OPTIMIZING SUPPORT OF PATIENTS LIVING WITH DEMENTIA

L.A. Care Geriatric Care Conference in Collaboration with Alzheimer's Los Angeles
Saturday, March 29, 2025, Hilton San Gabriel, CA

Scott A. Kaiser, M.D.
CEO, Determined Health

Financial Disclosures

The following CME planners and CME faculty do not have relevant financial relationships with ineligible companies in the past 24 months.

- Leilanie Mercurio, Provider Continuing Education (PCE) Program Manager, L.A. Care Health Plan, CME Planner.
- Jennifer Schlesinger, MPH, CHES, Vice President, Healthcare Services & Professional Training, Alzheimer's Los Angeles, CME Planner.
- Scott A. Kaiser, MD, Co-Founder and CEO, Determined Health, CME Presenter.

An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Commercial support was not received for this CME/CE activity.

LEARNING OBJECTIVES

- Identify four (4) pillars within a framework for "reasoned optimism," to offer a hopeful perspective to patients, families, and communities with regard to Alzheimer's Disease and related dementias.
- Describe multimodal approaches to optimizing brain health and outline non-pharmacologic factors to increase resilience and reduce the risk of cognitive decline and neurodegeneration.
- Define interdisciplinary collaborative dementia care programs and describe several evidence-based examples.
- Define a community-integrated approach to dementia care and consider ways this may be of particular value to vulnerable and underserved populations.

Burden of Alzheimer's Disease (AD)

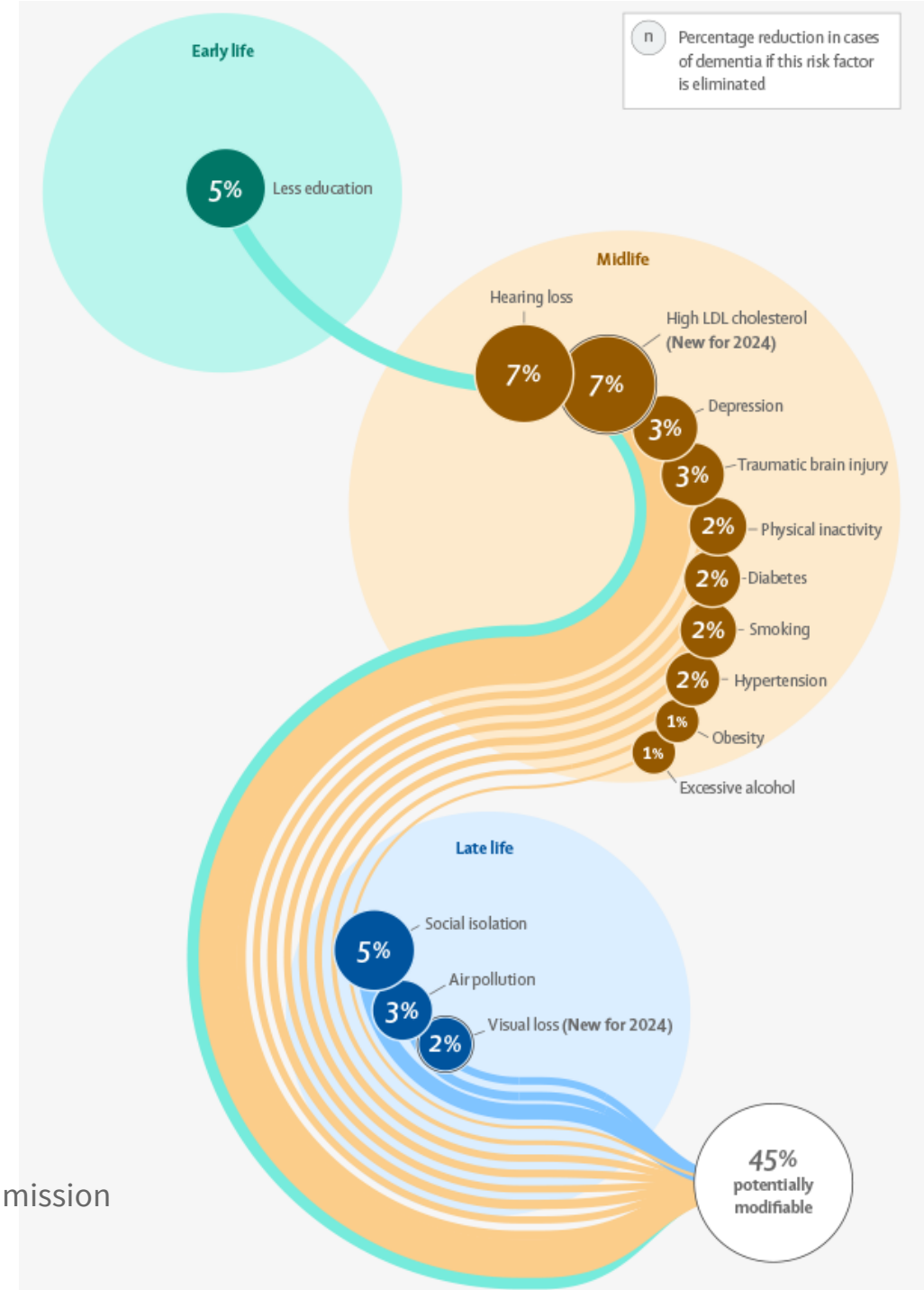
- **~ 7 Million Americans Living with AD**
- **A Rising Tide**
  - Baby boomers (born 1946–1964) , US population of people ≥65 years will grow to 82 million by 2050
  - AD incidence (# of new cases per 100,000 per year) has declined in past decade BUT the absolute number of AD cases will continue to grow
- **Economic Costs**
  - $360 Billion → ~$1 Trillion (2050)
  - Medicare spending for seniors with Alzheimer's is more than 3x higher than spending for all other seniors.
  - Medicaid spending is 23x higher for beneficiaries with dementia, contributing ~$59 billion to overall spending.
- **Health Equity**
  - 65% are women , 40% will be Latino and/or Black by 2030
- **Caregivers**
  - >11 million Americans provided 18 billion hours of unpaid care to those with AD and other dementias

