Federal Updates

- Centers for Medicare & Medicaid Services (CMS)
- Agency for Healthcare Research & Quality (AHRQ)
- Health Resources & Services Administration (HRSA)
- Indian Health Service (IHS)
- Centers for Disease Control & Prevention (CDC)
- National Institutes of Health (NIH)
- Administration for Community Living (ACL)

Proposed National Coverage Determination Memorandum for Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer’s Disease

- On January 11 CMS released a proposed NCD decision memorandum regarding a National Coverage Determination to cover FDA-approved monoclonal antibodies that target amyloid for the treatment of Alzheimer’s disease through our process called “coverage with evidence development” (CED); FDA-approved drugs in this class would be covered for people with Medicare only if they are enrolled in qualifying clinical trials.
- The proposed decision memo is here: https://www.cms.gov/medicare-coverage-database/view/ncadal-memo.aspx?proposed=Y&ncaid=305&ncadaldoctype=NCA&status=Open+for+Public+Comment&sortBy=status&bc=17
- The public can submit comments on the proposed National Coverage Determination at: https://www.cms.gov/medicare-coverage-database/view/nca.aspx?ncaid=305&ncadaldoctype=all&status=Open%20for%20Public%20Comment&sortBy=status&bc=17  *The comment period closes on February 10, 2022*
- CMS will announce its final decision by April 11, 2022

(Strategy 1.E)

Medicare Cognitive Assessment and Care Plan Services

- Earlier this year CMS updated the web page for beneficiaries that describes the Cognitive Assessment and Care Plan Service (CPT code 99483)

- There is now prominent information in the beneficiary-facing 2022 “Medicare & You” handbook, both on the inside cover, and in a detailed description on page 34 of the hard copy: https://www.medicare.gov/medicare-and-you

- CMS also produced a short video posted for Medicare Learning Network stakeholders on our YouTube channel: https://www.youtube.com/watch?v=NmDjhRVax8E

(Strategy 2.B)
National Partnership to Improve Dementia Care in Nursing Homes: Data Update

- Decrease of 39.6 percent to a national prevalence of 14.4 percent in Quarter 2, 2021
- CMS acknowledges that circumstances exist where clinical indications for the use of antipsychotic medications are present and does not expect that the national prevalence of antipsychotic medication use will decrease to zero

Source: CMS Quality Measure, based on MDS 3.0 data. For more information, see the MDS 3.0 Quality Measures Users Manual.

National Partnership to Improve Dementia Care in Nursing Homes: Late Adopters

- Decrease of 22.4 percent to a national prevalence, among late adopters, of 16.6 percent in Quarter 2, 2021
- Since Quarter 1, 2017, when nursing homes were identified as late adopters, there has been a decrease of 40.6 percent

Source: CMS Quality Measure, based on MDS 3.0 data. For more information, see the MDS 3.0 Quality Measures Users Manual (Strategy 2.0)
CMS Innovation Center Strategy Refresh

- In October 2021 the Center for Medicare & Medicaid Innovation released a roadmap detailing five strategic objectives
- These aim to: 1) drive accountable care, 2) advance health equity, 3) support innovation, 4) address affordability, and 5) partner to achieve system innovation
- The document highlights whole-person care that integrates individuals’ clinical needs across providers and settings, and addressing their social needs
- Areas that can be explored for greater integration with primary care include behavioral health, palliative care, and care for beneficiaries with complex needs and serious illness, where there is significant opportunity to improve care and outcomes while reducing overall costs

Information at: https://innovation.cms.gov/strategic-direction-whitepaper
(2.E) Explore the Effectiveness of New Models of Care for People with Alzheimer’s Disease and Related Dementias

Nursing Home Visitation Update

- In January CMS is provided clarification to recent guidance for visitation policies
- While CMS cannot address every aspect of visitation, the guidance includes additional details about certain scenarios that may occur
- Essentially visitation must be permitted at all times in nursing homes with very limited and rare exceptions, in accordance with residents’ rights following three key points – 1) adhere to the core principles of infection prevention, especially wearing a mask, performing hand hygiene, and practicing physical distancing; 2) don’t convene gatherings where physical distancing cannot be maintained; and 3) work with the state or local health department when an outbreak occurs

