AGS | THE AMERICAN GERIATRICS SOCIETY
Geriatrics Health Professionals.
Leading change. Improving care for older adults.

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March 30, 2012

Due COB March 30th
To:helen.lamont@hhs.gov

Helen Lamont, PhD
HHS Office of the Assistant Secretary for Planning and Evaluation
Room 424E, Humphrey Building
200 Independence Avenue, SW
Washington DC, 20201

RE: Comments on National Alzheimer's Project Act (NAPA) - Draft National Plan to Address Alzheimer's Disease

Dear Dr. Lamont:

The American Geriatrics Society (AGS) appreciates the opportunity to comment on the Draft National Plan to Address Alzheimer's Disease. The AGS is a membership organization comprised of over 6,000 geriatrics healthcare professionals who are devoted to improving the health, independence and quality of life of all older people. The Society provides leadership to healthcare professionals, policy makers and the public by advocating for and implementing programs in patient care, research, professional and public education and public policy.

As geriatrics healthcare professionals, we are all too aware of the growing shortage of professionals trained to care for the rapidly growing population of older Americans. We are pleased to see that the report recognizes the importance of building a strong geriatrics workforce. As noted under Goal 2 in the report, workforce training and awareness plays an important role in treating and caring for older Americans affected by Alzheimer's disease. We have long advocated for the importance of the entire healthcare workforce to be prepared to care for complex frail elders with multiple chronic conditions as was called for by the Institute of Medicine in its 2008 report, *Retooling for an Aging America: Building the Health Care Workforce*.

Specifically, the strategy outlined under 2.A. calls for additional and improved activities under several geriatric workforce education and training programs, including the Geriatrics Education Centers (GECs), the Comprehensive Geriatrics Education Program (CGEP), the Geriatric Academic Career Awards Programs (GACA), and the Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Providers (GTPD) program. Unfortunately, over the past several years, these programs have been essentially flat-funded at a level that is far below what is needed to meet the needs of an aging population. At a time when our nation is facing a critical shortage of geriatrics healthcare professionals across disciplines, we need increased investment in these critical programs. It is unclear from the National Alzheimer's Action Plan whether there will be an increased investment in these programs and we are concerned that without enhanced funding, we will not be able to meet the workforce goals set forth in the draft National Plan.

We urge you to explicitly identify and prioritize increased funding for geriatrics health professions programs under Titles VII and VIII as a priority under NAPA. At a minimum, we need to increase the

number of academic clinicians who are funded under the Geriatric Academic Career Awards Program and make this an annual awards program (currently awards are only made every five years). We believe that funding should be increased for all other programs that have as a target increasing the knowledge and expertise of the entire workforce to care for older adults.

From a clinical perspective, we believe that it is important to frame Alzheimer's disease within the context of older adults with multiple chronic conditions. We encourage the Task Force to acknowledge this complexity. The high prevalence of multiple coexisting conditions in individuals with Alzheimer's disease will impact many of NAPA's priority areas. These include development of new models of care, conducting research relevant to the prevention and treatment of Alzheimer's disease, and training across the paid and unpaid workforce. Alzheimer's patients should not be assumed to have a single condition in isolation. Below we have outlined some specific recommendations related to health care delivery, research, and training.

SPECIFIC RECOMMENDATIONS

Care for individuals with Alzheimer's disease and other dementias should take into account the prevalence of other multiple chronic conditions.
The current model, which generally assumes an identifiable onset, a predictable progression, and a taxonomy-driven treatment, is most often a poor fit to what we believe contributes to the management of cognitive decline in older persons. AGS believes that we must promote the recognition of the continuous cognitive changes produced by multiple causes as age increases, while encouraging regular follow-up of cognitive performance in aging during annual prevention visits or physicals. This would provide opportunity for early intervention for preventable loss and counseling regarding ongoing risks related to decline. Furthermore, AGS believes cognitive screening is an appropriate part of the annual prevention and wellness visit that is now provided under Medicare and we continue to support NIA and CMS in their efforts to identify appropriate tools for clinicians to use during the annual prevention visit.

There should be substantial research into health services delivery and better models of care to support older Americans with dementia, **their families**, **and the entire community**.
This would provide additional benefits to the greater community, in avoiding expensive nursing home and hospital care, which often times, have questionable benefits on quality of life. Alzheimer's disease and other dementias are unique in that the entire family unit should be considered the "patient." For example, it may be worth considering models used in other countries where family members are paid to be full-time caregivers with home-based education and resources. The draft plan might also want to consider how to recognize the primary family caregiver as a co-patient. Determining the needs and abilities of the family caregiver are equally important in providing quality care for individuals with Alzheimer's disease or dementia[i].

