

Clinical Care Subcommittee Recommendations

- 1. HHS should launch a nationwide public awareness campaign to increase awareness and to promote early detection of Alzheimer's disease.**
 - The Centers for Disease Control and Prevention (CDC) should be the lead entity, responsible for coordinating a public awareness campaign with relevant federal agencies and other stakeholders in a public-private partnership to increase awareness of Alzheimer's disease and to promote early detection and diagnosis.
 - The CDC should partner with professional groups to launch a parallel awareness campaign targeted at physicians and other health care professionals about the benefits of early detection and diagnosis of Alzheimer's disease.
 - Both campaigns should include promotion of the Annual Wellness Visit as a vehicle for health care professionals and patients to talk about memory problems and cognitive function.
 - The campaigns should include specific efforts in diverse communities and populations, including younger-onset individuals and persons with intellectual disabilities.
 - The CDC should involve state, county, and local public health departments in the campaigns and encourage them to launch public awareness and early detection campaigns of their own.

- 2. Redesign Medicare coverage and physician reimbursement to encourage diagnosis of Alzheimer's disease and to provide care planning to diagnosed individuals and their caregivers.**
 - Congress should pass legislation to create Medicare coverage for a package of services that covers the clinical diagnosis of Alzheimer's disease as well as care planning for the individual and their caregivers.
 - This Medicare coverage should include care planning with a family caregiver even if the individual with the disease is not present.
 - In exchange for Medicare reimbursement for this package of services, physicians should be required to document the Alzheimer's diagnosis in the individual's medical record.
 - Clarify and disseminate information to providers about the procedures under HIPAA with regard to sharing medical information with caregivers related to dementia, prognosis, and care planning.

3. HHS should develop quality indicators for the care and treatment of individuals with Alzheimer's.

- The Agency for Healthcare Research and Quality (AHRQ) -- in consultation with the National Quality Forum (NQF), the Institute of Medicine (IOM), and various stakeholders -- should develop quality care indicators for diagnosis, treatment, and care of individuals with Alzheimer's disease and other dementias.
- Over time, these quality indicators should cover: care in various settings (e.g. physician's offices, hospitals, home care, assisted living facilities, community services, etc.); care coordination among settings; and transitions between settings, including care coordination during such transitions.
- The Centers for Medicare and Medicaid Services (CMS) should implement demonstration projects to study the application of dementia quality care indicators as they are developed.
- CMS should implement policies for Medicare and Medicaid to embed the quality measures in the health care system.

4. HHS should provide grants through the Center for Medicare and Medicaid Innovation (CMMI) for medical home pilot projects specifically targeted at improving medical management for individuals with Alzheimer's disease, including management of co-existing medical conditions and coordination with family and community care providers in all settings (in-home care, long-term care, and inpatient hospital care).

- Within one year, the Center for Medicare and Medicaid Innovation (CMMI) should provide grants for medical home pilot projects specifically targeted at Medicare beneficiaries with Alzheimer's and other dementias.
- Within one year, CMMI should provide grants for medical home pilot projects specifically targeted at dual eligible individuals (those seniors eligible for both Medicare and Medicaid) with Alzheimer's and other dementias.
- The Centers for Medicare and Medicaid Services (CMS) should incorporate those projects that prove successful into the system-wide Medicare program.

- 5. HHS should form a blue ribbon panel of experts to recommend one or more models of palliative care for people with advanced dementia, including eligibility criteria and financing mechanisms, and provide grants through the Center for Medicare and Medicaid Innovation (CMMI) to implement and evaluate the models.**
 - The Department of Health and Human Services should convene a blue ribbon panel to recommend one or more models of palliative care for people with advanced dementia.
 - Such models should include the eligibility criteria for receiving such care and financing mechanisms on how to pay for it.
 - The Center for Medicare and Medicaid Innovation (CMMI) should provide grants to study the various models of palliative care recommended by the blue ribbon panel.

- 6. HHS should create a specific grant round of pilot projects through the Center for Medicare and Medicaid Innovation (CMMI) to implement and evaluate ways to reduce potentially preventable emergency department visits and hospitalizations for individuals with Alzheimer’s disease and other dementias, including emergency department visits and hospitalizations from home, assisted living facilities, and nursing homes.**

- 7. Develop a public-private partnership to develop and evaluate ways to improve hospital care and transitions of care for people with Alzheimer’s and other dementias, including training approaches and proposed quality measures.**
 - Within one year, the Center for Medicare and Medicaid Innovation (CMMI) should create a specific grant round focused exclusively on pilot projects and demonstrations to reduce preventable hospitalizations and length of hospital stays among individuals with Alzheimer’s disease and other dementias.
 - Funded projects should include at least one project that targets individuals from diverse communities.
 - The grant round should also consider funding projects aimed at reducing re-hospitalizations among those with Alzheimer’s and other dementias by, for example, testing models of transitional care.
 - The Centers for Medicare and Medicaid Services (CMS) should incorporate those projects that prove successful into the system-wide Medicare program.
 - Within one year, the Department of Health and Human Services (HHS) should, in partnership with hospital and nursing associations, develop and evaluate ways to improve hospital care for people with Alzheimer’s.

- Within one year, CMS should gather findings from Community-Based Care Transitions Programs to disseminate widely and consider policy and reimbursement changes to Medicare that would make transitions safer and less common.

8. Expand funding and incentives for health care providers to become more knowledgeable about dementia and to encourage individuals to pursue careers in geriatric specialties.

- Congress should increase funding for the inter-professional geriatrics education and training programs for health professions students, faculty, practitioners, direct service workers and family caregivers under Title VII and Title VIII of the Public Health Service Act (PHSA).
- Congress should increase funding for loan repayments and other incentives for those who study geriatrics and gerontology and then work in underserved communities.
- The Department of Health and Human Services should partner with the medical, nursing, and allied health profession programs to provide geriatric education offerings in their curricula.
- HRSA should partner with a broad array of health organizations to disseminate information to providers about Alzheimer's disease, detection and diagnosis, dementia care throughout the stages, and support systems available for affected individuals, caregivers and families.