Information at: https://www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf?eType=EmailBlastContent&eiId=880d86e7-d5d7-4d7d-bc8e-86fea9f17e64
(Strategy 3.D)
Developing a comprehensive, interoperable, shared e-care plan for people living with multiple chronic conditions

Arlene S. Bierman, MD, MS
Agency for Healthcare Research and Quality

NAPA Advisory Council on Alzheimer's Research, Care and Services
January 24, 2022

NIDDK/AHRQ e-Care Plan for Multiple Chronic Conditions Project

Build capacity for pragmatic, patient-centered outcomes research (PCOR) by developing an interoperable electronic care plan to facilitate aggregation and sharing of critical patient-centered data across home-, community-, clinic- and research-based settings for people with multiple chronic conditions (MCC).

https://ecareplan.ahrq.gov/collaborate/
Comprehensive Shared Care Plan Definition:
US Department of Health and Human Services 2015 stakeholder panel

- Gives the person **direct access to health data**
- Puts the **person’s goals at the center** of decision-making
- Is holistic, including **clinical and nonclinical data** (e.g., home- and community-based, social determinants needs and services)
- **Follows the person** through both high-need episodes (e.g., acute illness) and periods of health improvement and maintenance
- Allows **care team coordination**. Clinicians able to 1) view information relevant to their role, 2) identify which clinician is doing what, and 3) update other members of an interdisciplinary team

![Figure 15: Co-morbidity among Chronic Conditions for Medicare Fee-for-Service Beneficiaries: 2017](chart.png)
AHRQ-NIDDK MCC eCare Plan Project Goals

- Promote the interoperable collection, use, and sharing of comprehensive, person-centered health and social data across settings;
- Facilitate coordinated, person-centered care planning approaches that integrate the full care team (including the patient) across settings; and
- Build data capacity to conduct pragmatic Patient Centered Outcomes Research (PCOR).

AHRQ-NIDDK Project Deliverables

1. **Data elements, value sets, clinical information models, and FHIR mappings** to enable standardized transfer of data across health & research settings for kidney disease, diabetes, cardiovascular disease, chronic pain & long-term COVID

2. **Pilot tested patient-, clinician- and caregiver-facing e-care plan applications** that integrate with the EHR to pull, share & display key patient data

3. **HL7® Fast Health Interoperability Resource (FHIR®) Implementation Guide** based on defined use cases and standardized MCC data elements, balloted for trial use

*All deliverables will be open-source & freely available
Comprehensive Standards Based eCare Plan

AHRQ-funded project: eCare Plan

Careplan

- Patricia Noelle, DOB: 10/17/1954
- Title: CEO Care Plan
- Status: Active
- Race: White
- Ethnicity: Not Hispanic or Latino
- Patient ID: 0100

Health and Social Concerns

<table>
<thead>
<tr>
<th>Goal</th>
<th>Date</th>
<th>Target Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stabilize HbA1c</td>
<td>11/03/2016</td>
<td>11/10/2020</td>
<td>In Progress</td>
</tr>
<tr>
<td>Diastolic blood pressure</td>
<td>01/12/2019</td>
<td>09/22/2019</td>
<td>In Progress</td>
</tr>
<tr>
<td>Systolic blood pressure</td>
<td>04/10/2017</td>
<td>09/22/2019</td>
<td>In Progress</td>
</tr>
<tr>
<td>Phosphorus in blood</td>
<td>02/20/2018</td>
<td>11/10/2020</td>
<td>In Progress</td>
</tr>
<tr>
<td>Exercise at least 30 minutes per day</td>
<td>12/07/2017</td>
<td></td>
<td>In Progress</td>
</tr>
</tbody>
</table>

Goals and Objectives

- Patient Goals
  - Maximize Quality of Life
  - Avoid addictions and narcotics
  - Stay as active and healthy as possible
  - Control diabetes and avoid hypoglycemia
  - Target weight is 160 to 180 lbs.

