Slide 1.

**Acute Care Advisory Committee  
  
Alzheimer’s Association – State of the State**

**Wednesday, December 7, 2016  
1:30PM-5:30PM  
One Ashburton Place, Manning Conference Room, 5th Floor**

**Alzheimer’s Association**

**The Brains behind Saving Yours**

Slide 2.

Problem Statement

The acute care setting can be a very challenging environment for individuals with Alzheimer’s or related dementia. Cognitive functioning often declines after hospitalization. Adoption of dementia-capable care in hospitals can result in improved health care outcomes and reduce unnecessary utilization of hospital care.

Slide 3.

What’s Going On?

* About one fourth of older hospital patients (65 and older) have dementia.
* Their dementia may never have been formally diagnosed, and even if it has been diagnosed, the diagnosis may not be noted in their hospital record.
* Some older patients show symptoms of dementia for the first time in the hospital because of stress caused by acute illness and being in an unfamiliar setting.

*Source: Alzheimer’s Association*

Slide 4.

**What’s Going On? (Con’t)**

* Older hospital patients with dementia are at much higher risk for delirium, falls, dehydration, inadequate nutrition, untreated pain, and medication-related problems.
* They are more likely to wander, to exhibit agitated and aggressive behaviors, to be physically restrained, and to experience functional decline that does not resolve following discharge.

*Source: Alzheimer’s Association*

Slide 5

**Cost Implications & Analysis**

* In the United States alone, the number of adults over 65 is expected to reach 79 million by 2030, making up 19% of the population.
* Hospitalizations will be more numerous, and cost effective risk management will be even more crucial.

Slide 6

**Alzheimer’s Prevalence and Costs**

**In Millions of People; In Billions of 2016 Dollars**

Chart showing increase in People from 5.2 million in 2016 to 13.8 million in 2050 and increase in dollars from 236 million in 2016 to 1.092 trillion in 2050.

Slide 7

**Costs to Medicare   
Average Per Person Medicare Payments 2008 (Inflated to 2015 Dollars)**

Chart showing Seniors without Alzheimer’s and other dementia - $8,427

Seniors with Alzheimer’s and other dementia - $22,206

Slide 8

**Costs to Medicaid   
Average Per Person Medicare Payments 2008 (Inflated to 2015 Dollars)**

Chart showing Seniors without Alzheimer’s and other dementia - $590

Seniors with Alzheimer’s and other dementia - $11,338

Slide 9

**Higher Medicare Costs Due to Alzheimer’s: Average Increase in Costs for Senior with Alzheimer’s and Another Condition Compared with Senior with Other Condition Only**

Chart showing Diabetes – 81%

Osteo-arthritis – 64%

Heart Disease – 60%

Cancer – 58%

COPD – 47%

Stroke – 39%

Kidney Disease – 39%

Slide 10

**PWD’s -- 1.33 Increase Preventable Hospitalizations**

Annual number of hospital stays per 1,000 seniors

Chart showing Seniors without Alzheimer’s and other dementia - 266

Seniors with Alzheimer’s and other dementia - 538

Slide 11

**Disclosure of Diagnoses**

**Percentage of Seniors Diagnosed with Specified Condition or Their Caregivers Who Are Aware of the Diagnosis**

Chart showing Alzheimer’s Disease –45%

Four most common Cancers – 93%

Cardiovascular Disease – 90%

High Blood Pressure – 83%

Arthritis – 81%

Slide 12

The Facts on Early Diagnosis and Disclosure

Only about half the people with Alzheimer’s are diagnosed.

Among just those with the disease, only 33% are aware of their diagnosis.

Of those diagnosed, only 45% of them or their caregivers are aware of the diagnosis.

Alz.org/facts

Slide 13

**Partners in Dementia Care – VA & Alz Assn. Boston and Houston: Treatment Sites**

* Telephone care consultation service.
* PDC effective in decreasing the number of hospitalizations and ER visits.
* But, not in likelihood of initial hospitalization
* Positive impact on re-hospitalizations and return ER visits.
* Most effective when caregivers reported more difficulties with cognitive symptoms.

Slide 14

**Initiatives of Alzheimer’s Association**

* Risk Management CME program (approved by MMS).
* The Dementia Care Coordination Initiative
* Currently 8+ partners:
  + 2 insurers and 6 clinical/hospitals
* Adapt acute care settings via the Acute Care Advisory Committee.

Slide 15

**Dementia Care Coordination: Transforming Dementia Care**

* Premise: Supported and capable family caregivers = improved health status for PWD.
* Coordinating care between: Clinician, patient/family and Alz. Assn.
* Training clinicians in diagnosis, treatment and family support.

Diagnosing early and informing patient/family.

Slide 16

**DCC: Expected Outcomes**

* Decrease in hospital readmissions, decrease in unnecessary ER visits and improved medication management.
* Reduction in premature nursing home placement (28% -- Mary Mittelman; NYU).
* Improved patient and caregiver health metrics.
* Improved AD management strategies.
* Improved patient and caregiver satisfaction.

Slide 17

**Current Partners**

* **Tufts Health Plan (Medicare Preferred)**
* **McLean Hospital Memory Diagnostic Unit**
* **Partners HealthCare (iCMP)**
* **Blue Cross Blue Shield of Massachusetts (Medicare Preferred)**
* **Boston Medical Center (Depts of Neurology and Geriatrics)**
* **Beth Israel Deaconess Medical Center (Division of Gerontology)**
* **UMass Memorial Health Care (Accountable Care Organization)**
* **NaviCare (Fallon)**

Slide 18

Acute Care Setting: The Last Frontier

**The Association has worked on addressing the quality of dementia care in various care settings.**

* + **Nursing Homes** 
    - Legislative approach mandated dementia Care standards including training.
    - **Assisted Living Facilities**
    - Regulatory approach to improve care standards, as well as physical environment.
  + **Home Health Care**
    - * + Partnership with EOEA: training for Supportive Home Care Aide service.

Slide 19

**Not New Problems…New Solutions**

* Identify core standards of care.
* Ensure a collaborative approach in implementing pilot programs.
* Present a strategy to the state legislature and state agencies to ensure that acute care settings are dementia-capable.

Slide 20

**Key Opportunities to Improve Acute Care**

* Screening/identifying patients with cognitive impairment
* Dementia capable ER protocols
* Inpatient care: Developing and implement dementia standards of care
* Training and support for direct care hospital workforce
* Engaging PWD and family caregivers at all points of inpatient care
* Supporting family caregivers as PWD returns home
* Implement Dementia Care Coordination initiative
* Care transitions to other care settings
* Measuring results

Slide 21

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