
Date: July 21, 2017

To:

From: Alzheimer's Greater Los Angeles

Subject: Support for Enrollees with Alzheimer's Disease and Related Dementias - INFORMATIONAL

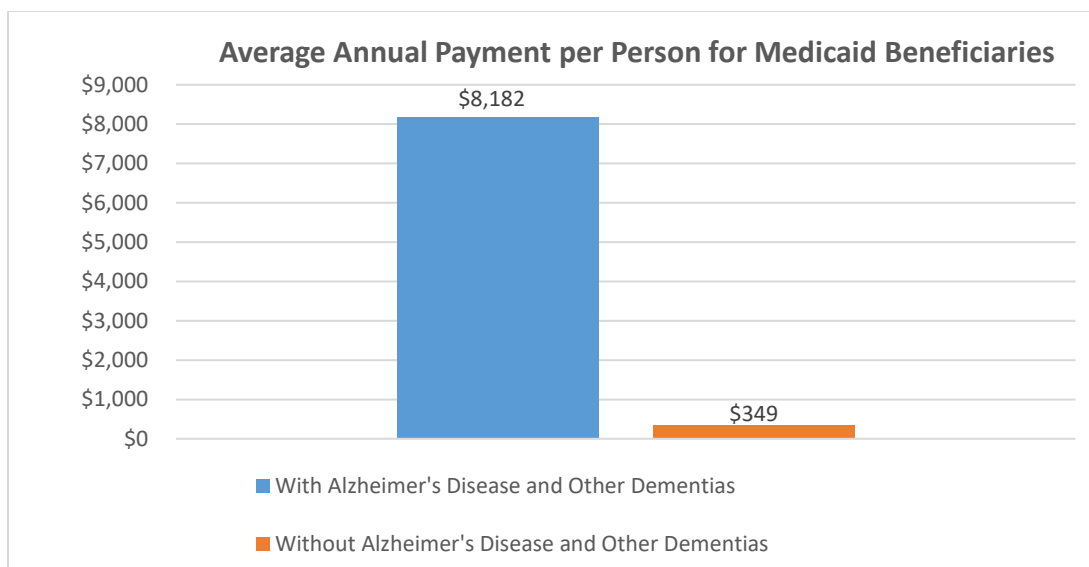
This informational bulletin provides information about prevalence, cost, and quality of care for Medi-Cal enrollees. Educational information in the bulletin was provided by Alzheimer's Greater Los Angeles.

Alzheimer's Disease: A Public Health Concern

Alzheimer's disease currently afflicts an estimated 5.5 million Americans and over 630,000 Californians.¹ With the aging of the baby boomers, these numbers will double in less than twenty years and triple by mid-century. Hispanics and African Americans are one and a half to two times as likely to have Alzheimer's disease and other dementias.² Alzheimer's and other dementias have enormous health and economic consequences for patients, their family caregivers, and society.

Cost and Quality of Care

The costs of care for people with dementia are high for all payers, including Medicare, Medicaid, and private insurers.^{3 4 5 6 7 8} This is due, in part, to the fact that the presence of dementia significantly increases the likelihood for hospitalization and length of hospital stays, compared to people with the same serious medical conditions, but without dementia.⁹ Dementia is also an independent risk factor for nursing home admission in community-dwelling older adults, even when controlling for numerous co-morbidities.¹⁰ In addition, many people with dementia have multiple coexisting conditions: 60% have hypertension, 26% have coronary heart disease, 25% have stroke, and 23% have diabetes.¹¹ Beneficiaries with moderate to severe cognitive impairment cost Medicaid 23 times more than other enrollees of the same age, largely due to nursing home utilization.



Complicating the picture is the fact that only 50% of people with a dementia receive a diagnosis, and only 50% of those people have that diagnosis recorded in their medical chart.¹²

All of these factors combine to mean:

- All health plans serving older adults will likely have patients with dementia among their client population
- Many of these individuals will not enter the health plan's system with an accurate diagnosis. Some potential consequences of this misdiagnosis are¹³:
 - They do not receive appropriate care for their cognitive and behavioral symptoms
 - They may be prescribed potentially dangerous anti-psychotic medications
 - Their family caregivers are not identified and supported so that they can maintain the patient in the preferred home and community settings

For these reasons, plans should take the necessary steps to build a dementia capable system, in order to achieve the key goals of improving health outcomes and lowering costs.

Components of a Dementia Capable System

- **Screening for Cognitive Impairment:** Health plans that integrate a validated cognitive screening tool into their system of care, and have a workflow process to ensure that members with a positive screen are referred to a provider for a full diagnostic work-up, are better able to effectively manage care.
 - For plans conducting assessments by phone, the AD8 Dementia Screening Interview is an effective screening tool.
 - For assessments that will be completed face to face, the Mini-Cog Assessment Instrument for Dementia is another screening tool that has demonstrated highly reliable results.¹⁴

Both screening tools can be found on the Alzheimer's Greater Los Angeles website at: <http://www.alzgia.org/professionals/screening-and-assessment-tools/>

- Additional screening tools can be found at the National Institute on Aging website which offers a searchable database of 116 instruments to detect cognitive impairment in older adults [<https://www.nia.nih.gov/research/cognitive-instrument>].
- **Comprehensive Care Management:** Three randomized clinical trials have found that people with dementia who are served by dementia-capable care managers show improved health care outcomes and care processes.^{15 16 17} Some of the demonstrated improvements included:
 - Increased confidence in caregiving and social support,
 - Decrease in depression in the person living with dementia, and a
 - Decrease in likelihood of a hospital admission and emergency department visit for patients with more severe memory loss.

There is also data suggesting that high quality dementia care management may reduce medical costs or may not cost more than usual care.^{18 19}

- **Caregiver Identification, Assessment, Support and Engagement:** Health plans that identify, assess, and support family caregivers are better able to engage them in care coordination processes. In addition, adopting a validated caregiver assessment tool helps to identify caregiver needs and connect them with appropriate services.
 - Two assessment tools plans may want to consider are:
 - The Benjamin Rose Institute Caregiver Strain Instrument, and
 - The Caregiver Self-Assessment Questionnaire developed by the American Medical Association.

Both assessment tools can be found at: <http://www.alzgia.org/professionals/screening-and-assessment-tools/>
 - Additional caregiver assessment and education resources can be found at:
 - Administration on Community Living: www.acl.gov/Get_Help/Help_Caregivers/Index.aspx
 - Family Caregiver Alliance: www.caregiver.org/californias-caregiver-resource-centers
 - Alzheimer’s Association: www.alz.org

- **Collaborative Care with Community Based Organizations (CBOs):** There is evidence from four randomized clinical trials that partnerships between health care organizations and dementia - capable CBOs can improve the quality of dementia care processes and outcomes and may reduce use of unnecessary and costly medical interventions.^{20 21 22 23}
 - Alzheimer’s Greater Los Angeles, Orange County, Riverside, San Bernardino and San Diego: 844-HELP-ALZ/844-435-7259
 - Alzheimer’s Association: 800-273-3900

¹ Alzheimer’s Association. 2017 Alzheimer’s Disease Facts and Figures. *Alzheimer’s & Dementia* (2017); 13:325-373.

² Ibid:20.

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