Alzheimer’s Disease: The Next Public Health Success Story

May 9, 2019
What is Dementia?

- Dementia is the loss of cognitive functioning and behavioral abilities that interfere with daily life.
- Alzheimer’s is the most common cause of dementia.
- Many (maybe majority) of dementia cases have multiple causes.

The Face of Alzheimer’s in Arkansas

### Number of People Aged 65 and Older with Alzheimer’s by Age*

* Totals may not add due to rounding

<table>
<thead>
<tr>
<th>Year</th>
<th>65-74</th>
<th>75-84</th>
<th>85+</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>9,600</td>
<td>25,000</td>
<td>22,000</td>
<td>57,000</td>
</tr>
<tr>
<td>2025</td>
<td>11,000</td>
<td>31,000</td>
<td>24,000</td>
<td>67,000</td>
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</table>

**Estimated percentage change**

<table>
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<tr>
<th>Percentage</th>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
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</thead>
<tbody>
<tr>
<td>2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2025</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17.5%</td>
</tr>
</tbody>
</table>

### Number of Deaths from Alzheimer’s Disease (2017)

1,436

10th highest Alzheimer’s death rate in America

234% increase in Alzheimer’s deaths since 2000
**MEDICAID**

$353 MILLION

Medicaid costs of caring for people with Alzheimer’s (2018)

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**NUMBER OF DEATHS FROM ALZHEIMER’S DISEASE (2015)**

1,457

6th leading cause of death in Arkansas

4th highest Alzheimer’s death rate in America

239% increase in Alzheimer’s deaths since 2000
Life-Course Perspective and Public Health Roles

- Early Detection & Diagnosis
- Safety & Quality of Care
- Risk Reduction

- Healthy Cognitive Functioning
- Pre-symptomatic
- Mild Cognitive Impairment
- Dementia

Birth to Death
Public health has a role in keeping people healthy – across the lifespan – for as long as possible, including protecting brain health.

While people age:

Public health can: ❤️ 🏁 🚗 🚕 🚴 bureauc 🚹
Subjective Cognitive Decline (SCD):
Self-reported confusion or memory loss that is happening more often or is getting worse

Subjective Cognitive Decline in Arkansas

1 in 6 people aged 45 and older are experiencing Subjective Cognitive Decline.
SCD and Additional Health Issues

81% of people with SCD have at least one chronic condition. SCD might make the condition more difficult to manage.

Arthritis  
Asthma  
Cancer  
Cardiovascular Dis.  
COPD  
Diabetes

Not Talking to a Doctor

"More than 1/2 of people with memory loss have not talked to a healthcare provider"

"Memory loss is not a normal part of aging"

Early Diagnosis: A Public Health Priority
The Facts on Early Diagnosis and Disclosure

Only about **HALF** of 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](http://alz.org/facts)
Benefits of Early Diagnosis

PATIENTS & CAREGIVERS

− Some causes of dementia symptoms are reversible
− Lessened anxieties about unknown diagnosis
− Access to:
  − Available treatment for symptoms, including clinical trials
  − Community supports and services
  − Information and referrals
− Refined care plans for co-morbidities
− Better plan for future care, mobility, finances, legal needs, and making time for family and friends
Benefits of Early Diagnosis

HEALTH PROFESSIONALS

Can better address:

- Frequent hospitalizations due to diabetes and hypertension
- Medication side effects and non-adherence
- Treatable co-morbidities
- Safety risks
Early and accurate diagnosis of Alzheimer’s disease could save up to $7.9 trillion in medical and care costs.
Purpose: Advance cognitive health as an central part of public health practice

HBI Road Map Series
Practical and expert-guided actions for state and local public health leaders
Framework: Essential Services of Public Health
HBI Road Map Actions

**EDUCATE & EMPOWER**

Educate the public about talking to health professionals about memory problems. (E-1)

**DEVELOP POLICIES & MOBILIZE PARTNERSHIPS**

Integrate effective interventions and best practices into policies and practices. (P-1)

Advance the use of healthcare quality measures. (P-4)
HBI Road Map Actions

**ASSURE A COMPETENT WORKFORCE**

Educate healthcare professionals to:

- Conduct early diagnosis and care planning. (W-4)
- Address co-morbidities & injury risks (W-6)

**MONITOR & EVALUATE**

Field the Cognitive Decline optional module in the BRFSS (M-1)

Use BRFSS and other data to inform public health programs and policies. (P-4)
Physicians are not asking . . . .

. . . . . Neither are patients

Alzheimer’s Association 2019 Facts and Figures Special Report:

• No one is initiating the conversation
Perceived Importance of Cognitive Assessments
Who Should Begin the Conversation?

