California Alzheimer’s Disease Program

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Alzheimer’s Disease Clinical Care Guidelines 2017

• 4th edition of the California Alzheimer’s Clinical Care Guideline
• 4 Primary Topic Areas:
  – Assessment
  – Care plan
  – Education and support
  – Important considerations
The California Alzheimer's Disease Centers (CADCs) will use these guidelines for their primary care physician training and residency programs.

The Guidelines are intended to help PCPs in offering comprehensive care to patients with Alzheimer's disease.
Senate Bill 613

- Senate Bill (SB) 613 (Allen, Chapter 577, Statutes of 2015)

- SB 613 required CDPH to convene a multidisciplinary expert workgroup to update the 2008 Guidelines for Alzheimer’s Disease Management (Guidelines).

- CDPH is currently working on a Legislative Report as required by SB 613.
Alzheimer’s Disease Clinical Care Guidelines 2017

• The Guidelines are in the approval process.

• CDPH will post the Guidelines to the CDPH California Alzheimer's Disease Program website located at www.cdph.ca.gov/programs/Alzheimers/Pages/default.aspx
Program Evaluation

• Per Health and Safety Codes Section 125280, California Alzheimer’s Disease Program is required to establish criteria for program evaluation.

• Two primary areas of program evaluation.
  – CADC Program Operations
  – Professional and Caregiver Training and Education Activities

• Both (CCIQ & TEAR) reporting criteria were updated in 2016 in collaboration with the CADCs.
Program Evaluation (Cont.)

• CCIQ: The areas in which information are collected include: procedural, patient demographics and diagnostic information.

• 2014-15:
  – Served 1,037 patients
  – The average age of the CADC patient was 73.70 (standard deviation = 11.33 years)
  – Served slightly more females (53%) than males (47%)
• Program is currently working on 2015-2016 data however, we can share some updates.

• 2015-2016:
  – 300+ patients than the 2014-2015 reporting period
  – Trained and educated an estimated 121,974 professionals
  – CADCs hosted 51 continuing medical education (CME) courses in 2015-2016, awarding 218 CME units to 5,635 professionals
Example: Patient Primary Syndrome

<table>
<thead>
<tr>
<th>Syndrome</th>
<th>UCD</th>
<th>UCD East Bay</th>
<th>UCSF</th>
<th>Stanford/V A</th>
<th>UCSF Fresno</th>
<th>UCLA</th>
<th>USC-LA</th>
<th>USC-RLA</th>
<th>UCI</th>
<th>UCSD</th>
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<tbody>
<tr>
<td>Diagnosis Deferred</td>
<td>7</td>
<td>1</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>No Cognitive Impairment</td>
<td>11</td>
<td>3</td>
<td>6</td>
<td>29</td>
<td>10</td>
<td>11</td>
<td>19</td>
<td>6</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>Questionable Cognitive Impairment</td>
<td>10</td>
<td>7</td>
<td>6</td>
<td>13</td>
<td>1</td>
<td>37</td>
<td>8</td>
<td>6</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>Delirium</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Dementia</td>
<td>69</td>
<td>48</td>
<td>44</td>
<td>17</td>
<td>118</td>
<td>177</td>
<td>49</td>
<td>35</td>
<td>41</td>
<td>48</td>
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<tr>
<td>Other Cognitive Impairment/Not Dementia</td>
<td>23</td>
<td>15</td>
<td>61</td>
<td>19</td>
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<td>145</td>
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<td>21</td>
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<td>40</td>
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<tr>
<td>Not Determined</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>13</td>
<td>-</td>
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</tbody>
</table>
Senate Bill (SB) 833

- Senate Bill (SB) 833 established that The California Department of Public Health would receive a one time $2,500,000 to distribute to the CA Alzheimer's Disease Centers from the 2016 Budget Act.

- SEC. 8. Section 125281 is added to the Health and Safety Code, to read: 125280.....“To determine the standard of care in early and accurate diagnosis drawing on peer-reviewed evidence, best practices, Medicare and Medicaid policy and reimbursement, and experience working with patients seeking services at a center.”

- Primary focus is early and accurate diagnosis and detection of Alzheimer's disease.
Questions?

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