Strategic Plan 2019-2023

With long range addendum for 2024-2028

MemoryCare
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A spreadsheet with goals, strategies and actions plans associated with this strategic plan is available for review.
MemoryCare Strategic Plan: 2019-2023

INTRODUCTION:
This strategic plan was developed between December 2017 and February 2019 and will be in effect from 2019-2023. The strategic planning task force members, staff, and the full board had opportunity to contribute to the contents and three Focus Groups of caregivers from enrolled families were held with their input contributing to the plan as well. The Plan has been approved by MemoryCare’s board of directors.

In its nineteen years of existence as an independent, community-based non-profit charitable organization, MemoryCare has established a reputation for excellence in dementia care. Created due to a clear need for its services and through the generosity of a supportive community, MemoryCare is now a model in the state and country for community-based dementia care. This strategic plan seeks to provide a guide for MemoryCare’s growth for the next 5 years to ensure it matures in the healthiest and most productive ways possible as a resource to the western North Carolina community. There is an additional section of the plan to provide guidance for longer term planning for the future of the organization.

The Strategic Planning Task Force met monthly and a SWOT analysis was conducted from the outset with the group and all staff to help define areas of focus. Guiding principles throughout discussions were for MemoryCare to 1) remain available to all with need, 2) recognize the role of caregivers as key determinants for the safety and well-being of people living with dementia, and 3) balance growth with financial sustainability. The Task Force acknowledged that while engagement of caregivers is critical for delivering the best care for those with dementia, that such involvement creates a challenge for funding.

The Task Force was comprised of the organization’s executive committee, committee chairs, the executive director, founder, and a community representative. Members included:

- David Key, CPA- Board member, President- co-chair
- Rebekah Lowe, - Board member, Treasurer- co-chair
- Jerry De Land- Board member, Vice President
- Caroline Knox, Esq.- Board member, chair of Personnel committee
- Carol Lawrence- Board member, chair of Development and Outreach committee
- Peggy Noel, MD- ex-officio board member, founder
- Pat Smith- Community member, former president of the Community Foundation of WNC
- Ginna Templeton, MD- Executive Director
VISION
MemoryCare will be a model program that provides expert guidance for caregivers and comprehensive treatment for people living with dementia.

MISSION
MemoryCare is a nonprofit organization whose mission is to provide specialized medical care to older adults with cognitive impairment; to support caregivers with education, counseling, and improved access to services; and to provide community education.

VALUES
- **EXCELLENCE**
  Maintain the highest quality in clinical, supportive, and educational services.
- **COMPASSION**
  Provide a safe, caring environment that demonstrates respect for all individuals.
- **COLLABORATION**
  Work with patients, caregivers, staff, and other organizations to enhance services and share knowledge.
- **INTEGRITY**
  Act at the highest level of ethical behavior, fiscal responsibility, fairness and accountability.
- **SUSTAINABILITY**
  Ensure that our services remain available to the region as an independent, non-profit organization and a well-established model for others to follow.
Areas of Focus with goals and strategies for 2019-2023 Strategic Plan

MemoryCare is a local community-based charitable organization in western North Carolina since 2000. With this strategic plan, we hope to meet the challenges created by the growing number of people affected by dementia, a non-curable, progressive illness that demands an involved caregiver, with a fiscally sound and clinically excellent program. We are committed to providing the support and practical tools needed to face such a disease and will remain focused on the work of our mission at all time. For a complete outline, including strategies and action plans designed to achieve these goals, see the attached Excel spreadsheet.

Guiding principles
Throughout the development of this plan the following guiding principles were considered:

1. the need to remain available to all with need
2. the need to recognize the role of caregivers as key determinants for the safety and well-being of people with dementia
3. the need to balance growth with financial sustainability

Areas of Focus
The following goals will guide us in this strategic plan as MemoryCare continues to mature as a non-profit organization. We are mindful of the uncertainties with the changing healthcare climate and the need for collaborations. We are committed to making the ideals and goals represented in this plan a reality and appreciate the ongoing support of our Board, staff, and community.