A Framework for Reasoned Optimism

- **Prevention – Public Health Priority / Lifespan Approach**
- **Extend/Delay – Early Detection / Multimodal Intervention**
- **Support – Expanded Clinical Teams / Innovative Services**
- **Manage – Early Detection / Novel Therapeutics**

Potentially Modifiable (45%)

- Less Education (5%)
- Hearing Loss (7%)
- High LDL Cholesterol (7%)*
- Depression (3%)
- Traumatic Brain Injury (3%)
- Physical Inactivity (2%)
- Diabetes (2%)
- Smoking (2%)
- Hypertension (2%)
- Obesity (1%)
- Excessive Alcohol > 21 drinks/wk (1%)
- Social Isolation (5%)
- Air Pollution (3%)
- Visual Loss (2%)*



Dentia prevention, intervention, and care: 2024 report of the *Lancet* standing Commission
Livingston, Gill et al. The Lancet, Volume 404, Issue 10452, 572 - 628

Brain Info LIVE℠

https://www.brightfocus.org/braininfolive

Welcome to Brain Info Live℠

A virtual community outreach series bringing a sustained Alzheimer's education campaign to clinical research centers across the US and addressing equity, diversity, and health disparities.

***Brain Info Live*℠** streams FREE, entertaining, interactive brain health programming to diverse communities across the United States.

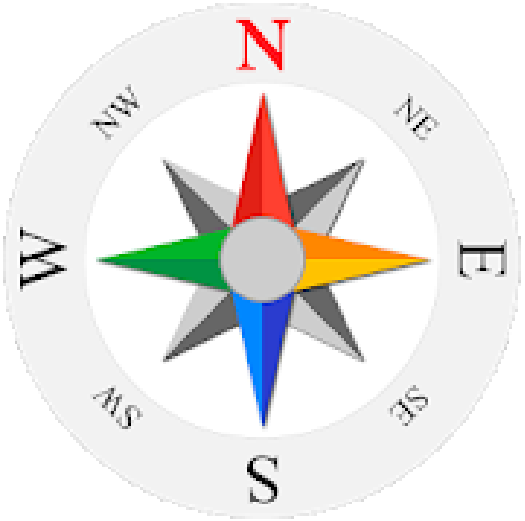
Working with local community leaders and partners, each live-streamed program includes culturally tailored information and resources and generates a sustained dialogue that builds trust over time between community members, families, clinicians, researchers, and other health professionals.

To receive email communications on upcoming programming and resources, click the button below to sign up for our mailing list!

Sign Up Now

CONNECTION

PERCEPTION



PURPOSE

EXPRESSION

Multimodal Approaches to Optimizing Brain Health

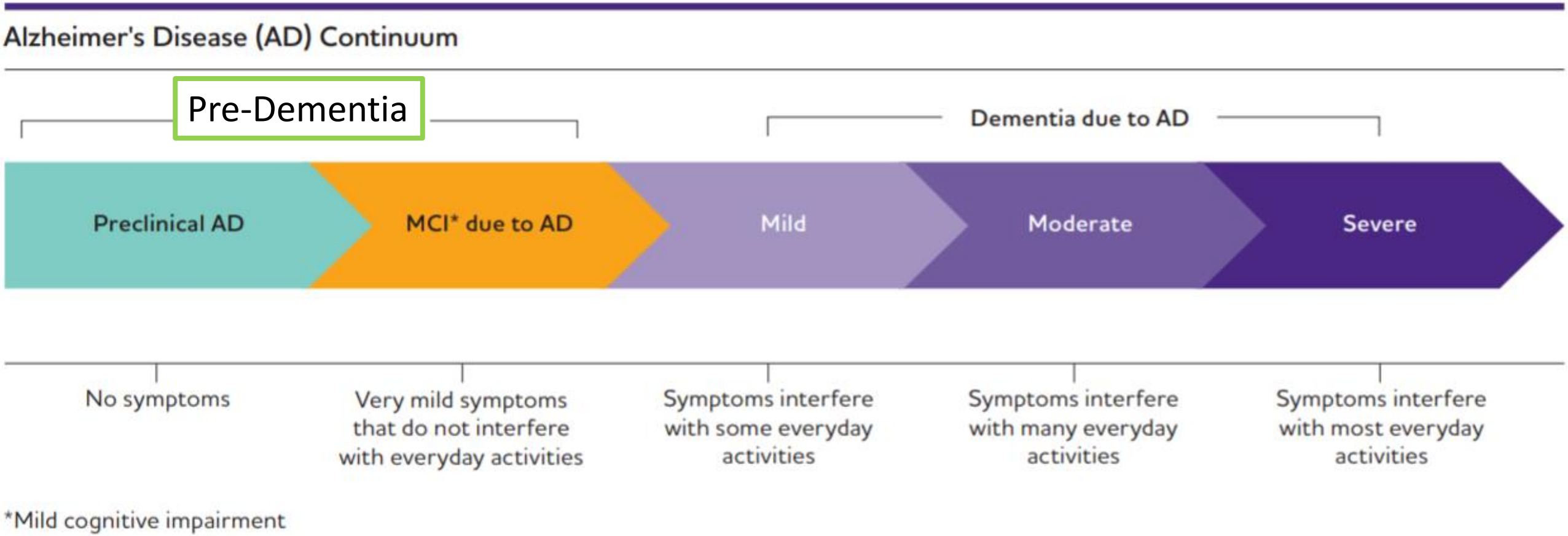
Multiple trials investigating lifestyle interventions (e.g. physical activity, healthy diet, staying cognitively active, managing vascular risk factors, etc.) for prevention of cognitive decline.

