American Health Care Association

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Helen Lamont, Ph.D.
Office of the Assistant Secretary for Planning and Evaluation
Humphrey Building, Room 424E
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. Lamont;

The American Health Care Association (AHCA) appreciates the opportunity to comment on the Draft Plan to Address Alzheimer's Disease published in *Federal Register* Volume 77, Number 37, pages 11116 - 11117 (February 24, 2012).

AHCA represents nearly 11,000 non-profit and proprietary facilities dedicated to continuous improvement in the delivery of professional and compassionate care provided daily by millions of caring employees to 1.5 million of our nation's frail, elderly and disabled citizens who live in long term and post-acute care facilities. We are most interested in this plan since we care for many people with Alzheimer's disease and related dementias. According to the AHCA Nursing Facility Patient Characteristics Report, March 2012, almost 48% of all nursing facility residents across the U.S. are identified as having some form of dementia, while the March 2012 AHCA Nursing Facility Operational Characteristics Report indicates that 71% of all special care beds in nursing facilities today are dedicated to care for persons with Alzheimer's Disease and related dementias.

AHCA supports the national plan's guiding principles, goals, strategies and actions and believes the plan is timely, and when executed, will produce a better understanding of the disease and the prevention strategies, care and resources that will be required to care for people living with dementia. Since we are in agreement with the national plan and find it to be comprehensive, we offer only a few comments for your consideration.

The plan identifies that it is often difficult to distinguish between Alzheimer's disease and other dementias in terms of clinical presentation and diagnosis. AHCA would like to see this statement expanded to also include the importance of distinguishing undiagnosed psychiatric disease and characteristics, like behavioral symptoms, from Alzheimer's disease.

According to the National Alliance on Mental Health (NAMI), the nation's largest mental health organization formed in 1979, the nation's mental health system has been and continues to be in crisis. NAMI grades states in their provision of mental illness (MI) services and rates the nation as a "D" (an average of all the states). Services found lacking include the number of psychiatrists, treatment services, and community-based supports - http://www.nami.org/gtsTemplate09.cfm?Section=Grading_the_States_2009.

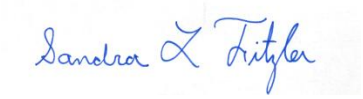
In 2010, David Grabowski, PhD from Harvard Medical School looked at MI and Dementia in nursing homes. Grabowski found that between 1960 and 1970, states closed and downsized psychiatric hospitals. As a result, many states were ill equipped to provide community service alternatives and nursing homes became the "de facto" treatment destination for people with MI. Grabowski cites findings indicating that in 2005, 12% of persons newly admitted to nursing homes had dementia, 19% had MI and 6% had both MI and dementia and the Pre-Admission Screening and Resident Review (PASRR) process, instituted in nursing homes with OBRA in 1987, was not effective at ensuring appropriate placement and treatment of persons with MI - http://www.pasrrassist.org/sites/default/files/Grabowski_Mental_Illness_in_Nursing_Homes_Dec2010.pdf.

The NAMI and Grabowski findings are concerning in that nursing home providers often admit individuals with undiagnosed MIs due to the lack of state MI services. These individuals may present with behavior problems that are often mischaracterized as symptoms of Alzheimer's disease and in some cases, represent both dementia and MI and raise important care issues that need to be addressed. Considering this, AHCA recommends that the national Alzheimer's plan, particularly Goal 1, Strategy 1.A related to research priorities, address the prevalence of undiagnosed MI in nursing homes, ways to distinguish undiagnosed MI from Alzheimer's, and best practices for treating individuals living with both dementia and MI.

Finally, the national plan identifies the need to monitor the use of antipsychotics in nursing homes (Goal 2, Strategy 3.D). AHCA is in agreement with the strategy's focus. One of our four priority goals as part of our Quality Initiative is for our members to safely decrease the off-label use of antipsychotics by 15% by the end of 2012. Given that many individuals admitted to nursing facilities are already on these drugs, reduction in off-label use of antipsychotics in nursing facilities will be more successful if attention is also given to reducing off-label prescribing in the hospital and in the community. It is important for all settings of care that provide services to the elderly to monitor and report their rates of off-label use of antipsychotic drugs. Expanding the scope of monitoring will help to more consistently and effectively detect and eliminate inappropriate uses of these drugs and help reduce antipsychotic drug prevalence in nursing facilities. AHCA recommends that the national plan, Action 3.D.2, be expanded to all healthcare settings.

AHCA welcomes the opportunity to work with HHS on future discussions and planning related to addressing Alzheimer's disease and on any further development and refinement of strategies and actions to improve and monitor care. We thank you for the opportunity to offer these comments.

Sincerely,



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