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Center to Advance Palliative Care

The Case for Improving Dementia Care

Dementia is among the most feared and costliest diseases in our nation. Growth in the prevalence of dementia has implications for health systems and health professionals. Health care providers everywhere are confronting a rapidly growing population of older adults living with dementia. These individuals have complex care needs, multi-year periods of disability, and heavy reliance on the support of their families and other caregivers. The costs of gaps in care for people living with dementia—in terms of suffering, impact on quality measures, and avoidable health care utilization—are enormous.

Scope of the problem

Not only do people living with dementia undergo progressive and devastating loss of memory and function, but the average cost of their care in the last 5 years of life is more than 80% higher than the costs for people with heart disease or cancer.¹ Individuals living with dementia also have higher emergency department utilization, higher rates of 30-day readmissions, and higher mortality after hospitalization than those without dementia.²

According to the Alzheimer's Association's 2018 Facts and Figures report, average annual Medicaid payments per person for beneficiaries with dementia are 23 times higher than average payments for those without dementia. Total annual payments for Medicare beneficiaries with dementia (\$48,000) were more than 3 times higher than payments for those of the same age without "Total annual payments for health care, long-term care, and hospice care for people with Alzheimer's or other dementias are projected to increase from \$277 billion in 2018 to more than \$1.1 trillion in 2050. This dramatic rise includes more than four-fold increases both in government spending under Medicare and Medicaid and in out-of-pocket spending."

2018 Alzheimer's Disease Facts and Figures dementia (\$13,700). As the health care system moves toward value-based payment, understanding the distress and suffering at the root of these high costs and adopting strategies to mitigate them is a high priority.

All risk-bearing health care entities working to achieve quality care standards and remain financially viable must address the needs of this population.

Identifying patients at risk

Only 50% of those with cognitive impairment have a formal diagnosis in the medical record.³ Early detection and diagnosis of dementia benefits not only patients and caregivers, but also the health system's financial sustainability. A diagnosis enables both clinicians and caregivers to plan and proactively manage patient health and safety, reducing health crises and health care utilization. The Alzheimer's Association estimates that early and accurate diagnosis could save up to \$7.9 trillion in medical and care costs resulting from proactive safety measures, caregiver education and support, treatment of comorbidities, medication management, and early advance care planning.⁴

The impact of caregiver strain

In addition to the emotional and physical toll of caregiving, a recent study found that poor caregiver well-being leads to higher care recipient ED use and expenditures. **Caregiver fatigue and sadness were associated with increased expenditures of more than \$1,300 per care recipient in a 6-month period.**⁵ Caregiver strain also results in increased utilization of hospital services and ED visits for caregivers themselves, as their health deteriorates over the caregiving period.⁶ Reducing strain and burnout among dementia caregivers is a critical component of reducing health care utilization for the dementia patient population.

Taking action

While the data on dementia burden for people and health systems are alarming, there are strategies that health care organizations can adopt to mitigate costs and improve care quality for people living with dementia and their caregivers.

Identification of at-risk patients and proactive care management have the potential to prevent health crises and reduce avoidable hospitalizations. Care management for people living with dementia and their caregivers has been shown to improve both Average annual Medicaid payments per person for beneficiaries with dementia are **23 times** higher

than average payments for those without dementia.

"Without effective strategies to prevent or reverse the brain disorders that cause most cognitive decline in older people, the primary goal of screening for these conditions is to identify individuals—and their family and other caregivers—who may benefit from tailored medical and psychosocial interventions to improve outcomes and mitigate harms."

Borson, 2017

quality of care and behavioral and psychological symptoms of dementia, leading to sustained reduction in health care utilization.⁷

In an effort to address this looming public health crisis, the Center to Advance Palliative Care (CAPC) has developed a toolkit for patient identification and assessment, clinician training, and caregiver support strategies. The **Implementing Best Practices in Dementia Care toolkit** can be used to execute systems change to enable identification and assessment of patients with dementia and their caregivers, resulting in services matched to their needs.

MODEL PROGRAM

One collaborative care model, the Healthy Aging Brain Center (HABC), involves a memory care clinic team that collaborates with the patient's primary care provider. The model has resulted in fewer ED visits, hospitalizations, and 30-day readmissions.⁸ Initially developed as the Aging Brain Care (ABC) Medical Home, the program demonstrated a 50% reduction in depressive symptoms in people living with dementia and a 50% reduction in caregiver stress symptoms.⁹ Not only has this model improved outcomes and care quality for patients and caregivers, but the HABC clinic generated an annual net cost savings of \$2,856 per patient.¹⁰ The ABC Medical Home and HABC are now an integrated program at Eskenazi Health called the **Aging Brain Care program**.

References

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GET STARTED



ASSESS THE NEED:

Find out if dementia care is, or should be, a priority for your organization.

TALK TO STAKEHOLDERS:

Find out if your organization's leadership is ready to tackle this problem.

IDENTIFY COMMUNITY PARTNERS:

Map the services in your area that provide support for people living with dementia and their caregivers.

PILOT A QUALITY IMPROVEMENT INTERVENTION:

Use CAPC's Implementing Best Practices in Dementia Care toolkit to identify a feasible starting place.