



Dementia Care Aware: Exciting Updates and New Horizons





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Dr. Anna Chodos, MD, MPH, faculty for this activity, has no relevant financial relationships.

Dr. Zia Agha, MD, faculty for this activity, has no relevant financial relationships.

Dementia Care Aware was established, funded and supported by the California Department of Health Care Services (DHCS) from 2022-2024. The contents of this webinar may not necessarily represent the official views or policies of the State of California.

Logistics

Please use the chat and Q&A functions to enter your questions throughout.

A recording and materials will be available on **dementiacareaware.org** at the end of this webinar.

CE/CME information will be available at the end of the hour.



Agenda

1. Introductions
2. What DCA has accomplished in the last 2 years.
3. New directions:
 - New partnership with West Health!
 - Our core mission: early detection of dementia
 - Next steps after a positive screen: a dementia care pathway
4. Partner with us

Learning Objectives

At the end of this session, learners will be able to:

1. Give 2 examples of Dementia Care Aware's accomplishments.
2. List 2 reasons why early detection of dementia is valuable for people living with dementia.
3. Describe a short screening approach for dementia in primary care, the Cognitive Health Assessment.
4. Implement 3 next steps in clinical care after a positive dementia screen.

Today's speakers



Anna Chodos, MD, MPH
Executive Director
Dementia Care Aware



Zia Agha, MD
Chief Medical Officer
West Health Institute

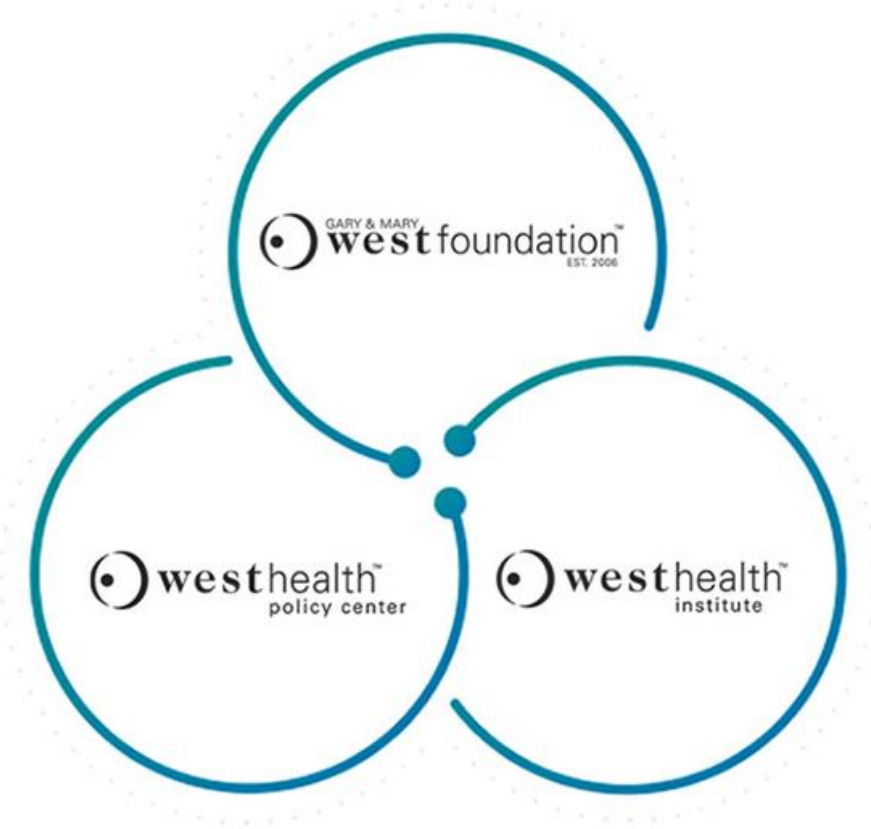


West Health

West Health is a family of nonprofit and nonpartisan organizations dedicated to lowering healthcare costs to enable seniors to successfully age in place with access to high-quality, affordable health and support services that preserve and protect their dignity, quality of life and independence.

The West Health Institute's areas of focus include geriatric emergency care, telehealth, aging services, healthcare costs, behavioral health, and dementia.

West develops or validates new models of care and creates tools and resources for health professionals, policymakers, and other stakeholders.





....with barriers / pain points at each step of the journey

(x) Barriers deep dive in appendix

■ Potential opportunity area for West

1 Screening & Diagnosis

Low screening and referral rates¹ driven by provider attitudes and training (e.g., perceived lack of benefit, concerns of increased complexity, limited experience with diagnostics)

Patient stigma causing resistance to seeking assessment for symptoms (e.g., due to societal perceptions and uncertainty)

Diagnostic complexity with multiple steps (e.g., confirmatory dx) often requiring patient to visit multiple providers

Access challenges (e.g., long wait times for cognitive assessments, geographic and cost barriers to Amyloid PET scans)

2 Treatment

DMTs: limited treatment efficacy and risk of side effects (e.g., ARIA)

Symptomatics³: medication adherence challenges, side effects, and stigma leading to concerns of inappropriate use and poor outcomes

Provider reluctance to treat through DMTs due to limited experience managing increased case complexity

Patient reluctance to use DMTs given risk-benefit profile

3 Monitoring & follow-up

Patient cost burden of long-term care: Medicare reimbursement for LTC is limited and there is often a high out-of-pocket cost burden for patients

Caregiver loss of productivity and health burden (mental & physical) for (informal) caregivers as well as logistical burden of supporting treatment administration

Limited provision of specialized dementia care, as only 20% of nursing homes surveyed by the National Institute on Ageing (NIA) had dementia care units²

← **Low levels of care coordination** among providers and with payors, leading to gaps in care, duplicated efforts, and poor outcomes →

