roadmaps to a world without alzheimer’s

The National Alzheimer’s Plan & the State Plan for Alzheimer’s Disease in Oregon

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What is Alzheimer’s?

• Most common form of dementia
• Dementia is the umbrella term for loss of memory and other intellectual abilities serious enough to interfere with daily life
• Alzheimer’s accounts for about 60-80% of dementia
• Other dementias include Lewy Body, Frontotemporal, and vascular.
What is Alzheimer’s?

• Not a normal part of aging
• Aging is the largest risk factor
• 1 in 8 people over 65 have Alzheimer’s
• 1 in 2 people over 85 have Alzheimer’s
• Around 5% of those with Alzheimer’s are under 60 – some even in their 30’s
Alzheimer’s Risk Factors

• Age
• Genetics in some cases
• Head trauma
• Low educational attainment
• Depression
• Heart health = brain health
  – Diabetes
  – Smoking
  – High blood pressure
  – Obesity
  – Physical inactivity
The 10 Warning Signs

- Memory loss that disrupts daily life
- Challenges in planning and solving problems
- Difficulty completing familiar tasks at work, home or leisure
- Confusion with time or place
- Trouble understanding visual images and spatial relationships
The 10 Warning Signs

• New problems with words in speaking and writing
• Misplacing things and losing the ability to retrace one’s steps
• Decreased or poor judgment
• Withdrawal from work or social activities
• Changes in mood or personality
Number of People with the Disease is Growing – and **Fast**

- 5.4 million age 65+
- 200,000 under 65

- 1 in 8 age 65+
- 1 in 2 age 85+

2050

- 16
Oregon

Over 76,000 today

110,000 by 2025
Alzheimer’s doesn’t just impact individuals – it impacts families.

In 2011, **15.2 million** family members and friends provided **17.4 billion** hours of unpaid care to those with Alzheimer’s and other dementias – care valued at more than **$210 billion** dollars.

Caregivers take on a tremendous physical and emotional burden to care for a loved one with Alzheimer’s. As a result, Alzheimer’s and dementia caregivers had **$8.7 billion** in higher health care costs of their own as a result of caregiving. **$91 million** in OR.

In Oregon, over **165,000** unpaid caregivers provide almost **200 million** hours in care, worth over **$2.2 billion** each year.
Alzheimer’s Unpaid Caregivers

15.2 million
17.4 billion
$210 billion

$8.7 billion
Capacity for unpaid caregivers declining

Ratio of Population Ages 25-64 to Over-65

Source: Oregon Office of Economic Analysis
Caring for people with Alzheimer’s and other dementias will cost the United States $200 billion in 2012, including $140 billion paid by Medicare and Medicaid.

2012 Cost Breakdown:

- Medicare: $104.5 billion (52%)
- Medicaid: $35.5 billion (18%)
- Out of Pocket: $38.8 billion (17%)
- Other: $26.2 billion (13%)
Value of Unpaid Care Higher than Direct Costs of Alzheimer’s and Dementia

-$200 Billion (Direct Costs, 2012)

-$210 Billion (Value of Unpaid Care, 2011)
The costs of caring for people with Alzheimer’s and other dementias will soar from $200 billion this year to a projected $1.1 trillion per year in 2050.

This dramatic rise includes a 500% increase in combined Medicare and Medicaid spending and a 400% increase in out-of-pocket spending.
Costs to Oregon Government

- $300 million per year just for our share of Medicaid
- $9.5 million for Oregon Project Independence

Costs to Business

- Oregon data not available
- $61 billion per year nationwide
  - About $24.6 billion directly related to costs associated with care (e.g., health, long-term and hospice)
  - $36.5 billion in costs to businesses is due to factors such as lost productivity related to employees providing care for individuals with ADRD.
Alzheimer’s is a Significant Driver of Health Care Costs

Average per person Medicare payments for a senior citizen with Alzheimer’s and other dementias are nearly 3 times higher than for seniors without these conditions. Medicaid payments are 19 times higher.

Medicare

- Without AD/D: $7,521
- AD/D: $19,820

Medicaid

- Without AD/D: $527
- AD/D: $10,120
What do we want to accomplish?

