

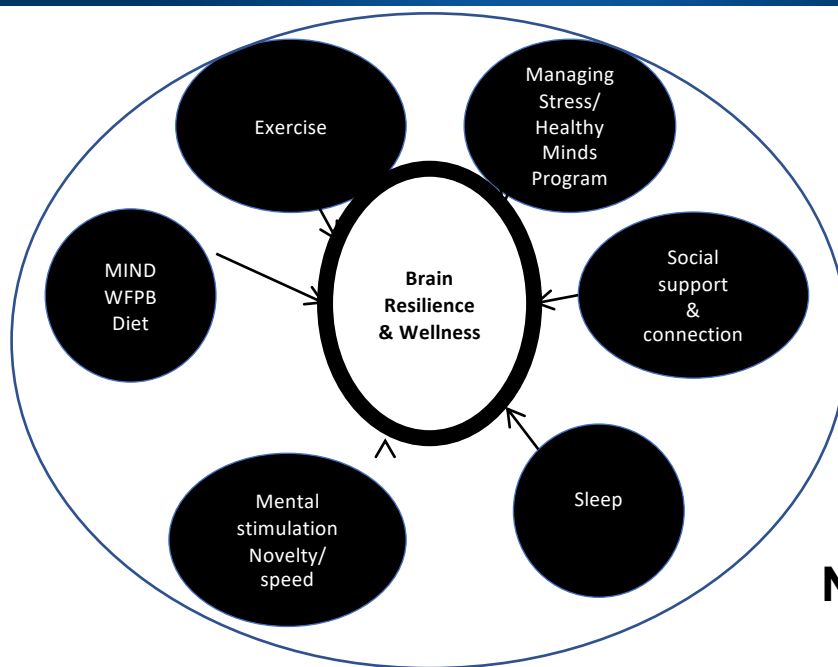
Didactic



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Cognitive Care across Continuum—
hospitalization challenges and
community-based care

Cognitive Care Across the Continuum



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Project ECHO Dementia 08/28/20

2020 Alzheimer's Disease Facts and Figures



Alzheimer's
disease is the
leading cause
of death in the
United States

50%

of primary care physicians believe
the medical profession is not ready
for the growing number of people
with Alzheimer's or other dementias



More than
5 million
Americans
are living with
Alzheimer's



1 in 3
seniors
dies with
Alzheimer's
or another
dementia

It kills more
than breast
cancer and
prostate
cancer
combined



16 million
Americans provide
unpaid care for people
with Alzheimer's or
other dementias

These caregivers provided
an estimated 18.6 billion
hours valued at nearly

\$244 billion



In 2020, Alzheimer's and other
dementias will cost the nation
\$305 billion — By 2050, these
costs could rise as high as
\$1.1 trillion

Between 2000 and
2018 deaths from heart
disease have decreased

7.8%

while deaths from
Alzheimer's disease
have increased

146%

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alzheimer's
association

Providence
St. Joseph Health

Hospitalization Rates in Dementia

- Each year **40%** of community-dwelling People with dementia (PwD) will visit ED and **30%** will be hospitalized at least once.
 - Hospital care is **3 times as costly** compared older people w/o dementia
 - Acute hospitalization in PwD is associated with increased risk of delirium, falls, cognitive and functional decline, 30 day readmission, longer LOS, long-term care admission and death
-
- Shepherd *et al*, *BMC Medicine* 2019

