



How CaAIM Supports Best Practices in Dementia Care

*A report commissioned by
the Archstone Foundation*

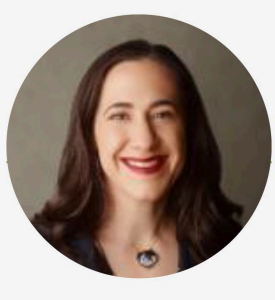
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Introductions

Presenting today

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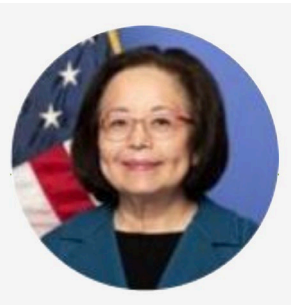


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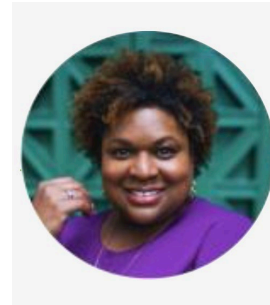


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Overview

- California's Dementia Challenges
- Review of Dementia Care Best Practices – Six Notable Models
- How CalAIM Can Help
- Q&A



California's Dementia Challenges

- **Prevalence of Dementia.** The number of Californians diagnosed with dementia is projected to reach **1.3 million in 2040**, a doubling since 2020.
 - It is 2X in Black adults and 1.5X in Latinx adults
- **Under-detection** 39.5% older adults with probable dementia go undiagnosed, and 19.2% are unaware of their diagnoses.
- **Dementia and Medi-Cal**
 - 1/4 of older Californians living with dementia are dually eligible
 - Dual eligibles are 3x as likely to have dementia than those with just Medicare -> estimated 150,000 to 300,000 of the roughly 1.5 million duals.



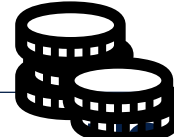
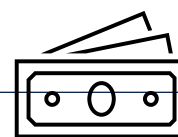
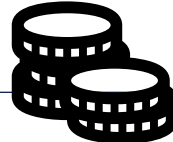
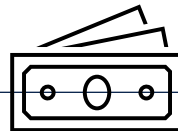
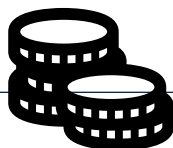
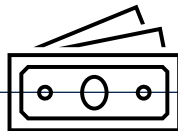
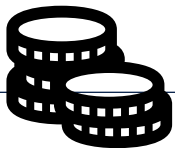
California's Dementia Challenges

▪ PLWD Health Care System Utilization Compared to People *Without* Dementia

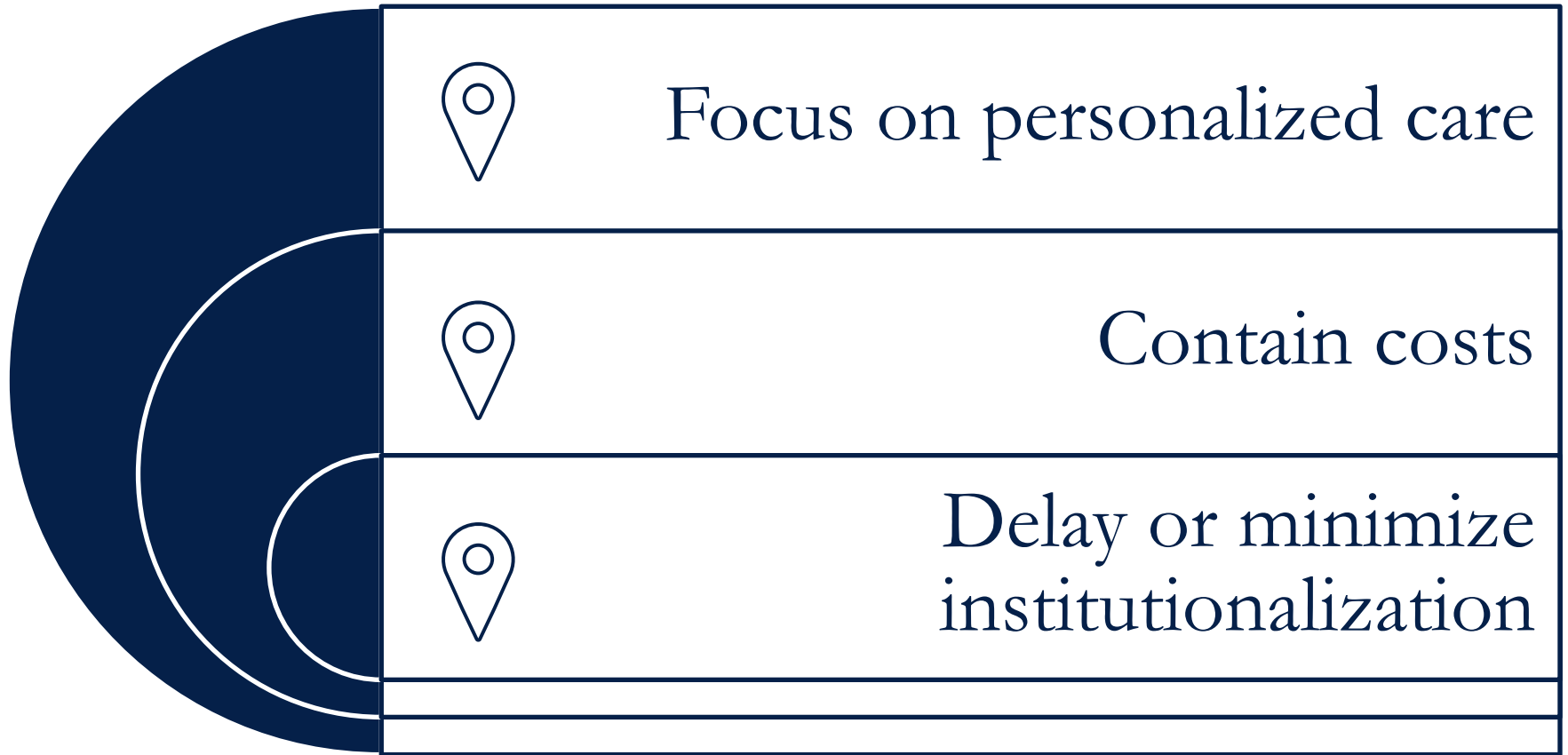
- Longer hospital stays (5.1 days vs. 4.5 days)
- Higher 30-day hospital readmission rate (23% vs 18%)
- 28% increase in emergency room visits in the last decade
- More likely to be institutionalized in nursing homes by the time they are 80 years old (75% vs 4%)