- FINGER trial: Lifestyle intervention study in patients at risk for cognitive decline
  - Greater improvement in processing speed (150%); executive function (83%); complex memory tasks (40%); overall cognition (25%) vs. non-intervention group
- POINTER: Activity, nutrition, cognitive training, social activities, and CV health protect cognition in healthy adults at risk for cognitive decline
- Ornish, et al, showed significant improvement in cognition and/or less progression in decline with diet, exercise, stress management and group support on ADAS-Cog, CGIC, and CDR global
- rrAD: Strategies to reduce risk of AD (aerobic exercise ± intensive blood pressure and cholesterol management vs standard of care)

FINGER = Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability; POINTER = Protect Brain Health Through Lifestyle Intervention to Reduce Risk; rrAD = Risk Reduction for Alzheimer's Disease; CGIC = Clinical Global Impression of Change; ADAS-Cog = Alzheimer's Disease Assessment Scale – Cognitive Subscale; CDR Global = Clinical Dementia Rating – Global.

1. Sheng C, et al. *J Alzheimers Dis*. 2020;77:903-920. 2. The FINGER Study. (https://fbhi.se/the-finger-study/) 3. US POINTER. Alzheimer's Association (https://www.alz.org/us-pointer/study-overview.asp#:~:text=The%20two%2Dyear%20FINGER%20study,increased%20risk%20of%20cognitive%20decline.). 4. Ornish D, et al. *Alzheimers Res Ther*. 2024;16(1):122. 5. *Risk Reduction for Alzheimer's Disease trial* (http://rradtrial.org).

Increasing Healthspan via Optimization of Brain Health



Alzheimer's Association. 2021 Alzheimer's Disease Facts and Figures. Alzheimers Dement 2021;17(3)

Elements of Comprehensive Dementia Care

- Continuous Monitoring and Assessment
- Ongoing Care Plans
- Psychological Interventions
- Self-Management
- Caregiver Support
- Medication Management
- Treatment of Related Conditions
- Coordination of Care

Boustani M, et al. An Alternative Payment Model To Support Widespread Use Of Collaborative Dementia Care Models. Health Aff (Millwood). 2019 Jan;38(1):54-59. PMID: 30615525.

Evidence-Based Comprehensive Dementia Care

- **Aging Brain Care (ABC) Program (Eskenazi Health)**
- **Alzheimer's and Dementia Care (ADC) Program (UCLA)**
- **Benjamin Rose Institute (BRI) Care Consultation (Benjamin Rose Institute)**
- **Care Ecosystem (UCSF)**
- **Integrated Memory Care (Emory)**
- **Maximizing Independence (MIND) at Home (Johns Hopkins)**

National Dementia Care Collaborative (NDCC): www.ndcc.edc.org/six-models-of-ndcc

Evidence-Based Comprehensive Dementia Care

	Aging Brain Care (ABC) Program	Alzheimer's and Dementia Care (ADC) Program	Benjamin Rose Institute (BRI) Care Consultation	Care Ecosystem	Integrated Memory Care (IMC)	Maximizing Independence (MIND) at Home
Program Characteristics						
Home Organization	Indiana University	University of California Los Angeles	Benjamin Rose Institute	University of California San Francisco	Emory University	Johns Hopkins University
Program Base	Health System	Health System	Community, Health System	Community, Health System	Health System	Community, Health System
Care Navigator Credentials	Non-licensed	Advanced Practice Provider	Social Worker/ Registered Nurse, Non-licensed	Non-licensed	Social Worker/ Registered Nurse	Non-licensed/ Clinical
Mode of Delivery	Clinic Home Phone/Video	Clinic Phone/Video	Phone Email/Web Consumer Portal	Phone Text/Email/Web	Clinic Senior Living Phone/Video	Home Phone/Video
Meets GUIDE Required Components	✓	✓	✓	✓	✓	✓
Evidence-Based	✓	✓	✓	✓	✓	✓
Model	Muti-disciplinary team co-manages with PCP's	Dementia Care Specialists (APPs) co-manage with PCPs	Care navigation and care management	Care navigation and care management	Integrated Primary Care	Care navigation and care management
Estimated licensing cost	$$	$$	$	None	$$	$$
Individualized Technical Assistance Available	✓	✓	✓		✓	✓
Affinity Groups Available	✓	✓	✓	✓	✓	✓
Website	ABC Website	ADC website	BRI Website	Care Ecosystem	IMC Website	MIND Website
Contact Information	lgano@iu.edu	dementiaPM@mednet.ucla.edu	mpalmer@benrose.org	Sarah.Dulaney@ucsf.edu	amy.imes@emoryhealthcare.org	mreulan1@jh.edu

