

NAPA LTSS Presentations October 21, 2019

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Over 90% of care
for people with
dementia is
provided by family
caregivers

Source: Kasper JD, Freedman VA, Spillman BC, Wolff JL. 2015, Health Affairs

LTSS Sub-Committee

• Non-federal partners

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- Debra Cherry (Co-Chair)
- Michelle Dionne-Vahalik
- Robert Egge
- Laura Gitlan
- Cynthia Huling Hummel
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• Federal partners

- Ellen Blackwell - CMS
- Elena Fazio - NIA
- Bruce Finke - IHS
- Melinda Kelly – NIA
- Shari Ling- CMS
- Erin Long – ACL (Co-Chair)
- Lisa McGuire - CDC
- Joan Weiss - HRSA

Recommendation 1: Expand supports for people living with AD/ADRD and their caregivers*

- A. By 2025, programs beyond Medicaid that provide LTSS (e.g., OAA, state and non-profit programs) should be expanded to support individuals and families with unmet needs, including under-served, diverse populations.
- B. Federal agencies and states should build workforce capacity to provide dementia capable LTSS.
- C. Health care systems should expand access to HCBS.

* All references to “caregivers” apply to care partners, families and friends providing assistance to people living with AD/ADRD.

Recommendation 2: Improve integration of clinical care with home and community-based services (HCBS)

A. By 2025, 20% of hospitals and primary care practices serving people living with AD/ADRD will have in place procedures to:

1. Identify cognitive impairment and integrate management of cognitive impairment into the Care Plan.
2. Provide a timely diagnosis for individuals who are found to have impairment, through efficient and well coordinated care pathways and referral processes.
3. Identify and document a caregiver or authorized health care proxy, where applicable, to delineate and document the individual's goals of care and better assure goal implementation.

Recommendation 2: Improve integration of care (continued)

4. Co-design care plans with the individual and caregiver or authorized health care proxy (where appropriate), so that plans are concordant with the individuals' goals of care and can be supported in the home environment.
5. For individuals who are receiving care in a facility, discharge planning will include due consideration of the individual's cognitive status and care needs.
6. Assess the caregiver's LTSS needs, provide them with disease education and HCBS, and/or refer them to community-based services.

Recommendation 2: Improve integration of care (continued)

- B. By 2025, CMS will have quality measures in place that will encourage health care systems (health plans) to implement these recommendations.

Recommendation 3: Individuals with AD/ADRD will not be prescribed antipsychotics unless clinically indicated.

To promote person-centered care and promising nonpharmacological treatments for behavioral and psychiatric symptoms of dementia (BPSD), it is recommended that:

- A. Research should be funded through federal agencies to delineate barriers to adoption of evidence-based interventions and to also identify bright spots where uptake is achieved.
- B. Federal agencies and other organizations should disseminate promising, evidence-supported interventions.
- C. Federal agencies and other organizations should continue to build workforce capacity to deliver person-centered care as well as the use of promising and/or evidence-derived nonpharmacological interventions for BPSD.

Recommendation 3 (continued)

- D. Federal agencies should create care or payment models for use of effective evidence-based interventions.
- E. Federal agencies should encourage measure development for HCBS, including measures that address management of challenging behavioral symptoms.
- F. By 2021, HHS should develop a coordinated process for measuring anti-psychotic medication use that will delineate inappropriate use, can be applied to community as well as facility residents, and can be used to calculate prescribing trends over time.

Overview of Today's Presentations

- One caregiver's experience
- The current HCBS landscape for people living with AD/ADRD and family caregivers
- New on-line portal for accessing evidence-based dementia interventions
- Promising state models that expand HCBS
- Joint discussion of how the Council can move the 2019 LTSS recommendations forward