjoy. Consider physical activities when possible, such as taking a walk</td>
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<th>CLINICAL SUPPORT:</th>
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<tr>
<td>- Follow clinical guidelines and procedures for depression screening, intervention and referral</td>
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<tr>
<td>- If abuse and/or neglect is suspected, follow standards of practice, policies, procedures, and reporting mandates</td>
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<tr>
<td>- Encourage caregiver to discuss higher depression and stress with a social worker/therapist. Direct to PCP for referral as needed</td>
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<tr>
<td>- Review specific questions to help prepare the caregiver for the discussion with PCP</td>
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<tr>
<td>- Coach caregiver on how to talk with PCP</td>
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<tr>
<td>- Consider further screening and assessment as needed</td>
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<tr>
<th>CAREGIVER SUPPORT AND COMMUNITY RESOURCES:</th>
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<tr>
<td>- Listen empathetically to caregiver and evaluate for level of distress</td>
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<tr>
<td>- Refer to respite services</td>
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<tr>
<td>- Refer to IHSS</td>
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<td>- Refer to MESSP</td>
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<td>- Refer to CBAS</td>
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<tr>
<td>- Refer to Alzheimer’s GreaterLos Angeles for support groups, disease education, and care consultation</td>
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<tr>
<td>- ALZ Direct Connect referral</td>
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<tr>
<td>- Provide 24/7 Helpline # 844 HELP ALZ (844 435 7759)</td>
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<tr>
<td>- Website: <a href="http://www.alzglca.org">www.alzglca.org</a></td>
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<tr>
<td>- Local Community Resources:</td>
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<th>FOLLOW UP:</th>
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<tr>
<td>- Schedule a phone call with caregiver to discuss outcomes and provide additional support</td>
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<th>NOTES:</th>
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Dementia Care Management Toolkit

The Dementia Care Management Toolkit provides healthcare professionals with tools to support dementia care management. It includes assessment instruments to help identify people with dementia and their family, and to assess their needs. The contents of this toolkit are not all-inclusive and are meant to complement and enhance existing care management tools and practices. Clinical judgement should be used when working with individuals and families, and procedures, policies, regulations, laws, and mandates should always be followed.

The AD8 Dementia Screening Interview
- Caregiver Stress/Strain Instrument
- Tool for Identifying an Informal or Family Caregiver
- Care Needs Assessment Tool
- IDEA! Strategy for Managing Challenging Behavioral Symptoms
- Standardized Care Plans
- Plain Language Fact Sheets

Resources available for download at: www.alzglao.org/professionals

This toolkit was created by Alzheimer's Greater Los Angeles. Financial assistance for this project was provided, in part by grant number 90DS2002-01-00, from the Administration on Aging, U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C., 20201, and from the California Department of Aging. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.
Care Manager Training: Progress to Date

Care Manager – 8 hours

- N = 483 care managers
- 10 health plans plus PPGs, and contracted LTSS agencies

Dementia Care Specialist – 12 hours

- N = 83

Case conferences – monthly for 6 months
Online Training Modules

- Fundamentals of Alzheimer’s for Healthcare Professionals (1 hour module)
- Effective Strategies for Managing Behavioral Symptoms of Dementia (2 hour module)
- Caring for Family Caregivers (1 hour module)
- Access through: www.alzgla.org/professionals
Evaluation Design

• Care Manager training outcomes: (pre, post, 6 months)
  ▪ Satisfaction with training
  ▪ Knowledge gained
  ▪ Self-efficacy
  ▪ Practice change, outcomes, systems change,

• Key informants:
  ▪ Practice change
  ▪ Systems change within the health plan

• Systems Change Tracking: Documented by project staff
What Can We Say?

As a result of the training:

• CMs and DCSs were more likely to report conducting formal dementia screening as part of their client’s needs assessment after training.

• CM and DCS knowledge of ADRD, identification, and screening increased after training, and was sustained 6 months after trainings.
What Else Can We Say?

