

# Clinical Care Subcommittee Recommendations

January 2013

1. **Launch a nationwide public awareness campaign to promote early detection and diagnosis of Alzheimer's disease.**
  - The Centers for Disease Control and Prevention (CDC) should coordinate with relevant federal agencies and other stakeholders in a public-private partnership to develop a public awareness campaign to promote early detection and diagnosis of Alzheimer's disease, to be launched by January 2014.
  - The CDC should partner with medical professional groups to launch a parallel awareness campaign targeted at physicians and other health care professionals about the benefits of early detection and diagnosis of Alzheimer's disease.
  - Both campaigns should emphasize key reasons for early detection, highlight the Medicare Annual Wellness Visit as an important opportunity to discuss any concerns/issues related to cognitive function, and should begin to explain the diagnostic process. In other words, the campaign should pique interest AND provide information and next steps for each audience.
  - The campaigns should include specific efforts in diverse communities and populations, including younger-onset individuals, persons with intellectual disabilities, and racial/ethnic groups at higher risk of developing Alzheimer's.
  - The CDC should involve state, county, local public health departments, and existing aging network partners in the campaigns and encourage them to launch early detection and diagnosis campaigns of their own.
  - Each federal agency involved in the National Plan process should, by January 2014, identify actions it could take, alone and in partnership with private entities, to increase and improve detection of cognitive impairment and diagnosis of Alzheimer's disease.
  - These actions should be subject to an interagency review, prioritized, and implemented by May 2014.
  
2. **Gather data on the detection of possible cognitive impairment as part of the Medicare Annual Wellness Visit.**
  - The Centers for Medicare and Medicaid Services (CMS) should gather data on physician practices regarding the detection of possible cognitive impairment component of the Medicare Annual Wellness Visit.
  - Such data should include: (a) the extent to which physicians are undertaking that component of the Annual Wellness Visit; (b) what tools physicians are using to detect possible cognitive impairment; (c) the number of people with a positive detection; and (d) what further steps (including medical evaluation and diagnosis) are recommended for those with a positive detection.
  - This data collection should be annual and ongoing, but the first report on the data should be completed by November 2013.

3. **Clarify the privacy protections under the Health Insurance Portability and Accountability Act (HIPAA) to ensure that health care providers can engage in care planning with family members of those diagnosed with Alzheimer's disease or other dementias.**
  - Within six months, the Department of Health and Human Services (HHS) should issue regulations and/or guidance clarifying HIPAA's privacy provisions with respect to communications between health care providers and family caregivers of those diagnosed with dementia.
  - Such regulations/guidance should ensure that health care providers can engage in care planning with family caregivers without the presence of the diagnosed individual.
  - Following the clarification of HIPAA requirements, the Centers for Medicare and Medicaid Services (CMS) should develop appropriate billing procedures for care planning services provided to family caregivers by July 2014.
  
4. **Develop a unified curriculum for primary care practitioners to become more knowledgeable about Alzheimer's disease and enhance the skills necessary to deliver dementia capable care.**
  - The Health Resources and Services Administration (HRSA) should develop public/private partnerships with organizations representing physicians, nurses, allied health professionals, and consumers to develop, no later than July 2014, an education and training curriculum on Alzheimer's disease for primary care practitioners.
  - Such curriculum should include the recognition of risk factors, including among specific diverse populations, and those with intellectual disabilities.
  - By July 2014, HRSA should develop delivery methods for the new curriculum, including through webinars and Continuing Medical Education (CME) sessions, and leverage opportunities for the public partners to deliver the program as well.
  - The new changes in the DSM-V should be included, as well as specific instruction on the tools to detect cognitive impairment that are suggested for the Medicare Annual Wellness Visit.
  
5. **Evaluate models and demonstrations of payment and care delivery reform on the quality and cost for the subpopulation of participants with Alzheimer's disease.**
  - The Center for Medicare and Medicaid Innovation (CMMI) should evaluate funded payment and delivery reform models to determine separately and explicitly the impact on quality of care and costs for the subpopulation with Alzheimer's disease.
  - In evaluating the impact of the tested models and interventions on individuals with Alzheimer's disease, CMMI should give priority to: (a) models aimed at reducing preventable hospitalizations, readmissions, emergency department visits, and length of hospital stays; (b) the state demonstrations on dual

- eligibles; (c) models targeting care transitions; (d) medical home and Independence at Home models; and (e) Accountable Care Organizations.
  - Particular attention should be paid in the evaluations to effects on individuals from diverse communities.
  - The evaluations should be ongoing and incorporated into the normal evaluation component of the models in general.
  - CMMI should ensure that all models and demonstrations funded in the future include effective procedures to identify people with Alzheimer's disease in their samples.
  - CMMI should report on its plan to evaluate the Alzheimer's disease subpopulations of its projects, including procedures for identification of people with Alzheimer's in future projects, by September 2013.
6. **Form a blue ribbon panel of experts on advanced dementia to develop innovations in clinical care practice and quality, including palliative care, for people with advanced dementia.**
- The Office of the Assistant Secretary for Planning and Evaluation (ASPE) should appoint members of a blue ribbon panel on advanced dementia.
  - Key topics related to quality should be discussed including: management of infections/antibiotic resistance, feeding and nutrition problems, falls and injury prevention, transitional care and hospitalizations, communication and setting goals of care.
  - By December 2013, the blue ribbon panel should issue recommendations on one or more models to improve the care for those with advanced dementia, including models of palliative care and its integration into primary care services.
  - Such models should include recommendations on eligibility criteria and financing mechanisms.
  - The panel should review the research agenda for advanced dementia and prioritize areas needed immediate attention. This review should also determine whether ethical and other concerns about randomization of people with advanced dementia are creating a major barrier to research and, if so, what alternative research approaches can be used.
  - The panel recommendations should be considered for inclusion as part of the 2014 National Plan to Address Alzheimer's Disease.
7. **Expand funding and incentives to encourage individuals to pursue careers in geriatric specialties.**
- Congress should increase funding for the interprofessional geriatrics education and training programs for health professions students, faculty, practitioners, direct service workers, and family caregivers under Title VII and Title VIII of the Public Health Service Act.
  - Congress should pass legislation to provide loan repayment for those who study geriatrics and gerontology.