



Dementia

“...identify health care services for which there are substantial variation in practice patterns or high utilization trends in Washington state, without producing better care outcomes for patients, that are indicators of poor quality and potential waste in the health care system.”

PROBLEM STATEMENT:
The aging population is facing an increasing risk of Alzheimer's disease and dementia. Since Bree's 2017 report on Alzheimer's Disease and other Dementias, new treatments and evidence have emerged, along with greater awareness of how SDOH impacts these conditions, especially among racial and ethnic groups. This proposal aims to update the existing report with the latest modifiable risk factors, treatments, strategies, and payment methods. Additionally, the WA State Plan to Address Alzheimer's Disease and Other Dementias, initially released in 2016 and updated in 2023, outlines strategies for various sectors, including healthcare, to improve dementia diagnosis and treatment, potentially leading to better outcomes and cost savings. An updated Bree report could help implement these recommendations.
DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):
<input checked="" type="checkbox"/> VARIATION IN CARE <input checked="" type="checkbox"/> SAFETY CONCERNS <input checked="" type="checkbox"/> HIGH COST AND POOR OUTCOMES <input checked="" type="checkbox"/> EQUITY CONCERNS
PROPOSED SCOPE:
There is wide variation in dementia care which depends on geographical location, access to primary and specialty care, socio-economic status, and up to date provider knowledge of cognition in primary care. This topic will update the current report to reflect the current state of the science including biomarkers and new drug therapies, advances in lifestyle modifications to impact risk for dementia, and long-term supports and services, including caregiver supports. There is also an emerging interest at the national level of the GUIDE demonstration model which includes a value-based payment methodology for dementia care managing within Medicare.
EVIDENCE-BASED IMPACT STRATEGY:
<ul style="list-style-type: none"> Educating primary care about cognition in primary care and lifestyle modifications to reduce risk or delay onset of dementia. Integrating new drug therapies
AVAILABLE DATA:
<ul style="list-style-type: none"> Individuals living with dementia are hospitalized 2-3 times as often as people of the similar age who do not live with dementia. Washington Medicaid beneficiaries living with dementia are significantly more costly than beneficiaries without dementia (\$2,229 Per Member Per Month (PMPM) versus \$803 PMPM). While undiagnosed Alzheimer's is an issue for all population groups, Medicare data indicates that African Americans are less likely than whites to be diagnosed and when diagnosed it is generally in later stages
POTENTIAL PARTNERS:
The Dementia Action Collaborative, UW Medicine, Providence, Washington State Chapter of the Alzheimer's Association, Franciscan Hospice and Palliative Care, Swedish Medical
HOW MAY A BREE REPORT ON THIS TOPIC SUPPORT THE HEALTH OF WASHINGTONIANS:
System wide changes including payment reform, team-based dementia care approaches, early and accurate diagnosis for all Washingtonians, and provider education will all result in lower costs and positive health outcomes for Washingtonians.

