
Optimizing Aging Collaborative



2017 Alzheimer's Clinical Care Guidelines Update

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The Optimizing Aging Collaborative at UCSF is supported by the UCSF Geriatrics Workforce Enhancement Program: Health Resources and Services Administration (HRSA) Grant Number U1QHP28727.

Roadmap for the Guideline Update

- Alzheimer's Disease and Its Impact
- Evidence for Update
 - Government Policies
 - Practice Trends
- Clinical Care Guidelines
 - Assessment
 - Care Plan
 - Education and Support
 - Important Considerations



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2017 Update

- Reflects new evidence, improved practice, and changes in law
- 4th edition of the California Alzheimer's Clinical Care Guideline
 - 1998, 2002, 2008
- Designed with clinical providers in mind
 - You will see live links throughout the guideline.

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Alzheimer's Disease and Its Impact

- Dementia is defined as memory loss and other impairments that interacts with daily life
- Alzheimer's Disease is the most common form of dementia
 - 60-80% of dementia cases
 - 610,000 Californians impacted
- 5th leading cause of death in California



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Who is Affected

- More **women** than men
 - Almost 2/3 of Americans with Alzheimer's are women
 - More caregivers are women
- **African Americans and Hispanics** are more likely than whites to have dementia
 - 2x as many African Americans as whites
 - 1.5x as many Hispanics as whites



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New Government Policies

- Medicare Reimbursement
- Adoption of Physician Order for Life Sustaining Treatment (POLST)
- Social Security: Compassionate Allowance Benefit for Early-Onset Individuals (<65)
- Healthy Brain Initiative from the CDC

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Medicare Reimbursement

- Centers for Medicare & Medicaid Services (CMS) now reimburses physicians for annual wellness visits every 12 months
 - Includes cognitive screen
- Medicare will pay for these services for patients with cognitive impairments:
 - Cognitive assessments
 - Functional assessments
 - Care planning

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Adoption of POLST

- POLST = Physician Order for Life Sustaining Treatment
- Gives patients more control over end-of-life care
 - >Prevents unwanted treatments
 - >Reduces patient and family suffering
- Ensures patient's wishes are honored

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Social Security Compassionate Allowance

- Individuals under age 65 who are *diagnosed* with Alzheimer's disease are eligible for Social Security compassionate allowance benefit
 - Minimal objective information provided by physician

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Healthy Brain Initiative

- CDC strategy for state and national partnerships
- Emphasizes proven public health strategies such as:
 - Monitoring and evaluation
 - Education and training
 - Policy development
 - Workforce competencies

<https://www.cdc.gov/aging/pdf/2013-healthy-brain-initiative.pdf>

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Emerging Practice Trends

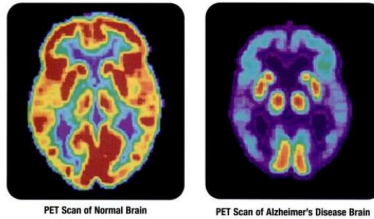
- Emphasis on Early Detection, Early Diagnosis and Mild Cognitive Impairment
- New Evidence about Antipsychotic Medications
- Gaps in Disclosure and Documentation
- Lifestyle Modifications



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Early Detection, Early Diagnosis

- Mild cognitive impairment can cause changes noticed by patients or others, but not severe enough to interfere with daily life or independent function
- Focus on early interventions to delay onset and slow progression



New Evidence about Antipsychotic Medications

- (2005) FDA notified health care professionals that antipsychotics are associated with an increased risk of mortality in elderly patients treated for dementia-related psychosis
 - Additional evidence that this is true for both conventional and atypical antipsychotics



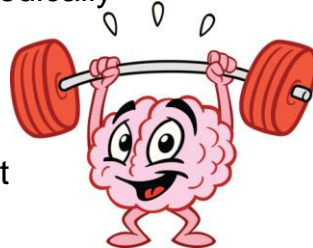
Gaps in Disclosure and Documentation

- Only 45% of patients billed for Alzheimer's-related care were told of their disease by their doctor
- Overlooking or avoiding diagnosis impedes care and denies access to services
- Documenting diagnosis is critically important for patient-centered care



Lifestyle Modifications

- More evidence for lifestyle modification as the best protective strategies for the brain:
 - Strategies that guard against cardiovascular risk
 - Managing CV risk factors medically
 - Tobacco cessation
 - Weight management
 - Regular physical exercise
 - Diet, e.g. Mediterranean diet



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Alzheimer's Clinical Care Guideline

- **Assessment:** *Understand the Patient*
- **Care Plan:** *Beneficial Interventions*
- **Education and Support:** *Engage with the Community*
- **Important Considerations:** *Time Sensitive Issues*

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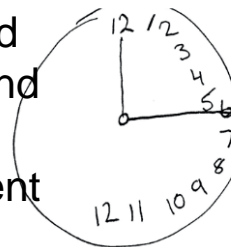
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Assessment: *Assess the Patient Directly*

- Confirm, disclose and document the diagnosis in the patient record
- Identify the patient's culture, values, primary language, literacy level, and decision-making process.
- Identify the primary caregiver and assess the adequacy of family and other support systems
 - >include a caregiver assessment



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Assessment

- A resource!