The following will be the areas of focus for MemoryCare in the coming 5 years:

- Messaging Our Identity and Value
- Charitable Fundraising
- Expansion of Services
- Financial Sustainability
- Succession Planning
- Technology

The goals and strategies for each area of focus are outlined on the following pages:
1. Messaging Our Identity and Value
   MemoryCare is a community-based charitable nonprofit organization that engages both caregivers and those living with dementia to facilitate the best possible care over time. To maintain our operations and ensure all with need have access, we need to improve the community’s understanding of our charitable status, focus on caregivers, and the necessity of ongoing support.
   a) GOAL: Improve messaging about MemoryCare’s charitable status
      i. Strategy: Review and update messaging about the organization
      ii. Strategy: Ensure messaging reflects all constituents
      iii. Strategy: Distribute messaging consistently across all platforms.
   b) GOAL: Educate constituents about charitable status and value
      i. Strategy: Apply new messaging to all communications with clients and donors
   c) GOAL: Reach the wider community to educate about MemoryCare’s value and charitable need
      i. Strategy: Publicize through media sources
      ii. Strategy: Participate in community educational events
      iii. Strategy: Provide education to broader retirement community

2. Charitable Fundraising
   In coming years, MemoryCare will need to increase charitable revenue in order to maintain services and address a growing need for the service.
   a) GOAL: Build Capacity for Charitable Fundraising
      i. Strategy: Recruit and train trained an experienced development team with skills, institutional knowledge, and resources to manage annual development activities
      ii. Strategy: Revise development plan with new team
      iii. Strategy: Pursue Melvin R. Lane grant for capacity building
   b) GOAL: Increase Charitable Revenue
      i. Strategy: Meet increased annual fund goal
      ii. Strategy: Increase visibility as a charity to current clients and general public
      iii. Strategies: Identify new potential donors outside of the MemoryCare family
      iv. Strategy: Utilize web more effectively for fund-raising
   c) GOAL: Grow permanent operating fund
      i. Strategy: Define 5-year goals for corpus
      ii. Strategy: Develop planned giving program
      iii. Strategy: Utilize improved messaging to communicate long term charitable needs of the organization
      iv. Strategy: Identify and cultivate potential major donors
3. Expansion of Services
   a) GOAL: Expand clinical services
      i. Strategy: Hire a new clinical care team in 3 years
   b) GOAL: Expand educational program
      i. Strategy: Increase educational offerings available for enrolled families
      ii. Strategy: Expand educational programs for the general public
      iii. Strategy: Operationalize 3-year designated donation to explore educational opportunities
      iv. Strategy: Collaborate with others to promote high quality annual professional education
   c) GOAL: Remain a desirable employer able to retain and recruit high quality, trained and mission-focused clinical staff
      i. Strategy: Maintain excellence in every aspect of the organization
      ii. Strategy: Regular review of comparable compensation packets and staff satisfaction
      iii. Strategy: Network with colleagues through national meetings and maintaining standing within professional societies
      iv. Strategy: Present at national and international professional society meetings

4. Financial Sustainability
MemoryCare’s operations have been possible for the past nineteen years through the generous support of individuals, foundations, grants, and community donations. In coming years, there is need for sustainable growth of services to address the needs of our community. To be fiscally responsible, MemoryCare will balance growth with a plan for financial sustainability that includes sufficient financial resources to support the work of our mission and any planned growth.
   a) GOAL: Conduct Financial Analysis
      i. Strategy: Assess current revenue/expense ratios with regard to impact, cost, and revenue
      ii. Strategy: Identify Key Performance indicators for clinical quality
      iii. Strategy: Identify Key Performance Indicators to evaluate the financial gap
   b) GOAL: Development Financial Plan to increase revenue
      i. Strategy: Increase funds generated through clinical service fees
      ii. Strategy: Develop new payment models for service
      iii. Strategy: Double utilization of the Geriatric Caregiver Consultation service
      iv. Strategy: Increase revenue (and minimize losses) from ancillary services
      v. Strategy: Charge for Organizational Consulting
5. Succession Planning
In the next ten-year period, MemoryCare will transition from being a founder’s organization thus a clear plan for future leadership is needed.
   a) GOAL: Determine leadership structure when current leadership transitions
      a. Strategy: Convene committee to explore future organizational structure
      b. Strategy: Emphasize the value of physician leadership by affirming in by-laws
      c. Strategy: Explore acquiring key staff life insurance policy to mitigate loss in transition
   b) GOAL: Define a plan to secure organization’s leadership through an unexpected transition
      a. Strategy: Review succession plans for other organizations
      b. Strategy: Prepare written document outlining succession plan for the director
   c) GOAL: Establish a clear plan for the organization’s leadership through anticipated transitions
      a. Strategy: Review succession plans for other organizations
      b. Strategy: Prepare written document outlining succession plan for the director