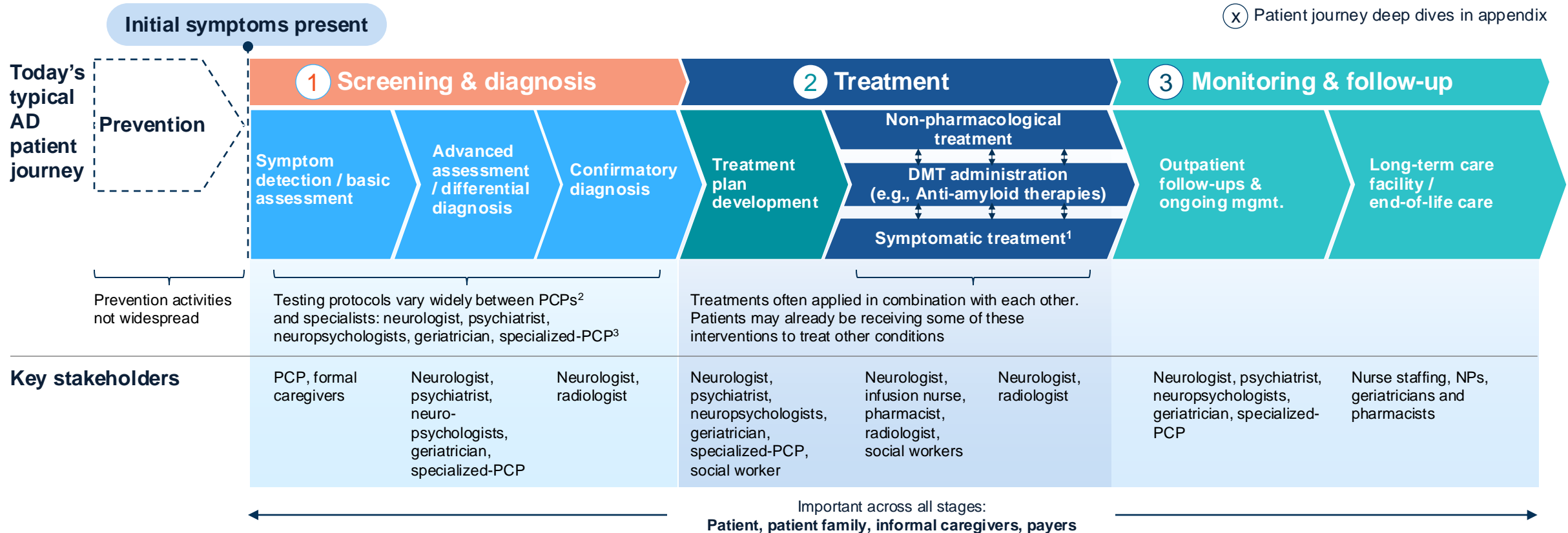
← **Overall complexity of navigating the end-to-end journey**, from before symptoms appear to long-term management →

1. Fewer than 33% of Medicare beneficiaries reported having a cognitive assessment in wellness checkups: Cognitive Assessment At Medicare's Annual Wellness Visit In Fee-For-Service And Medicare Advantage Plans; Jacobson 2019; Health Affairs | 2. NIA / NIH | 3. Marketed assets which are now used to impact cognitive consequences of Alzheimer's Disease as well as assets used to treat neuropsychiatric symptoms (e.g., depression, anxiety, agitation, aggression (e.g., atypical antipsychotics such as brexpiprazole for agitation))



Today's typical patient journey is highly complex and involves a wide range of stakeholders

(x) Patient journey deep dives in appendix



1. Marketed assets which are now used to impact cognitive consequences of Alzheimer's Disease as well as assets used to treat neuropsychiatric symptoms (e.g., depression, anxiety, agitation, aggression (e.g., atypical antipsychotics such as brexpiprazole for agitation))
 2. Primary care providers (non-dementia trained)
 3. 43% of PCPs say that they do not use standardized tools to assess familiarity / training in assessing dementia. Dementia-trained specialists have been shown to conduct a different mix of tests to assess symptoms of cognitive impairment than PCPs



West Health: A Partner in Dementia Care



	Who	What	How
Pillar	Focus on seniors with mild cognitive impairment (MCI) and ADOD, with potential spillover benefits to other brain health areas	Significantly improve care delivery for ADOD patients and caregivers, versus public health or R&D / innovation	Support integrated early intervention efforts in primary care to simplify patient journey and improve outcomes as treatments continue to evolve
Rationale	<p>Opportunity to drive meaningful impact by focusing on disease area with major societal burden</p> <ul style="list-style-type: none"> ADOD impacts more seniors than any other neurodegenerative condition (~5-7M today, ~13M projected by 2050)¹ ADOD imposes unique challenges on caregivers, leading to significant societal costs (est. 18.4 billion hours of unpaid caregiving in 2023, valued at \$350B)¹ 	<p>Potential for outsized impact on patients, caregivers, and system costs, given known gaps relative to public health and R&D</p> <ul style="list-style-type: none"> Limited scalable care delivery models today, with distinct efforts across individual providers (e.g., self-contained models like Kaiser) Concerted national policy agenda led by advocacy organizations like AIM, with many high-impact policies in play (e.g., <i>National Plan to Address Alzheimer's Disease</i>, CMS GUIDE model) 	<p>Ability for WH to have outsized impact by filling critical gap in care delivery</p> <ul style="list-style-type: none"> Majority of ADOD patients remain undiagnosed (~59% of those with probable dementia)², with numerous pain points along typical patient journey Momentum in the early intervention space across policy & advocacy organizations (e.g., BOLD Act)³, with exciting innovations coming to market (e.g., blood biomarker tests)

1. [ALZ Association](#)
 2. [HopkinsMedicine](#)

3. Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act directs CDC to create public health infrastructure to support and promote dementia risk reduction, early detection and diagnosis, prevention of avoidable hospitalizations, and dementia caregiving

West Health: A Partner in Dementia Care

Dementia Care Aware 2.0:

- Accelerate opportunities to improve patient outcomes by transforming dementia care through public & provider awareness, screening & diagnosis, and care pathways.
- Empower primary care teams to implement the most promising brain health and dementia care practices.
- Identify, expand, and scale DCA 2.0 reach and impact via novel partnerships – e.g. AHA, GUIDE.
- Change the narrative around dementia treatment with a focus on **brain health**.