$= $0 – 20K / year. $$ = $20 - 40K / year. $$$ = >$40K / year, actual cost to be determined with model team

National Dementia Care Collaborative (NDCC): www.ndcc.edc.org/six-models-of-ndcc

CMS Guiding an Improved Dementia Care Experience (GUIDE)Model: Care Delivery Requirements

COMPREHENSIVE ASSESSMENT
Beneficiaries and caregivers receive separate assessments to identify their needs and a home visit to assess the beneficiary's safety.

CARE PLAN
Beneficiaries receive care plans that address their goals, preferences, and needs, which helps them feel certain about next steps.

24/7 ACCESS
Beneficiaries and caregivers can call a member of their care team or a third-party representative using a 24/7 helpline.

ONGOING MONITORING & SUPPORT
Care navigators provide long-term help to beneficiaries and caregivers so they can revisit their goals and needs at any time and are not left alone in the process.

REFERRAL & SUPPORT COORDINATION
Beneficiaries' care navigator connects them and their caregivers to community-based services and supports, such as home-delivered meals and transportation.

CAREGIVER SUPPORT
Caregivers take educational classes and beneficiaries receive respite services, which helps relieve the burden of caregiving duties.

MEDICATION MANAGEMENT
Clinician reviews and reconciles medication as needed; care navigators provide tips for beneficiaries to maintain the correct medication schedule.

CARE COORDINATION & TRANSITION
Beneficiaries receive timely referrals to specialists to address other health issues, such as diabetes, and the care navigators coordinate care with the specialist.

Margaret has been diagnosed with dementia. Her daughter, Kathy, is her caregiver. Margaret and Kathy are concerned about Margaret's future and being able to meet her evolving needs at home.

Common Dementia Care Experience

Many people like Margaret and Kathy feel uncertain about how to access the resources and support they need.

Margaret's doctor diagnoses her with dementia. Margaret and Kathy search the internet for more information.

1

Margaret starts taking the wrong medication dosages. Kathy takes on the daily responsibility of managing Margaret's medications.

2

Margaret wanders away from home at night and is taken to the hospital

HOSPITAL

3

Kathy becomes stressed each evening that Margaret may wander. Margaret becomes aggressive when Kathy tries to keep her at home.

4

Kathy plans for a neighbor to stay with Margaret. The neighbor cancels last minute and Kathy misses her appointment.

5

Experience Under GUIDE

The Guiding an Improved Dementia Experience (GUIDE) model offers a comprehensive package of services to improve the quality of life for people with dementia as well as reduce the strain on their caregivers.

1

Margaret receives a comprehensive assessment and a home visit to identify safety risks. Kathy's needs are also addressed.

The care team works with Margaret to develop a care plan based on her goals and preferences. The care plan includes a referral to a home-delivered meal service and tips on how Margaret can maintain her medication schedule.