6. Technology
In an era of changing technology, MemoryCare needs to utilize this resource to improve and expand service delivery and potentially identify new services that the organization could offer to meet community needs.
   a) GOAL: Develop a technology plan for the organization
      i. Strategy: Establish types of technology to be utilized
      ii. Strategy: Identify key staff member to develop and maintain technologies
      iii. Strategy: Prioritize innovation through technology with planned growth
   b) GOAL: Improve visibility of the organization as a charity through web and social media
      i. Strategy: Update website platform
      ii. Strategy: Develop social media strategy
   c) GOAL: Explore opportunities for expansion of service through web and social media avenues
      i. Strategy: Explore use of technology to enhance service delivery
      ii. Strategy: Expand educational services with advanced technology
   d) GOAL: Meet all reporting requirements for CMS/MACRA that involve advanced technology
      i. Strategy: Participate in educational events to be aware of rules
      ii. Strategy: Invest in establishing EMR interoperability
      iii. Strategy: Educate clinical staff regarding the reporting requirements
Background: MemoryCare 2000-2018

OVERVIEW OF THE NEED
Dementia is among the greatest public health challenges of our time. The number of people with dementia in the United States is now over 5.8 million and is expected to rise steeply in coming decades. The Alzheimer's Association estimates that one in ten of those 65 and older have Alzheimer's or another type of dementia. With age the greatest risk factor for cognitive impairment, the disease is already a significant issue in western North Carolina where, on average 22% of our population is of this age as compared to 15.9% in the rest of the state and country. It is for this reason that MemoryCare was established in 2000.

Dementia affects not only the person with the disease but their caregivers as well. It is the 5th leading cause of death in NC and in recent years, 466,000 NC caregivers gave 531 million hours of unpaid time managing care needs for someone living with dementia. For every person with dementia (PWD) there are, on average, 3 caregivers involved who need training and support; many families in our community are impacted and need this help now.

MemoryCare care teams address the need for a diagnosis to better understand what is happening, provide guidance on managing medical, social, behavioral issues as they arise, facilitate planning for the future, and serve as a resource for managing safety needs over time as the disease progresses. 

Caregivers are social determinants of health for PWD. Though it often takes a toll on their own health, caregivers play an essential role to the safety, health and well-being of PWD. They need support and information for themselves that is particular to their family’s circumstance so they can care for their loved one with excellence, minimize the impact of dementia on their own health, and maximize quality of life for all affected. In response to the care they received, one caregiver described MemoryCare as:

“Medical and social medicine at its finest.”
MEMORYCARE’S MODEL
MemoryCare was developed as a non-profit charitable organization because while Medicare and other insurance covers the patient-focused examination and testing done through usual care, they do not cover the cost of the extensive counseling, education, training and support services we provide families. Our highly trained physicians and care managers provide expert care for dementia and forge relationships with families that facilitate the best care possible. Professional literature and our 19 years of experience confirm that without access to information from caregivers in a private setting, physicians are often delayed or erroneous in their diagnosis of dementia. The consequences of this delay include serious safety issues that impact health such as medication errors, mismanagement of co-morbid conditions, poor nutrition, driving accidents, financial vulnerability or elder fraud, and ultimately increased cost of health care.

The healthcare cost of an individual with dementia is more than triple the health care cost of an average older person due to delayed diagnosis, inappropriate use of the acute care system, frequent facility placement and the many complications of care associated with the disease. We routinely hear from families how important the time is that they have with MemoryCare’s inter-professional care team and how different their experience is in our clinic compared to the care they have received elsewhere. Literature shows clearly that engaging caregivers in the clinical care of PWD is an essential part of any effective dementia program and that caregivers with little or no support die earlier, have high rates of depression, and suffer more physical, mental, and financial problems than caregivers for other issues. At MemoryCare, family comes with the PWD to our clinic for every visit, every time.

