

Aging Made Easier: Supporting Caregivers and Older Adults



PARTNERING WITH YOU TO OFFER

- Practical interventions for caregivers (CG) and/or older adults (OA)
- Customized tools and patient/family care plans
- Rapid and robust cognitive screening and healthy aging baseline testing
- Customized neuropsychological evaluations for specialized diagnosis
- Facilitated communication between all clinicians, CGs and OAs
- Assistance addressing OA depression, psychoses, behavioral disturbances, sleep disorders and risky behaviors

BENEFITS FOR CAREGIVERS

Improves Quality of Life

- CG report less frustration when dealing with the patient.^{*10}
- CG experience greater self-control.^{*10}
- Improves communication between CG and OA.^{*10}

Promotes Independence

- 75% of family CG benefit from diagnostic information that helps them plan better for the future.^{*15}
- GC report less burden and are less concerned about not doing enough.^{*10 *17}

Addresses Comorbidities

- Decreases CG anxiety after OA diagnostic feedback.^{*16}
- Reduces CG burden.^{*17}
- Relieves CG depression symptoms.^{*17 *18}

Reduces Inefficiencies

- Reduces CG uncertainty about what to do about OA.^{*10}
- Increases CG confidence in finding sources of support.^{*10}

BENEFITS FOR OLDER ADULTS

Improves Quality of Life

- Early detection of dementia can decrease disability and dependence.^{*1}
- Therapies effectively postpone the progression of dementia early in the disease.^{*2}
- Dementia dramatically increases a patient's risk of falling, hip fracture and lowers bone mineral densities.^{*1}

Promotes Independence

- 25% of all hospitalizations are preventable in Medicare populations diagnosed with dementia.^{*3}
- Non-pharmacological interventions reduce nursing home placements by 30% and delay placement for others by 18+ months.^{*4}

Addresses Comorbidities

- Underlying dementia affects management of all chronic diseases.^{*5}
- Dementia is a primary risk factor of poor treatment compliance in comorbid conditions.^{*5}

Reduces Inefficiencies

- \$30,554 is an average annual total cost of dementia, as estimated by a systematic review of the main cost drivers.^{*6}
- Early detection and intervention saves money:
 - \$5,300 / pp reduction in healthcare costs
 - \$11,400 / pp reduction in societal costs^{*7}

BEST PRACTICES

How do we do it best?

The Institute of Medicine recommends interdisciplinary teams to address complex dementia needs.^{*8 *9}

Satisfaction:

- Dementia patients report greater satisfaction ratings with collaborative care.^{*10}

Savings:

- Collaborative care partnerships save cost per patient. Risk-adjusted cost savings of \$3,474 per patient are reported in a study by a healthy aging brain center and Indiana University.^{*11}

Specialized:

- Core clinical criteria for a diagnosis of MCI or Alzheimer's Disease requires evidence from objective assessments suggesting lower performance on one or more cognitive domains that is greater than what would be expected for the patient's age and educational background.^{*12 *13}
- A neuropsychologist in a memory care specialty clinic has the expertise to evaluate each patient individually, provide an accurate and objective diagnosis, and establish a baseline to monitor progression of the disease. An accurate diagnosis and determination of stage of decline increases understanding of the patient's strengths and weaknesses. This enables personalized care plans to be implemented accordingly.^{*14}