▪ Costs of Dementia

- Average cost of care for someone with dementia is \$43,444/year, *3x the cost for an older adult without dementia*
- ***For the person and family***
 - Out-of-pocket spending by patients' families: \$87 billion in 2023
 - 48% of caregivers of older adults nationwide are caring for someone with dementia
 - 83% are not paid for that work.
- ***For Medicaid/ Medi-Cal***
 - The cost is \$6,739 for a PLWD/year. *It is \$303 for someone without dementia, a 22X difference.*



Best Practices in Dementia Care: *The Goals*



Best Practices in Dementia Care:

The Elements

1. Embrace Collaborative Care

- Dyad of (Patient and Caregiver) + (Primary Care Clinician +Team)
- Team, licensed and non- licensed, supports care plan implementation

2. Develop detailed care plans that include multicomponent interventions

- **Care plans:** 1) personalized and updated 2) treatment and care management, 3) medication management, 4) caregiver support
- **Multi-component interventions:** 1) safety interventions 2) physical activity and cognitive therapy interventions

3. Promote community living arrangements and support

- Types of living:
 - 1) group living 2) small-scale homelike settings 3) dementia village
- Delivery of meals e.g. medically tailored meals




4. Do more to support caregivers

- Caregiver Assessment
- Respite: include all settings (adult day programs, in-home care, institutional)
- Education or psychosocial therapy



How Can CalAIM Help?






ECM component		Dementia care best practice
Outreach and engagement	☆	Partner with dementia friendly initiatives to generate referrals
Comprehensive assessment and care management plan	⊕	Defined care manager role
	⊕	Personalized and comprehensive care plan that is regularly updated according to the patient's needs
	⊕	Care plan includes treatment and care management
	⚠	Care plan includes medication management
Enhanced coordination of care	⊕	Defined care manager role
Health promotion	⊕	Caregiver education includes dementia education including managing stressors, medication management, self-management and community resources.
Transitional care services	⊕	Defined care manager role
Member and family supports	⊕	Care plan includes caregiver support
	⊕	Caregiver support includes education on self-management
	⚠	Caregiver assessment
Coordination of and referral to community and social Support Services	⊕	Defined care manager role


 Overlap
  Opportunity
  Limitation


ECM= Enhanced Care Management



How Can CaAIM Help?

CS component		Dementia care best practice
Environmental accessibility adaptations (home modifications)		Multicomponent interventions: safety intervention
Respite services		Caregiver support: adult day programs
Personal care and homemaker services		Supports identified barriers to access to care such as functional requirements and hour limitations for in-home support services
Medically tailored meals or medically supportive food		Community dwelling intervention: home-delivered meals
Nursing facility transition or diversion to assisted living facility		Community Dwelling Intervention: small-scale home-like care models

 Overlap

 Opportunity



CS = Community Supports

How Can CalAIM Help?

Funds to train dementia care specialists

- PATH Funding

Extra help for dual eligible

- Assessment
- Data collection
- Integration of dementia care specialist into care

New opportunities in Medicare

- GUIDE and CalAIM: dementia-specific programs



Question & Answer



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