- A majority (93%) of seniors trust their doctor to recommend testing for thinking or memory problems, but physicians often wait for seniors to report symptoms or concerns.

- Even though half of all seniors are aware of changes in their cognitive abilities, only four in 10 report discussing these concerns with a healthcare professional.

Why are seniors concerned about bringing up cognitive assessments?

- 31% say they would be afraid to know if they have thinking or memory problems.

- 29% believe tests for thinking or memory problems are unreliable.

- 19% believe there is no cure or treatment for these problems, so why bother testing for them.
Awareness of Cognitive Assessment in Medicare Annual Wellness Visit

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Primary Care Physicians</th>
<th>Seniors</th>
</tr>
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<tbody>
<tr>
<td>Percentage aware of the AWV</td>
<td><strong>87%</strong></td>
<td><strong>76%</strong></td>
</tr>
<tr>
<td>Percentage aware that the AWV includes cognitive assessment</td>
<td><strong>72%</strong></td>
<td><strong>32%</strong></td>
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Cognitive Assessment

- Medicare Annual Wellness Visit Recommendations
- Cognitive Assessment Toolkit / Cognitive Impairment Care Planning Toolkit
- Videos to watch

**ALZHEIMER’S ASSOCIATION®**
Medicare Annual Wellness Visit Algorithm for Assessment of Cognition

A. Review HRA, clinician observation, self-reported concerns, responses to queries
   - YES: Signs/symptoms present
   - NO: Informant available to confirm

B. *Conduct brief structured assessment*
   - YES: Patient Assessment: Mini-Cog or GPCOG or MIS
     - Informant assessment of patient: Short IQCODE, AD8 or GPCOG
     *Brief assessment(s) triggers concerns:* Patient: Mini-Cog ≤3 or GPCOG ≤5 (6-8 score is indeterminate without informant) or MIS≤4 or Informant: Short IQCODE ≥3.39 or AD8 ≥2 or GPCOG informant score ≤3 with patient score ≤3
   - NO: Follow-up during subsequent AWV

C. Refer OR Conduct full Dementia Evaluation

*No one tool is recognized as the best brief assessment to determine if a full dementia evaluation is needed. Some providers repeat patient assessment with an alternate tool (e.g., SLUMS, or MoCA) to confirm initial findings before referral or initiation of full dementia evaluation.*

AD8 = Eight-item Informant Interview to Differentiate Aging and Dementia; AWV = Annual Wellness Visit; GPCOG = General Practitioner Assessment of Cognition; HRA = Health Risk Assessment; MIS = Memory Impairment Screen; MMSE = Mini Mental Status Exam; MoCA = Montreal Cognitive Assessment; SLUMS = St. Louis University Mental Status Exam; Short IQCODE = Short Informant Questionnaire on Cognitive Decline in the Elderly
CPT 99483: Cognitive Assessment & Care Plan Service

- Effective January 1, 2018
- Cognitive assessment and comprehensive care planning services
- Face to face services by clinicians
- For individuals who exhibit signs and/or symptoms of cognitive impairment.
CPT 99483 Toolkit

• Expert Workgroup convened

• CPT defines the “what”; the toolkit helps answer the “how”

• Available at www.alz.org/careplanning
Additional Free Training Resources

- Resources include validated clinical assessment tools, and guidance on detection, diagnosis & care:
  - The [KAER Approach to Cognitive Impairment](#) toolkits developed by the Gerontological Society of America.
  - [Online training](#) by the Health Resources and Services Administration (HRSA) about Alzheimer’s disease, provider education and dementia caregiving.
  - Alzheimer’s Association [CME course](#) “Challenging Conversations about Dementia”
Coming Soon!

• Clinical Practice Guidelines
  • Detection and diagnosis in Primary Care
  • Accompanying algorithm
Take Aways

• Many people living with Alzheimer’s and other dementias are not being diagnosed early or told about their diagnosis.

• Benefits of diagnosis with disclosure:
  o **Consumer:** Enables access to information, clinical care, and community support.
  o **Provider:** Supports better care management.

• Public health action is needed today to increase early detection and diagnosis. The *HBI Road Map* calls on public health to educate consumers and equip providers.

• Tools and resources are available for public health to use with the public and providers.
alz.org/PublicHealth

- HBI Road Map
- Primers on 11 Alzheimer’s issues
- State profiles with resources and public health examples
- Data from state surveillance
Learn More… Get Started!

Alzheimer’s Association

Public Health and the HBI Road Maps
alz.org/PublicHealth

Health Care Professionals
alz.org/HCPS

Centers for Disease Control and Prevention (CDC) Alzheimer’s Disease + Healthy Aging Program
cdc.gov/aging