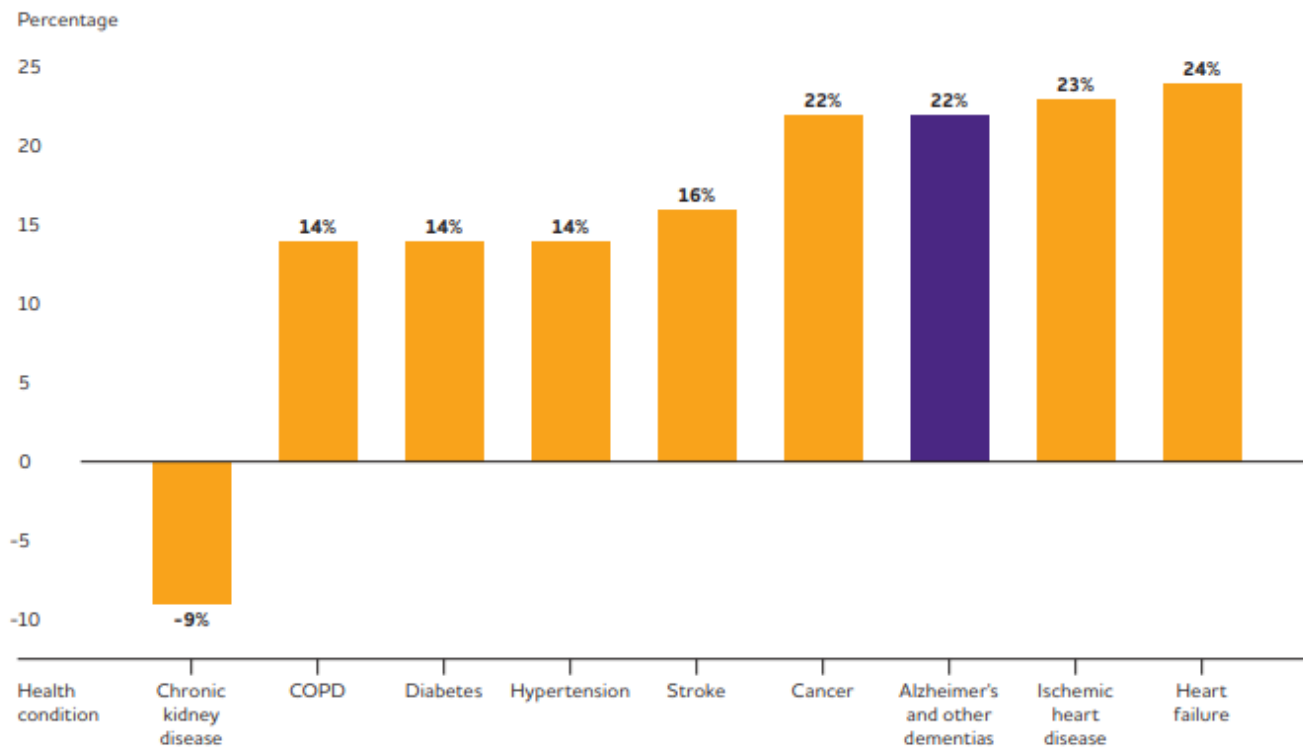
The best way to predict the future is to invent it.
-Alan Kay

Dozens of RCTs and 2 Meta-Analyses show H@H is safe:

- ↓ 6 month mortality
- ↓ readmissions
- ↓ incidence of delirium
- ↓ falls
- ↓ adverse events

FIGURE 14

Percentage Changes in Emergency Department Visits per 1,000 Fee-for-Service Medicare Beneficiaries for Selected Health Conditions* Between 2007 and 2017