1. Wang, H.K., Hung, C.M., Lin, S.H., Tai, Y.C., Lu, K., Liliang, P.C., Lin, C.W., et al. (2014). Increased risk of hip fractures in patients with dementia: a nationwide population-based study. *BMC Neurology*, 14(1), 175.
2. Fillit, H. and Hill, J. (2005). Economics of dementia and pharmacoeconomics of dementia therapy. *American Journal of Geriatric Pharmacotherapy*, 3, 39-49.
3. Healthy People 2020. Dementias, including Alzheimer's disease. Available at <http://www.healthypeople.gov/2020/topics-objectives/topic/dementias-including-alzheimers-disease/national-snapshot>. Revised August 25, 2014.
4. Mittelman, M.S., Haley, W.E., Clay, O.J., Roth, D.L. (2006). Improving caregiver well-being delays nursing home placement of patients with Alzheimer disease. *Neurology*, 67, 1592-1599.
5. Maslow, K. (2004). Dementia and serious coexisting medical conditions: A double whammy. *Nursing clinics of North America*, 39: 561-579. Doi: 10.1016/j.cnur.2004.02.011
6. Schaller, S., Mauskopf, J., Kriza, C., Wahlster, P., and Kolominsky-Rabas, P.L. (2015). The main cost drivers in dementia: a systematic review. *International Journal of Geriatric Psychiatry*, 30, 111-129.
7. Getsios, D., Blume, S., Ishak, K., Maclaine, G., Hernández, L. (2012). An economic evaluation of early assessment for Alzheimer's disease in the United Kingdom. *Alzheimer's & Dementia*, 8(1):22-30.
8. Roett, M.A. and Coleman, M.T. (2013). Practice improvement, part II: Collaborative practice and team-based care. *FB Essentials*, 414, 11-18.
9. Galving, J.E., Tolea, M.I., George, N., and Wingermuehle, C. (2014). Public-private partnerships improve health outcomes in individuals with early stage Alzheimer's disease. *Clinical Interventions in Aging*, 9, 621-630.
10. Galvin, J., Valois, L., and Zweig, Y. (2014). Collaborative transdisciplinary team approach for dementia care. *Neurodegenerative disease management*, 4(6), 455-469.
11. French, D.D., LaMantia, M.A., Livin, L.R., Herceg, D., Alder, C.A., and Boustani, M.A. (2014). Healthy aging brain center improved care coordination and produced net savings. *Health Affairs*, 33, 613-618.
12. Albert, M.S., DeKosky, S.T., Dickson, D., Dubois, B., Feldman, H.H., Fox, N.C., Gamst, A., et al. (2011). The diagnosis of mild cognitive impairment due to Alzheimer's disease: Recommendations from the National Institute on Aging-Alzheimer's Association workgroups on diagnostic guidelines for Alzheimer's disease. *Alzheimer's & Dementia*, 7, 270-279.
13. McKhann, G.M., Knopman, D.S., Chertkow, H., Hyman, B.T., Jack, C.R., Kawas, C.H., Klunk, W.E., et al. (2011). The diagnosis of Alzheimer's disease: Recommendations from the National Institute on Aging-Alzheimer's Association workgroups on diagnostic guidelines for Alzheimer's disease. *Alzheimer's & Dementia*, 7, 263-269.
14. Manning, C. Patient corner: Dementia and helping families overcome uncertainty when caring for a loved one with dementia. *National Academy of Neuropsychology Bulletin*, 28(2), 5-6.
15. Connell, C.M., Roberts, J.S., McLaughlin, S. J., and Carpenter, B.D. (2009). Black and white adult family members' attitudes toward a dementia diagnosis. *Journal of the American Geriatric Society*, 57(9), 1562-1568.
16. Carpenter, B.D., Xiong, C., Porensky, E.K., Lee, M.M., Brown, P.J., Coats, M., Johnson, D., et al. (2008). Reaction to a dementia diagnosis in individuals with Alzheimer's disease and mild cognitive impairment. *Journal of the American Geriatrics Society*, 56(3), 405-412.
17. Unitzer, J., Katon, W., Callahan, C.M., Williams, J.W., Hunkeler, E., Harpole, L., Hoffing, M., et al. (2002). Collaborative care management of late-life depression in the primary care setting: a randomized controlled trial. *JAMA*, 288(22), 2836-2845.
18. Counsell, S.R., Callahan, C.M., Tu, W., Stump, T.E., and Arling, G.W. (2009). Cost analysis of the Geriatrics Resources for Assessment and Care of Elders care management intervention. *Journal of the American Geriatrics Society*, 57(8), 1420-1426.