Alzheimer's Association's Cognitive Assessment Toolkit

<http://bit.ly/CogAssessment>

Assessment: Monitor and Reassess Changes Part 1

- Upon sudden changes or decline and at least annually, conduct and document:
 - Ability to manage daily functions, finances, and medications
 - Feeding, bathing, dressing, mobility, toileting, continence (Activities of Daily Living)
 - Cognitive status
 - Use a tool!
 - Comorbid medical conditions



Assessment: Monitor and Reassess Changes Part 2

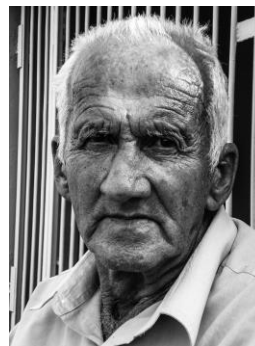
- Emotional, behavioral, and/or mood symptoms
- Medications, both prescription and non-prescription
- Adequacy of home environment
 - Safety
 - Care needs
 - Abuse and/or neglect



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Care Plan: Disease Management

- Discuss the progression and stages of the disease
- Evaluate and manage comorbidities
- Consider use of cholinesterase inhibitors, N-Methyl-D-aspartate antagonist, and other medications, if clinically indicated
- Refer to community resources

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Care Plan: Emotional, Behavioral, Mood Symptoms

- First consider non-pharmacologic approaches
 - Counseling, environmental modification, task simplification, activities
- Consult with or refer to mental health professionals if needed
- IF non-pharmacological approaches prove unsuccessful, THEN use medications targeted to specific emotions, behaviors or moods, if clinically indicated

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Care Plan: Emotional, Behavioral, Mood Symptoms

➔ Educate and connect caregivers to resources on nonpharmacologic approaches



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Care Plan: Safety Issues

- Discuss driving, wandering, firearms, fire hazards
- Recommend medical identification for patients who wander
 - www.medicalert.org



Care Plan: Goals of Care

- Explore preferred intensity of care to include palliative care and end-of-life options such as hospice
- Provide education on advance health care directives, Do Not Resuscitate Orders, POLST, Durable Power of Attorney and other documents



Care Plan: Healthy Living

- Promote healthy living:
 - discuss evidence in support of modifiable risk factors
 - e.g., regular physical activity and diet/nutrition
- If interested, advise of opportunities to participate in research



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Education and Support

- Involve the patient directly in care planning, treatment decisions and referrals
- Suggest appropriate home and community-based programs as needed
- Link the patient and caregiver to support organizations for culturally appropriate educational materials and referrals

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Education and Support

- For statewide patient and family resources, link to: California Department of Public Health, Alzheimer's Disease Program (916) 552-9900
- Check for local services in your area

www.cdph.ca.gov/programs/Alzheimers/Pages/default.aspx

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Important Considerations

- Time Sensitive Issues
 - Advance Planning
 - Capacity Evaluations
 - Elder Abuse
 - Driving
 - Eligibility for Benefits



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Time Sensitive Issues

- Advance Planning
 - Discuss the importance of basic legal and financial planning as part of the care plan and refer for assistance

<http://www.211california.org>



Time Sensitive Issues

- Assess the patient's decision-making capacity and determine whether a legal surrogate has been or can be identified
- Consider literacy, language and culture in assessing capacity

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Time Sensitive Issues

- Elder Abuse
 - Types of abuse: physical, financial, sexual, neglect, isolation, abandonment and/or abduction
 - Monitor for evidence of abuse
 - Report all suspicions of abuse to Adult Protective Services, Long-Term Care Ombudsman or the local police department, as **required by law**

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Time Sensitive Issues

- Driving
 - Report diagnosis of Alzheimer's disease in accordance with California law
 - To your county health department

<https://www.cdph.ca.gov/pubsforms/forms/CtrlIdForms/cdph110c.pdf>



Time Sensitive Issues

- Eligibility for Benefits
 - Patients diagnosed with early-onset Alzheimer's disease may be eligible for Social Security compassionate allowance
 - Other benefits may include Department of Veterans Affairs or long-term care insurance coverage under existing policies

Thank you!



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For more information contact: OAC@ucsf.edu

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