A Blueprint for Improving Dementia Long-Term Care

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The majority of dementia costs are for long-term services and supports

Yearly costs as high as cancer or heart disease

75-84% of costs related to LTSS, not medical care

Number of Americans with dementia will double by 2050

LTSS costs for dementia are especially high

Medicare:
- Short-term nursing home stay
- Home health
- Hospice
- Spending is 3 times higher for dementia

Medicaid:
- Asset-based eligibility
- Spending is 19 times higher for dementia

Out-of-pocket
$45.5 billion
21.6%

Other Private
$24.4 billion
11.6%

Other Public
$9.7 billion
4.6%

Medicaid
$131.4 billion
62.3%

Source: National Health Policy Forum, based on data from 2011 National Health Expenditure Accounts

Despite high costs, the LTSS system is fragmented

Only ¼ of dementias are diagnosed; only ¼ of those receive support

Heavy reliance on family caregivers

Negative outcomes from poor coordination across settings

Caregiver ratio will drop 7:1 to 3:1


Photos via: Getty Images, Photoshopped and Jeffrey bullets, CDC via Flickr
RAND’s Blueprint has a unique focus

Long-term Care National Plans  Dementia National Plans

LTSS policy solutions through the lens of dementia
A multi-sector pathway

Thirty stakeholders from different groups identified challenges and policy options

Patients and the Public
Purchasers
Policymakers
Providers
Payers
Product makers
Principal investigators

We asked:
What problems do you face in the delivery of care, development of policy, or related research?
How can policy address the problems you identified?
We selected 14 evaluation metrics

Impact

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<th>Area</th>
<th>Access</th>
<th>Quality</th>
<th>Equity</th>
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<td>Awareness</td>
<td>Effectiveness</td>
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<td>Availability</td>
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<td>Utilization</td>
<td>Patient/caregiver satisfaction</td>
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<td>Coordination of care</td>
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Feasibility

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<th>Cost</th>
<th>Implementation</th>
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<tr>
<td></td>
<td>Efficiency</td>
<td>Legal feasibility</td>
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<td>Financing</td>
<td>Political feasibility</td>
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<td>Operational feasibility</td>
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We analyzed policy options

Options

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<th>Metrics</th>
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<td>Qualitative evaluation: positive, neutral, negative, unknown effects</td>
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25 high-impact policy options meet 5 objectives

- Improve awareness & detection
- Improve access
- Reduce cost burden
- Support family caregivers
- Promote person- & caregiver-centered care

A number of policy options could be enacted in the short-term for immediate change
• Create specialized outreach and education programs about dementia signs/symptoms

• Encourage providers’ use of cognitive assessment tools

• Broaden home- and community-based waiver programs, participant-directed services, and states’ infrastructures

• Integrate web- and other technology-based services

• Expand nurse delegation
- Jointly identify person living with dementia and family caregiver
- Standardize complementary assessment tools
- Create and disseminate existing dementia best practices for professional care workers

- Provide dementia-specific training and resources to family caregivers
- Offer tax incentives to promote family caregiving
Other policy options are unique to the RAND Blueprint

- Link private LTC insurance to health insurance
- Include HCBS in state Medicaid plans
- Expand financial compensation programs to family caregivers
- Establish cross-setting teams

Reduce cost burden
Improve detection
Improve access
Support family caregivers
Promote person- & caregiver-centered care

Continued Progress

- Conduct more robust evaluations
- Build consensus about priority options
- Tailor approaches for vulnerable populations
- Set metrics to evaluate progress
You can review the study and full list of options at www.RAND.org

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