2

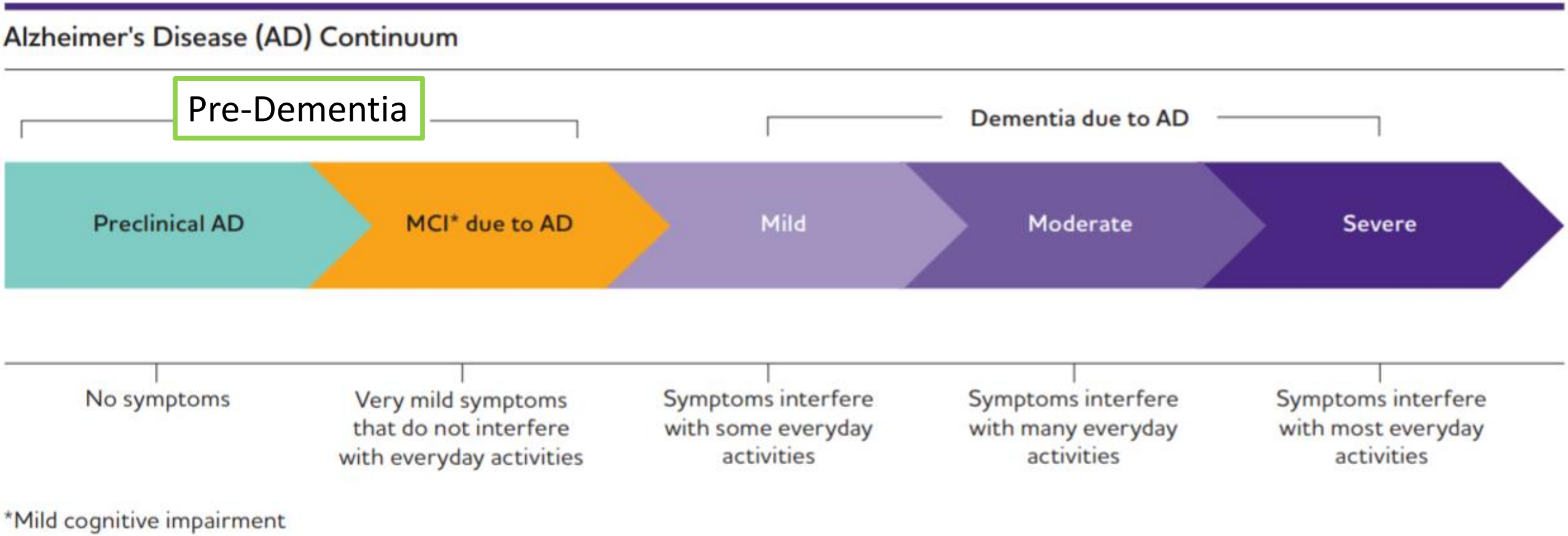
4

Kathy enrolls in caregiver skills training. The next time Margaret tries to wander at night, Kathy calls the care team for support and convinces Margaret to stay home.

Margaret's dementia has progressed so that Kathy is unable to leave her alone. Margaret receives 4 hours of in-home respite care so that Kathy may attend her doctor's appointments.