Federal agencies should work with stakeholders to identify how existing guidelines and measures are being used and also to better align recommendations in these guidelines and standards set forth in quality measures.
AGS believes that before we develop more guidelines addressing diagnosis, prevention, and treatment of Alzheimer's disease, we need a better understanding of what guidelines currently exist and how these are being used. AGS member leaders recently co-lead an effort to develop quality measures related to the clinical management of Dementia and there is currently an effort to get these into practice. One role that

HHS should take is that of a convener of organizations with existing guidelines in order to synthesize the evidence base that supports such guidelines and better align the recommendations. We believe that such an effort should be multi-specialty and multi-disciplinary. This effort would also serve to identify gaps in standards and set forth a multi-stakeholder plan to address these. We believe that this can best be accomplished by federal entities such as the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare and Medicaid Services.

The National Plan does not mention the importance of addressing conflicts of interest when developing guidelines and quality standards, and we recommend some level of acknowledgement of the ethical issues. Our suggestion is to include a reference to the 2011 Institute of Medicine's (IOM) *Clinical Practice Guidelines We can Trust*[ii] report, which provides important criteria for evaluating guidelines, as well as quality standards based on such guidelines.

Screening for Alzheimer's disease and other dementias

AGS believes that we need to come to consensus on the public health issue of screening for Alzheimer's disease and other dementias. We believe that there is a role for HHS in leading a discussion whether to screen, when to screen, and with what tools. We believe that the Centers for Disease Control and Prevention (CDC) and the National Institute on Aging (NIA) should play an important role in this conversation.

Enhancing the Workforce Needed to Care for Older Adults

The current and increasing shortfall of specially trained geriatrics health professionals has important implications for the care of older adults with Alzheimer's and other dementias. The Title VII and VIII geriatrics workforce programs are critical to training geriatrics faculty and other healthcare providers to better care for older adults. Specifically, the Geriatric Academic Career Awards (GACA) program supports not only career development for newly trained geriatric physicians in academic medicine, but also junior geriatrics and gerontology faculty in other health professions such as nursing, pharmacy, and social work. Currently, in all disciplines, there is an insufficient number of geriatrics faculty to train upcoming generations and conduct aging research.

In addition, the Geriatric Education Centers provide quality interdisciplinary geriatric education and training to the health professions workforce including geriatrics specialists and non-specialists. Another important program, the Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Professions supports training additional faculty in these disciplines so that they have the expertise, skills, and knowledge to teach geriatrics and gerontology to the next generation of health professionals in their disciplines. The Comprehensive Geriatric Education Nursing program supports additional training for nurses who care for older Americans and also provides continuing education. Finally, a new program authorized under ACA, the Geriatric Career Incentive Awards Program, offers grants to foster greater interest among a variety of health professionals in entering the field of geriatrics, long-term care, and chronic care management.

The lack of funding for these programs will substantially reduce the amount of training that American healthcare professional students and providers will receive in caring for older Americans. Again, we urge you to prioritize funding for these important programs, especially the GACA awards, as now is the time to ensure that we develop adequate numbers of faculty to provide this training.

In conclusion, the AGS is supportive of NAPA's proposals to improve quality of care for older Americans with Alzheimer's, and ultimately to overcome the disease. The label of Alzheimer's disease can result in premature limitation of an individual's involvement in his/her own care planning, and thus, we aim to encourage emphasis not only on measuring decline, but also in promoting strengths throughout the course of illness.

We greatly appreciate this opportunity to provide feedback. Please do not hesitate to contact Susie Sherman, Senior Coordinator of Public Affairs and Advocacy at: ssherman@americangeriatrics.org or (212) 308-1414, if we can provide additional information or assistance.

Sincerely,

Barbara Resnick

Barbara Resnick, PhD, CRNP, FAAN
President

Jennie Chin Hansen

Jennie Chin Hansen, RN, MS, FAAN
Chief Executive Officer

[i] Caregiver Assessment: Principles, Guidelines and Strategies for Change. Report from a National Consensus Development Conference, National Center on Caregiving at Family Caregiver Alliance. April 2006. http://www.caregiver.org/caregiver/jsp/content/pdfs/v1_consensus.pdf

[ii] Graham R, Mancher M, Wolman DM et al. Institute of Medicine: Clinical Practice Guidelines We Can Trust. Washington, DC: National Academies Press, 2011.