MemoryCare’s model partners with families, primary care physicians, other healthcare providers and community resources as appropriate and incorporates all features of a best practice as outlined by The Alzheimer’s Study Group and National Alzheimer’s Plan. Prioritizing time for these support services is a critical part of caring for those with dementia and is vital to the high degree of client and community satisfaction MemoryCare has had since inception.

Through our clinical care management services, MemoryCare provides:

- Accurate diagnosis (through cognitive testing and extensive physical examination),
- Disease planning (respite and in home care options, long term care planning, prompting to address necessary financial/legal issues and safety issues unique to the disease),
- Behavioral management,
- Caregiver training, counseling and support,
- Coordination of services provided by other agencies,
- Prescriptions for disease related medications,
- Help filing for assistance for low income families,
- Assistance with end of life decision making/advance directives,
- Provision of written care plan to families in coordination with primary care physicians,
- Guided introduction to our lending library of caregiver resource materials,
- Education on aging issues to the community and training to other health care professionals in geriatrics,
- Home visitation program in Buncombe County for clinical assessment when needed,
- Time to listen to care needs.
By educating and training caregivers about dementia stages, prognosis, and the risk/benefits of medical interventions, we help families be strong advocates for their loved ones and facilitate truly patient-centered care. Through knowledge gained, families have a better understanding of the chronic, progressive nature of dementia and strategies for how best to manage it over time and can make decisions in keeping with this circumstance. Individuals at early stages may participate in development of their own Care Plans with focus on strategies to reduce risks of medication errors, malnutrition, falls, and other safety issues.

By improving the capacity of families to provide care to a loved one with dementia in the home setting and teaching them about the importance of managing their own healthcare needs, MemoryCare affects the economy of our community and state. The cost of our comprehensive service is covered through a combination of patient insurance fees, a cost-sharing caregiver fee and charitable funding through grants, donations, and investment income. The waiting list we have had to maintain since MemoryCare began is a testament to the ongoing need for these services in the community. Research shows that the highest quality and safety outcomes in dementia care require caregiver education and support such as MemoryCare provides.

“*When you come, you know that you are doing all you can, and will get the best care- that's priceless.*

MemoryCare caregiver

ORGANIZATIONAL HISTORY
MemoryCare began as an idea in 1999 and incorporated one year later as the Memory Assessment Clinic and Eldercare Resource Center with Margaret Noel, MD its founding director. In May 2000, the program was granted status as a 501(c)(3) non-profit charitable corporation by the Internal Revenue Service and remains an independent, community-based non-profit organization. MemoryCare was originally housed in donated space made available by the Givens Estates United Methodist Retirement Community and in 2005 moved to the Manor House where the rent was made affordable for our use. After 13 years in the Manor House, in 2018, MemoryCare moved into a new building specifically designed for its model of care. The Lebedeff Eldercare Resource Center, which originally opened in 2001 with extensive educational materials about aging and caregiving, relocated with MemoryCare to the Manor House and is now in our new building, the SECU Center for MemoryCare. MemoryCare’s website launched in 2002 to further expand our information network; the site has been updated over the years and in 2019 will undergo further upgrade. In 2005, the organization’s name was changed to MemoryCare. In 2010, MemoryCare underwent a transition in leadership with Virginia Templeton, MD assuming the role of Executive Director.

MemoryCare has always had a waiting list for enrollment in our clinical program but with limited space and financial resources has grown through satellites and program enhancements. In 2016, the organization broke ground for a new building with room for future growth when resources are available. The new building was specifically designed for MemoryCare’s model of care and with room to expand services. The team moved into the new space in 2018 and, in the coming decade, as need for excellent dementia care increases, MemoryCare is poised to grow and help address this public health issue.
MEMORYCARE SERVICES
When started in 2000, MemoryCare was staffed by one physician and one nurse who managed all aspects of the program. In 2002, with the help of foundation and grant support, the program hired two new staff members, a physician and a social worker, and was able to increase the number of patients and families receiving care. In 2006, a third physician and nurse joined MemoryCare and, in addition to seeing families in the Asheville office, opened our Burnsville satellite clinic in Yancey County to serve the populations of Yancey, Mitchell and Madison counties. In 2008, our home visit program was established and remains available to Buncombe County residents. In 2012, through a combination of grants and individual donations, MemoryCare underwent further growth with the addition of another care team and the opening of a satellite clinic in Waynesville to serve Haywood County and farther western counties. In 2015, MemoryCare underwent another expansion with a new care team and, while the number of families receiving care has grown with each expansion, our waiting list has grown as well.

