



Alzheimer's and Other Dementias Revision

"...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:	
<p>As the population continues to age quickly, so does the risk of Alzheimer's disease and other dementias. In 2020, there were around 125,116 people living with dementia, including Alzheimer's disease in Washington state. By 2040, this number is expected to exceed 270,000 people.ⁱ Individuals living with dementia are hospitalized 2-3 times as often as people of the similar age who do not live with dementia, and estimated cost of medical care for people living with dementia in 2019 was around \$50,000.ⁱⁱ Washington Medicare beneficiaries living with dementia are significantly more costly than beneficiaries without dementia (\$2,229 Per Member Per Month (PMPM) versus \$803 PMPM).ⁱⁱⁱ Early diagnosis is associated with a per-person savings of around \$64,000 on average per person. People who identify as minoritized are less likely than those who identify as White to be diagnosed, are usually diagnosed at a later stage, are less likely to use hospice care, and have a higher risk of hospitalization.^{iv} An updated Bree Collaborative report characterizing the new evidence around modifiable risk factors, treatments, care strategies and payment methodologies in conjunction with the WA State Plan to Address Alzheimer's Disease and Other Dementias could enhance practices in preventing, diagnosing and treating dementia to improve outcomes and provide cost savings.</p>	
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:	
<p>Reducing variation in access to high quality dementia care by updating the 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.</p> <p><u>Out of Scope:</u> Other conditions that cause cognitive dysfunction (e.g., TBI)</p>	
EVIDENCE-BASED IMPACT STRATEGY:	
<p>Clinicians & Delivery Systems: Early identification of cognitive impairment in primary care, integration of new medication therapies as appropriate, modifiable risk calculating, implement multidisciplinary care teams with coordination support for patient and caregivers.</p> <p>Payors/Purchasers: contract in value-based payment arrangements to cover comprehensive model of care to support patient and caregivers, rates that cover coordination services and caregiver support</p> <p>Public Health:</p>	
AVAILABLE DATA:	
<ul style="list-style-type: none"> Claims data, prescriptions, BFRSS Cognitive Decline Module, economic modeling Within the last year, the CMS Guiding an Improved Dementia Experience (GUIDE) Model demonstration began which includes a value-based payment methodology for dementia care managing within Medicare; there is at least one demonstration site in Washington State. 	
POTENTIAL PARTNERS:	
<p>The Dementia Action Collaborative and its members including people living with dementia and caregivers, UW Memory and Brain Wellness Center, UW Medicine, Providence, Washington State Chapter of the Alzheimer's Association, Franciscan Hospice and Palliative Care, Swedish Medical, and UW School of Nursing.</p>	
HOW MAY A BREE REPORT ON THIS TOPIC SUPPORT THE HEALTH OF WASHINGTONIANS:	
<p>Heightened awareness of modifiable risk factors and holistic care approaches for people living with dementia and their families, promotion of early and accurate diagnosis, and provider education resulting in lower costs and positive outcomes for Washingtonians.</p>	

ⁱ Washington State Department of Social and Health Services. (2023). Washington State plan to address Alzheimer’s disease and other dementias 2023-28. Retrieved from

<https://www.dshs.wa.gov/sites/default/files/AL TSA/stakeholders/documents/AD/Washington%20State%20Plan%20to%20Address%20Alzheimer%E2%80%99s%20Disease%20and%20Other%20Dementias%202023-28.pdf>

ⁱⁱ Lastuka A, Breshock MR, Taylor KV, Dieleman JL. The costs of dementia care by US state: Medical spending and the cost of unpaid caregiving. *Journal of Alzheimer’s Disease*. 2025;105(1):186-196. doi:10.1177/13872877251326231

ⁱⁱⁱ Washington State Department of Social and Health Services. (2023). Washington State plan to address Alzheimer’s disease and other dementias 2023-28. Retrieved from

<https://www.dshs.wa.gov/sites/default/files/AL TSA/stakeholders/documents/AD/Washington%20State%20Plan%20to%20Address%20Alzheimer%E2%80%99s%20Disease%20and%20Other%20Dementias%202023-28.pdf>

^{iv} Hinton, L., Tran, D., Peak, K., Meyer, O. L., & Quiñones, A. R. (2024). Mapping racial and ethnic healthcare disparities for persons living with dementia: A scoping review. *Alzheimer’s and Dementia*, 20(4), 3000–3020. <https://doi.org/10.1002/alz.13612>