Real treatments faster
  • Ultimate goal is a treatment that can cure or prevent
  • Delaying onset improves lives and reduces costs

Better care now
  • Care is fractured and ineffective
  • Detection and diagnosis needs to happen sooner
What do we want to accomplish?

Better support today
- Caregivers need more help
- Need to improve quality of care in care settings

Different needs for different communities
- Higher rates for African Americans and Latinos
- Rural populations have limited access
- Immigrant communities face cultural and language barriers
- Younger-onset needs are different
What do we want to accomplish?

Increase awareness to break stigmas

• Will improve detection and diagnosis
• Will help people cope
• Will help generate support toward all the other needs
National Alzheimer’s Plan

Public Law 111–375
11th Congress

An Act
To establish the National Alzheimer’s Project.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.
This Act may be cited as the “National Alzheimer’s Project Act”.

SEC. 2. THE NATIONAL ALZHEIMER’S PROJECT.
(a) Definition of Alzheimer’s.—In this Act, the term “Alzheimer’s” means Alzheimer’s disease and related dementias.
(b) Establishment.—There is established in the Office of the Secretary of Health and Human Services the National Alzheimer’s Project (referred to in this Act as the “Project”).
(c) Purpose of the Project.—The Secretary of Health and Human Services, or the Secretary’s designee, shall—
   (1) be responsible for the creation and maintenance of an integrated national plan to overcome Alzheimer’s;
   (2) provide information and coordination of Alzheimer’s research and services across all Federal agencies;
   (3) accelerate the development of treatments that would prevent, halt, or reverse the course of Alzheimer’s;
   (4) improve the—
      (A) early diagnosis of Alzheimer’s disease; and
      (B) coordination of the care and treatment of citizens with Alzheimer’s;
   (5) ensure the inclusion of ethnic and racial populations at higher risk for Alzheimer’s or least likely to receive care, in clinical, research, and service efforts with the purpose of decreasing health disparities in Alzheimer’s; and
   (6) coordinate with international bodies to integrate and inform the fight against Alzheimer’s globally.
National Plan to Address Alzheimer’s Disease

Five Goals

• Prevent and Effectively Treat Alzheimer’s Disease by 2025
• Enhance Care Quality and Efficiency
• Expand Supports for People with Alzheimer’s Disease and Their Families
• Enhance Public Awareness and Engagement
• Improve Data to Track Progress
Status

✓ State plan was released on July 30th, 2012
✓ Available for download at www.oregonalzplan.org
✓ DHS looking to budget for some recommendations
✓ More staff focused on Alzheimer’s
✓ Joint Resolution will be introduced
Goal 1: Enhance Public Awareness and Engagement

• Increase public awareness of Alzheimer’s disease; the impact it has on people, their families, and the community; and how to access resources that help families impacted by the disease.

• Create a website that provides the public and professionals a single entry point for linking to key existing information and Oregon resources on Alzheimer’s and related dementias.
Goal 2: Optimize Care Quality and Efficiency

- Develop and implement quality standards and measurable outcomes for dementia care in Oregon’s long-term care and hospital settings.
- Develop strategies to ensure a dementia-capable workforce in all settings where licensed health-care professionals deliver care and services to individuals with dementia.
Goal 3: Protect Individuals with Dementia

• Require that all Oregon guardians, both family and professional, receive training on dementia, as well as on the responsibilities and ethics of representing a person with dementia.
• Expand capacity to protect the safety and well-being of individuals with dementia.
Goal 4: Improve Access to Quality Care

• Develop appropriate care settings and services for persons with dementia who require a higher level of expertise and staff in helping manage their significant behavioral needs.

• Increase access to medical care providers who serve those with Alzheimer’s and related dementia.
Goal 5: Comprehend, Prevent, and Effectively Treat Dementia and its Impact

• Establish a coordinated data system to improve Oregon’s ability to plan for and provide effective resources regarding Alzheimer’s disease and related dementias.
• Sustain and expand existing dementia research and participation in Oregon research efforts.
For more information…
www.alz.org/publichealth