MemoryCare now has twenty employees and many volunteers who regularly give their time. We work continuously to listen to what families say they need and to find ways to expand our program in a sustainable way so that families have access to high quality dementia care that addresses otherwise unmet needs.

Our staff is dedicated to meeting the needs of patients and families affected by Alzheimer’s disease and other types of dementia and our mission guides all endeavors with focus on the medical care of older adults with cognitive impairment, support and education of their caregivers, and community education. Dementia is a chronic, progressive illness without cure and anyone who lives long enough with the disease will require the support of another person to live safely. Our program’s key strategy is to include caregivers as an integral part of the team in caring for person with dementia (PWD) and to provide caregivers with the education, support, and training they need to manage their role as well as possible. We’ve grown steadily over time and have always maintained a waiting list for clinical services, a dilemma that has contributed to the growth of services that enhance our clinical program and are available for both enrolled and non-enrolled families. Dementia can be a devastating illness and our focus is to address the challenges in hopes that there can be joyful times as well along the journey.

Our clinical program is the core of our work; however, over time, other programs have developed based on expressed needs of the community. MemoryCare’s most important programs include:

- **Clinical Program** – The heart of MemoryCare is our clinical program that began in 2000. All families enrolled at MemoryCare receive a comprehensive care plan and have access to all of our services, including educational programs. Our physician-led care teams conduct a comprehensive needs assessment for each family providing assistance with diagnosis, disease and behavior management alongside education about safety issues, legal and financial challenges and planning for incapacity. Caregivers are an integral part of every visit.
  - With increasing need for dementia care in WNC, MemoryCare provides evidence-based, best practice dementia care that is otherwise not available.
- **Family Caregiver Education Program** (“Caregiver College”) – In 2008, our caregiver education program, “Caregiver College,” was developed. The course is now offered to enrolled families at least three times per year and is open to the public as well.
Caregiver College is an 18-hour course designed to improve caregiver understanding of different aspects of dementia care.

This dementia-specific education is available to caregivers enrolled in our clinical program, community members, and professionals in the community. The information is key to a better understanding of the disease to help set appropriate expectations and ensure safety and quality of life for those impacted by the disease.

- MemoryCaregivers Network – In 2007, a group of motivated caregivers joined to create the MemoryCaregivers Network as volunteers dedicated to helping MemoryCare and supporting each other. Through a grant received in 2010 this group transitioned from volunteer status and now provides three monthly peer support groups for caregivers of those with dementia, publishes an electronic newsletter, provides community education about dementia and caregiving issues, and serves as a volunteer pool for MemoryCare.

  - This group contributes greatly to the support of caregivers in the community. They also provide community education about dementia to a variety of community groups.

- Low income minority screenings – this program began through a grant funded project from 2005-2007 in which MemoryCare worked to improve dementia care in the African American community. That effort continues more broadly today through our minority/low income health and cognitive screening sessions held in various community sites.

  - This program offers free health/cognitive screening in the low income/minority communities and is meant to facilitate access of information about aging and possible risks for dementia to all with need in hopes of addressing health disparities that exist.

- Educational Workshops – educational programs to help guide and assist family caregivers.

  - Every year we coordinate at least one community educational event around the issue of dementia to increase knowledge in the community about the disease and strategies for managing it well.

- Caregiver Consultation Program. In 2012, MemoryCare piloted a Caregiver Consultation program to address resource-related dementia caregiver needs as a way of addressing the waiting list for enrollment in our clinical program; the service remains an option for non-enrolled caregivers needing information about dementia-related resources.

