Proposal #1
Health Reimagined
Dementia in Focus: Modeling a Statewide Standard of Care to the Nation

Policy Issue: Data suggests that less than half of all persons affected by Alzheimer's or a dementia have been formally diagnosed, fewer have been informed of their diagnosis, and many do not have the information documented in their medical record. For persons of color, the numbers are worse. These barriers preclude individuals from accessing comprehensive dementia care management and referrals to vital community services and supports.

RECENT EFFORTS BY THE NEWSOM ADMINISTRATION AND LEGISLATURE

Master Plan for Aging/Alzheimer's Prevention and Preparedness Task Force - Provides a roadmap to comprehensively address the needs of older adults in California. The "Health Reimagined" section includes:

- Initiative 64*:* Promote screening, diagnosis, and care planning by health care providers for patients and families with Alzheimer's and related dementias, through hub and spoke training model of health care providers; direct caregiver training opportunities; and consideration of how dementia standards of care could be further incorporated in Medi-Cal and Medicare managed care.
- Initiative 67 - Strategically plan and lead the growing number of California's pioneering Alzheimer's and all dementia initiatives with renewed leadership and partnership for the California Health and Human Services Agency Alzheimer's Advisory Committee beginning 2021.

State Budget: $4.125 million is allocated to the California Department of Public Health (CDPH) to develop a statewide standard of care to ensure that primary care providers have access to a set of validated tools for the purpose of screening, assessing and diagnosing Alzheimer's disease and related dementias (ADRD). Under this standard of care, a hub and-spoke model would leverage the nationally renowned expertise of the ten California Alzheimer's Disease Centers (CADCs), and incorporate family caregivers into the diagnostic and care planning process.

In addition, the budget established a new Medicare Office of Innovation and Integration within the Department of Health Care Services (DHCS) to coordinate strategy for dual eligible beneficiaries (Medi-Cal/Medicare) which may include the development of targeted demonstration programs intended to reach special populations with complex care needs (e.g. evidence-based interventions for beneficiaries with Alzheimer's disease).

Home and Community-Based Services (HCBS) Spending Plan - Dementia Aware: This $25 million initiative at DHCS will: 1) Develop an annual cognitive health assessment that identifies signs of Alzheimer's disease or other dementias in Medi-Cal

beneficiaries, 2) Develop provider training in culturally competent dementia care, 3) Develop a referral protocol on cognitive health and dementia for Medi-Cal beneficiaries, consistent with the standards for detecting cognitive impairment under the federal Medicare Program and the recommendations by the American Academy of Neurology, the California Department of Public Health's Alzheimer's Disease Program, and its ten CADCs.

Legislation: SB 48 (Limón) – As of this writing, Senate Bill 48 is on the Assembly Floor. If signed into law, this bill would expand the schedule of benefits to include an annual cognitive health assessment for Medi-Cal beneficiaries who are 65 years of age or older if they are otherwise ineligible for a similar assessment as part of an annual wellness visit under the Medicare Program.

BACKGROUND

The State of California has been a pioneer in the development of a standard of care for people living with dementia as demonstrated by the following nationally regarded guidelines:

- **Detection and Diagnosis Standard of Care**
  In 2020, under the leadership of the CDPH and the California Alzheimer's Disease Centers (CADCs), California produced the first statewide resource for primary care physicians in the nation. The Assessing Cognitive Complaints Toolkit was developed to support doctors in the initial steps of detecting and diagnosing ADRD.
- **Post-Diagnostic Standard of Care**
  In 2017, CDPH updated its Alzheimer's Clinical Care Guideline for primary care providers who deliver post-diagnostic Alzheimer's disease management[i]. This was the fourth update to the guideline, reflecting decades of work to incorporate evidence about quality dementia care as it emerged and evolved.[ii] [iii] [iv] [v]This was also the first clinical guideline to recommend addressing cultural and social determinants of health for Alzheimer's patients and their families.

Over the years there have been several California efforts to implement recommendations from these guidelines. These efforts found that trained dementia care managers, social workers or nurses, who followed guideline-recommended protocols, improved quality-of-care and satisfaction with care within health care systems.[vi] [vii] Most recently, with funding from the federal Administration for Community Living and leadership from California's Departments of Aging (CDA), Health Care Services (DHCS), and Public Health (CDPH) and Alzheimer's organizations, the Dementia Cal MediConnect Program was implemented within the State's duals demonstration. Recommended care processes within this project were drawn from the California guidelines and targeted at participating health plans. They included content for training care managers in dementia care, and recommendations for detection of dementia, caregiver assessment, and support provided at least in part by community-based Alzheimer's organizations. A study of the Project's outcomes showed substantial

change in care processes in alignment with the standards of care identified in California Guidelines. [viii]

Another area in which California leads the nation is evidence-based dementia care management. Two national models include Dr. David Reuben's work at UCLA and the UCSF Dementia Ecosystem model; both were awarded substantial Centers for Medicare and Medicaid Services CMMI grants to demonstrate the effectiveness of dementia care coordination and care navigation using lower cost, specially trained workers coupled with technology.

