

Capacity of Dementia Specialists

Report to Congress

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Title II of Consolidated Appropriations Act of 2021

Alzheimer's Providers. — The agreement directs HRSA, in consultation with the Assistant Secretary for Planning and Evaluation, to provide a report to the Committees on Appropriations on the current capacity of the Nation's dementia specialists not later than 15 months after enactment of this Act. The report should assess provider shortages and screening capacity, identify barriers for early detection of Alzheimer's and adequate access to care, and provide recommendations to address any provider shortages and streamline the patient's Alzheimer's diagnostic pathway.

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Dementia Prevalence in the United States

- Approximately 5 million Americans are living with dementia, and this number is expected to grow to almost 14 million by 2060.
- Persons living with intellectual and developmental disabilities (IDD) generally develop dementia at a similar rate to those in the general population except for Down syndrome.

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Ensuring a Prepared Dementia Specialist Workforce

- Timely screening and diagnosis of dementia requires a knowledgeable and sizable workforce.
- Dementia specialist workforce needs are increasingly complex.
- Dementia specialists are defined as providers who can conduct formal screening, comprehensive evaluation, and diagnosis.
- Report includes an environmental scan and subject matter expert interviews.

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Detection of Dementia

- 40%-60% of older adults with probable dementia experience a late diagnosis or no diagnosis of dementia.
- Screening for and diagnosis of dementia are substantially impacted by the social determinants of health.
- It is more beneficial to perform screenings as soon as a decline is noted.
- For this report, the term screening refers to the use of brief validated tools that assess for and detect cognitive impairment/dementia.

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Diagnostic Pathway for General Population



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Diagnostic Pathway for Persons Living with IDD



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Medicare Benefits for Screening, Assessment, and Care Planning

- Benefits related to screening, assessment, and related care planning have been added for Medicare beneficiaries. (CPT code: 99483)
 - Brief cognitive assessment at Annual Wellness Visit
 - More in-depth cognitive assessment
 - Creation of a care plan

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Barriers to Screening, Diagnosis, and Access to Care

- Patient-related barriers: Stigma, lack of knowledge, lack of support, affordability, transportation, not knowing where to go.
- Provider barriers: Doubt usefulness of diagnosis, perceive limited treatment options, insufficient knowledge and awareness of resources.
- Health Care System barriers: Resource constraints, patient visits too short, lack of access to specialist services

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Dementia Specialist Workforce

- Primary Care Physicians
- Neurologists
- Geriatricians
- Geriatric Psychiatrists
- Advanced Practice Nurses - Nurse Practitioners (NPs) and Clinical Nurse Specialists (CNSs)
- Physician Assistants

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Dementia Specialist Education and Training

- After completing educational requirements and becoming licensed and certified to practice, all health care providers covered in this report must complete continuing education requirements to maintain certification.
 - Physicians and PAs are required to complete 40-50 continuing medical education credits per year and to pass a recertification exam every 10 years.
 - Advanced practice nurses (including Nurse Practitioners and Clinical Nurse Specialists) complete 75–150 hours of continuing education every 5 years, in addition to other demonstrations of competency.

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Current and Projected Dementia Specialist Workforce Capacity

- There is and will continue to be a shortage of dementia specialists.
- By 2025, projections based on current data show:
 - Deficit of geriatricians (26,980), neurologists (820), and primary care physicians (52,000)
 - Surplus of physician assistants specializing in neurology (620)
- Organizational and systemic barriers exist.
- Inadequate financial incentives are a significant cause.

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Regional Variation in Workforce Capacity

- Across the United States, the capacity to diagnose and treat dementia is inadequate.
- Urbanicity plays a large role.

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Recruitment and Retention of Dementia Specialists

- Recruitment and retention are essential, especially in the face of inadequate supply and increasing demand.
- Studies focused on nursing recruitment and retention in dementia care identified strategies such as clinical placements, ongoing supervision, skills and leadership training and pay parity across different care settings.
- Educational funding and financial incentives may be useful in addressing the dementia specialist shortage.

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Promising Practices to Address Workforce Shortages

- Targeted dementia education and training can build the capacity of health care providers to serve persons living with dementia.
- A team-based approach (e.g., partnerships or interprofessional teams) can help to expand the reach of solo providers and reduce their workload.
- Telehealth has been proposed as a solution to address access to dementia specialists.

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Federal Policies Impacting Workforce Capacity

- Existing federal laws authorize federal agencies to plan, support, and research training and education for the dementia specialist workforce.
 - Health Resources and Services Administration: Geriatrics Workforce Enhancement Program supports geriatric recruitment, retention, and capacity building
 - Veterans Health Administration: Geriatric Research, Education, and Clinical Centers (GRECCs), GRECC Connects and Geriatric Scholars program
 - National Institute on Aging: NIA-funded Alzheimer's Disease Research Centers (ADRCs) program includes 33 NIA-designated ADRCs

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State Policies Impacting Workforce Capacity

- State policy has a unique influence on the training of and access to the dementia specialist workforce.
 - Licensure: Some states have enacted laws that address training programs, training requirements, or curriculum content.
 - State Plans: 49 states, the District of Columbia, and Puerto Rico have legislative or executive mandates to publish State Alzheimer's Disease Plans or include dementia in their state Aging Plans.
 - Diagnostic Clinic Networks: Some states have dedicated state funding and oversight to diagnostic clinic networks accessible within a reasonable car trip.

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Questions and Discussion

- Promising policies and practices—any recommendations?
- Diagnostic pathway—anything to add?
- People with IDD and other neuroatypical conditions—should there be a separate diagnostic pathway?
- Experience of getting a diagnosis

Council members will have until **Friday, January 28** to provide feedback.

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