- Resource Center. In 2002, MemoryCare opened the Evelyn Lebedeff Eldercare Resource Center which remains a part of the organization today. The Resource Center has information about healthy aging, dementia, caregiving, death and dying and more. The multi-media resources are available to the public and are now a part of MemoryCare’s reception area where clients can also peruse the information and check out materials while waiting for a visit with their care team.

MEMORYCARE STATISTICS
Since our beginning, MemoryCare has grown from serving 222 families in the first year to 1,034 in 2018 with the number of caregivers involved increasing from 352 to 3,527 caregivers. The annual operating budget has increased as well going from $150,000 to more than $1,600,000 since our start. The cost per family served each year has had slight increase going from $1,150 to, on average, $1,500 per family per year for comprehensive services. There were 82 donors to MemoryCare’s first annual campaign with an increase to over 800 individuals who gave financially in support of our program last
year. In addition to our clinical work, in 2018, MemoryCare staff and volunteers provided dementia specific community and professional education to 2,077 individuals.

Evidence suggests that with education and support to the caregivers, not only is the quality of life improved for the person with dementia but the caregivers as well. As they learn about the chronic, progressive nature of dementia, MemoryCare caregivers develop appropriate goals of care and understand the importance of managing their own health needs over time.

With 41% of our families classified as low income by federal poverty guidelines, our design as a non-profit charitable organization makes it possible to provide services to all needing them regardless of their ability to pay. Eighty-eight percent of MemoryCare’s clinic patients are cared for in the home setting by their families of whom 86% say MemoryCare helps make home care possible; in the nation 70% of dementia patients are cared for at home. Because of their need for daily assistance, at least 48% of MemoryCare patients would be eligible for facility placement without the support they receive. By helping keep low income patients in the home setting, MemoryCare saves Medicaid the significant cost of their placement ($6,300/month for a Medicaid bed in Buncombe County). Forty-three percent of MemoryCare caregivers are spouses, most of whom are over the age of 65 who are themselves at risk of cognitive disorders.

<table>
<thead>
<tr>
<th>Who MemoryCare Serves</th>
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<tbody>
<tr>
<td><strong>Number of Families Enrolled</strong></td>
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<td><strong>Caregiver : patient ratio</strong></td>
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<tr>
<td><strong>Mean Patient Age</strong></td>
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<td><strong>Patient Gender</strong></td>
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<tr>
<td><strong>County</strong></td>
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<tr>
<td><strong>Percent Low Income per HHS</strong></td>
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<td><strong>Primary Caregiver Relationship</strong></td>
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<td><strong>Percent Living at Home/ALF/SNF</strong></td>
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<td><strong>Dependency in ≥ 2 Basic ADLs</strong></td>
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<td><strong>Severity of dementia stage</strong></td>
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<td><strong>Advance Directives</strong></td>
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MemoryCare, 2018

In addition to helping families postpone or avoid facility placement, we have seen consistently over the past 5 years that PWD enrolled in our clinical program have fewer visits to the Emergency Room and fewer and shorter hospitalizations when compared to national norms.
Having fewer interactions with the acute care hospital system and a better sense of what to expect can have a direct impact on the quality of life for the person with dementia and their family caregivers.

99-100% of caregivers expressed satisfaction with services received our program and said they would recommend MemoryCare to other families facing dementia.

Annual Caregiver Outcomes Surveys 2015-2018
RELATIONSHIPS WITH OTHER ORGANIZATIONS

MemoryCare is based on the campus of Givens Estates where their in-kind contribution facilitated space for our operations at inception 2000, then with reduced rent from 2005-2018 and now with a long term land lease for the new building we moved into in 2018. Givens is an essential part of MemoryCare’s success for which we are deeply grateful. With our growth over the years, we have developed partnerships with Yancey County Hospice, Four Seasons Hospice, Haywood County Senior Resource Center, Mountain Area Health Education Center, and other community organizations to expand our reach and provide excellent dementia care and education to aging adults in our western North Carolina community.