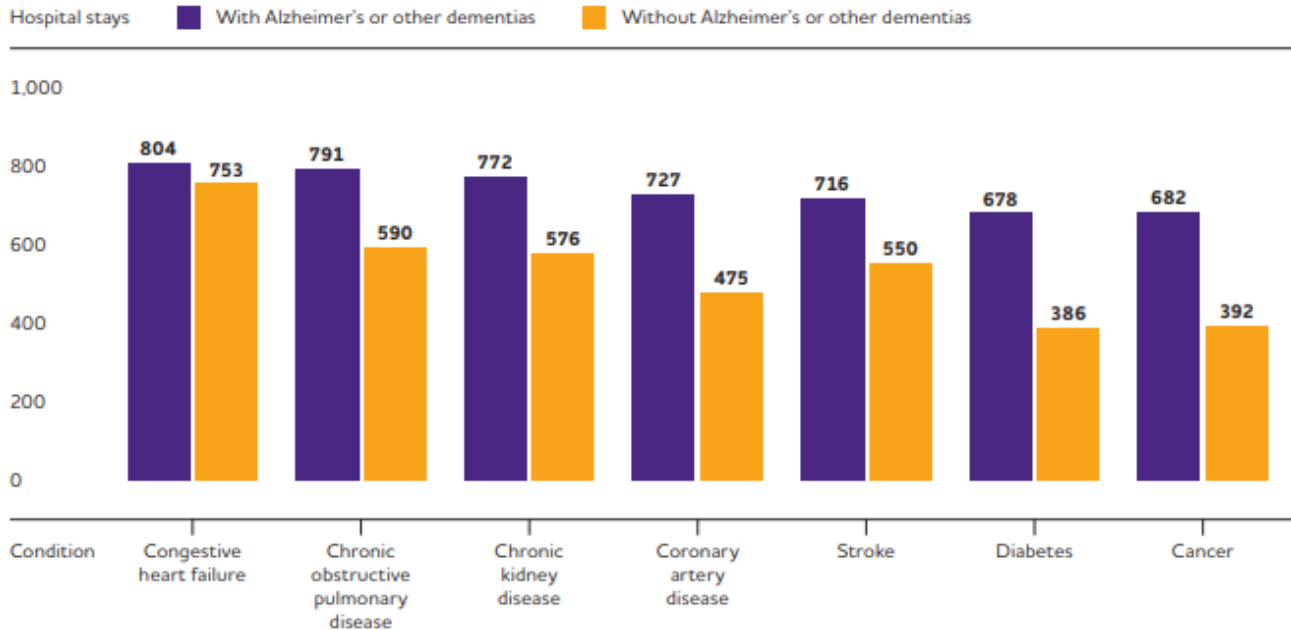


*Includes Medicare beneficiaries with a claims-based diagnosis of each chronic condition. Beneficiaries may have more than one chronic condition.