Health and Interventions

- Care Team

Patient Data

- Project of AHRQ and NIDDK with focus on multiple chronic conditions
Care Team Tab

- Contact information
- Patient
- Caregivers
- Providers

LITERATURE REVIEW RESULTS – SYNTHESIS OF CAREGIVER NEEDS

1. Needs Associated with Providing Care
   - Information
   - Support
   - Care Coordination

2. Needs Associate with Self-care
   - Information
   - Support

3. Desired mHealth App Features and Functionality to Enable 1. & 2.
## LITERATURE REVIEW RESULTS
Caregiver Needs Associated with Providing Care

### CARE COORDINATION

<table>
<thead>
<tr>
<th>Feature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated app with healthcare system - Care Coordination</td>
</tr>
<tr>
<td>Ability to complete questionnaires at home, unrushed</td>
</tr>
<tr>
<td>Finding care equipment</td>
</tr>
<tr>
<td>List of important contacts and contact information for quick reference</td>
</tr>
<tr>
<td>Information and connection to support services (specialty care, first responders, advocacy</td>
</tr>
<tr>
<td>organizations, respite services)</td>
</tr>
<tr>
<td>Relationship(s) with healthcare providers (personal contact)</td>
</tr>
<tr>
<td>Feedback from healthcare providers – instant</td>
</tr>
<tr>
<td>Automated data entry and reminders/prompts</td>
</tr>
<tr>
<td>“One-Stop-Shopping” – all information in one place</td>
</tr>
</tbody>
</table>

## LITERATURE REVIEW RESULTS – mHealth Features and Functionality desired by Caregivers

### FEATURES & FUNCTIONALITY

<table>
<thead>
<tr>
<th>Feature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy to use</td>
</tr>
<tr>
<td>Easy to learn</td>
</tr>
<tr>
<td>Integrated with phone contacts and other apps (exercise, weight management)</td>
</tr>
<tr>
<td>Ability to report care recipient status/symptoms to healthcare providers and get a response/</td>
</tr>
<tr>
<td>feedback/follow-up quickly</td>
</tr>
<tr>
<td>Task reminders (appointments, med management, etc.)</td>
</tr>
<tr>
<td>Integrate with other platforms or devices (EHR, smart watches, pharmacy)</td>
</tr>
<tr>
<td>Share information with family members</td>
</tr>
<tr>
<td>Integrate music or other entertainment</td>
</tr>
<tr>
<td>Track patient symptoms/issues over time</td>
</tr>
<tr>
<td>Track caregiver issues over time</td>
</tr>
</tbody>
</table>

### FEATURES & FUNCTIONALITY CONT.

<table>
<thead>
<tr>
<th>Feature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customizable</td>
</tr>
<tr>
<td>App from a trusted source and evidence-based content</td>
</tr>
<tr>
<td>Data Secure</td>
</tr>
<tr>
<td>Integrated across healthcare systems</td>
</tr>
<tr>
<td>Not too much information – just in time &amp; right info</td>
</tr>
<tr>
<td>Affordable</td>
</tr>
<tr>
<td>Font, screen size readable – ADA compliant</td>
</tr>
<tr>
<td>Sustainable</td>
</tr>
<tr>
<td>Help for digital naive</td>
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<tr>
<td>Does not reduce time with physician</td>
</tr>
<tr>
<td>Clear perceived benefit</td>
</tr>
<tr>
<td>Ability to personalize features and functions</td>
</tr>
<tr>
<td>Automated data entry</td>
</tr>
</tbody>
</table>
The Science of Care for People with Multiple Chronic Conditions

- Arlene S. Bierman, MD, MS
  - Transforming Care for People With Multiple Chronic Conditions: Agency for Healthcare Research and Quality's Research Agenda
- Lucy A. Savitz, PhD, MBA and Elizabeth A. Bayliess, MD, MSPH
  - Emerging Models of Care for Individuals With Multiple Chronic Conditions
- Judith B. Vick, MD, MPH and Jennifer L. Wolff, PhD
  - A Scoping Review of Person and Family Engagement in the Context of Multiple Chronic Conditions
- Lipika Samal, MD, MPH and David A. Dorr, MD, MS
  - Health Information Technology to Improve Care for People With Multiple Chronic Conditions
- Victor M. Montori, MD, MSc
  - Removing the Blindfold: The Centrality of Care in Caring for Patients With Multiple Chronic Conditions

Update: Health Resources and Services Administration Dementia Activities
Alzheimer’s Council on Research, Care, and Services
January 24, 2022

Joan Weiss, PhD, RN, CNRP, FAAN
Deputy Director, Division of Medicine and Dentistry
Bureau of Health Workforce (BHW)

Vision: Healthy Communities, Healthy People
**Geriatrics Workforce Enhancement Program (GWEP)**

- In FY2020, most recent data available, 48 Geriatrics Workforce Enhancement Program (GWEP) grant recipients provided 455 educational offerings on Alzheimer’s disease and related dementias and trained 63,835 participants.

