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Telemedicine Adaptation of a Dementia Care Shared Medical Visit Model

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Introduction: Specialized health care resources needed by dementia patients and caregivers are scarce, particularly in smaller communities and rural regions. Shared medical visits could leverage resources to address these care needs for underserved areas, and telemedicine delivery could improve access previously limited by geography. We present here a treatment model being piloted at VA Puget Sound Healthcare System that adapts the Co-operative Dementia Care Clinic (CDCC) model to telemedicine delivery.

Methods: The CDCC model, originally developed in a university based Memory Disorders clinic, is a shared medical visit model where patient-caregiver dyads meet as a group together with a geriatric psychiatrist and social worker who provide specialized dementia care. In our telemedicine adaptation, a neurologist or geriatric psychiatrist and a licensed social worker meet with a group of 4 to 6 patients with mild-moderate dementia and their caregivers. The physician and social worker are located in the VA Puget Sound Seattle campus and the patients and caregivers are located in a remote site, interfacing through a video teleconferencing system. A geriatric registered nurse is located at the remote site and provides coordination and local support. Visits occur on a monthly basis, and patients and caregivers decide the frequency and number of visits they wish to attend.

Results: The first pilot telemedicine dementia care group started in May 2013. We anticipate several advantages for this approach, including cohesive teamwork between the physician, social worker, patient and caregiver that reduces miscommunication and redundancy; improved access to dementia care services such as respite and home services; more opportunities to provide dementia-related education; reduced travel time and greater convenience to patients; and peer-to-peer support through the group dynamic. During this early stage in our pilot program, we will assess outcomes such as the number of and types of physician and social work interventions provided (e.g. changes in chronic disease care, medication management, referrals for respite or adult day health), patient satisfaction, effects on caregiver stress, and nature of dementia-related education provided to patients and caregivers.

Conclusions: A telemedicine CDCC model holds potential as a treatment approach that better provides services to patients with dementia and their caregivers lacking access to specialized dementia services in their home communities. Unique qualities include the collaborative nature of care between the physician, nurse, social worker, patients, caregivers, and peers; leverage of a shared medical visit format to increase access to dementia care specialists; and improved access to outlying areas through telemedicine technology.

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Smartphone Use Among Patients Age Greater than 60 with Mental Health Conditions and Willingness to Use Smartphone Applications to Monitor Their Mental Health Conditions

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Introduction: The rapid rise of smart phone technologies offers a novel mechanism for Experience Sampling Method (ESM) collection. A recent study indicated that approximately 61% of the U.S. population now owns a smartphone with ownership rates among mobile subscribers highest among the age group of 25-34 at 78% and closely followed by 75% of the population between ages 18-24 [Nielsen, 2013]. However, there is no data on prevalence of smartphone ownership among patients with