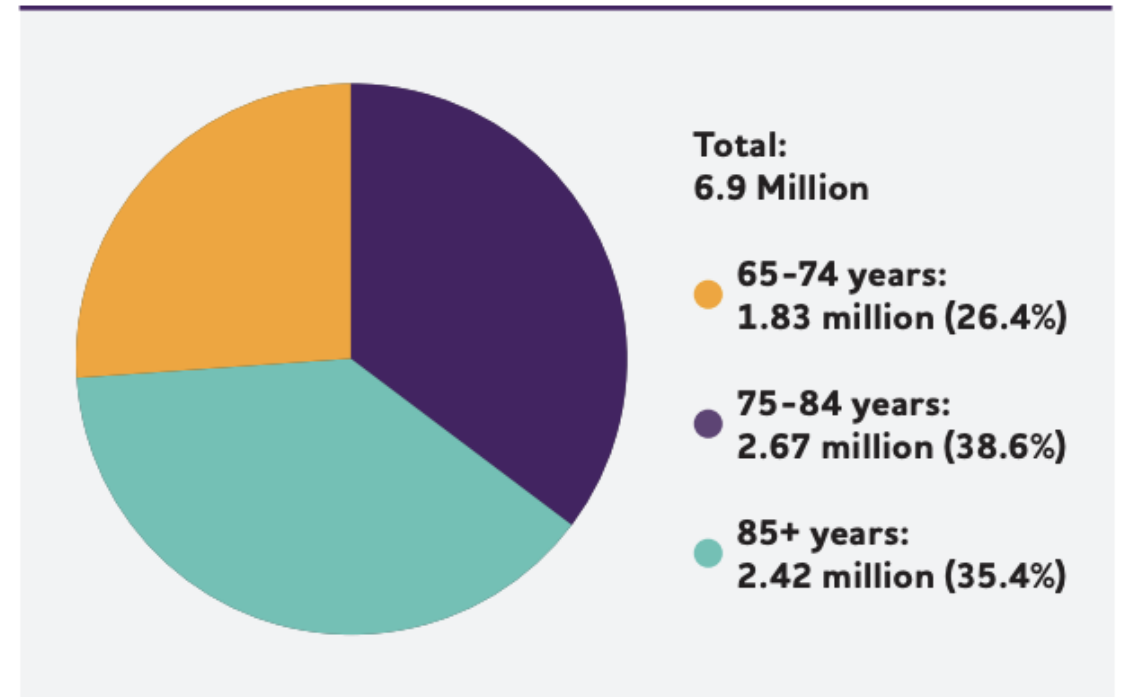


Starting with early detection

Why screen? Alzheimer's Dementia is Highly Prevalent

10.9% of the US population over 65 has dementia due to Alzheimer's Disease (only one cause of dementia!). And 73% of those are age 75+.

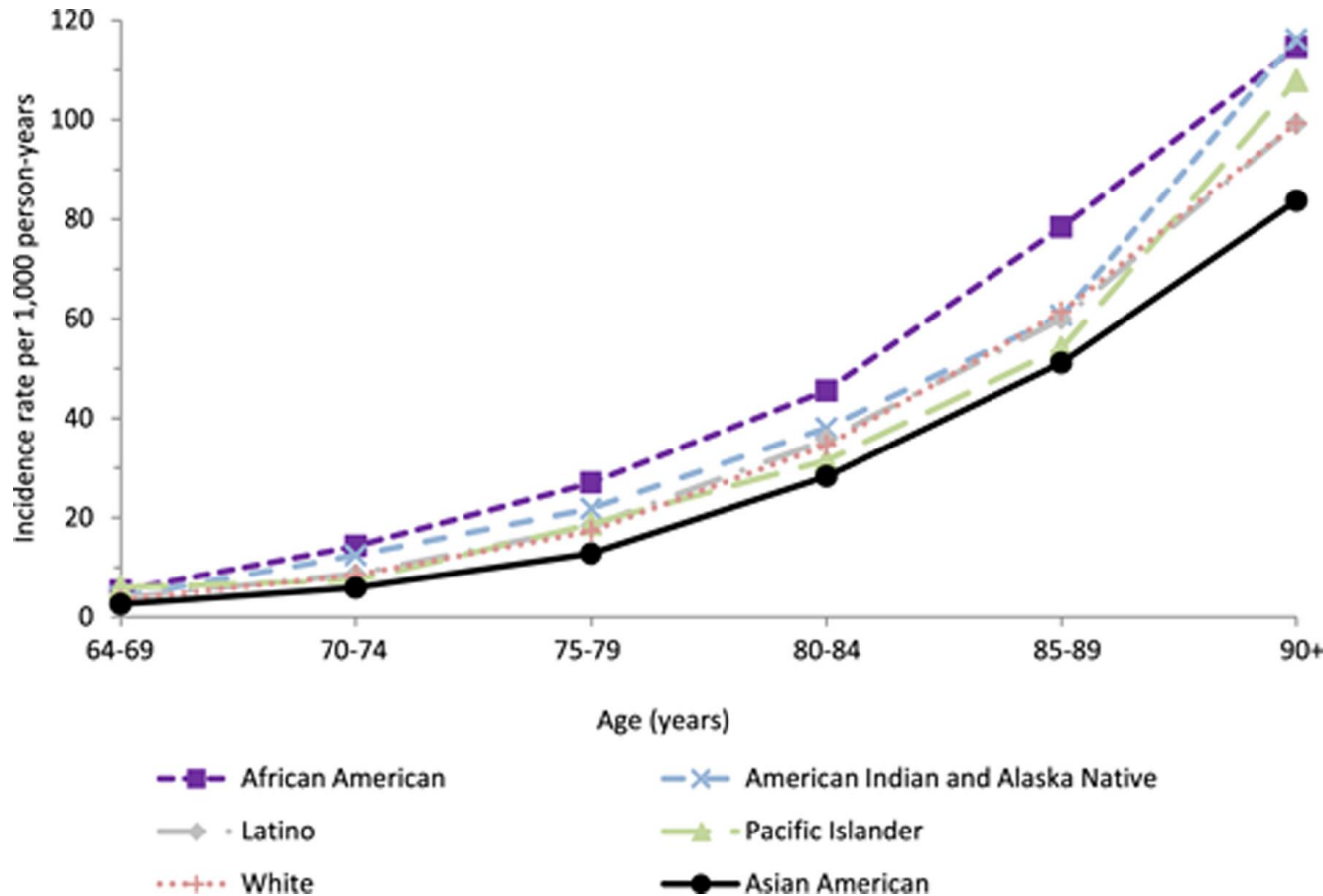
- 720K live in California



Source: Rajan KB, et al. doi: 10.1002/alz.12362.