---

**GWEP (con’t)**

- In FY2020, $4 million in administrative supplements to 48 GWEP grant recipients
- Purpose:
  - Educate and train students and clinicians on providing telehealth-enabled COVID-19 referral for screening and testing, case management and outpatient care; and/or
  - Maintaining primary care functionality away from physical sites, especially for COVID-19 positive, quarantined, elderly and individuals at a higher risk of severe illness, **including persons living with dementia** and their families and caregivers.
GWEP (con’t)

- In FY2021 HRSA provided $2.2 million supplemental funding to 12 currently funded GWEPs
- Purpose: Provide COVID-19 specific education and training to the nursing home workforce, and nursing home residents, including those living with dementia, and their family and caregivers and to improve care to nursing home residents.
- Partnering with 12 additional GWEP grant recipients and 317 nursing homes
- Training includes development of a COVID-19 national curriculum to address needs of nursing home populations.

GWEP (con’t)

Institute for Healthcare Improvement Age-Friendly Recognition

- Level-1: Participant
  - 235 sites
  - 48 GWEPS
- Level-2: Committed to Care Excellence
  - 85 sites
  - 25 GWEPs represented
HRSA Alzheimer’s Disease and Related Dementias Curriculum

- From April 1, 2021 to June 30, 2021, 744 persons received continuing education credits. The three modules with the most activity were Diversity (178 learners), Management of mid-to-late Stage Dement (160 learners) and Care Transitions (136 learners).
- https://bhw.hrsa.gov/alzheimers-dementia-training

Dementia Specialists Report to Congress

- In FY2021, HRSA provided support to develop a Report to Congress on Current Capacity of Dementia Specialists
- Collaboration with Assistant Secretary for Planning and Evaluation
- The report includes details of provider shortages and screening capacity, identify barriers for early detection of Alzheimer's disease and related dementias and adequate access to care, and provide recommendations to both address any provider shortages and streamline the patient's Alzheimer's diagnostic pathway.
Questions and Thank You for Your Help

Contact Us

[Joan Weiss, PhD, RN, CRNP, FAAN
Deputy Director, Division of Medicine and Dentistry
Phone: (301) 443-0430
HRSA Bureau of Health Workforce]
Indian Health Service

- $5,000,000 in Consolidated Appropriations Act of 2021 to address Alzheimer’s Disease
- Finalizing Tribal Consultation and Urban Confer with Tribal and Urban Indian Organization Leadership on the allocation of these resources
  - Support for investment in development of Tribal models of care
  - Strong support for training and capacity building in primary care
  - Statements of need for improved diagnosis and management, for resources to support outreach and services, and for support for family caregivers
  - Interest in intergenerational approach, recognizing the role of grandchildren as caregivers
- Aligning with the National Plan to Address Alzheimer’s Disease
- Integration with the National Family Caregiving Strategy
- Collaborating with and leveraging other federal (i.e., CDC, ACL, VA, HRSA) and non-federal efforts
- Partnering with the Northwest Portland Area Indian Health Board ECHO program in the “soft launch” of a Dementia ECHO for both clinicians and caregiver support staff
- MOU in development with the Alzheimer’s Association
- Collaboration with the American College of Emergency Physicians (ACEP) to support Geriatric Emergency Department Accreditation for IHS and Tribal Emergency Departments
Publications

Prevalence and Characteristics of Subjective Cognitive Decline Among Unpaid Caregivers Aged ≥45 Years – 22 States, 2015-2019

Subjective cognitive decline, worsening memory loss or more frequent confusion, is more common among caregivers (12.6%) than non-caregivers (10.2%). Many caregiving tasks have cognitive aspects, such as medication management. It is important to support caregivers and recognize they also might have limitations.
Website Features and Updates

Supporting Caregivers
Caregivers need recognition and support to do the vital work of caring for older adults and people with disabilities or chronic health conditions. Read our November web feature, Supporting Caregivers, to learn about caregiving, caregivers, and their challenges and risks.

