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

6th
Alzheimer's disease is the leading cause of death in the United States

50%
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

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

It kills more than breast cancer and prostate cancer combined

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%
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

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*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.332*
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

Hospital stays

<table>
<thead>
<tr>
<th>Condition</th>
<th>With Alzheimer’s or other dementias</th>
<th>Without Alzheimer’s or other dementias</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congestive heart failure</td>
<td>804</td>
<td>753</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>791</td>
<td>590</td>
</tr>
<tr>
<td>Chronic kidney disease</td>
<td>772</td>
<td>576</td>
</tr>
<tr>
<td>Coronary artery disease</td>
<td>727</td>
<td>475</td>
</tr>
<tr>
<td>Stroke</td>
<td>716</td>
<td>550</td>
</tr>
<tr>
<td>Diabetes</td>
<td>678</td>
<td>386</td>
</tr>
<tr>
<td>Cancer</td>
<td>682</td>
<td>392</td>
</tr>
</tbody>
</table>

Created from unpublished data from the National 5% Sample Medicare Fee-for-Service Beneficiaries for 2014.291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

Develop Partnership Primary Care
Provide clinicians and patients access to cognitive care resources

Develop Cognitive Care Pathway
Develop PSJH care pathway for patients with cognitive impairment

Cognitive Care Continuum Goals

Deploy Tools & Screenings
Develop and deploy tools and screenings hospitals & clinics can use to provide high value care
Cognitive Care Workgroup Goals

Develop Partnership Primary Care
Provide PSJH clinicians and patients access to cognitive care resources

1. Project ECHO Dementia
2. Develop CoHERE
3. Dementia certification in primary care

Develop Cognitive Care Pathway
Develop PSJH care pathway for patients with cognitive impairment

Deploy Tools & Screenings
Develop and deploy tools and screenings hospitals & clinics can use to provide high value care
Cognitive Care Workgroup Goals

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

Develop Partnership Primary Care
Provide PSJH clinicians and patients access to cognitive care resources

Develop Cognitive Care Pathway
Develop PSJH care pathway for patients with cognitive impairment

Cognitive Care Continuum Goals

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

Newest known risk factors
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.
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.

https://echocohere.squarespace.com/