Created from data from U.S. Centers for Medicare & Medicaid Services.⁵³²

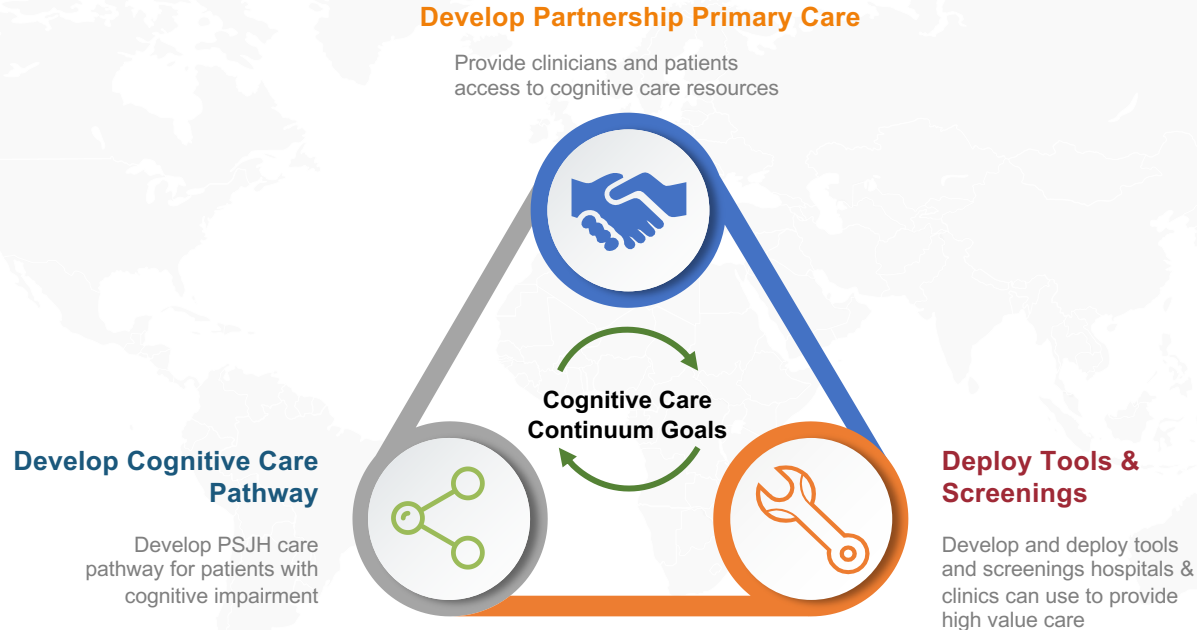
FIGURE 16

Hospital Stays Per 1,000 Medicare Beneficiaries Age 65 and Older with Specified Coexisting Medical Conditions, with and without Alzheimer's or Other Dementias, 2014

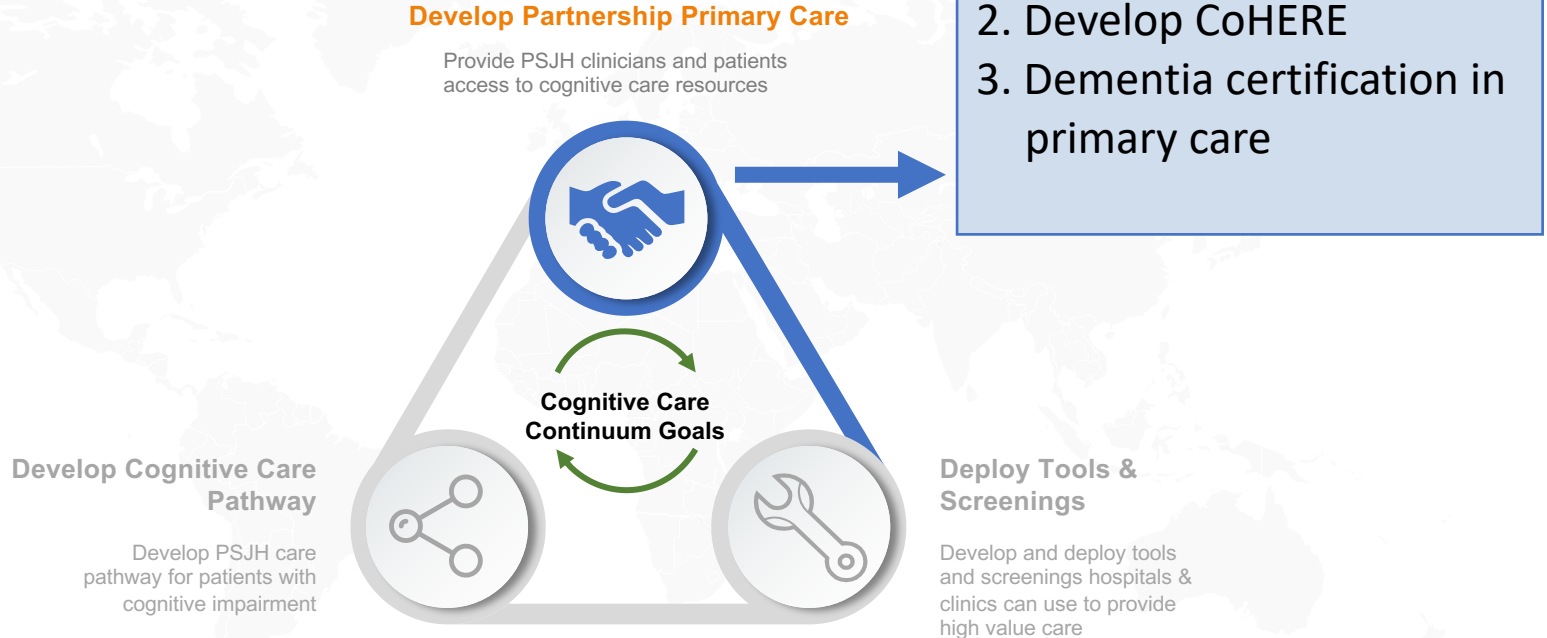


Created from unpublished data from the National 5% Sample Medicare Fee-for-Service Beneficiaries for 2014.²⁹¹