Older Adults and Extreme Cold
Older adults are more sensitive to cold than younger adults. Learn how to help an older adult or someone with dementia stay warm and safe during the winter months and avoid cold-related illnesses and injuries.

Webinars

Enhancing Geriatric Care for All: Resources for Older Adults With Intellectual and Developmental Disabilities Webinar
Recognizing and integrating caregivers as part of regular care is crucial for improving health outcomes and quality of life for people living with older adults with intellectual and developmental disabilities and dementia.

Elevating Dementia Caregiving as a Public Health Priority
This webinar highlighted recent work by the National Alliance for Caregiving, funded by The John A. Hartford Foundation, and addressed how and why dementia caregiving is a public health concern.
Webinars

Caregiver Identification: Strategies for Advancing Person-Centered Dementia Across Care Settings

Recognizing and integrating caregivers as part of regular care is crucial for improving health outcomes and quality of life for people living with dementia.

Chief Health Strategists: Embedding Caregiving Across the Full Community—Webinar

Caregiving is a crucial yet often overlooked component of community life. Public health agencies are uniquely suited to address challenges posed by unpaid dementia caregiving by using a chief health strategist approach.

Webinars and Announcements

Healthy People 2030 Dementia Objectives

The Healthy People 2030 (HP2030) federal initiative includes three dementia-related objectives: improve disclosure of a dementia diagnosis, reduce preventable hospitalizations among persons with dementia, and increase discussion in medical settings about changes in cognitive health.

HBI Road Map Strategist

Eight local health departments will designate a part-time, change-agent employee to conduct a public health needs assessment, train local health officials and key community partners, and serve as the lead to implement public health action on dementia.
FY 2022 Budget Status

Senate and House FY 2022 appropriations bills
- On July 29, 2021, the House passed its FY 2022 Labor-HHS appropriations bill, which provides $49.4B for NIH, an increase of $7B over the FY 2021 enacted level, including:
  - $3B for ARPA-H
  - $4.258B for NIA
    - Includes an additional $200M for AD/ADRD research
- On October 18, 2021, the Senate released its draft FY 2022 Labor-HHS appropriations bill, which provides $47.9B for NIH, an increased of ~$5B over the FY 2021 enacted level, including:
  - $2.4B for ARPA-H
  - $4.18B for NIA
    - Includes an additional $235M for AD/ADRD research
- The House and Senate still need to negotiate and reach agreement on final FY 2022 appropriations figures.
- The federal government is currently funded through February 18, 2021, via a Continuing Resolution.

Growth of AD and ADRD Research Spending at NIH

NIH Funding History for AD/ADRD Research (Dollars in millions)

<table>
<thead>
<tr>
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<tbody>
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<td>AD/ADRD</td>
<td>$631</td>
<td>$986</td>
<td>$1,423</td>
<td>$1,911</td>
<td>$2,398</td>
<td>$2,869</td>
<td>4.5-fold increase</td>
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<tr>
<td>Alzheimer's Disease</td>
<td>$589</td>
<td>$929</td>
<td>$1,361</td>
<td>$1,789</td>
<td>$2,240</td>
<td>$2,683</td>
<td>4.6-fold increase</td>
</tr>
<tr>
<td>Alzheimer's Disease Related Dementias&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$120</td>
<td>$175</td>
<td>$249</td>
<td>$387</td>
<td>$515</td>
<td>$600</td>
<td>5.0-fold increase</td>
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<tr>
<td>Lewy Body Dementia</td>
<td>$15</td>
<td>$22</td>
<td>$31</td>
<td>$38</td>
<td>$66</td>
<td>$84</td>
<td>5.6-fold increase</td>
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<tr>
<td>Frontotemporal Dementia</td>
<td>$36</td>
<td>$65</td>
<td>$91</td>
<td>$94</td>
<td>$158</td>
<td>$166</td>
<td>4.6-fold increase</td>
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<tr>
<td>Vascular Cognitive Impairment/Dementia</td>
<td>$72</td>
<td>$89</td>
<td>$130</td>
<td>$259</td>
<td>$299</td>
<td>$362</td>
<td>5.0-fold increase</td>
</tr>
</tbody>
</table>

<sup>1</sup>The ADRD row reflects the sum of the three existing RCD categories: Frontotemporal Dementia, Lewy Body Dementia, and Vascular Cognitive Impairment/Dementia—where duplicates are removed.

