FACT SHEET Senate Bill 613 (Allen) – CDPH: dementia guidelines: workgroup

Bill Purpose:

The Alzheimer's Association proposes an update to California's 2008 physician Guideline for Alzheimer's Disease Management. The California Department of Public Health (CDPH) will convene a statewide, expert workgroup to update the guideline, drawing recommendations from peer-reviewed, evidence-based research conducted between 2008 and 2015.

In California's predominant managed care environment, a majority of seniors have a relationship established with a primary care provider (general practice, internal medicine, family medicine) who coordinates the patient's health care needs. Managing Alzheimer's – a progressive, degenerative disease with no cure – along with other chronic health conditions and comorbidities, requires specialized knowledge not readily available to physicians serving a diverse patient mix. An update to the guideline equips California primary care physicians with up-to date information and resources to better serve their patients with dementia.

More people with Alzheimer's disease live in California than in any other state. Thus, California has pioneered Alzheimer's Disease Management in the primary care setting, first with a consensus guideline issued in 1999 and a subsequent update in 2008. These evidence-based, peer-reviewed physician practice guidelines focus on four critical areas of patient care: 1) assessment, 2) treatment, 3) patient & family education & support, and 4) legal considerations. It is a comprehensive tool used to promote best practices in dementia care.

Population Impacted:

Today, an estimated 590,000 Californians are living with Alzheimer's disease or a related dementia, the 5th leading cause of death in the state. Age is the greatest risk factor for dementia and the incidences are expected to increase as California's older population ages, leading to a projected 840,000 individuals living with the disease by 2025 – an increase of 42.4% in a decade.

Data from Alzheimer's Disease Facts and Figures in California (February 2009) indicates the number of Latinos and Asian/Pacific Islanders living with Alzheimer's disease will triple in the next generation. The number of African Americans affected by the disease will double by 2030.

Women are at the epicenter of the Alzheimer's crisis. Almost two-thirds of California seniors living with Alzheimer's disease are women. Not only are women more likely to have Alzheimer's, they are also more likely to be caregivers of those with the disease at a rate of 60 to 70 percent of all caregivers.

Bill Sponsor:

The national Alzheimer's Association, a not-for-profit, voluntary health organization with 21 offices in California providing research, education, advocacy, support, information and referral. www.alz.org. Contact: Susan DeMarois, State Policy Director, Alzheimer's Association, at 916-447-2731 or sdemarois@alz.org.

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Frequently Asked Questions (FAQs)

Why is an Update Needed Now?

In the past seven years, since the 2008 guideline was released, significant changes have occurred in the state and national landscape, necessitating a fresh look at the evidence and new analysis by leading experts in the fields of Alzheimer's disease, geriatrics, nursing, social work and other disciplines actively engaged in dementia care management. Among the changes:

➢ **State Changes**:

- Expansion of Medicaid in California leading to double digit growth in the Medi-Cal program over the past two years with 12 million Californians now enrolled, including low-income aged, blind and disabled.
- Launch of the Coordinated Care Initiative and the Cal MediConnect dual-eligible (Medicare/Medicaid) pilot project in the following counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara. The federal Administration on Community Living (ACL) awarded California nearly $800,000 in grant funding to implement aspects related to dementia care management.
- Development of California's State Plan for Alzheimer's Disease: An Action Plan for 2011-2021, with a primary goal area of *"Developing an Alzheimer's proficient, culturally competent workforce."*
- Release of the Department of Public Health's 2014 California Wellness Plan which recommends updating the Guideline for Alzheimer's Disease Management by 2015 and increase training and education of professionals by 2018.
- Issuance of A Shattered System: Reforming Long-Term Care in California, a report by the Senate Select Committee on Aging and Long-Term Care recommending dementia care management guidelines in California.

➢ **Federal Changes**:

- Introduction of Welcome to Medicare preventive visit in the first 12 months the beneficiary obtains Part B coverage. This visit includes routine screenings.
- Adoption of annual Medicare Wellness visits to include a Health Risk Assessment and detection of any cognitive impairment
- Passage of the Patient Protection and Affordable Care Act, transitioning more insurance coverage to managed care and fostering growth in Accountable Care Organizations and Healthcare Homes
- Shifts in policies and reimbursement to Medicare Advantage Plans for seniors
- Release of the Centers for Disease Control and Prevention Healthy Brain Initiative, the Public Health Roadmap for State and National Partnership, 2013 – 2018, with a key action item to *"Assure a Competent Workforce."*

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Why is Legislation Needed to Update the Guidelines?