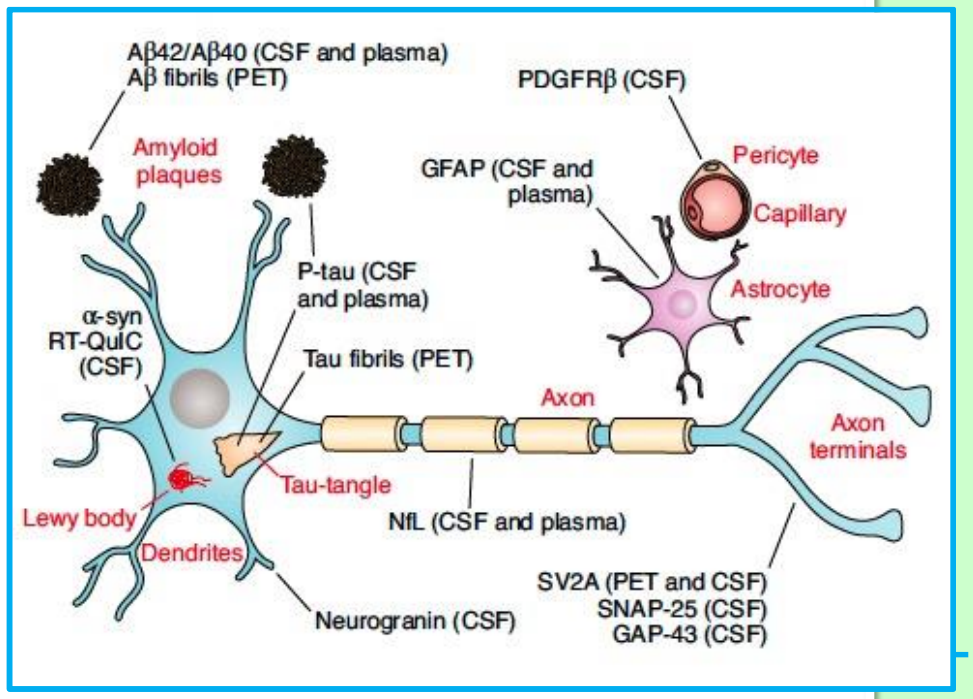
5

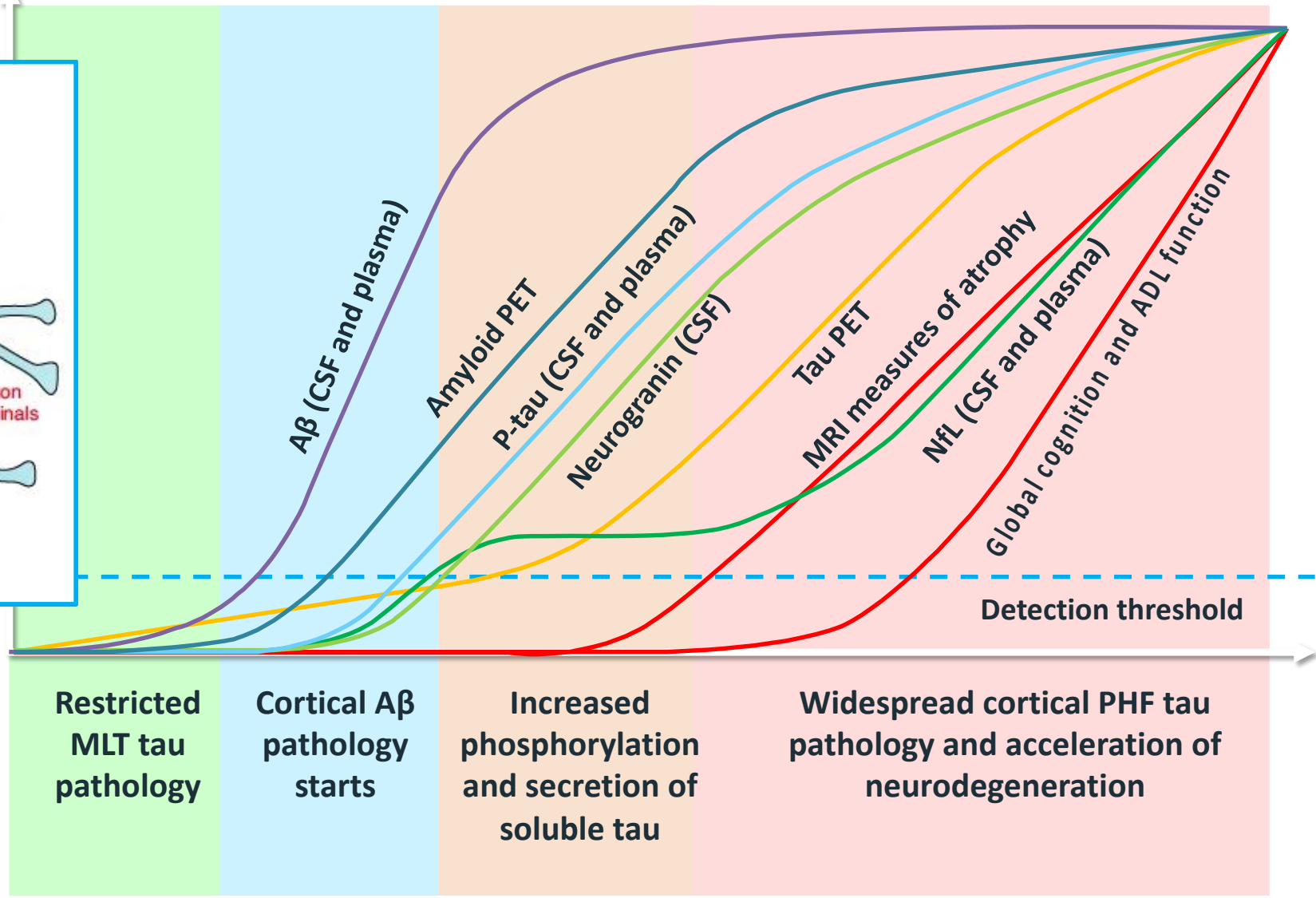
Disease Continuum: Moving Upstream



Alzheimer's Association. 2021 Alzheimer's Disease Facts and Figures. Alzheimers Dement 2021;17(3)

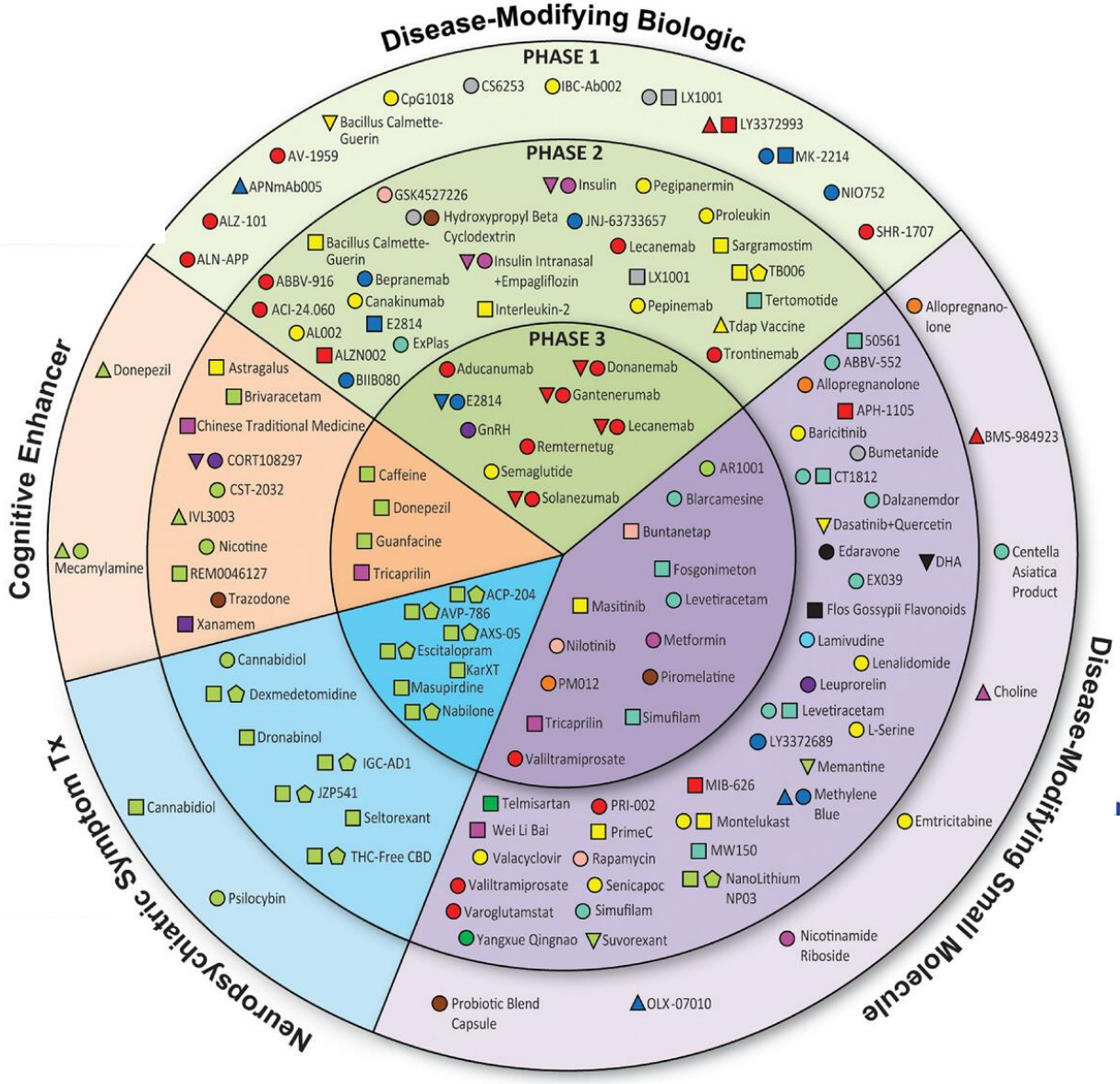
Disease Continuum: Biomarkers for Early Detection