NIA expands Alzheimer’s and related dementias centers research network

• 33 ADRCs - institutions in North Carolina and Texas are the latest to join the ADRC network New!
• 4 exploratory centers
• Conduct clinical, neuropathology, imaging, biomarkers, genetics, pathogenesis, and therapeutics research
• Perform state of the art Alzheimer's Disease and related dementias diagnosis and provide related information to diverse participants and their families


New Infrastructure for Behavioral and Social Research

• NIA awarded three Artificial Intelligence and Technology Collaboratories (AITC) for Aging Research
  • Johns Hopkins University, University of Massachusetts Amherst, and University of Pennsylvania

• AITCs will develop, validate, and disseminate innovative technology for monitoring persons living with AD/ADRD in their home and community settings and enhance connections between older adults, care partners, and clinicians
# Promoting Workforce Diversity in Data Science and Drug Discovery for Alzheimer’s Disease Research

## Pre-doc fellowship award (F31)
- **F31 (PAR-21-218)** Predoctoral Fellowship for Ph.D. students at the dissertation stage
- 2-3 years stipend, tuition & research

## Post-doc fellowship award (F32)
- **F32 (PA-21-217)** Postdoctoral Fellowship for early career postdocs
- 2-3 years stipend, and for research.

## Pathway to Independence Award (K99/R00)
- **K99/R00 (PAR-21-220)** Pathway to Independence Award for postdocs within 4 years of postdoctoral experience
- 2-yr K99/3-yr R00, salary and research

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# New Alzheimer’s Disease Sequencing Project (ADSP) Initiatives

- **Phenotypic Data Harmonization**: To harmonize phenotypic data across cohorts to make these data more easily reusable by the research community

- **ADSP Follow-Up Study 2.0**: To expand ADSP samples to increase diversity and be more representative of the US population

- **Functional Genomics Consortium**: To help understand how genetic sequence variation is translated to function (i.e., disease or resilience)

- **Machine Learning (ML)/Artificial Intelligence (AI) Consortium**: To bring the power and expertise of AI/ML approaches to understand the rich complex data collected across the ADSP
NIA-VA Effort Increases Recruitment of Veterans for Alzheimer’s Research

- A pilot program collaboration between NIA’s Alzheimer’s Disease Research Centers (ADRCs) and the VA has successfully increased participation of veterans in AD/ADRD research.

- Strategic priorities for the pilot include recruiting veterans, especially from diverse populations, and investigating unique risk factors for this population.

- The ADRCs have so far:
  - conducted more than 15 outreach events
  - communicated with more than 300 veterans
  - recruited more than 60 veterans into Alzheimer’s and related dementias research


Alzheimers.gov is now available in Spanish!

Your destination for dementia information, resources, and research is now available in Spanish.

Visit www.Alzheimers.gov/es
NIH ADRD Summits Shape Research Priorities

NAPA Goal 1: Prevent and Effectively Treat AD/ADRD by 2025

- Triennial AD, ADRD, and Care Summits
- Research Recommendations
- Milestones
- Scientific Advances Toward Goal 1

- NIA leads NIH response to the National Plan**
- NINDS leads LBD, FTD, VCID; ADRD Summits
- NINDS and NIA collaborate closely
  - Funding opportunities
  - Supplement program to expand the field
  - Paylines
  - Triennial Summits

NIH Lead: Dr. Roderick Corriveau, NINDS

ADRD Summit email: adrdsummit2022@ninds.nih.gov
Registration & Meeting Information: ADRD-Summit-2022*

March 22-23

Scientific Chair: Dr. Natalia Rost, MGH

ALZHEIMER’S DISEASE-RELATED DEMENTIAS

Preliminary Agenda

Health Equity
- *Scientific Chairs:* Drs. Hector Gonzalez & Julie M. Zissimopoulos

Multiple Etiology Dementias
- *Scientific Chairs:* Dr. Kate Possin, Julie Schneider & Kristen Dams-O’Connor