• CMs an DCSs report more dementia friendly practices
• After training they reported they were more likely to:
  ▪ Screen members for dementia
  ▪ Encourage a formal diagnosis
  ▪ Identify caregivers
  ▪ Develop a care plan
  ▪ Involve caregivers in care planning
  ▪ Provide or arrange for support for caregivers
  ▪ Refer to HCBS & Alzheimer’s organizations
Key Informant Feedback on Systems Changes within Health Plans (based on 8 health plans)

Cognitive Screening
• 3+ health plans changed HRAs to include cognitive screening
• 4 health plans adopted AD8 or other validated cognitive screening tool

Partnership with Family Caregivers
• All say they are systematically identifying family caregivers
• 3 adopted a validated measure of caregiver strain
• 5 provide respite under Care Plan Options & 2 refer to CBOs
• 7 offer caregiver education directly or through CBOs

Partnership with CBOs
• 2 formally integrated ALZ Direct Connect/others use it less formally
Resources Available

- Sample HRA Questions
- Training Curricula for Care Managers
- ALZ Direct Connect Form (for adaptation)
- Dementia Care Management Toolkit
- AD8 Dementia Screening Tool
- Caregiver Identification Tool
- Benjamin Rose Caregiver Stress and Strain Scale
- Care Needs Assessment Tool
- IDEA! Strategy for Managing Challenging Behaviors
- Best Practice-based Care Plans
- Plain Language Fact Sheets

Available for download at: www.alzgla.org/professionals
Dementia Cal MediConnect Project Team

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- Susan DeMarois

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- Jessica Empeño, MSW
- Amy Abrams, MSW, MPH
Questions?
Alz.org Resources

- **Inside the Brain:** An Interactive Tour
- **Alzheimer’s and Dementia on-demand courses** (minimal fees associated)
Depression Management Best Practice Intervention Package (BPIP)

- Cognitive assessments listed on page 17 including:
  - [Ascertain Dementia 8-Item Informant Questionnaire (AD8)]
  - [Memory Impairment Screen (MIS)]
  - [Saint Louis University Mental Status (SLUMS) Exam]
  - Note: The Mini-Mental State Examination (MMSE) and the Mini-Cog tests are copyrighted.
Previous UP Webinars

– Alzheimer’s Disease: A New Way of Understanding for the Home Care Worker (Jane Marks, 05/28/14)

– The Universal Language of Caregiving: What We Need to Know Now (Kim Linder, 06/11/14)

HHQI University

– Meeting the Needs of Caregivers and Care-Receivers (3.0 CEs)
HHQI Resources (cont.)

- **MyHHQI Blog posts**
  - [Guilt – The Caregiver Nemesis](#) (Jane Marks, 07/21/17)
  - [The Struggles and Rewards of Being a Caregiver to a Loved One with Alzheimer’s](#) (HHQI, 06/16/17)
  - [June is Alzheimer’s and Brain Awareness Month](#) (Bethany Knowles Hall, 06/10/16)
  - [Can Out-of-Town Caregivers Help Seniors Age at Home?](#) (HHQI, 08/07/15)
  - [The Sandwich Purse](#) (Jane Marks, 07/17/14)
Next UP Networking Event

- January 18, 2018 2-3 pm (ET)
  - Actions to Improve Health Literacy
    - Misty Kevech & Cindy Sun, HHQI RN Project Coordinators
    - Approved for 1.5 hours of nursing CEs by ASNA
  - Subscribe to HHQI’s mailing lists to be among the first to know as soon as more details are available
Continuing Education

- Corresponding course in HHQI University [www.HHQIuniversity.org]
- Free continuing education credits (1.5 hours)
  - Nursing CEs (ANCC)
  - Social Workers (NASW)
- Requirements
  - Watch this webinar (1 hour)
  - Register for the course
  - Complete the post-test & evaluation (30 minutes)
  - Download & print your certificate
- Contact HHQI@qualityinsights.org with any questions
Continuing Education Steps

Follow these steps to get your CE certificate:

1. Register/log in to www.HHQIuniversity.org. You will be automatically redirected to the HHQI University website when you exit this webinar. If you think you might have already registered for an HHQI University account but cannot remember your username, please contact us at HHQI@qualityinsights.org
Continuing Education Steps

2. Click on the *Creating Dementia-Capable Systems of Care* course in the [Underserved Population course catalog](#).

3. Click on **Enroll** under the 🍎 icon.

4. Click on **My Account** to launch the course.

5. Click on the 📐 icon next to the course in the **View** column.

6. Click on the 📐 icon in the **Action** column next to **Lesson 1**.
   - Complete the *Creating Dementia-Capable Systems of Care* lesson which includes a 15-question post-test and an evaluation
   - Will take about 30 minutes of extra work following the webinar

7. After completing the evaluation, you can print your certificate from the **My Account** area in HHQI University.
   - Click on **My Account** on the black menu bar.
   - Your certificate will be in the **My Certificates** area on the left side of the screen.
Thank You!

HHQI@qualityinsights.org
www.HomeHealthQuality.org