Source: Alzheimer's Association. 2024 Alzheimer's Disease Facts and Figures.

Why Screen? to Address Disparities



Compared to older adults who identify as white:

- Those who identify as Black have roughly **2X** the risk of dementia
- Those who identify as Latino/Hispanic have **1.5X** the risk
- Among Asian populations, different groups appear to have a different level of risk.
- In California, Asians experienced the sharpest rise in dementia prevalence (746%) of any group from 2000-2018.

1. Kornblith E, et al. doi:10.1001/jama.2022.3550
2. Mayeda, E.R., et al. doi.org/10.1016/j.jalz.2015.12.007
3. CA Alzheimer's Facts and Figures, 2021. Alzheimer's Association

Our efforts to build the case for early detection



“A Brighter Future for Dementia Care, Early Detection Matters!” ~ video



Accomplishments

What DCA accomplished in 2 short years



2023



2024



A robust collaboration across the state



UC San Diego



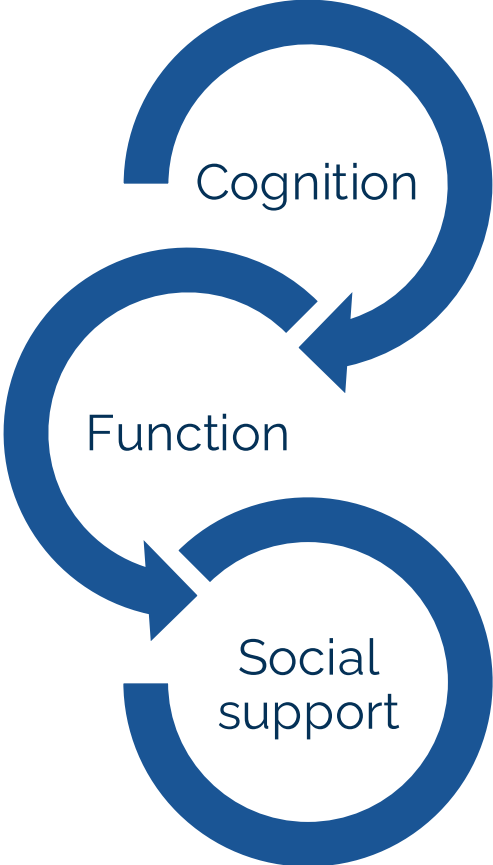
UCSF Fresno

ALZHEIMER'S ASSOCIATION®



UC Law SAN FRANCISCO

Created the Cognitive Health Assessment



Education and Training: Our Curriculum 2022-2024



DEVELOPED AND COLLABORATED ON 8 COURSES

>2700
WEBINAR ATTENDEES

27 WEBINARS
averaging ~100 attendees each



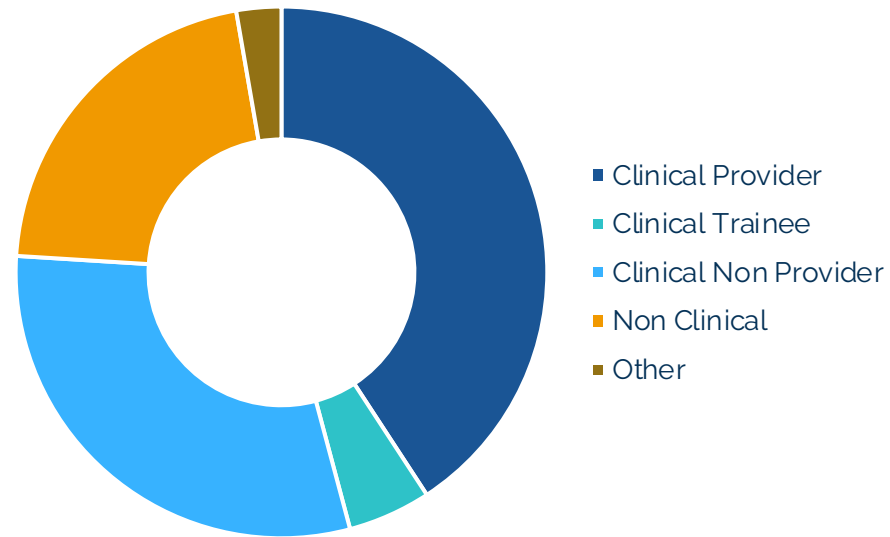
15 PODCAST
EPISODES

Reach: Trainees 2022-2024

5659

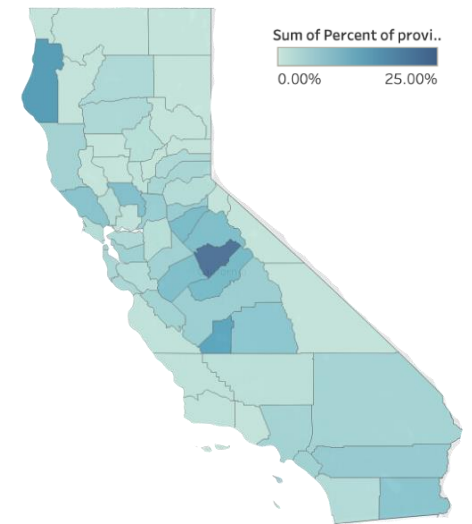
INDIVIDUALS TRAINED
ON CHA
as of 10/2024

