

Managing chronic conditions in people living with dementia

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Disclosures



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- Co-founder, MIND at Home Halo

Objectives



- Briefly describe impact of dementia on chronic conditions, outcomes and costs
- Provide overview of baseline comorbidities of MIND at Home enrollees
- · Brief comment on implications for practice

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Chronic disease self-management

- Dementia: progressive, irreversible, impairment of cognitive and executive function
- Capacity to self-manage is progressively lost
- Early intervention and caregiver education needed to prevent medication errors and complications
- Commonly heard in clinic: "I don't want to take his/her independence away."



Multimorbidity in dementia

- The average person with dementia has four comorbid chronic conditions. (Guthrie et al, BMJ 2012)
- Clinical guidelines focus on one disorder
- · Fragmented care is the norm

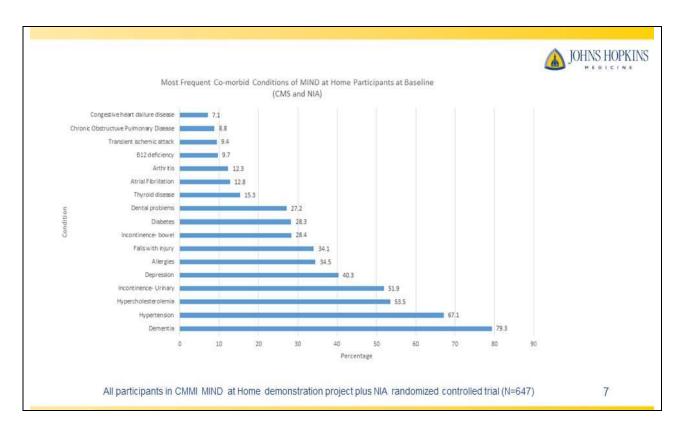
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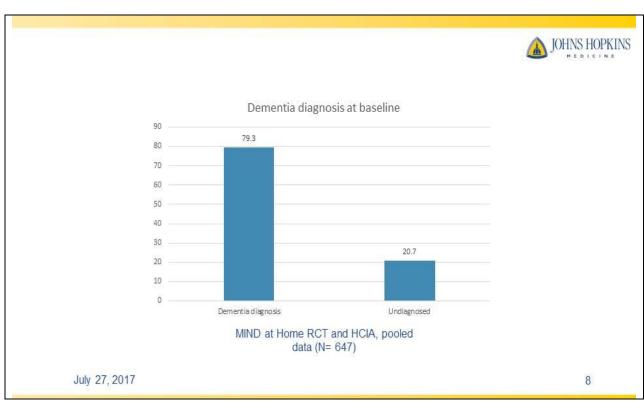


Multimorbidity and polypharmacy

- · Older adults with dementia see
 - multiple providers
 - for multiple chronic conditions
 - in different settings (Callahan et al, 2014)
- Each comorbid condition may have its own treatment protocol
 - including one or more medications

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Number of Medications at baseline

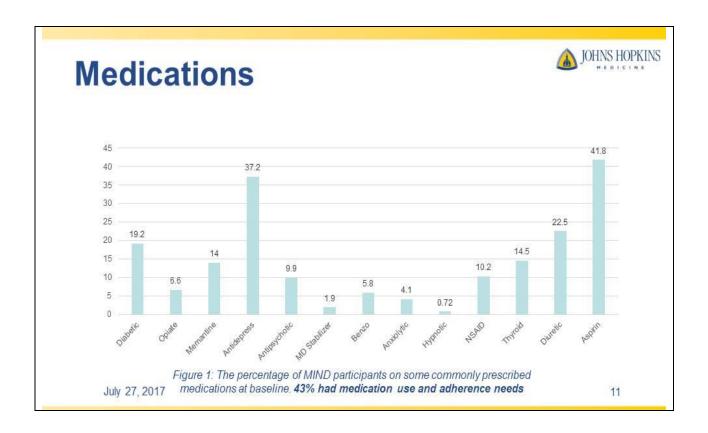
- Participants:
 - -8.23
- Caregivers:
 - -5.07

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Dementia is underdiagnosed



- Cognitive impairment is under-recognized and under-documented (Brodaty et al., 1994; Callahan et al., 1995; Eefsting et al., 1996; Bush et al., 1997; Lo ppo nen et al., 2003)
- Physicians' reasons for not diagnosing/documenting:
 - time constraints
 - cost
 - stigma
 - futility (Martin et al., BMC 2015)





