

Rhode Island Department of Health (RIDOH) Provides Technical Assistance to Health Care Facilities to Meet State Statute

The Healthy Brain Resource Center Stories From the Field are a series of stories that highlights the achievements of award recipients from the National Healthy Brain Initiative and the BOLD Infrastructure for Alzheimer’s Act. Healthy Brain Road Map domains that are relevant to this story are in color at the top right of this document.

BACKGROUND & OBJECTIVE

Alzheimer’s disease is a growing public health crisis in Rhode Island.¹



13% increase in people over 64 with Alzheimer’s from 2020 to 2025



48.5% workforce increase needed to meet increased demand from 2021 to 2050



54% of caregivers had chronic health conditions in 2021

\$470 million

cost of Alzheimer’s to the state Medicaid program in 2020

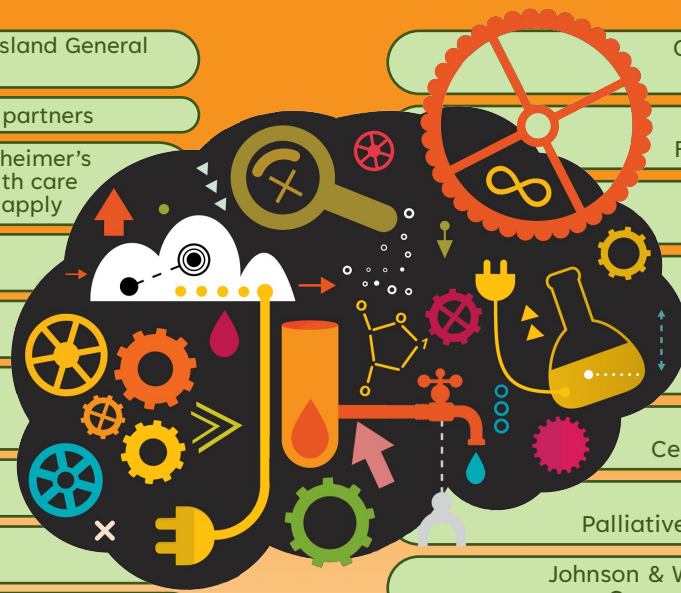


In 2020, the Rhode Island General Assembly passed a statute requiring all licensed health care facilities in Rhode Island to complete and implement an operational plan for the recognition and management of patients with Alzheimer’s disease and related dementias (ADRD) (R.I. Gen. Laws § 23-1.7-6. Health Care Facility Plan) by October 2021.

APPROACH

PROCESS

- 1 Proposed amendment to Rhode Island General Assembly and received approval
- 2 Convened and met monthly with partners
- 3 Received approval from state Alzheimer’s Advisory Council on types of health care facilities to which statute should apply
- 4 Reviewed documents from New Hampshire and Massachusetts
- 5 Surveyed the seven statewide hospitals
- 6 Chose Federally Qualified Health Centers (FQHCs) and hospitals to be trained first
- 7 Developed framework and accompanying training
- 8 Drafted regulatory language related to operational planning
- 9 Met with clinical and quality leadership from statewide hospitals and FQHCs to deliver training
- 10 Set recurring meetings with hospital systems



PARTNERS

- Caregiver of person living with ADRD
- RIDOH Center for Health Facilities Regulation staff
- Hospital Association of Rhode Island (HARI)
- Alzheimer’s Association state chapter
- RIDOH ADRD Program Manager
- Rhode Island Health Center Association (RIHCA)
- Chief of Geriatrics and Palliative Care at hospital system
- Johnson & Wales University Doctoral Occupational Therapy Program
- Rhode Island Geriatric Education Center/ Geriatric Workforce Enhancement Program

PROGRESS 2023

1

Training delivered to statewide hospital leadership

10

Hospital leadership members trained

1

Training delivered to FQHC leadership

12

FQHC leadership members trained

1

Hospital trained of 7 hospitals statewide

5

Members of Care Transformation Specialist Team trained

¹Alzheimer’s Association. 2023 Alzheimer’s Disease Facts and Figures Report, Rhode Island Statistics. <https://www.alz.org/media/Documents/rhodeisland-alzheimers-facts-figures-2023.pdf>

LESSONS LEARNED



Include partners with policy expertise. The Alzheimer's Association is a key partner familiar with how the Rhode Island General Assembly and legislature work. Through this partnership, RIDOH staff successfully developed, presented, and received approval from the Rhode Island General Assembly on a statute amendment, which made the charge of developing and implementing an operational plan more feasible.

“Outside of the advisement of our working group and council, the Alzheimer’s Association’s policy expert was so helpful in understanding the spirit of the statute and helping us navigate the amendment with the Rhode Island General Assembly.”

– ADRD Program Manager



Engage key partners from the beginning. It is important to be creative when identifying partners. Engage not only subject matter experts who can provide content guidance for the operational plan but also organizations that work closely with the different types of health care facilities. Such partners are essential in gaining buy-in when presenting facilities with the task of developing their operational plans. In addition,

“The Hospital Association of Rhode Island and Rhode Island Health Center Association played an important role in connecting us with clinical and quality leadership for the hospitals and FQHCs that are now required to develop and implement an operational plan. The Associations bring credibility and trust, which helped us convene kick-off meetings to engage and share developed resources to support these facility types as they work through this process.”

– ADRD Program Manager

including a caregiver as a partner provided perspective on the experience of navigating a loved one with ADRD through a hospital visit, and the needs and challenges that can arise.

NEXT STEPS

Provide a quarterly learning collaborative with RIHCA that engages FQHCs in best practice sharing and lessons learned after operational plan implementation.

RESOURCES



[RIDOH ADRD State Plan](#)

[Massachusetts Health & Hospital Association Guidance for Developing an Operational Plan to Address Diagnosis](#)

[Health Systems & Clinicians | Alzheimer's Association](#)

[Professional Care Providers | Alzheimer's Association](#)

[What Is an Age-Friendly Health System? | IHI - Institute for Healthcare Improvement](#)



* [Hospital Implementation Guide for Dementia Operational Planning](#)
[Hospital Dementia Operational Plan Slide Deck](#)
[FQHC Implementation Guide for Dementia Operational Planning](#)
[FQHC Dementia Operational Plan Slide Deck](#)
[FQHC Dementia Operational Plan Recorded Training](#)
[Operational Planning Statute and Regulatory Language](#)

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