Training Completions By Occupation Type



MAJORITY CLINICAL LEARNERS

Percent of Clinical Providers Trained by County



TRAINING PROVIDERS
ACROSS CA – INCLUDING
RURAL COUNTIES

Training and support for providers and clinics



Education and Training:

- Core: CHA training
- More on-line training modules
- Bi-Monthly Webinars and Podcasts



Warmline:

1-800-933-1789

- A provider support and consultation service staffed by Dementia Care Aware experts



Practice change support:

- UCLA Alzheimer's and Dementia Care program
- Alzheimer's Association Health Systems team
- Implementation guide

dementiacareaware.org

DCA@ucsf.edu

Clinical implementation

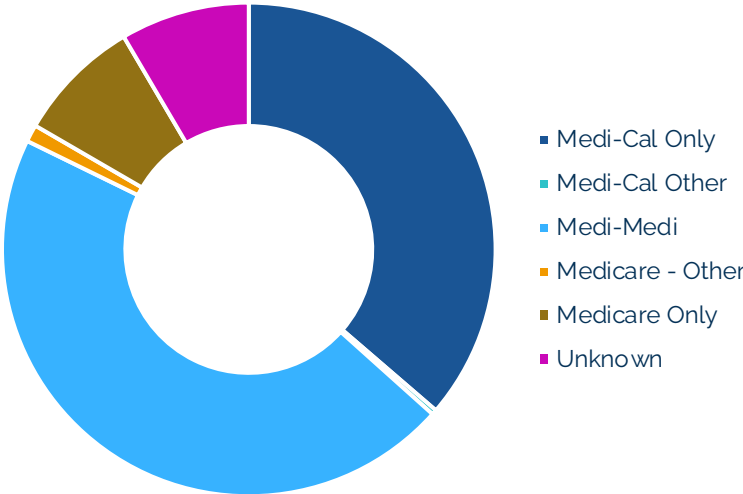
2214

CHA's

3 PILOT LOCATIONS

UCI, SFHN, LA DHS

CHAs Conducted By Insurance Type



PRIMARILY MEDI-CAL AND
DUALS SCREENED



CASE STUDY

Implementing the CHA for Los Angeles Department of Health Services



Heather Bennett Schickedanz, MD
Principal Investigator Dementia Care Aware, LA County Department of Health Services

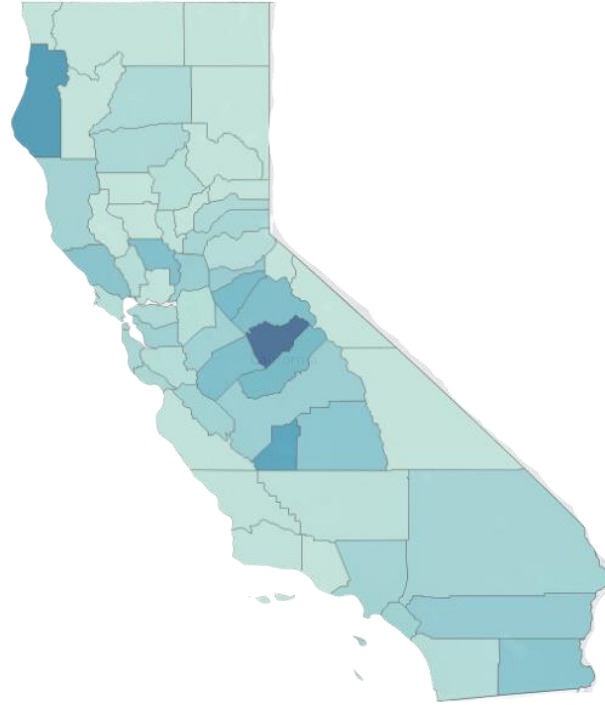


Freddi Segal-Gidan, PA, PhD
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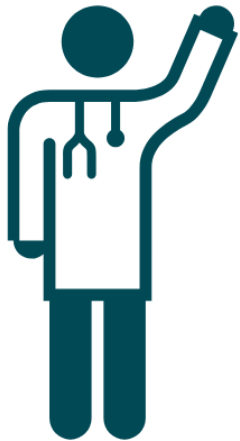
IMPLEMENTATION GUIDE!



New Directions

Dementia Care Aware 2.0

Ensure all older adults and their caregivers receive the earliest possible dementia diagnosis and excellent care through capacity building and practice transformation in primary care.



Continue and improve our training



Live trainings via webinar

- 2-3 times a month
- *For providers to bill, training is still required*



On-line modules

- 8 courses available, will soon be updated



Live sessions *as requested*

- Please reach out if you want live training!



Contact:
Amanda Valenzuela
avalenzuela@alz.org

Promote the Cognitive Health Assessment

Screen patients older than age 65 annually (who don't have a pre-existing diagnosis of dementia)

Part 1



Take a Brief Patient History

Part 2



Use Screening Tools

Part 3



Document Care Partner Information

Tools for screening

	Administered to the patient:	Administered to the care partner:
Cognitive Screening Tools	<p>GP-COG: Part 1: General Practitioner assessment of Cognition (for the patient)</p> <p>Mini-Cog</p>	<p>Short IQ-CODE: Short Informant Questionnaire on Cognitive Decline in the Elderly</p> <p>AD-8: Eight-Item Informant Interview to Differentiate Aging and Dementia</p>
Functional Screening Tools	<p>ADLs/IADLs: Activities of Daily Living and Instrumental Activities of Daily Living</p>	<p>GP-COG Part 2: General Practitioner Assessment of Cognition (for the informant)</p> <p>FAQ: Functional Activities Questionnaire</p>

The CHA: An opportunity to get started on brain health

- You can start a brain health plan at the very earliest signs of decline, in addition to treating medical or psychiatric causes of symptoms.