Hansson O. *Nat Med.* 2021;27:954-963.

Alzheimer's Drug Development Pipeline

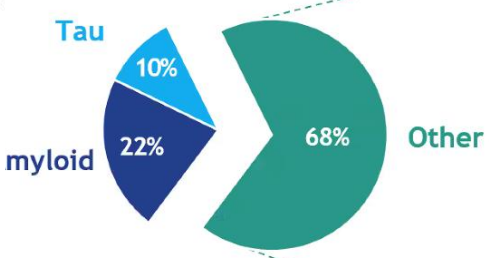


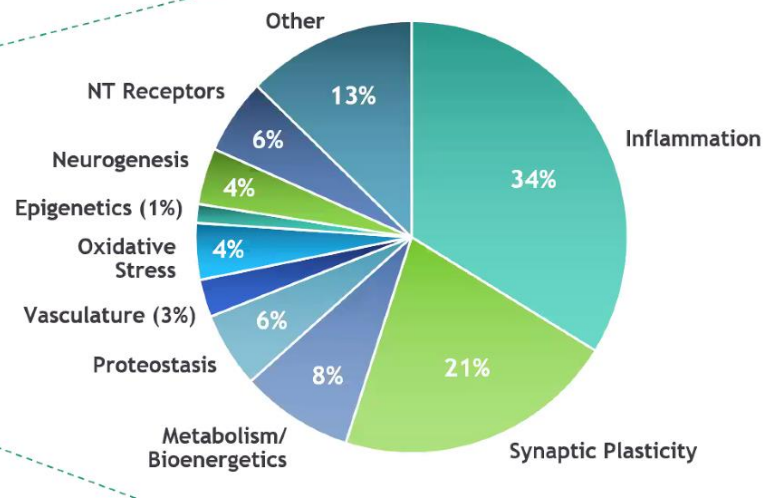
Mechanism of Action (color)

- Amyloid
- ApoE, Lipids and Lipoprotein Receptors
- Epigenetic Regulators
- Growth Factors and Hormones
- Inflammation/Immunity
- Metabolism/Bioenergetics
- Neurogenesis
- Neurotransmitter Receptors
- Oxidative Stress
- Proteostasis/Proteinopathies
- Synaptic Plasticity/Neuroprotection
- Tau
- Vasculature
- Other

Subject Characteristics (shape)

- Healthy Volunteers
- Preclinical
- Prodromal / Prodromal-Mild
- Mild-Moderate Dementia
- Severe Dementia





Cummings J, Zhou Y, Lee G, Zhong K, Fonseca J, Cheng F. Alzheimer's disease drug development pipeline: 2024. Alzheimer's Dement. 2024; 10:e12465.

Patient Journey, A Shifting Paradigm

Memory Concerns

A person notices some changes to their memory and thinking and has some concerns

Conversation with PCP

Discusses with PCP who assesses medical history, conducts physical and cognitive tests as well as lab tests

Referral to Specialist

Suggestion of MCI on tests leads to referral to a dementia specialist who conducts further evaluations

Biomarker Testing

Diagnostic biomarker testing and brain imaging are recommended after MCI confirmation

