**Alzheimer’s Advisory Council**

**Consolidated List of Recommendations**

Source: Slides #19 - #21 from Council Meeting on 12/17/19 and

 Council Meeting Minutes through October 2019

**Recommendations from “Areas of Consensus” Slide (Slide #19)**

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| **RECOMMENDATIONS** | **THEME** | **PREVEN-****TION CATEGORY** |
| 1. Explore MassHealth coverage for individuals with progressive dementia at any age
 | EQUITABLE ACCESS & CARE | S |
| 1. Ensure that all community and long-term care providers are delivering quality dementia-informed care
 | QUALITY OF CARE | S |
| 1. Implement a public awareness campaign to educate the public about Alzheimer’s disease/dementia. Some topics to consider include: screening, early diagnosis, available resources, reducing stigma, and education about modifiable risk factors
 | PUBLIC AWARENESS | P |
| 4 & 5. Improve, expand and increase awareness of support, education and respite for caregivers, focusing especially on the time period after a diagnosis.  **Note:** Recommendations #4 & 5 were combined:4. Expand access to respite care by creating new opportunities and increasing awareness of existing opportunities.5. Improve and expand support and education for caregivers, focusing especially on the time period after a diagnosis  | CAREGIVER SUPPORT, EDUCATON & RESPITE CARE | S, T |
| 1. Provide medical professionals with tools to connect patients and families with necessary resources, including dementia care coordinators after diagnosis
 | PUBLIC AWARENESS | S |

**From “Other Recommendations” Slide (Slides #20 and #21)**

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| **RECOMMENDATIONS** | **THEME** | **PREVEN-****TION CATEGORY** |
| 1. Create Brain Health Hubs (BHHs) located throughout the state to function as primary, easily identifiable centers of knowledge, information, and support; each BHH should hold a specific contract for transportation for people with brain disease or illness.
 | INITIAL DIAGNOSIS & SERVICES NAVIGATION | S |
| 1. Create a summary of existing transportation resources, services, and supports, identifying gaps.
 | INITIAL DIAGNOSIS & SERVICES NAVIGATION | S |
| 1. Implement a coordinated, multi-partner initiative to improve access to quality care and support for underserved communities.
 | EQUITABLE ACCESS & CARE | S |
| 1. Ensure that all hospital providers are trained to identify isolation and risk among individuals presenting with dementia symptoms.
 | QUALITY OF CARE | S |
| 1. Promote programs to prevent hospitalizations among those living with dementia.
 | PUBLIC AWARENESS | S |
| 1. Enhance Councils on Aging to function as support services/respite care and to serve the early-onset population.
 | CAREGIVER SUPPORT, EDUCATON & RESPITE CARE | T |
| 1. Provide funding to create greater access to multi-lingual staff and services for dementia care.
 | EQUITABLE ACCESS & CARE | S |
| 1. Explore creating a State Dementia Services Coordinator.
 | INITIAL DIAGNOSIS & SERVICES NAVIGATION | S |
| 1. Implement and support dementia-friendly initiatives, including purple streets, businesses, public services, organizations, and MBTA.
 | PHYSICAL INFRASTRUCTURE | S,T |
| 1. Fully implement Chapter 220 of the Acts of 2018 (requirement to share diagnosis and treatment plans with family caregivers after securing informed consent).
 | INITIAL DIAGNOSIS & SERVICES NAVIGATION | S |
| 1. Encourage, fund, and advertise the Healthy Living Center of Excellence clearinghouse.
 | PUBLIC AWARENESS | P |
| 1. Implement surveillance to understand the impact and burden of dementia, and should adopt and incorporate both the cognitive and caregiver modules in the state Behavioral Risk Factor Surveillance System (BRFSS).
 | QUALITY OF CARE | T |
| 1. Explore an Alzheimer’s disease and Related Disorders Research Program.
 | RESEARCH | P,S,T |
| 20 & 22. Seek input from residents living with dementia on how to best serve them. Target populations at each disease stage to identify barriers to distribution of resources.**Note:** Recommendations #20 & 22 were combined:20. Target populations at each disease stage to identify barriers to care and ensure equitable distribution of resources22. Continually seek input from people living with dementia on how best to serve them | INITIAL DIAGNOSIS & SERVICES NAVIGATION | S |
| 21 & 24. Develop meaningful outlets for people living with dementia to feel valued in society, including expanded access to Memory Cafés (more languages)**Note:** Recommendations # 21 & 24 were combined:21. Develop meaningful outlets for those living with dementia to feel valued in society. 24. Expand access to Memory Cafés | EQUITABLE ACCESS & CARE | T |
| 23. Implement cognitive screening administered to all adults during annual physicals. | INITIAL DIAGNOSIS & SERVICES NAVIGATION | P |
| 1. Ensure an adequate and well-trained workforce for care of all aging people, specifically addressing recruitment, training, and retention for dementia care providers.
 | QUALITY OF CARE | T |
| 1. Establish that any person who is assigned a legal guardian in the court system must also be assigned a case worker.
 | INITIAL DIAGNOSIS & SERVICES NAVIGATION | S |
| 1. Ensure that Information and Referral professionals are trained to direct individuals appropriately when seeking dementia-related information, services, and supports.
 | INITIAL DIAGNOSIS & SERVICES NAVIGATION | S |

**Recommendations from Council Meeting Minutes (March 2019 - Oct 2019)**

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|  **RECOMMENDATIONS** | **THEME** | **PREVEN-****TION CATEGORY** |
| 28. Address deficiencies in each of four key literacies (health, medicine, research, and insurance) in various ethnic, racial and rural populations focusing on prevention as well as utilization of dementia support, services and healthcare.  | EQUITABLE ACCESS & CARE | P, S |
| 29. Identify and address issues around the needs of individuals living with dementia who live alone without a caregiver. | EQUITABLE ACCESS & CARE | S |
| 30. Develop a framework for implementing the recommendations of the Acute Care Advisory Committee. | QUALITY OF CARE | S |
| 31. Create chat rooms where caregivers of persons living with dementia can talk to each other.  | CAREGIVER SUPPORT, EDUCATON & RESPITE CARE | S,T |
| 32. Create educational podcasts for caregivers of persons living with dementia. | CAREGIVER SUPPORT, EDUCATON & RESPITE CARE | S,T |
| 33. Make existing holistic approaches and therapies affordable and available for a greater number of caregivers of individuals living with dementia. | CAREGIVER SUPPORT, EDUCATON & RESPITE CARE | S |
| 34. Provide caregivers with access to individuals who can help them navigate Social Security, MassHealth and other relevant paperwork. | INITIAL DIAGNOSIS & SERVICES NAVIGATION | S |
| 35. Create a clearinghouse with information, best practices, and resources for people living with younger onset, and instructions on how to fill out paperwork. | INITIAL DIAGNOSIS & SERVICES NAVIGATION | S |
| 36. Require that every ASAP have a dementia specialist. | INITIAL DIAGNOSIS & SERVICES NAVIGATION | S |
| 37. Expand access to PET scans for younger adults exhibiting potential signs of younger onset dementia. | INITIAL DIAGNOSIS & SERVICES NAVIGATION | P |
| 38. Identify and address issues around caregivers’ inability to find services and supports that appear in the notes from listening sessions convened by the Governor’s Council to Address Aging in Massachusetts. | INITIAL DIAGNOSIS & SERVICES NAVIGATION | S |
| 39. Improve access to clinical trials. | RESEARCH | P |