Brain Health Plan



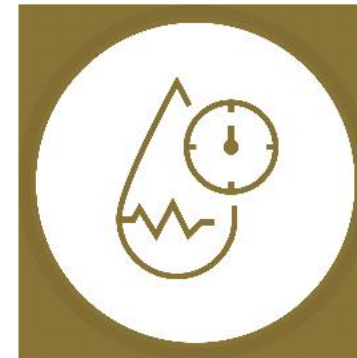
Hearing
and vision



Review
medications



Social and
physical activity



Manage BP,
diabetes, LDL

Next steps after a positive screen: our training



Next Steps After a Positive Cognitive Health Assessment


49% Resume ▶

 3 modules

Course Handout: Next Steps After a Positive CHA

160% 1 / 3

UCSF
University of California
San Francisco

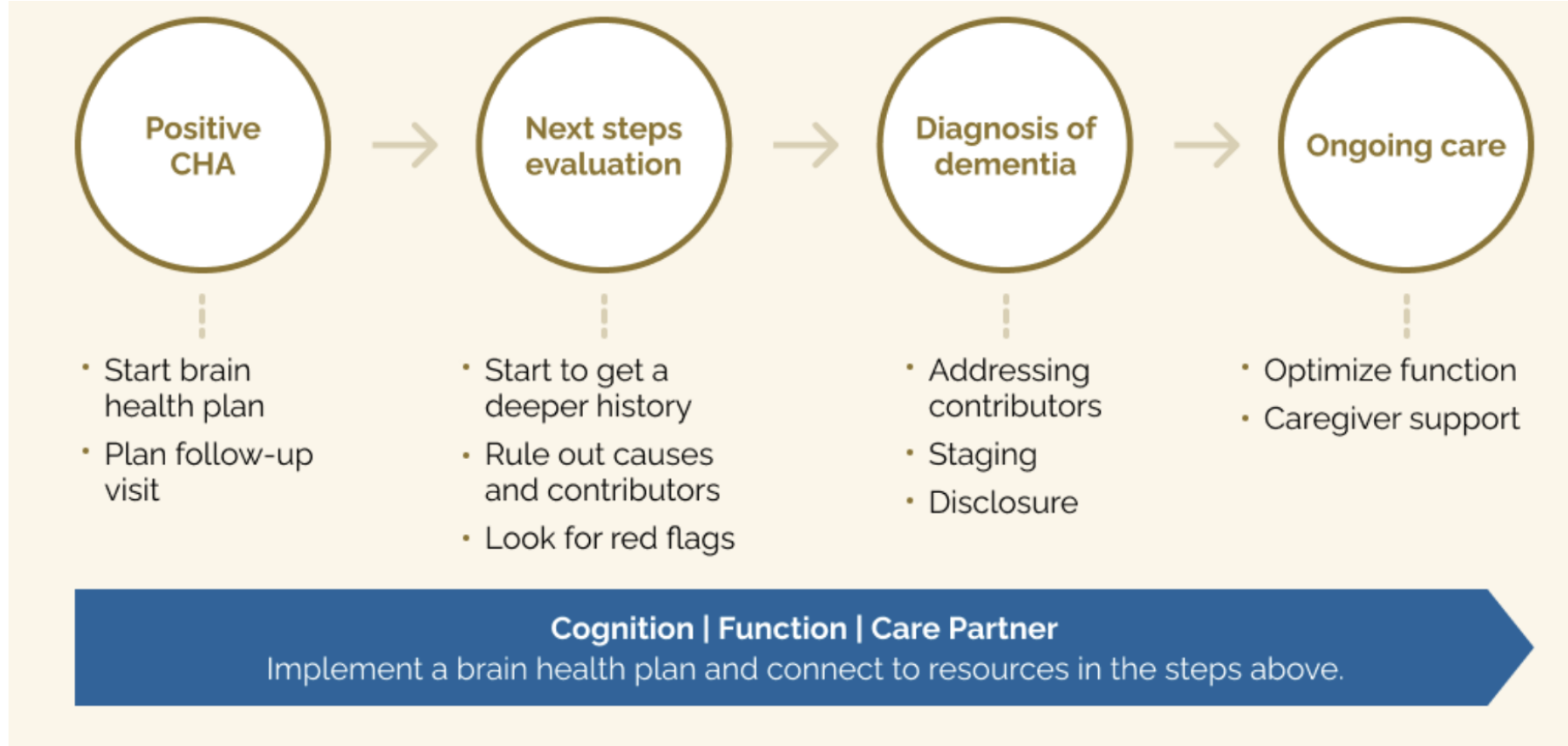
 **DEMENTIA
Care Aware**

Next Steps After a Positive Screen

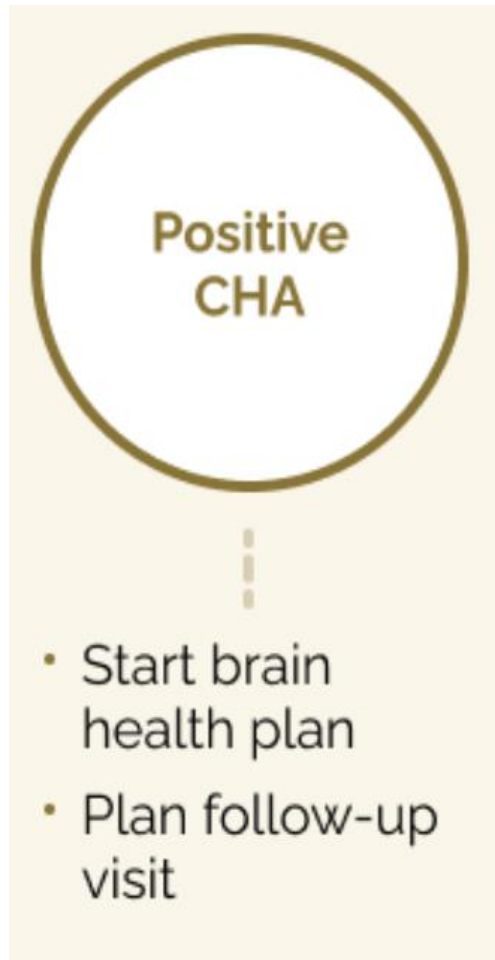
Introduction

Dementia, a syndrome that's defined in the DSM V, is a new ("acquired")

Next steps after a positive screen: a care pathway



Next steps after a positive screen: a care pathway



Principle 1: Don't wait to address brain health and symptoms. Start a brain health plan.