A series of public reports issued by state and federal agencies/departments (e.g. CDC, CA-HHS, CDPH, California State Senate) recommend an update to the 2008 Guidelines for Alzheimer's Disease Management. SB 613 (Allen) responds directly to recommendations in these reports.

Most individuals with Alzheimer's are Medicare beneficiaries, and many are dually eligible for Medi-Cal, where public costs are 19 times higher than enrollees without a cognitive impairment. SB 613 (Allen) complements existing Legislative and Administrative efforts to achieve the triple aim results of: improved quality, better population health, and lower health care costs.

Why California Department of Public Health? Alzheimer's disease is the most under-recognized public health crisis in our state and nation, and the only leading cause of death without a known cause, cure or way to prevent its progression. Startling new data suggests that fewer than 50% of individuals with Alzheimer's disease reported being told of their diagnosis by a physician as compared to 93% of patients with the four leading types of cancer. The California Department of Public Health has an integral role in improving detection and diagnosis, and as SB 613 (Allen) recommends: establishing statewide guidelines for assessment, treatment, and care and support. The mission of CDPH is to: optimize the health and well-being of the people of California.

In addition, California's Alzheimer's Disease Program – which includes the 10 university-Alzheimer's Disease Centers and the state tax check-off fund for Alzheimer's disease research, is housed in CDPH. CDPH issued the last update to the physician Guidelines for Alzheimer's Disease Management after convening and leading a statewide expert workgroup.

What do the Experts Say?

The American Academy of Neurology, the American Geriatrics Society and the American Association of Geriatric Psychiatry have endorsed the concept of dementia care management as documented in the following peer-reviewed journals: The American Journal of Managed Care, Aging & Mental Health, The Gerontologist, Annals of Internal Medicine, and the Journal of the American Medical Association.

What are the Costs to the State of California?

As proposed, SB 613 (Allen) includes a role for CDPH convening a statewide workgroup of experts, development of new guidelines, report to the Legislature on findings, and dissemination of guidelines through established communication channels. In previous fiscal years when similar activities were conducted, the General Fund (GF) cost was nominal. Existing state funds or possible grant funds may be used to offset GF costs. In fact, CDPH was recently awarded a federal grant (March 31, 2015) for a similar purpose.

Why Incorporate Alzheimer's Disease Management?

Peer-reviewed articles in leading publications such as the *Journal of the American Medical Association* (JAMA) describe the positive results of randomized, controlled trials in California, Indiana and Ohio. Among the outcomes described in these articles are:

- reduction in behavioral and psychological symptoms of dementia,
- lower reported rates of caregiver distress and depression,
- greater access to services, e.g. respite care, in-home supports, patient education,
- higher social support and caregiver confidence,
- increased use of cholinesterase inhibitors to slow the progression of Alzheimer's disease,
- no significant increase in the use of antipsychotics or sedative-hypnotics,
- improved satisfaction with health plans and providers, and
- possible decreased use of higher cost medical services such as nursing homes, hospitals and emergency rooms.

How is Alzheimer's Disease Management Different from the Current Standard of Care?

Many health care practitioners incorporate elements of Alzheimer's Disease Management, but evidence suggests the patient and family experience of comprehensive, coordinated dementia care is rare. As a model of care, physicians, medical groups, hospitals and health plans commit professional staff and organizational resources in strategic areas to coordinate some or all of these services to improve quality of care and outcomes for a complex and costly patient population:

- Caregiver assessment ○ Caregiver education and support ○ Case conferences/care consultations ○ Comprehensive patient assessment ○ Consider alternatives to pharmacologic approaches ○ Direct contact with and coordination with unpaid caregiver ○ Establish a plan of care/treatment goals ○ In home visit, home environment assessment ○ Interface with primary care and specialty physicians ○ Internal health system changes ○ Intervene/troubleshoot on patient's behalf
- Linkages and referrals to community-based organizations, e.g. Alzheimer's Association ○ Monitor care for changes in condition ○ Patient education and support ○ Professional education and training
- System navigation

Who Else Supports SB 613 (Allen)?

TBD

Bill Sponsor:

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