Payment for Comprehensive Dementia Care:
Five Key Recommendations

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The John A. Hartford Foundation

No conflicts of interest

October 24th Meeting Overview

Purpose

To address practical questions important to payers interested in funding comprehensive dementia care models

Objectives

- Review the evidence on quality, costs, and outcomes of scalable payment models for comprehensive dementia care
- Discuss practical questions that payers must answer to provide coverage of comprehensive dementia-care models
- Make recommendations for how payers should address these practical questions

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Lead Discussants & Facilitators


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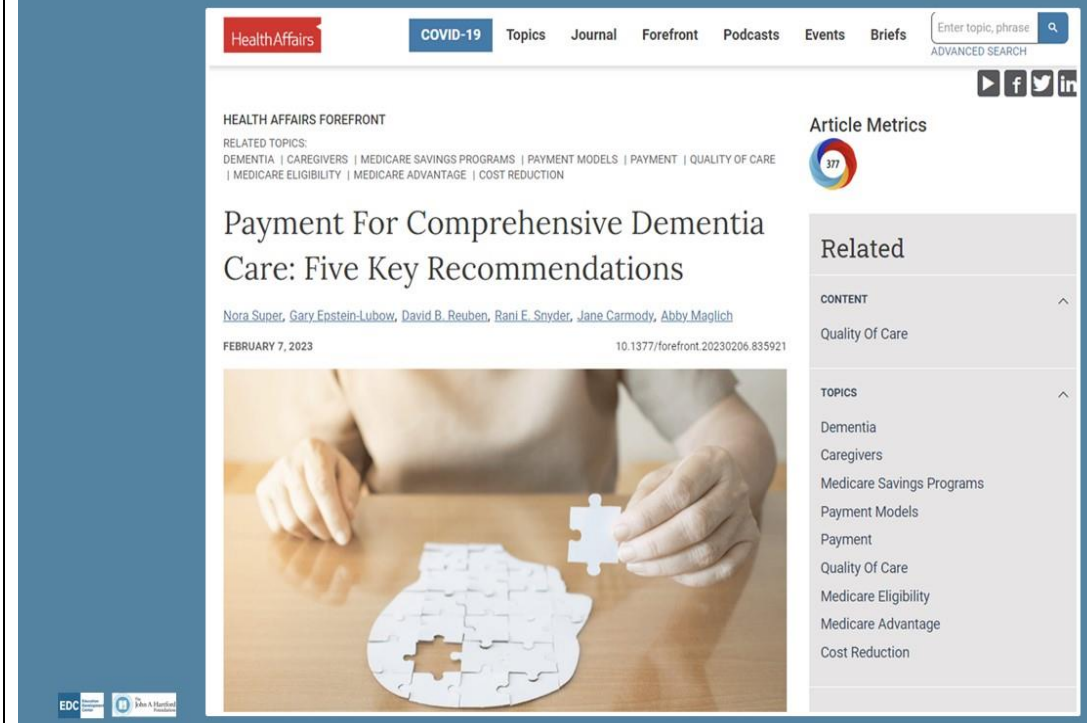

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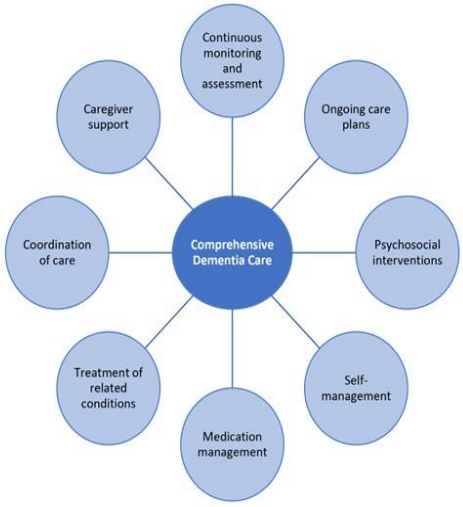
Core Elements of Comprehensive Dementia Care

Focuses on patient and caregiver and includes:

- Continuous monitoring and assessment
- Ongoing care plans
- Psychosocial interventions
  - Aimed at person living with dementia
  - Aimed at caregivers
- Self-management
- Medication management
- Treatment of related conditions
- Coordination of care



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Comparison of Six Dementia Care Models

