

Integrating evidence-based dementia care programs into existing service and reimbursement systems

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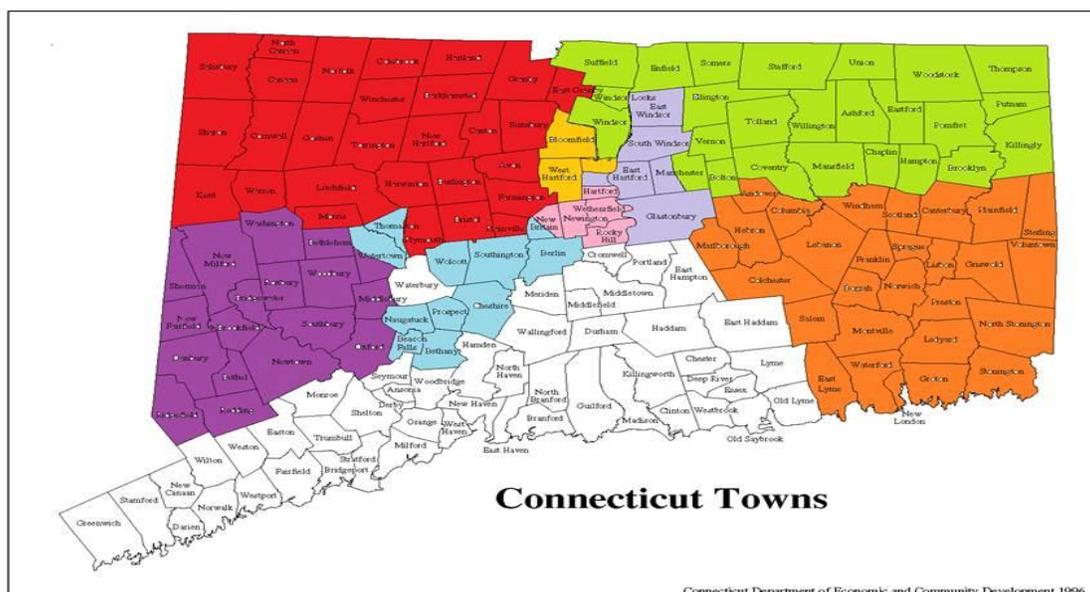
What we know and do not know about evidence-based dementia care programs

- We know:
 - Many dementia care programs “work” based on evidence of promising outcomes for community-dwelling older adults living with dementia and family caregivers in controlled study conditions
 - Outcomes largely determined by investigators
 - Most outcomes used meet research standards of reliability and validity
 - A few programs have shown cost savings to different stakeholders
 - Based on nursing home delays or costs related to health services from administrative data
 - No standards exist for determining cost-effectiveness or other “return on investment” measures or approaches in existing research on dementia care programs.
 - If proven programs could be successfully introduced into, or adapted to fit, existing service and reimbursement systems, dissemination could accelerate
- We do not know:
 - How best to integrate these programs into existing service systems
 - How best to make these programs fit within existing reimbursement systems
 - How best to determine cost-effectiveness or return on investment
 - More translational research urgently needed to fill knowledge gap

Service system level considerations

- Care management predominates as service model for community-dwelling older adults with chronic conditions and associated disabilities
- Evidence-based dementia care programs will likely most often be integrated into care management systems
- Care managers and direct service providers already populate these systems but without knowledge of dementia care programs and with minimal dementia care expertise
- Translational work underway to test effectiveness of evidence-based dementia care programs within ongoing care management systems
- Cross-cutting themes:
 - Workforce: more care managers and direct service providers with dementia care knowledge required
 - Target population diversity: not only race/ethnicity/SES but also degree of cognitive impairment of older “clients” and level of readiness/knowledge among family caregivers
 - Early lessons learned from ongoing COPE CT study in Connecticut (R01AG044504)

Geographic Area Covered by the COPE CT Study



Service area of care management organization study partner

Reimbursement system level considerations

- Long-term services and supports (LTSS) funded by state-federal **Medicaid** and state revenue reimbursement systems
- Every state operates its unique LTSS system (e.g., Waiver programs to delay/avoid nursing home care; Money Follows the Person programs).
 - Individuals with dementia make up sizeable proportion of clients served by Medicaid waiver programs for older adults
- **Medicare** no longer a government-only reimbursement system
- One-third of all Medicare beneficiaries now enroll in **Medicare Advantage** insurance plans; private sector decisions influence innovative services offered, such as dementia care programs
 - Target populations and care managers in Medicare Advantage companies operate in different spheres from, but face same types of, workforce and diversity issues as in LTSS systems.

Research recommendations: Service system level

- Develop and evaluate more person-centered outcomes or quality indicators when testing dementia care programs in existing service systems
 - Inform the discussion with service system stakeholders about “return on investment” of evidence-based dementia care programs, beyond solely cost considerations or delay/avoidance of nursing home admission
- Test ways to involve care managers as champions and implementers of evidence-based dementia care programs in the organizations within which they work, in both public and private sectors.
- Determine how best to teach evidence-based dementia care interventions aimed at family caregivers to live-in paid caregivers and personal care workers who spend time daily in the home of persons with dementia.
- Determine how to increase involvement of persons with dementia and family caregivers in adapting and refining evidence-based programs aimed at their peers in existing service systems
- Translate the most successful dementia care programs into languages other than English and test their effectiveness with non-English speaking target populations.

Research recommendations: Reimbursement system level

- Medicaid/State revenue funded LTSS
 - Determine which ingredients within evidence-based dementia care programs are already reimbursable and conduct translational studies at the state or multi-state level to determine their effectiveness
- Medicare Advantage
 - Test the effectiveness of evidence-based dementia care programs within target populations of persons with dementia insured by Medicare Advantage plans and these insured members' family caregivers (who also might be insured by same plan)
- Original Medicare
 - Determine how to incentivize Accountable Care Organizations to test and integrate evidence-based dementia care programs into their care systems.
- Overarching questions
 - How to preserve all or most ingredients of evidence-based dementia care programs within ever-changing Medicaid and Medicare reimbursement systems?
 - How to enable reimbursement for entire programs if found effective in translational studies?

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