Key Components of California's Standard of Care

While implementation of standards of care must be suited to each health care system's policies and structure as well as to the diverse populations served, the following key components are essential to the delivery of quality care:

- Detect and diagnose
- Provide support and disease education post-diagnosis
- Provide care planning and coordination
- Manage medications and treat co-morbidities
- Refer to community-based organizations for additional supports

OPPORTUNITIES

Cal-AIM- California is redesigning the State's system for delivering health care to Medi-Cal beneficiaries. Given the size of the Medi-Cal population and the fact that most health plans participate in the Medi-Cal program, these changes are likely to impact the larger health care delivery system as well. Embedding best practices for dementia care into the Cal-AIM program and in the State's related health care contracts has the potential to result in significant improvements in care for people with dementia and for their family caregivers.

Dementia Aware and CDPH Standard of Care Development- With funding in the budget to support implementation of Dementia Aware and the development of standards to support screening and detection, California will gain additional tools to increase access to timely and accurate diagnosis of ADRD. However, the impact of these tools will be limited without successful uptake across the health care delivery system.

Equity and Risk –It is now well-documented that African Americans and Latinos bear a higher burden of ADRD, in terms of younger incidence, overall prevalence, and lack of access to quality care.[ix] Equity issues were highlighted throughout the development of the Master Plan for Aging and the Alzheimer's Task force recommendations with additional resources reinforcing the disproportionate impact of Alzheimer's disease and caregiving on communities of color, including the DHCS Health Equity Roadmap process now underway and CDPH's forthcoming 2021 Alzheimer's Disease Burden Report focused on people of color, women and the LGBTQ community.

These initiatives position California to lead the nation in culturally competent health care delivery. Achieving equity in dementia care will require adoption of best practices such as: (1) providing brain health and dementia awareness initiatives within diverse communities, (2) workforce recruitment and development of healthcare staff from diverse backgrounds, and (3) delivery of culturally, linguistically, and socio-economically aligned care and services that address social determinants of health.

ADVISORY COMMITTEE RECOMMENDATIONS

This committee urges the Secretary to accelerate work in this area to ensure all components of comprehensive dementia care are advanced simultaneously, including:

1) By December 31, 2021, convene lead staff from CDPH and DHCS, as well as subject matter experts, to identify and compare existing standards of dementia care and those in development, focusing not only on detection and diagnosis but also on post-diagnostic care. The 10 CADCs are a vital partner in this effort, as are representatives of organized medicine in California.
2) Encourage DHCS to articulate the Population Health Management strategy for people living with dementia across all Cal-AIM initiatives
3) Identify funding opportunities to enable the Office of Medicare Innovation and Integration to explore alternative payment models that incentivize implementation of dementia standards of care, such as this model framework.
4) Support SB 48 and the statewide rollout of Dementia Aware as national models at the forefront of dementia screening, early detection and timely diagnosis.

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[i] California Workgroup for AD Management (1998). California Alzheimer's Disease Management Guidelines. California Department of Health Services.

[ii] Cummings, J, Frank, J, Cherry, DL et al (2002) Guidelines for Alzheimer's Disease Management: Part 1 Assessment. *American Family Physician*, 65, 2263-72.

[iii] Cummings, J, Frank, J, Cherry, DL et al (2002) Guidelines for Alzheimer's Disease Management: Part 2 Treatment. *American Family Physician*, 65, 2525-34.

[iv] Segal-Gidan, F., Cherry, D., Jones, R., Williams, B., Hewett, L., Chodosh, J. (2011) Alzheimer's Disease Management Guideline: Update 2008. *Alzheimer's & Dementia* 7: 51-59.

[v] California Workgroup for AD Management (2017). California Alzheimer's Disease Management Guidelines. California Department of Public Health.

[vi] Cherry, DL, Vickrey, B, Schwankovsky, L, et al (2004). Interventions to Improve Quality of Care: The Kaiser Permanente – Alzheimer's Association Dementia Care Project. *The Amer J of Managed Care,* 10(8), 553-560.

8 Vickrey, B et al. (2006) The effect of a disease management intervention on quality and outcomes of dementia care: a randomized controlled trial. *New England J of Medicine*. https://doi.org/10.7326/0003-4819-145-10-200611210-0000.

[viii] Hollister, B., Yeh, J., Ross, L. Schlesinger, J., Cherry, DL. (2019) The Dementia Cal MediConnect Project: Improving dementia care via the California duals demonstration. (2019) Generations, Spring Supplement, 72-81.

[ix] Alzheimer's Association. (2021) Alzheimer's Disease Facts and Figures Special Report on Race, Ethnicity and Alzheimer's in America.