Cost implications of unmanaged chronic disease in dementia

- Most care costs for acute in-patient and institutional/long stay care (Gitlin et al., 2007)
- 25% of Medicare beneficiaries' costs are incurred in the last year of life (Hogan et al, Med Care, 2013)
- People with dementia have 80% higher rates of potentially avoidable hospitalizations (Phelan et al, 2012)
- Dementia diagnosis associated with higher costs of anti-dementia drug treatment, but with lower total medical care costs (Michalowsky et al., Int Psychogeriatr 2016)

Impact of dementia on co-existing chronic JOHNS HOPKINS conditions



- Loss of ability to self-manage chronic conditions
- Associated with lower continuity of care, higher utilization:
 - ED visits
 - hospitalizations
 - testing
 - COSTS (Amjad et al, JAMA 2016).
- Early diagnosis and pro-active management of chronic conditions needed
- Caregiver education and support necessary

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Reasons to screen and diagnose

- 1. To treat and manage dementia
- Educate and support caregiver
- 3. Address and manage comorbid conditions by:
 - Eliminating unnecessary medications
 - Helping caregiver cope
 - Educating caregiver on managing the dementia and the comorbidities
 - Reducing caregiver burden
 - E.g, Some CGs make multiple trips to pharmacy per month



Summary and recommendations

- Dementia can be treated and managed
- Management of dementia includes managing the comorbidities
 - Caregiver education
 - Identification of high risk dyads
 - Support and coaching
 - Adaptation of care plan to changing needs
- Provider education/awareness to increase detection and treatment
- Workforce adaptation (e.g., Memory Care Coordinators)
- Attention to diversity and sensitivity to end of life care needs

July 28, 2017 -- Advisory Council Meeting #25

The meeting was held on Friday, July 28, 2017, in Washington, DC. The Advisory Council spent the morning discussing information gaps across the three areas of research, clinical care, and long-term services and supports. There was also a presentation on the recently released National Academy of Sciences, Engineering, and Medicine (NASEM) report on preventing cognitive decline. Additional presentations included a presentation on planning and progress towards the October Care and Services Summit and federal workgroup updates. Material available from this meeting is listed below and is also available at https://aspe.hhs.gov/advisory-council-alzheimers-research-care-and-services-meetings#Jul2017.

Comments and questions, or alerts to broken links, should be sent to napa@hhs.gov.

General Information

Agenda	[HTML Version] [PDF Version]	
Meeting Announcement	[HTML Version] [PDF Version]	
Meeting Summary	[HTML Version] [PDF Version]	
Public Comments	[HTML Version]	

Presentation Slides

2017 National Plan Update and Non-Federal Recommendations	[HTML Version] [PDF Version]
Clinical Services Subcommittee Federal Update	[HTML Version] [PDF Version]
CommunityRx for Community-Residing People with Dementia and Their Caregivers	[HTML Version] [PDF Version]
Dementia Caregiving in the U.S.	[HTML Version] [PDF Version]
Development of the FY 19 NIH Bypass Budget for Alzheimer's Disease and Related Dementias	[HTML Version] [PDF Version]
Implications of a Biologically Based Definition of Alzheimer's Disease	[HTML Version] [PDF Version]
Increasing Opportunities for Choice and Control for Persons with Dementia	[HTML Version] [PDF Version]
Interventions to Prevent or Slow Cognitive Decline, MCI and Dementia in Individuals without Dementia	[HTML Version] [PDF Version]
Living Alone With Dementia	[HTML Version] [PDF Version]

Long-Term Services and Supports Committee Update	[HTML Version] [PDF Version]
Managing Chronic Conditions in People Living with Dementia	[HTML Version] [PDF Version]
Preventing Cognitive Decline and Dementia	[HTML Version] [PDF Version]
Research Summit on Dementia Care	[HTML Version] [PDF Version]
The Many Challenges of Alzheimer's Disease	[HTML Version] [PDF Version]

Videos

Welcome thru Clinical Care	[Video]
LTSS Research	[Video]
Public Comments thru Federal Workgroup Updates	[Video]
Recommendations thru Adjourn	[Video]

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