Multiple Etiology Dementias Subcommittee on LATE (TDP-43 Pathology in Common, Late-Onset Dementias)
- *Scientific Chair:* Dr. Julie Schneider

Multiple Etiology Dementias Subcommittee on Post-TBI in AD/ADRD
- *Scientific Chair:* Dr. Kristen Dams-O’Connor

Emerging Topic, Impact of COVID-19 on AD/ADRD Risk and Outcomes
- *Scientific Chair:* Drs. Natalia Rost and Sudha Seshadri

Frontotemporal Degeneration
- *Scientific Chairs:* Drs. Adam Boxer & Celeste Karch

Lewy Body Dementias
- *Scientific Chairs:* Drs. James Leverenz & Kejal Kantarci

Vascular Contributions to Cognitive Impairment and Dementia
- *Scientific Chairs:* Drs. Ron Petersen & Donna Wilcock
## FY2022 NINDS AD/ADRD Funding Opportunity Announcements & Plans

<table>
<thead>
<tr>
<th>Announcement</th>
<th>Deadline</th>
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</thead>
<tbody>
<tr>
<td>PAR-22-023 Multi-Disciplinary Collaborations to Understand Mechanisms of Systemic Immune Signaling and Inflammation in AD and its Progression (R01)</td>
<td>Oct. 22, 2021</td>
</tr>
<tr>
<td>RFA-NS-22-001 Biomarkers for the Lewy Body Dementias (U01)</td>
<td>Oct. 22, 2021</td>
</tr>
<tr>
<td>PAR-22-029 Longitudinal Single Cell Characterization of AD/ADRD Postmortem Tissue (R01)</td>
<td>Oct. 22, 2021</td>
</tr>
<tr>
<td>RFA-NS-22-006 Leveraging Existing Data Resources for Computational Model and Tool Development to Discover Novel Candidate Mechanisms and Biomarkers for AD/ADRD (R01)</td>
<td>Oct. 26, 2021</td>
</tr>
<tr>
<td>PAR-22-026 Selectively Target Technology Development to Understand How Changes or Dysfunction at the Capillary, Arterioles, and Small Lymphatic Vessels Level Can Have Long-term Impact on AD/ADRD (R01)</td>
<td>Nov. 08, 2021</td>
</tr>
<tr>
<td>RFA-NS-22-009 Detecting Cognitive Impairment, Including Dementia, in Primary Care and Other Everyday Clinical Settings for the General Public and Health Equity, Pragmatic Clinical Trials (U01)</td>
<td>Nov. 10, 2021</td>
</tr>
<tr>
<td>PAR-22-024 Clinical and Biological Measures of TBI-related Dementia Including Chronic Traumatic Encephalopathy (R01)</td>
<td>Nov. 10, 2021</td>
</tr>
<tr>
<td>RFA-NS-22-017 Small Vessel Vascular Biomarkers Validation Consortium Coordinating Center (U24)</td>
<td>Nov. 12, 2021</td>
</tr>
<tr>
<td>NOT-NS-22-002 Notice of Special Interest: Adding TBI Assessments to AD/ADRD Cohorts (supplement)</td>
<td>Nov. 15, 2021</td>
</tr>
<tr>
<td>PAS-19-316 / PAS-19-317 Advancing Research on AD/ADRD SBIR/STTR Programs (R43/R44; R41/R42 Clinical Trial Optional) (NIA led)</td>
<td>Standard due dates</td>
</tr>
<tr>
<td>PAR-22-022 NINDS AD/ADRD Advanced Postdoctoral Career Transition Award to Promote Diversity (K99/R00)</td>
<td>Standard due dates</td>
</tr>
<tr>
<td>PAR-22-093 Research on Current Topics in Alzheimer’s Disease and Its Related Dementias (R01 Clinical Trial Optional) (reissue of PAR-19-070) (led by NIA)</td>
<td>March 11, July 8, Nov 14 2022-2024</td>
</tr>
<tr>
<td>PAR-22-037 Role of Astrocytes in Degeneration of the Neurovascular Unit in AD/ADRDs (R01)</td>
<td>February 04, 2022</td>
</tr>
<tr>
<td>PAR-22-059 Prodromal Synaptic and Circuit Changes that Contribute to AD/ADRD Onset and Progression (R01)</td>
<td>February 05, 2022</td>
</tr>
<tr>
<td>PAR-22-048 Clinical Relevance of the Linkage between Environmental Toxicant Exposures and AD/ADRD (R01)</td>
<td>Not yet published</td>
</tr>
</tbody>
</table>