MemoryCare has always valued collaboration and endeavored to work with others. To achieve our mission-guided goals, we work with organizations such as the Council on Aging, Area Agencies on Aging, Project C.A.R.E., adult day programs, home care agencies, Meals on Wheels, assisted living and skilled long-term care facilities, acute care facilities, respite centers, local hospice providers, P.A.C.E., churches and more to provide education, extend our reach, and coordinate care. We partner informally with the Alzheimer’s Association and Dementia Friendly WNC for educational programs and our MemoryCaregivers Network works closely with the Memory Loss Collaborative to provide peer support for caregivers impacted by dementia.

Our work would not be possible without the generous support we have received from many individuals, grants, and foundations. Organizations including The Duke Endowment, Kate B. Reynolds Charitable Trust, the Community Foundation of Western North Carolina (including the Melvin R. Lane grant), the Janirve Foundation, Mission Health (Community Health Enhancement & Community Benefits grants), the Fullerton Foundation, the Buncombe County Aging Coordinating Consortium, the United Way of Asheville and Buncombe County, the Community Foundation of Henderson County, the Chaddick Foundation, Biltmore Estates Annual Benefit, State Employees’ Credit Union, the Dogwood Trust, WNC Bridge Foundation, and others who have made it possible for us to serve families over the years.
RECOGNITION
From its inception, MemoryCare has recognized the importance of having a team approach to meet the challenges of dementia. In 2003, the organization established the Georgia Crump Certified Nursing Assistant Recognition Award to be given on an annual basis to a deserving CNA as a way of expressing appreciation to those helping in the day to day care of vulnerable older adults. In 2004, MemoryCare received the North Carolina Senior Consumer Fraud Task Force Private Sector Award in recognition of the team’s public education efforts on elder fraud and in 2010 the organization received a Governor’s commendation for work done in the community. In 2011 MemoryCare was honored by the local Alzheimer’s Association chapter as a Community Partner. Also that year, MemoryCare received national recognition from the Premier Healthcare Alliance as an exemplary, replicable non-profit community organization working to improve community health by winning their 19th Annual Premier Cares award.

MemoryCare’s founding director, Margaret Noel, was named the 2011 Clinician of the Year by the American Geriatric Society and in 2013, staff physician, Thomas Kaluzynski received the Mountain Area Health Education residency program’s Annual Outstanding Community Faculty Award for his teaching of residents and fellows at MemoryCare. The organization received the Advocacy & Awareness Award 2015 from Aging Projects, Inc for our work with older adults.

MemoryCare has been presented to international audiences as a model program for dementia care first in 2011 (Paris), then again in 2013 (Florence), and in 2016 (Budapest). The program has also been presented across the US as a model program, most recently at the Alzheimer’s Association International Conference in 2018 in Chicago, Illinois, and has now been used as a model for replication at two other sites. With recognition such as this, other communities facing challenges of dementia are able to realize the possibility of establishing a best practice, high quality, cost-efficient program.

WHAT IS NEXT?
As we look to a future in which the full scope of essential services for families impacted by dementia are likely to remain unreimbursed, we are dedicated to finding ways to ensure families have the support they need. MemoryCare's founding board of directors recognized the limited reimbursement available from Medicare and other insurance so wisely designed our long-term operational sustainability with a diverse portfolio of earned revenue from insurers, caregiver cost-sharing w/sliding scale for low income families, operating fund income, and charitable support from our community (grants/donations). Diversification has served us well during challenging economic times and charitable support remains a key part of our annual income.

While all professional guidelines for dementia care emphasize the importance of including family in the care of a person with dementia, no insurance fully covers associated costs for these services. Each year we have the challenge of raising 50% of our revenue from charitable funds which can be a difficult message to convey. Fundraising covers not only costs for the care of low-income families but for the budgetary gap we have for all families we see. Any growth in services increases our charitable need and it is through careful planning and the generosity of the community that we have sustained prior expansions. We anticipate going forward that charitable funds will cover, on average, half of our operating costs as they have from the start.
We know that the key determinant for the care and quality of life for a person with dementia over time is having an educated and involved caregiver. MemoryCare’s focus on the critical need for caregiver involvement in a program for best dementia care remains unique in spite of a growing body of evidence to support the necessity.