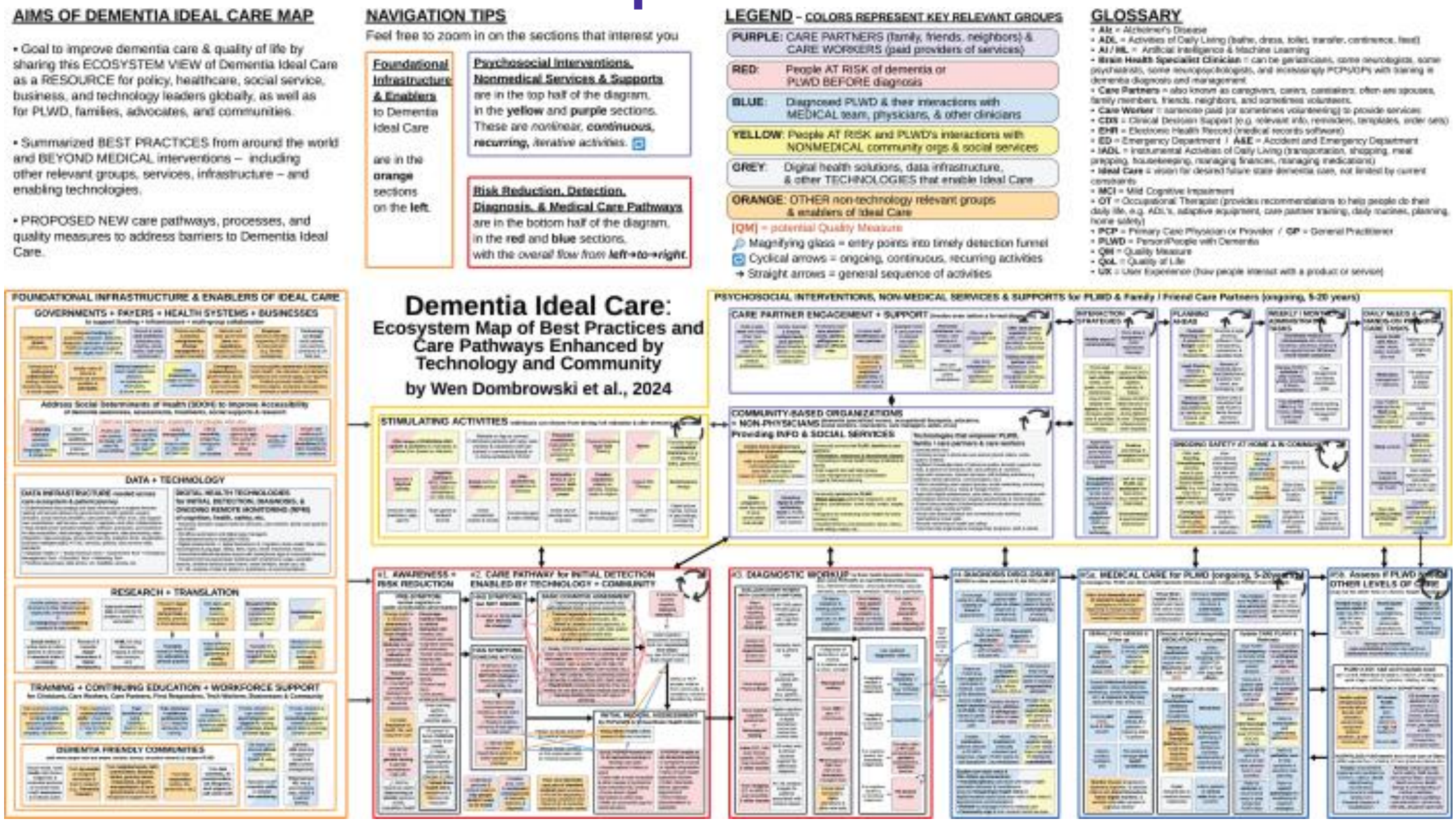
Treatment

Treatment options are discussed if beta-amyloid is confirmed by biomarker testing. Treatment is scheduled and monitored.

Dementia Care Navigation

Provide a quality evidence-based dementia care model and ongoing caregiver support ongoing

Dementia Ideal Care Map



Dombrowski, et al. Dementia Ideal Care: Ecosystem Map of Best Practices and Care Pathways Enhanced by Technology and Community. J Alzheimers Dis. 2024;100(1):87-117.

Frequently Asked Questions (FAQs)

1. Q: What are some examples of evidence-based models of dementia care and key features that distinguish them?

A: Several innovative comprehensive dementia care models have demonstrated ways providers can help patients and family caregivers navigate the challenges of dementia—more effectively managing physical symptoms, co-morbid chronic health conditions, and behavioral and psychosocial issues. These models offer interdisciplinary care and support, proactively manage care, provide strategies and resources for managing psychological and behavioral challenges, offer family caregiver support, and link with community-based support services to better address health-related social needs.

Such models have demonstrated an improved care experience, improved symptom management, reductions in overall cost of care, and other benefits to patients, families, and communities. Examples of evidence-based models of comprehensive dementia care include: The Aging Brain Care (ABC), Alzheimer's and Dementia Care (ADC), Benjamin Rose Institute (BRI) Care Consultation, Integrated Memory Care (IMC), Maximizing Independence (MIND) at Home, and the Care Ecosystem programs. The National Dementia Care Collaborative (NDCC) provides additional information on these programs at: https://www.ndcc.edc.org/six-models-of-ndcc

Frequently Asked Questions (FAQs)

2. Q: Are there resources available that highlight best practices for the care of people living with dementia to support a comprehensive understanding of evidence-based resources, while providing a framework for innovation, across the care continuum?

A: The "Dementia Ideal Care Map," an ecosystem map of best practices and care pathways enhanced by technology and community, summarizes the ecosystem of over 200 best practices, nearly 100 technology enablers, other infrastructure, and enhanced care pathways in one comprehensive diagram. It includes psychosocial interventions, care partner support, community-based organizations; awareness, risk reduction; initial detection, diagnosis, ongoing medical care; governments, payers, health systems, businesses, data, research, and training.
This map and the associated peer-reviewed analysis can be found at:
https://pubmed.ncbi.nlm.nih.gov/38848182/

DeterminedHealth℠

Scott A. Kaiser, M.D.

Determined Health
(800) 800-0211
info@determinedhealth.com

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determinedhealth.com