**Ways to Stay Informed and Connected**

- Search all active NIA funding opportunities: [https://www.nia.nih.gov/research/funding](https://www.nia.nih.gov/research/funding)
- Review the latest approved concepts: [https://www.nia.nih.gov/approved-concepts](https://www.nia.nih.gov/approved-concepts)
- Subscribe to our blog and stay up to date on the latest NIA news: [https://www.nia.nih.gov/research/blog](https://www.nia.nih.gov/research/blog)
National Alzheimer’s Project Act Advisory Council on Alzheimer's Research, Care, and Services

Administration for Community Living
Federal Update

January 24, 2022
FUNDING OPPORTUNITY FORECAST
Alzheimer’s Disease Programs Initiative - Grants to States and Communities
HHS-2022-ACL-AOA-ADPI-0059

COMING in 2022!

Estimated Total Funding: Approximately $23,606,415
Expected Number of Awards: 23-26
Award Ceiling: $1,000,000 Per Project Period
Award Floor: $400,000 Per Project Period

NAPA Goals 2, 3, 4

National Alzheimer’s and Dementia Resource Center
UPCOMING WEBINARS

February 24, 2022 from 1-2 p.m. ET, Dementia Training for Law Enforcement Personnel: Building Partnerships to Enhance Community Safety:
As the prevalence of Alzheimer’s disease and related dementia increases, law enforcement agencies across the country are increasingly called upon to respond to dementia-related incidents: wandering, abuse, domestic disturbances and more. By collaborating with local dementia support organizations, law enforcement entities can better identify, understand and support the needs of people living with dementia and those who care for them. This webinar will review the development of a successful local law enforcement dementia training program, describing the key challenges and lessons learned for its ongoing implementation. Participants will learn strategies for successful outreach and program development that they can use to develop partnerships with law enforcement in their communities. Register Here

March 31, 2022 Beyond from 1-2 p.m. “One Size Fits All”: Addressing the needs of people living with dementia and caregivers in Asian and Persian communities. Two ACL grantees in California serving these communities will describe their programs, the delivery of services and the impact of their work to date.

NAPA Goals 2, 3, 4
ACL’s National Alzheimer’s and Dementia Resource Center (NADRC) and Minority Aging Technical Assistance & Resource Center (TARC) Program Collaboration

- The NADRC and MHP Salud are sharing resources and key contacts to improve the dissemination and development of dementia-specific resources for the Hispanic/Latino community.
- NADRC is working with MHP Salud to identify organizations to inform and participate in the planned MHP Salud Learning Collaborative.
- The 3 virtual sessions will focus on how organizations maintained and improved services to Hispanic/Latino older adults with dementia and their caregivers during the COVID-19 pandemic. They will have sessions focusing on dementia risk reduction, dementia care and caregiver support with an emphasis on the inclusion of CHWs/Promotores de Salud.

National Family Caregiving Strategy

- Tomorrow, January 25, 2022, at 12:30 p.m.–4:30 p.m. ET, the RAISE Family Caregiving Advisory Council and the SGRG Advisory Council will hold their first joint meeting.
  - During the meeting, the two councils will continue developing the National Family Caregiving Strategy.
  - The virtual meeting is open to the public.
  - Registration is not required to attend via webinar. Visit the RAISE Act website for webinar details.
Advisory Council to Support Grandparents Raising Grandchildren (SGRG)

- On November 16, 2021, the Advisory Council to Support Grandparents Raising Grandchildren (SGRG) released its initial report to Congress.
  - The report outlines the joys, challenges, gaps, and unmet needs faced by kin and grandparent caregivers. It also describes federal programs currently available to assist them and provides 22 recommendations for better supporting kinship families and grandfamilies.
  - The recommendations, along with the previously released recommendations from the Recognize, Assist, Include, Support, and Engage Family Caregivers Act Advisory Council, will inform, in part, the development of the National Family Caregiving Strategy.

NAPA Goals 2, 3, 4