Structure and Process	Benjamin Rose Institute Care Consultation	UCSF Care Ecosystem	Maximizing Independence at Home (MIND)	Eskenazi Healthy Aging Brain Center	UCLA Alzheimer's and Dementia Care	Integrated Memory Care Clinic
Key personnel	Non-licensed, SW, RN, MFT	Non-licensed care navigator, CNS, SW, Pharmacist	Non-licensed staff, RN, MD	Non-licensed staff, MD, SW, RN, Psychologist	NP, PA, SW, non-licensed staff, MD	NP, SW, RN
Key personnel base	CBO or Health system	Health System or Community	Community or Managed Care Organization	Health system	Health system	Health system
Face-to-face visits	No	No	Yes	Yes	Yes	Yes
Access 24/7/365	Optional	No	No	Yes	Yes	Yes
Communication w/ PCP	Mail, fax, phone	Fax, phone	Phone, mail, fax	EHR, phone, mail	EHR, phone	N/A
Order writing	No	No	No	Yes	Yes	Yes
Medication management	No	Yes	No	Yes	Yes	Yes
Benefits						
High quality of care	N/A	N/A	N/A	Yes	Yes	Yes
Patient benefit	Yes	Yes	Yes	Yes	Yes	Yes
Caregiver benefit	Yes	Yes	Yes	Yes	Yes	Yes
Costs of the program	+++	++	+++	+++	++++	++++
Cost savings, gross	++	++	+++ (Medicaid)	++	++++	++++

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Recommendation 1: The payment model should cover comprehensive dementia care that meets quality outcomes measures.

Examples of ACOVE-3 and PCPI Quality Indicators (of 17)

- Staging of dementia
- Depression screening
- Annual assessment of cognition
- Annual evaluation of function
- Annual screen for behavioral symptoms
- Annual medication review
- Counseled regarding driving
- Identification of a surrogate decision maker
- Caregiver counseled in at least 2 domains:
  - Dementia diagnosis, prognosis or behavioral symptoms
  - Safety
  - Community resources
- Counseled about advance care planning or palliative care
- Treatment with behavioral interventions first or concurrently with medications

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Comparing Quality Across Different Practice Conditions

Overall Dementia Quality of Care	QI Pass Rate
Community-based physicians (observational)	18%
Community-based physicians with QI interventions	42%
Community-based physicians & NP	60%
UCLA Alzheimer's and Dementia Care	92%

Jennings LA, et al. J Am GeriatrSoc, Jun 2016. PMID: 27355394

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Recommendation 2: The payment model should address both beneficiary and caregiver needs.

- The beneficiary and the caregiver should be assessed at enrollment, and at least annually and after major life events (e.g., psychiatric hospitalization)
- Caregivers are at increased risk for adverse health effects
- Community-based organizations should be integrated in services delivery to provide services for persons living with dementia (e.g., adult day care) and caregivers (e.g., education, support groups, counseling)

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Recommendation 3: To be eligible, beneficiaries must have a diagnosis of dementia.

Diagnosis

- Urgent need to address under-diagnosis
- Initial diagnostic work-up should occur prior to entry into the model
- The model should include a confirmation of diagnosis; critical to distinguish between early dementia and mild cognitive impairment, given new drugs coming to market
- Payment for confirmation of diagnosis should be under primary benefits

Staging

- Pathway regarding level of intensity should be guided by:
- Disease severity of the beneficiary
- History of use of high-cost services
- Strength/weakness of caregiver resources

The model should include lower-cost interventions for beneficiaries in early stage or with less severity

Palliative care should be available to beneficiaries when indicated

The fully-functioning model should not include:

- Beneficiaries enrolled in Program for All-inclusive Care of the Elderly (PACE)
- Beneficiaries living in residential (long-term) nursing homes or enrolled in hospice

Recommendation 4: Comprehensive dementia care programs should be widely available to Medicare beneficiaries, especially those living in rural and underserved communities who have traditionally had difficulty accessing healthcare systems.

- Asian, Black, and Hispanic Medicare beneficiaries receive less timely diagnosis compared with White beneficiaries (Tsoy et al., JAMA Neurology, 3/29/2021)
- To ensure that APM advances health equity as envisioned by CMS, comprehensive dementia care programs should be widely available to all beneficiaries
- Because most comprehensive dementia care programs operate within large health systems or academic medical centers, CMS should provide incentives for small community health care providers and rural practices to participate
- Payments could be adjusted based on the social determinants of health of the population served
- Model participants should contract or partner with trusted community-based organizations

Recommendation 5: The payment model should be capitated based on the severity of symptoms and available resources.

- Existing codes are insufficient to provide the level of services necessary to deliver comprehensive dementia care, particularly for services that do not fit into the FFS structure (e.g., care coordination, adult day health and respite, caregiver interventions).
- Capitation provides the most flexibility for providers and assures CMS can meet budget requirements
- Supportive family caregiver services (e.g., counseling, education, respite) should be included in the capitated amount.
- The APM should have at least three pathways for payment.
- The availability of caregiver resources should be a key determinant of whether the APM provides additional payment for more services

