



# SCALING COMPREHENSIVE DEMENTIA-CARE MODELS

## EXECUTIVE SUMMARY

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Despite scientific progress over the last 25 years, dementia remains one of the toughest health-care challenges. Alzheimer's disease is the sixth-leading cause of death in the United States, and the number of deaths from all related dementias may be twice as high.<sup>1</sup> Years of investment and research in Alzheimer's disease and related dementias (ADRD) are sowing seeds of hope. New treatments aim to slow cognitive decline and manage symptoms. However, because of the complexity of dementia, people living with dementia will likely need a combination of therapeutic treatments, comprehensive care, and supportive services to help them live their lives to the fullest post-diagnosis.

To advance the adoption of comprehensive dementia-care models, the Milken Institute [Alliance to Improve Dementia Care](#) (Alliance) convened a roundtable in June 2021. Leaders across industry, government, research, advocacy, philanthropy, health systems, and community-based organizations explored ways to improve and pay for comprehensive dementia care. This report presents actionable recommendations to enhance post-diagnostic care and payment policies under traditional Medicare, where we believe there is the most urgent need for reform.<sup>2</sup>



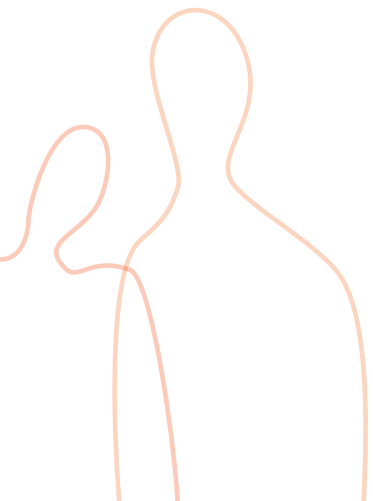
## THEME #1

### Developing a structured framework to test, implement, and scale comprehensive dementia-care models

Comprehensive dementia-care models can improve health outcomes, reduce costs, and support caregivers.<sup>3</sup> However, adoption of these models has been slow due to the wide-ranging needs of people living with dementia, the need for robust workforce training, inequitable access to health care, misaligned incentives, and inadequate payments. To scale comprehensive dementia-care models and make them accessible for all Medicare beneficiaries, the Alliance recommends the following:

### HIGH-POTENTIAL ACTION STEPS

1. Ensure all dementia-care models contain a minimum set of core elements for comprehensive care and follow a population-health approach that tiers services to level of need.
2. Implement quality measures to evaluate access, utilization, and outcomes of comprehensive dementia-care models, particularly for diverse communities disproportionately impacted by dementia and their caregivers.
3. Expand dementia-specific training beyond physicians and nurses to increase interprofessional coordination, provide continuous monitoring and assessment, and expand access to high-quality dementia-care services.





## THEME #2

### Implementing effective payment policies to incentivize adoption and participation in comprehensive dementia-care models

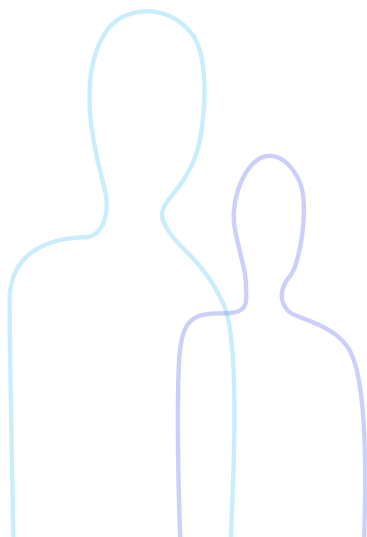
Although evidence supports the value of comprehensive care models, no current payment structure pays for all the needed elements of dementia care. Traditional fee-for-service Medicare presents multiple obstacles to scaling comprehensive dementia care. The Centers for Medicare & Medicaid Services and private payers should test new payment models to advance comprehensive dementia care. Six existing models of comprehensive dementia care show substantial evidence of positive outcomes.<sup>4</sup> Several advocacy groups, lawmakers, and prominent researchers have called for the Center for Medicare & Medicaid Innovation to test a broadscale alternative payment structure for dementia-care management.<sup>5</sup> To move this process forward quickly, the Alliance recommends the following:

#### HIGH-POTENTIAL ACTION STEPS:

4. Test implementation of payment models for comprehensive dementia care in traditional Medicare, especially in underserved communities.
5. Develop mechanisms to pay community-based organizations (CBOs) for services provided to individuals living with dementia and their caregivers.

New payment models will achieve multiple objectives: encourage providers to coordinate care; pay CBOs for the services they provide; align incentives among payers, providers, and patients; and ensure those living with dementia and their caregivers receive more seamless, coordinated health- and long-term care.

To read the full report, visit [milkeninstitute.org/report/dementia-care-models-scaling-comprehensive](https://milkeninstitute.org/report/dementia-care-models-scaling-comprehensive).





## ENDNOTES

1. “2021 Alzheimer’s Disease Facts and Figures” (Alzheimer’s Association, March 2021): 29, <https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf>.
  2. Diane Ty and Mac McDermott, “Building Workforce Capacity to Improve Detection and Diagnosis of Dementia” (Milken Institute, May 2021), <https://milkeninstitute.org/reports/building-dementia-workforce-capacity>.
  3. Malaz Boustani, Catherine A. Alder, Craig A. Solid, and David Reuben, “An Alternative Payment Model to Support Widespread Use of Collaborative Dementia Care Models,” *Health Affairs* 38, no. 1 (January 2019): 54-59, <https://doi.org/10.1377/hlthaff.2018.05154>; Christopher M. Callahan and Kathleen T. Unroe, “How Do We Make Comprehensive Dementia Care a Benefit?” *Journal of the American Geriatrics Society* 68, no. 11 (November 2020): 2486-2488, <https://doi.org/10.1111/jgs.16805>.
  4. Kristen Lees Haggerty et al., “Recommendations to Improve Payment Policies for Comprehensive Dementia Care,” *Journal of the American Geriatrics Society* 68, no. 11 (November 2020): 2478-2485, <https://doi.org/10.1111/jgs.16807>.
  5. Matthew Baumgart, “An Alternative Payment Model Could Deliver Better Care to People with Dementia—And Save Medicare Money,” Alzheimer’s Association, July 25, 2020, <https://alzimpact.org/blog/post/id/182>; Malaz Boustani, Catherine A. Alder, Craig A. Solid, and David Reuben, “An Alternative Payment Model to Support Widespread Use of Collaborative Dementia Care Models.”
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