Women, African-Americans, and Alzheimer’s Disease

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Objectives

• What is dementia?
• How does it happen?
• How do we recognize it?
• Barriers to medical care.
• Call to action!
What is Dementia?

• Dementia?
  – Impaired intellectual skills: Memory, Judgement, others.
  – Gradual onset: Causes many family problems
  – Multiple causes:
    • Alzheimer’s Disease
    • Stroke
    • Drug / Alcohol Abuse
    • Unknown factors
Who is at risk?

• Anyone with a brain!
  – Family History
  – Current High Blood Pressure
  – Diabetes
  – History of Head Injury
How do we recognize it others?

- Accept that it is possible!
- Increased problems with daily management.
- Physician tests - Clock drawing, MMSE.
Clock Drawing: Loss of Cognition over Time

Instructions to Set Hands at '10 after 11'

1994

1998
Barriers to Care
Have you experienced change in physician due to:

- Retirement before age 65
- Insurance policy changes
- Clinic closes or changes ownership

Issues common to all geriatric practice!

These create barriers to care and cause provider burden.
Health disparities add to the issue of provider burden.

Health Status of the Medicare Population by Race/Ethnicity

- **Cognitive Impairment**: 22% (Latino), 27% (African American), 11% (White)
- **1+ ADL Limitation**: 18% (Latino), 18% (African American), 11% (White)
- **Poor Health Status**: 46% (Latino), 43% (African American), 26% (White)

1/ ADL = Activity of Daily Living

Source: National Center for Health Workforce Analysis
Dementia Care Requires Integration of Multiple Components

- Regulatory Policies
- Adequate numbers of providers
- Case Mix
- Stable financial environments
Other Sources of Provider Burden and Barriers to Care

- Large number of frail patients - Case Mix
- Unstable financial environments
- Regulatory Policies that work against care
- Dementia Care
- Declining numbers of providers

- Dementia Care
- Case Mix
- Regulatary Policies that work against care
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- Unstable financial environments
- Large number of frail patients - Case Mix

- Other Sources of Provider Burden and Barriers to Care
# Average Age of Health Care Professionals

*(Preliminary Data - Texas)*

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<thead>
<tr>
<th></th>
<th>1996</th>
<th>2001</th>
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<tr>
<td>Physicians</td>
<td>47.8</td>
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<td>Primary Care Physicians</td>
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<td>Physician Assistants</td>
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<td>(1997)</td>
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_HINET Special Tabulation_
RNAs Aged 30-59 Years, 1996 and 2001
(Preliminary Data - Texas)

---HINET Special Tabulation---

RCHWS at CHEP - 2002
Physicians Aged 30-59 Years, 1996 and 2001
(Preliminary Data - Texas)

---HINET Special Tabulation---
Call to Action!
Decline in Medicare Providers:
17% of Physicians *refusing* to see Medicare Patients*

"I have a hard and fast rule. I don't take any new Medicare patients. In fact, I don't take any new patients over the age of 60 because they will be on Medicare in the next five years."

Dr. Robert L. Hogue, 51, President- Elect Texas Academy of Family Physicians *
3/17/2002, NY Times
Immediate actions - Federal

Improve timeliness of reimbursement and reverse pattern of Medicare cuts

Result: Immediate increase in numbers of physicians accepting Patients who have Medicare as their *only* insurance.
Immediate actions - State level

Required CME’s offered by State Licensing Agencies for all licensing renewals ‘Everyone is a Geriatrician!’

Result: Improved health of older adults and early recognition of dementia.
Immediate actions - Local Level

Targeted community awareness campaign by all local and state level agencies

Result: Improved health of older adults and early recognition of emerging dementia.