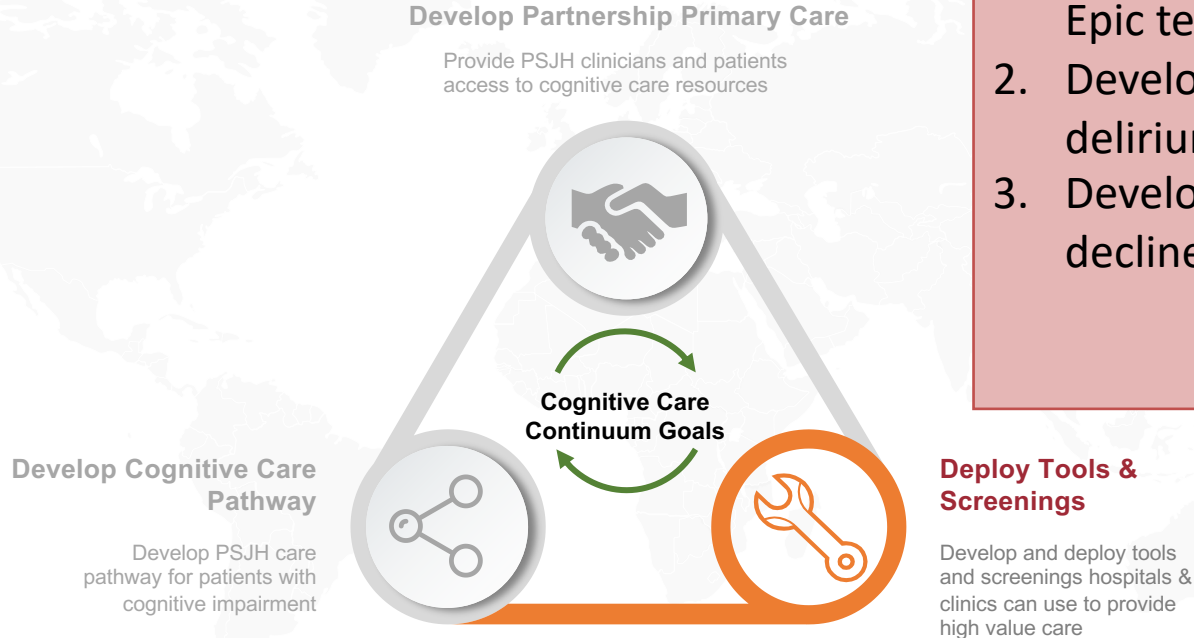
Cognitive Care Continuum Goals



Cognitive Care Workgroup Goals



Cognitive Care Workgroup Goals



1. Implement standard Epic template for 99483
2. Develop pre-operative delirium screening
3. Develop post-operative decline assessment

