



**Alzheimer's Awareness: Barriers to Diagnosis, Treatment and Care Coordination
Senate Committee on Finance, Subcommittee on Health Care
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Good afternoon Mr. Chairman and members of the Senate Committee on Finance, Subcommittee on Health Care. My name is Janet Tomcavage, and I am Geisinger's Chief Nursing Executive. I want to thank the Subcommittee for holding this hearing on an important health care issue facing our country – one that Geisinger is invested in providing the best possible care for our patients and health plan members while testing new innovative care models for the future.

Today, I speak to you as a nurse and health care executive who has worked at Geisinger in a variety of roles for more than 30 years. I began my current position as Chief Nursing Executive in August of this year. Before assuming this role, I was Chief Population Health Officer and have had the honor and privilege to work with seniors for much of my career. Consequently, this has afforded me the ability to look critically at how we deliver health care to our most vulnerable individuals and work together with health care teams to redesign care for those populations who have multimorbid and debilitating chronic health conditions.

Geisinger is one of the nation's largest integrated health services organizations serving a population of more than 3 million residents throughout central, south-central and northeast Pennsylvania, and in southern New Jersey at AtlantiCare, a member of Geisinger. Our physician-led system includes approximately 32,000 employees, nearly 1,800 employed physicians, 13 hospital campuses, 2 research centers, a school of medicine, and a 580,000-member health plan. The integration of hospitals, clinics, providers and a health plan has allowed Geisinger to test innovative care delivery models, integration, quality and service while

driving our mission to make health easier for the patients and communities we serve.

Current State

Alzheimer's disease is increasing in incidence and recent estimates now indicate that it may as high as the 3rd leading cause of death behind only heart disease and cancer. One in ten Americans over the age of 65 has Alzheimer's. In 2016, over 40% of residential care community residents had Alzheimer's and almost 48% of nursing home residents have the diagnosis.

Alzheimer's is the most common form of dementia and identifies the loss of cognitive functioning as well as behavioral abilities which leads to challenges with thinking and remembering, agitation, wandering, and aggression as well as difficulties with simple activities of daily living including meal preparation, grocery shopping, driving or personal hygiene. While medical treatment is an important component, managing the behavioral symptoms is often a more complex scope and one of the biggest barriers to care for individuals with dementia.

I'd like to outline the challenges and opportunities we see that are needed to improve care of the aging brain including Alzheimer's, describe some of the innovative programs we've launched at Geisinger and identify how CMS can remove the barriers to caring for patients and families dealing with dementia.

First, we know there are several modifiable risk factors for developing Alzheimer's. If given appropriate time and support, primary care providers and their teams could more aggressively address those risks with their older patients and, we believe, reduce the rate of future memory loss and dementia.

One of the biggest barriers to reduce the risk of developing dementia is a lack of understanding and education on how to take action – by the individuals affected and their families as well as physicians caring for the elderly. Often, people will say, "Oh well, I'm just getting older," thereby minimizing the subtle signs of memory loss or confusion and not drawing it to a physician's attention. There is also a fair amount of complacency in the medical community around treating common conditions such as hypertension, which we know contributes to physiologic changes that occur in the aging brain.

“Brain-impairing” medications are another critical area to address. Older individuals are often more susceptible to the side effects of medications that are used to treat medical conditions such as overactive bladder, sleep issues, allergies, mood disorders, COPD and Parkinson’s disease. And those side effects can often cause dementia-like symptoms.

Medicines such as anticholinergics actually increase the risk of developing dementia because of the action of the drug. We need better education for families and physicians around those risks, and stronger warning labels. We need better, safer options and drug formulary management.

In most cases, “memory and thinking” challenges are identified too late. Better education, more time with seniors and reliable assessment tools are needed in the primary care setting. We need to include memory and cognition as part of an annual wellness examination and complete formal memory assessments on our seniors. A focused assessment that leads to a high-quality diagnosis of memory issues in the older population needs to become the standard of care.

We need to develop a new series of health care services that can “push out” care to patients and their families where they need it – in their home. For instance, resources for telehealth services would allow us to leverage clinical experts, particularly in rural areas, to appropriately assess, treat and monitor patients who we know are starting to demonstrate mental decline. In addition, home services can evaluate the safety and social supports in the home which are critical components of a comprehensive treatment plan for individuals with Alzheimer’s.

A separate issue from the above clinical improvements, is the support and reimbursement for caregiving. The healthcare system has a very weak infrastructure to support patients with Alzheimer’s and their caregivers. Services such as transportation, adult daycare, respite care, in-home assistance, and better advanced care planning lack funding. These services can keep people safe and in their own homes and are also needed for respite for the families but are not adequately reimbursed by Medicare or Medicaid. Payment for unlicensed caregiver support will be critical to the long-term success of keeping individuals with dementia in their homes and communities. And in cases where funding from Medicare does support home aide services, if families were to choose hospice, the support for caregiver assistance is no longer available and often the reason that families do not enroll their loved ones in hospice in the last months of their lives.

Finally, we need funding for research on how to stop these diseases. Alzheimer's, Parkinson's, dementia have not had the investment needed to find treatment options, although they are prevalent and drive the utilization of costly health resources. The focus and funding level should be similar to cancer and other conditions. We need clinical trials that test novel preventative, symptomatic and curative treatments for memory disorders.