- Vision and hearing
- Reduce medications that affect cognition
- Encourage physical and social activity
- Address vascular risk factors: hypertension, diabetes, high LDL cholesterol

Principle 2: Cognitive and functional decline can be assessed over multiple visits and needs active follow-up

- Show patients and their caregivers how important this is and schedule follow-up to dive deeper into their symptoms

Next steps after a positive screen: getting to a diagnosis



Next steps evaluation

- Start to get a deeper history
- Rule out causes and contributors
- Look for red flags

History:

Cognition:

- Ask questions about most or all cognitive domains.
- **Key information: trajectory of decline, severity of symptoms**

Function:

- How did they perform ADLs and IADLs a few years ago? Now?
- How might these changes be related to their cognitive decline?

Collateral:

- When possible, get an observer or informant's report on the person's cognition and function.

Exam:

- Physical exam looking for neurological findings, e.g. parkinsonism.
- Cognitive testing when appropriate.
 - Adapt your assessments and consider their background.

Next steps after a positive screen: getting to a diagnosis



Next steps evaluation

- Start to get a deeper history
- Rule out causes and contributors
- Look for red flags

Rule out other causes and contributors:

Labs: B12, TSH, RPR, HIV

Imaging: Brain imaging

Comorbid conditions:

- Sleep apnea
- Substance use disorders
- Mental health conditions

Next steps after a positive screen: getting to a diagnosis



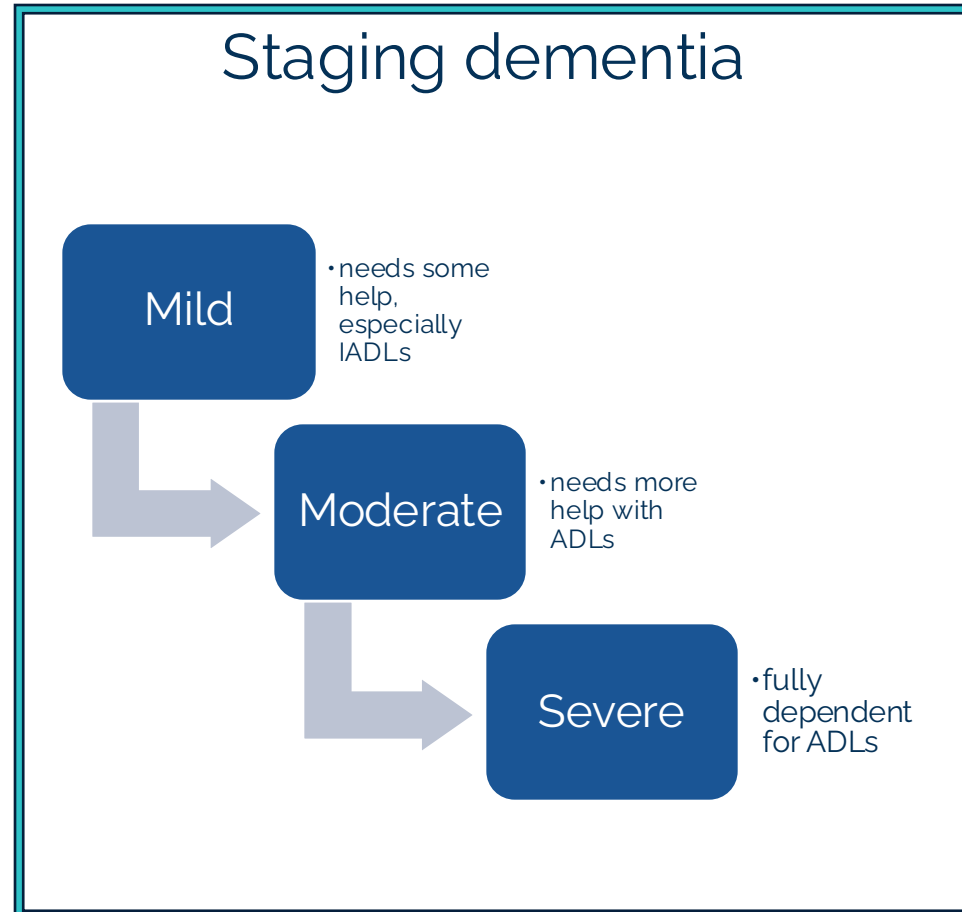
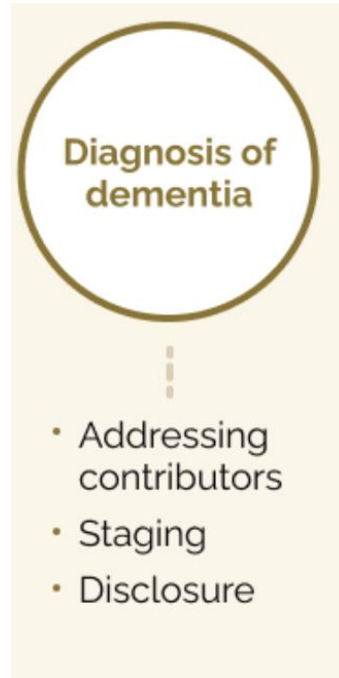
Next steps evaluation

- Start to get a deeper history
- Rule out causes and contributors
- Look for red flags

Red flags that suggest a referral to neurology or geriatrics is indicated.