Though it touches many, dementia is a topic often avoided due to stigma, fear, and the hardship it can bring; and, there is poor understanding of why a physician practice would need to raise charitable funds. We also have a challenge in finding respectful and effective ways to communicate about the disease meaningfully and delivering a message of hope while acknowledging the profound losses that come with dementia—not hope that we can fix the disease, but hope that it is truly possible to live well alongside it.

While there are other statistics that show important impact, numbers cannot always convey the depth of impact achieved. The following of quotes were received in emails, letters and other communications from caregivers and shed light on some of the impact we achieve:

- “You are my rock”
- “You are who I turn to when I need something”
- “You gave us the tools we needed to be the caregivers our mother needed”
- “I can’t imagine what people do without a program like yours”
- “My dad would be so pleased with the care my mom is getting”
- “Our life is better because of MemoryCare”
- "I would be so alone if I didn't have MemoryCare"
- "You help us navigate the system of resources"

Western North Carolina faces a growing need for the type of services we offer at MemoryCare. Through exploration of our mission, values, and core identity over the past year, we know that because of the nature of insurance reimbursement for dementia care and our firm commitment to serve all with need, we are a charitable organization at heart and will continue to rely on the community for financial support.

All of us at MemoryCare feel privileged to do this work and are grateful for the support that makes it possible.

Until there is a cure there is MemoryCare.
The MemoryCare Quilt

The MemoryCare quilt is a tapestry of memory and love. In it is cloth that comes from hand towels, pajamas, curtains, and scarves. Dungarees, a nun’s habit and more. There is cotton, linen, flannel and silk. *Fabrics of disparate lives, woven beautifully together, into a patchwork of art.* Dementia’s touch crosses all bounds of education, class, race, and status. It is an illness that touches all in the family, not just the one with the disease. The pieces you see reflect the cherished lives of many brought together here, in this quilt, by the common threads of dementia… and of MemoryCare.

Weaving together memories from families whose lives and support make the work of MemoryCare both necessary and possible, the MemoryCare quilt beautifully illustrates the heartfelt appreciation we have for the privilege of being a part of the fabric of this community.
Long Range Planning: 2024-2028

Dementia is among the greatest and most expensive public health issues of our time. In 2018, $26.4 billion was spent by Medicare for dementia patients in the United States (as compared to $16.7 billion for those without a dementia diagnosis). MemoryCare offers a high-quality, affordable alternative for the medical care of dementia patients that saves healthcare dollars by supporting them and their families.

In the coming decade, MemoryCare will stay focused on the Western North Carolina community for our services and will be a model for other communities wanting to establish a similar program in their region. We are committed to forming partnerships in the community that will enhance dementia care for the region and know such collaborations will be essential in coming years.

Knowing that reimbursement is unlikely to improve and that MemoryCare is firmly committed to serving all with need, in the coming years, we will further strengthen our program by ensuring our fund-raising potential is maximized and our community partnerships are robust. Alongside the moral and practical obligation to address dementia in our community with excellence, there is also opportunity to find greater philanthropic support as more people are affected by the disease and understand the need for expertise and support in managing dementia.

Further growth of MemoryCare services will require that fundraising efforts keep pace with the rate of disease prevalence as more individuals are impacted. Focus will be needed on increasing the annual fund concurrent with endowment and planned giving strategies to ensure our fund-raising efforts are reaching their potential for both annual operations and future needs.

MemoryCare cannot address the needs of the entire population affected by dementia but with the experience gained over the past 18 years and the expertise of our staff, we can help guide others in providing needed care and ensure there is awareness of the disease and resources available for managing it. While it is impossible to predict all future challenges, it is clear that the need for quality dementia care will increase. With MemoryCare’s expertise, years of experience, and track record of cost savings, quality care, and high satisfaction of clients, there is much our program can contribute to a system that values cost-effective comprehensive dementia care that saves healthcare dollars.

Looking to the next decade, MemoryCare is poised to provide care for families whose lives have been affected by dementia and to expand our educational programs. Researchers will continue the search for better treatments of dementia and, even more so, for a possible cure, but, with the damage to the brain done years before symptoms occur, there is likely a generation of us that will need services for families such as MemoryCare offers. We anticipate the next decade to bring a growing need for our program and have long said, “Until there is a cure there is MemoryCare.”

BIBLIOGRAPHY