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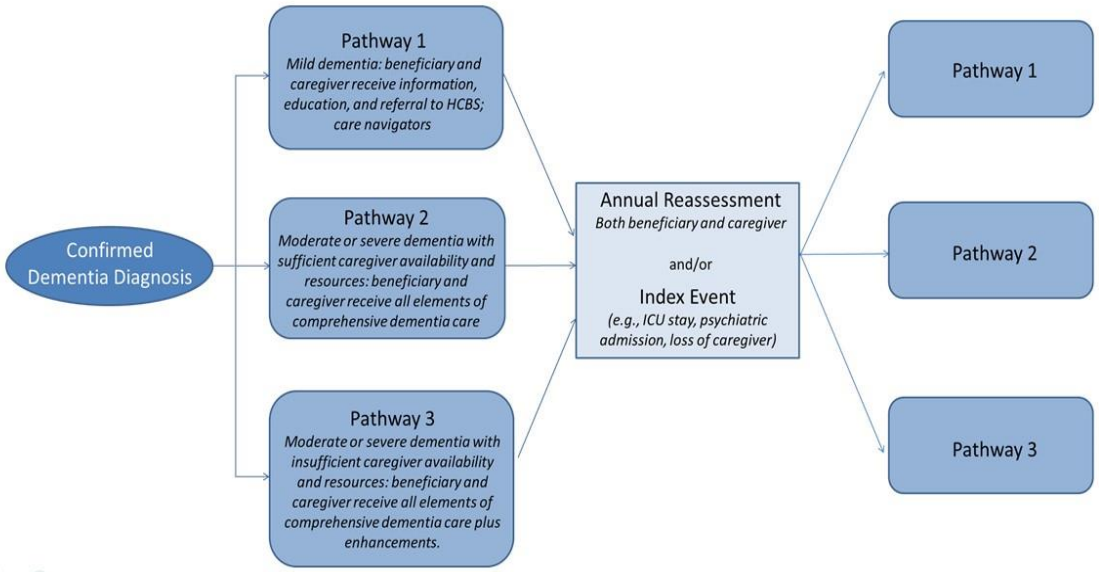
Beneficiary Pathway Selection



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Five Recommendations

1) The payment model should cover comprehensive dementia care that meets quality outcomes measures.

2) The payment model should address both beneficiary and caregiver needs.

3) To be eligible, beneficiaries must have a diagnosis of dementia.

4) Comprehensive dementia care programs should be widely available to Medicare beneficiaries, especially those living in rural and underserved communities who have traditionally had difficulty accessing healthcare systems.

5) The payment model should be capitated based on the severity of symptoms and available resources.

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In Executive Order issued on April 18, President Biden directs HHS to:

- consider testing a new dementia care model that will include support for respite care
- make it easier for family caregivers to access Medicare beneficiary information, and
- provide more support to family caregivers during the hospital discharge planning process.

Administration

APRIL 18, 2023

FACT SHEET: Biden-Harris Administration Announces Most Sweeping Set of Executive Actions to Improve Care in History

BRIEFING ROOM › STATEMENTS AND RELEASES

Today, President Biden will announce the most comprehensive set of executive actions any President has ever taken to improve care for hard-working families while supporting care workers and family caregivers. Joined by people with disabilities, family caregivers, long-term care workers, early educators, veterans, and aging advocates, the President will sign an Executive Order that includes more than 50 directives to nearly every cabinet-level agency to expand access to affordable, high-quality care, and provide support for care workers and family caregivers.

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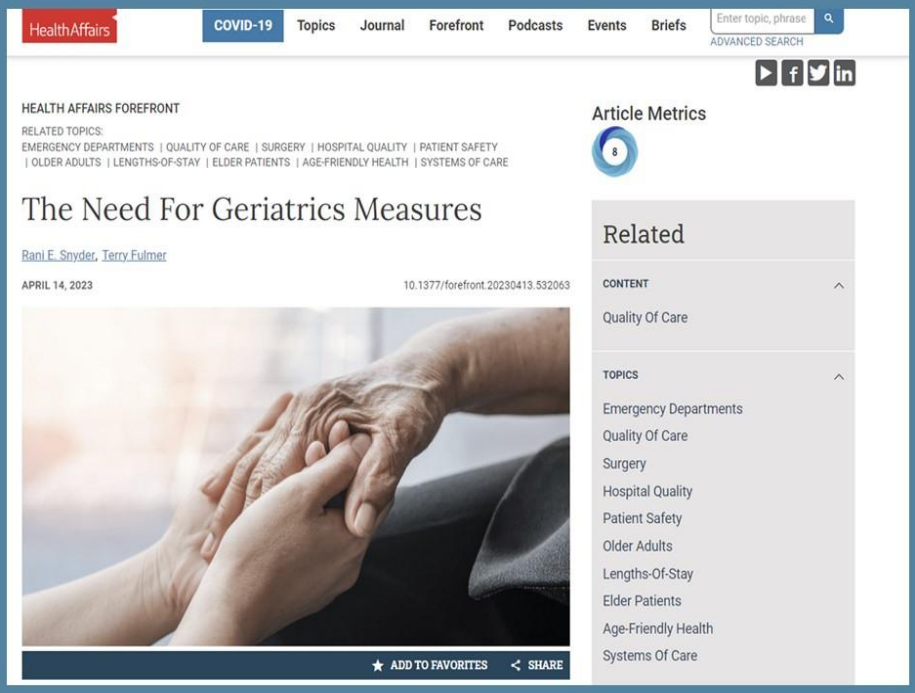

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