Request: The Alzheimer’s Disease Working Group (ADWG), convened through SSB 6124, developed the Washington State Plan to Address Alzheimer’s and Other Dementias. The Alzheimer’s Disease Working Group recommends that an expert panel identify and endorse a holistic set of Dementia guidelines to address the large variability in the degree to which primary care clinicians support patients with Dementia and their family caregivers. Guidelines would include pursuing a workup, starting and managing medications, managing co-morbid conditions, offering supportive care, support with advance care planning, and referring to other resources such as counseling, senior day programs or palliative care.

The problem: Although there are many benefits to early detection, estimates indicate that fewer than half of the people who meet diagnostic criteria for dementia have received that diagnosis from a clinician. As the number of people with Alzheimer’s and other dementias increases, so will their presence in health care systems.

People living with Alzheimer’s and other dementias are more likely to have other chronic conditions and experience more than triple the number of hospital stays per year than cognitively able older adults. Studies of Medicare data show that people with dementia have more potentially avoidable hospitalizations due to complications of diabetes and hypertension – conditions that could be prevented through active care management.

The U.S. Department of Health and Human Services has targeted this concern in its Healthy People 2020 initiative – setting a target to reduce preventable hospitalizations for people with Alzheimer’s disease and other dementias by 10% by 2020.

While undiagnosed Alzheimer’s is an issue for all groups, Medicare data indicate that African-Americans are less likely than whites to be diagnosed. And when diagnosed, African-Americans and Hispanics are generally diagnosed in later stages of the illness – the impact of this is a higher use of health care services and higher costs. Available statistics indicate that in the U.S. older African-Americans are twice as likely as older whites to have Alzheimer’s disease and other dementias. Hispanic/Latinos are about 1.5 times as likely to have dementia.

Key benefits of evidence based standards of care:

- There are few updated Dementia standards of care. Those that exist, focus primarily on medication.

- All patients deserve access to up-to-date, evidence based care. However, dementia management and diagnosis has dramatically changed since most practicing clinicians were in training.
With the clear rise in dementia prevalence, standard guidelines are necessary to allow primary care clinicians to confidently manage straightforward patients without waiting for limited availability of expertise.

Proper care and supports can help avoid preventable hospitalizations and delay the need for higher level of care.

Early detection and diagnosis would also increase access to valuable resources, and offer more timely opportunities for legal, financial and advance care planning at a time when those with dementia are able to be a part of such decisions.

**Why is Alzheimer’s and Dementia an important topic now?**

**Prevalence**
- Washington State has the 3rd highest rate of death from Alzheimer’s disease of any state.
- Alzheimer’s is Washington’s 3rd leading age-adjusted cause of death.
- State Alzheimer’s rate is expected to increase 40% in the next 10 years, 181% over the next 30 years.
- 83% of US workers are obese or have chronic conditions that increase their risk for Alzheimer’s.

**Costs**
- The total per client Medicaid payments for Medicare beneficiaries age 65+ with Alzheimer’s were 19x those for Medicare beneficiaries without.
- 3rd most costly health condition in 2016 with national annual cost ~ $236 billion.

**Affected Families**
- 324,000 unpaid caregivers provide 369,000,000 hours = $4.485 billion.
- $200 billion in additional health care costs for caregivers.
- Burden on family caregivers affects, in turn, Washington employers, both public and private.

**For more information:**
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