- Rapid onset (<12 months)
- Comorbidities that elevate risk: history of cancer, HIV
- Focal neurological findings
- Severe behavior changes
- Parkinsonism
- On anti-coagulation
- History of fall

Next steps after a positive screen: communicating the diagnosis



Disclosure

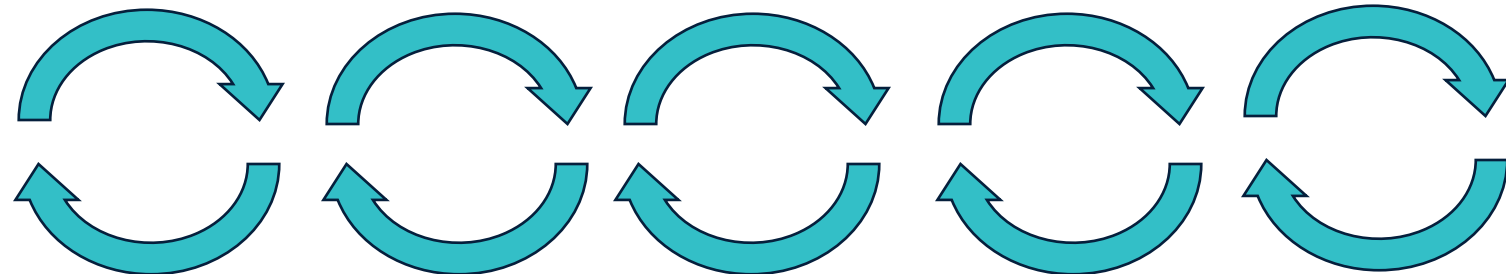
- Disclosing is a key aspect of screening, diagnosis, and care planning.
- Patients and caregivers often report that they do not get a lot of time to discuss the diagnosis but rather get "diagnosed and adios".
- The more we can give time for conversation and planning next steps, the better.
- Revisit the conversation.

Next steps after a positive screen: action plan



An active care plan

- Involving caregivers
- Advance care planning and medical-legal planning
- Safety planning
- Focusing on function and cognition
- Constant reassessment and addressing symptoms



Next steps after a positive screen: connecting to resources

Dementia Care Aware's resources page




bpc.cargiving.org

A screenshot of the bpc.cargiving.org website. The header includes the logo "best programs for caregiving" with the tagline "guiding you to proven support for dementia care" and navigation links for "Caregivers" and "Professionals". A banner below the header states "A partnership between Benjamin Rose Institute on Aging and Family Caregiver Alliance". The main heading reads "Find top-rated dementia caregiving programs near you." Below this is a welcome message: "Welcome! Best Programs for Caregiving is a free online directory of proven support programs for family and friend caregivers of individuals living with dementia. Whether you are a caregiver yourself or a professional whose organization serves dementia caregivers, you can use this tool to find and compare evidence-based programs from across the country that address caregivers' unique challenges and concerns. Choose a pathway below to access the database and get started." Two main pathways are shown: "Dementia Care Programs for Family Caregivers" and "Dementia Care Program Info for Program Providers". Each pathway includes a collage of photos showing caregivers and a central icon of hands holding a heart. The text below each pathway states: "BPC helps caregivers find and connect with the right support:" and "BPC helps professionals support more caregivers:" respectively.

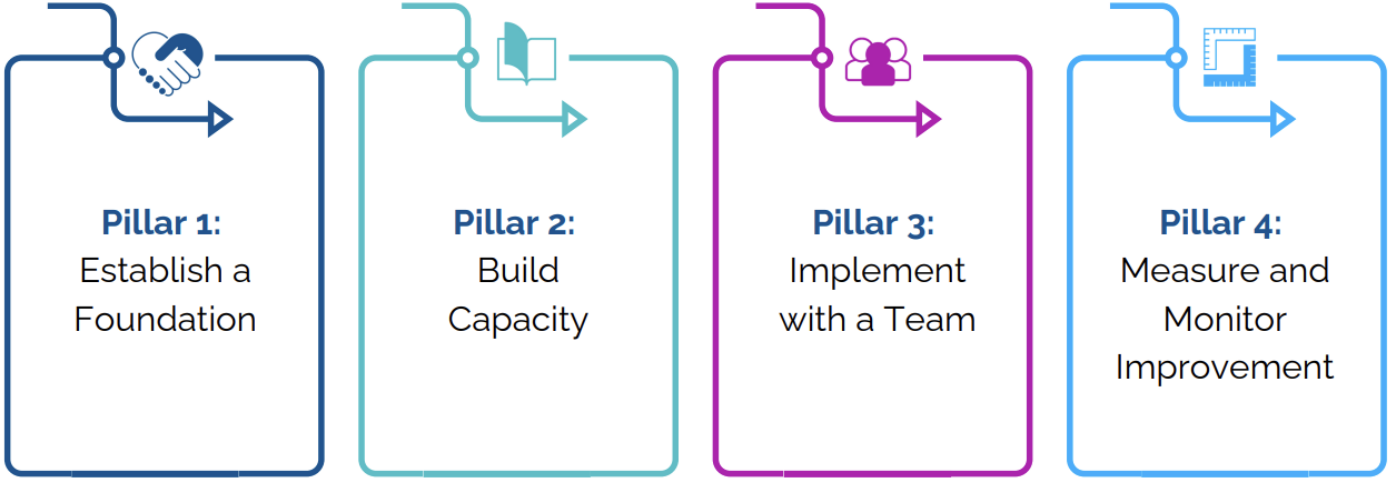
Next steps after a positive screen: implementation resources

Cognitive Health Assessment
Implementation Guide

A Practical Step-by-Step Guide to Cognitive Health Assessment (CHA) Implementation



DEMENTIA Care Aware UCSF





A world focused on early detection

Factors moving us toward early detection

- Policy
 - D-SNPs required to report dementia screening rates
 - In California, generalists seeing 25% or more older adults in their practice have to do 20% of their continuing education in geriatrics or dementia (10 hours total). *You can get that for free at DCA!*
- Therapeutics
 - Diagnosis and treatment for Alzheimer's disease is changing quickly and it may be beneficial and possible to detect it much earlier.
- Programs
 - The GUIDE program for Medicare beneficiaries is a new dementia navigation program. Detection of dementia will open this benefit for many.

Partner with us!

This is not an easy road, but it's easier together.

CA is rich in resources to support people living with dementia.

We are looking for clinical partners that want to improve dementia care in their clinics through training and implementation support.





Thank you!
Q & A