New clinical models at Geisinger

I'd like to turn now to what we are doing at Geisinger to address these risk factors and gaps in caring for patients with the aging brain. At Geisinger, we are developing a more comprehensive and integrated approach to senior care. We're testing new delivery models, including several that were recently implemented over the last year.

Geisinger opened its first *Memory and Cognition* center led by a behavioral neurologist surrounded by a team of individuals with a mixed skill set that complements the needs of the patients served. Pennsylvania has the second oldest population in the United States – Florida is number one. In addition, 80% of Geisinger's inpatient hospital volumes are over age 65 and the senior segment of our population is the only segment growing in our clinical footprint. The business case is relevant – but not yet self-sustaining. The team is a multidisciplinary alliance with primary care leveraging neurologists, pharmacists, case management, nutrition, speech therapy, occupational therapy and physical therapy. Consultation outreach clinics are also available in two other locations across our network one day per month. However, the wait times to get into the center are significant. Expansion is limited due to inadequate funding for the non-reimbursed but important services such as care management, exercise therapy, etc. Anecdotal outcomes are very evident and clinical trials are underway to test the Center's impact, but no current impact outcomes are yet available.

Another newly implemented care model is *Geisinger at Home*. For our highest risk patients, those with multiple and complex conditions often including dementia, we send a team of health care clinicians into targeted patients' homes. Physicians, advanced practitioners, nurses, pharmacists, nutritionists and mobile health paramedics provide a full complement of care and service right in their home as needed. These services provide thorough clinical and social assessments, optimized treatment plans, and acute care services directly in the home in an

effort to avoid unnecessary emergency department and hospital utilization. In addition, the team works closely with the patient and family to understand the patient's goals of care specifically around advanced illness and end of life care.

We have seen almost 5400 patients in *Geisinger at Home*, and the results have been incredible. Families who have been overwhelmed by managing their loved one's complex care are extremely thankful for the program. We've seen a decrease in hospital admissions for patients in this program by 35%. And Emergency department utilization is also down about 20%. The longer patients are in the program, the more significant impact we're seeing. For our Medicare Advantage Members, we have realized about a \$500 PMPM improvement in the first year of the program.

And finally, our most recent implementation is a new approach to primary care called *65Forward* – a new primary care model implemented in August of this year. *65Forward* is primary care practice that is dedicated only to the care of seniors – individuals over the age of 65. This program was developed in conjunction with our health plan for Medicare Advantage members.

In addition to regular primary care visits, these locations will focus on coordinated annual wellness visits, comprehensive memory and cognition testing, functional status and mental health assessments and other services to meet the individual needs and maintain their health and wellness. The practices include nursing support, nutrition resources, and an on-site pharmacist and wellness coach. They also support activities that are proven to contribute to health and wellness, including exercise classes and equipment, cooking classes and social activities such as knitting, crafts and book clubs.

Since the physicians in Geisinger *65Forward* see only Medicare patients, we have decreased the number of patients that a primary care provider would normally see in his/her panel to 450 (as opposed to 2000) to ensure they have the time needed for these seniors. Because the practices just opened in late summer, we don't yet have outcomes to share from this delivery model. We will be evaluating these services by looking at total cost of care, and quality outcomes including both preventative and chronic care measures.

Caring for those with these progressive neurological conditions and finding better answers is a burden and responsibility shared by our healthcare system, government and private funders, and American families. I believe the most

urgent need and the biggest opportunity is funding to ease the burden of families caring for their loved one with declining health and Alzheimer's. New payment models are needed to support caregiving services to help keep people safe and in their homes for as long as possible.

Second, we need funding to support more comprehensive education and tools for primary care providers as well as for the support of in-home therapies. Early detection, screening and intervention can make a difference. We must address the lack of research into the causes and treatment of dementia with the goal to avoid and delay the effects of the aging brain.

With the right focus and attention we can make a difference in the trajectory of these devastating neurologic conditions and the toll they are taking on our loved ones and communities across the country.

I will leave you with a simple example that is reflective of what can be easily done:

Patricia is an older woman who came to the Memory and Cognition center for the first time with a diagnosis from her primary care provider of Alzheimer's disease. On her screening with the commonly used Mini Mental State Examination (MMSE) she was 23 out of 30, consistent with a mild dementia level of impairment. On the initial review, there was one medication she was taking that caused concern - a low dose benzodiazepine that she took at bedtime every night for sleep. The family indicated that she had been on that medication for years and it couldn't possibly be the cause of her problems. Her neurologist shared that he couldn't cure Alzheimer's disease, but likely could get her a good night's sleep without the use of this medication. Though skeptical, they took the Memory and Cognition program's advice on establishing good sleep habits and use of melatonin. When the patient came back for follow-up, she reported that she was sleeping better than she had in years, and that she felt more like her normal self. When rescreened with the MMSE she now scored a 29 out of 30, consistent with a more normal level of performance. Our lead neurologist has shared that Geisinger's Memory and Cognition unit, simply by transitioning people from high risk medications to better targeted therapies, has "cured" more people's memory and thinking problems than anything else he has seen in his career.

Geisinger is committed to being a resource and an engaged partner in the work supporting physical and mental wellness in seniors. Thank you again for the opportunity to provide you with our thoughts on this critical health issue. I am happy to answer any questions you may have.