Cognitive Care Workgroup Goals

1. Improve community based dementia care
2. Reduce LOS & hospitalization of patients with cognitive impairment

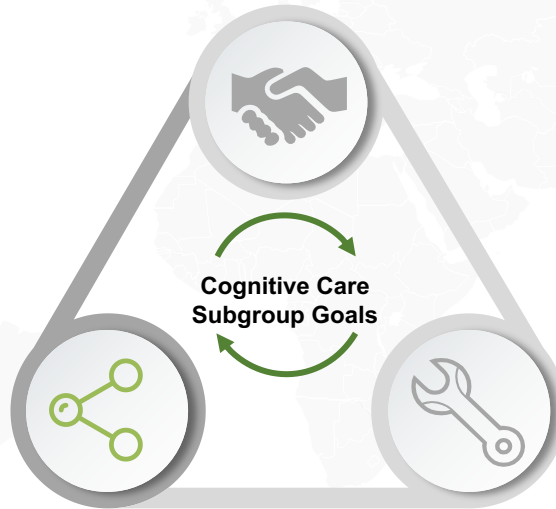


Develop Cognitive Care Pathways

Develop PSJH care pathway for patients with cognitive impairment

Develop Partnership Primary Care

Provide PSJH clinicians and patients access to cognitive care resources

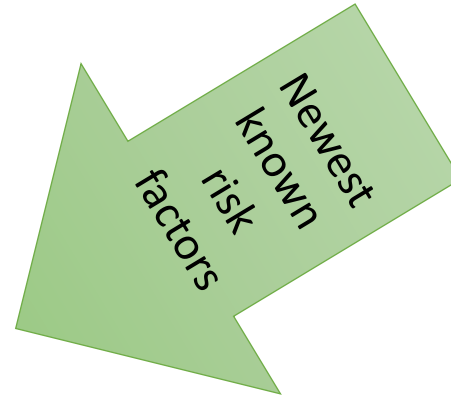


Deploy Tools & Screenings

Develop and deploy tools and screenings hospitals & clinics can use to provide high value care

Modifiable Risk Factors from *Lancet* Commission on dementia prevention, intervention, and care

- Less education
- Hypertension
- Hearing impairment
- Smoking
- Obesity
- Depression
- Physical Inactivity
- Diabetes
- Infrequent social contact
- Excessive alcohol consumption
- Head injury
- Air pollution



Mitigation

- Modifying 12 risk factors might prevent or delay up to 40% of dementias.
- Be ambitious about prevention
- Contributions to the risk and mitigation of dementia begin early and continue throughout life, so **it is never too early or too late.**
- Aim to maintain systolic BP of 130 mm Hg or less in midlife from around age 40 years
- Prevention is about policy and individuals. Contributions to the risk and mitigation of dementia begin early and continue throughout life, so it is never too early or too late. These actions require both public health programmes and individually tailored interventions. In addition to population strategies, policy should address high-risk groups to increase social, cognitive, and physical activity; and vascular health.

What do we do about it?

- Encourage use of hearing aids for hearing loss and reduce hearing loss by protection of ears from excessive noise exposure.
- Reduce exposure to air pollution and second-hand tobacco smoke.
- Prevent head injury
- Limit alcohol use, as alcohol misuse and drinking more than 21 units weekly increase the risk of dementia.
- Avoid smoking uptake and support smoking cessation to stop smoking, as this reduces the risk of dementia even in later life.
- Provide all children with primary and secondary education.
- Reduce obesity and the linked condition of diabetes. Sustain midlife, and possibly later life physical activity.
- Addressing other putative risk factors for dementia, like sleep, through lifestyle interventions, will improve general health.

What do we do about it?

- Tackle inequality and protect people with dementia
- Many risk factors cluster around inequalities, which occur particularly in Black, Asian, and minority ethnic groups and in vulnerable populations. Tackling these factors will involve not only health promotion but also societal action to improve the circumstances in which people live their lives. Examples include creating environments that have physical activity as a norm, reducing the population profile of blood pressure rising with age through better patterns of nutrition, and reducing potential excessive noise exposure.
- Dementia is rising more in low-income and middle-income countries (LMIC) than in high-income countries, because of population ageing and higher frequency of potentially modifiable risk factors. Preventative interventions might yield the largest dementia reductions in LMIC.

For People with Dementia --

- Provide holistic post-diagnostic care
- Post-diagnostic care for people with dementia should address physical and mental health, social care, and support. Most people with dementia have other illnesses and might struggle to look after their health and this might result in potentially preventable hospitalisations.
- Manage neuropsychiatric symptoms
- Specific multicomponent interventions decrease neuropsychiatric symptoms in people with dementia and are the treatments of choice. Psychotropic drugs are often ineffective and might have severe adverse effects.
- Care for family carers
- Specific interventions for family carers have long-lasting effects on depression and anxiety symptoms, increase quality of life, are cost-effective and might save money.



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Home

Blog

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Welcome to the Cohere blog, a provider resource of UW Project Echo Dementia

Cohere is a common space to bear witness and share reflections about what it means to you to care for people with dementia and their families. We seek to cultivate a practice of recollecting to strengthen engagement and deepen understanding. Additionally, Cohere will serve as a place to ask questions about case presentations and didactics, and continue conversations between ECHO clinics.