

June 22, 2022

Secretary Dennis Schrader  
Maryland Department of Health  
201 West Preston Street  
Baltimore, MD 21201

Secretary Schrader,

Thanks for all you do to aid Maryland. We are organizations that provide care and support for the over 110,000 Marylanders with Alzheimer's and other dementias, and their over 234,000 family caregivers. We are also grateful to Maryland's Virginia I. Jones Alzheimer's Disease and Related Dementias Council for their work, which culminated with the release of [Maryland's 2022-2026 Alzheimer's State Plan](#) (ADRD State Plan).

We are thrilled by Maryland's fiscal year 2023 budget, which includes \$3.5 million for enhanced Alzheimer's services and research, in accordance with the ADRD State Plan recommendations. These funds present an unprecedented opportunity to reach Marylanders in need. We write, in the spirit of collaboration and in hopes of continued engagement with the Administration, to suggest key areas for utilizing this new funding.

## FUNDING SUGGESTIONS

### 1) Director of Dementia Services and Brain Health

We are thrilled by the enactment of the [Dementia Services Act of 2022](#), which requires the creation of a Director of Dementia Services and Brain Health at the Maryland Department of Health (MDH). We suggest that MDH, with funding for expanded Alzheimer's services in the budget as of July 1<sup>st</sup>, accelerate the hiring process to ensure that the position is filled by the October 1, 2022 effective date of the new law.

This role, the first recommended action of the new ADRD State Plan, will allow for a dedicated dementia-specific staff member to manage the added fiscal year 2023 funds and set a path for future work. Additionally, this role can allow for the development of a database of services available, and to evaluate the progress on the State Plan goals.

This hiring would also make Maryland a prime candidate for a federal Centers for Disease Control Building our Largest Dementia (BOLD) infrastructure grant. Work to secure added funding pairs with the VJADR Council's 4.B.5 recommended action, which acknowledges the benefit of securing broader ADRD grants.

### 2) Alzheimer's Public Awareness Campaign

The ADRD State Plan's recommended action 1.A.2—which we concur with and suggest as a spending priority—is to develop and implement a public awareness campaign about dementia and healthy brain aging. A campaign can include aspects such as: social media; digital media, and the development of a central website on Alzheimer's disease resources in Maryland; public presentations and workshops; and paid advertising.

This campaign can provide invaluable information for Marylanders with dementia and their caregivers such as: the early warning signs of dementia; the value of cognitive screening under the Medicare annual wellness visit; and tips to address social isolation [a risk factor for dementia and institutionalization]. This outreach is particularly important in Black and Hispanic communities, who are at higher risk of developing dementia; we also feel it is essential to target rural and low-income communities, who do not always have the same resources available to them [highlighted by MDH's Health Equity Resources Communities work]. An effective public awareness campaign is culturally competent, and allows for care planning across all Maryland counties.

Maryland can look to its neighboring jurisdiction of the District of Columbia, which has created <http://www.brainhealth.dc.gov> to build awareness about dementia, and recently budgeted \$250,000 for a public awareness campaign.

### **3) Provider Outreach and Education**

The second overall goal of the ADRD State Plan is to ensure quality, access, and coordination of ADRD care. Our next set of suggestions, in line with that, has three aspects:

#### **a) Engaging Health Care Professionals**

The ADRD Plan notes that “more than half of people living with dementia are either undiagnosed by their health care providers or unaware of their diagnosis. The length of time between the development of symptoms and AD diagnosis is on average 2.8 years. At the provider and health system level, surveys consistently show difficulty making a conclusive diagnosis and differentiating between a disease process and normal aging.”

This suggestion, per the ADRD Plan's Action 1.B.1, is to include training in progressive neurocognitive disorders in Maryland's health professional education programs. The training modules developed should include continuing medical education credit initiatives (and ensuring that ACC/CME certified continuing medical education credits are awarded), and also educational conferences for medical and administrative professionals. The topics to be discussed, per the ADRD Plan's Action 2.A.3, can include areas such as: basic/memory disorder, dementia-capable communication, warning signs of dementia, dementia-related neuropsychiatric symptoms, and available community resources.

This engagement and education can also include educating health care professionals about the use of the Medicare Annual Wellness visit. For administrative professionals, materials can be developed to explain the coding and billing associated with Alzheimer's and related dementias; effective coding, and the reimbursement from it, incentivizes effective treatment.

#### **b) Improve Care Quality in Nursing Homes, Assisted Living Facilities, and Other Settings**

The COVID-19 pandemic has disproportionately impacted nursing homes and assisted living facilities. Within long-term care, 48 percent of nursing home residents are living with Alzheimer's or other dementia. Among older adults in residential facilities, including assisted living, 42 percent or more have some form of Alzheimer's or other dementia. These providers—and the direct care workers who staff their facilities—are essential for older Marylanders. They shape the daily lives of people with dementia, assist with their physical care, and gain an in-depth knowledge of residents. It is essential for these health care professionals to provide quality dementia care.

To that end, we suggest an allocation—per the new ADRD State Plan, action 2.C.1—to distribute free educational materials at each of Maryland’s nursing homes and assisted living facilities, which communicate person-centered guidelines for effective ADRD care.

*c) Care Coordination and Avoiding Unnecessary Hospitalizations or Readmissions*

Hospitals often serve at the nexus between individuals with dementia and long-term care facilities. The 2022 Alzheimer’s Association Facts and Figures indicates that Maryland has 1,524 emergency department visits per 1,000 people with dementia, and a 24.4 percent hospital readmission rate for individuals with dementia.

As such, along with direct engagement of medical professionals, we suggest focused outreach and education to Maryland’s hospitals. The ADRD State Plan, similarly, notes the value of addressing “unnecessary transitions of care and hospital stays, which is associated with fewer PLWD having more than two hospitalizations for any reason...” This initiative, per the ADRD State Plan Action 2.B.4, can consider how aging in place can remain a focus to avoid unnecessary hospitalization or institutionalization.

We suggest training for hospital administrative staff on how to identify an individual with dementia and aid in their care planning. Education can be done to consider whether a patient is best suited for at home services, periodic medical visits, or a long-term care facility. As part of this, per the ADRD State Plan’s 4.B.4, hospitals and health systems can participate in evaluation studies to encourage the uptake of best practices.

**4) Dementia Care Navigation - Pilot Program**

The [2022 Alzheimer’s Disease Facts and Figures](#) report indicates that an estimated 242,000 Marylanders provided more than 371 million hours of unpaid care to someone with dementia. Nearly 69 percent of those caregivers have chronic health conditions; roughly 28 percent of them have depression; and 14 percent of them are in poor health.

COVID-19, including the strain of continued social isolation, has heightened the importance of supporting caregivers. This suggestion, [based on legislation introduced during the 2022 General Assembly Session](#), proposes that MDH allocate funding to a selection of local health departments, who would be required to pilot a dementia caregiving navigation (DCN) program. It pairs with the strategies of the ADRD State Plan’s Goal 3, to “Enhance and Expand Support for Family Caregivers”.

The DCN initiative can include: support for family caregivers, such as assistance with care planning and connections to support groups and education; aid in the growth of dementia-friendly communities, including outreach and professional consultations; and work to offer cognitive screenings, to help identify individuals with dementia. This proposed effort is modeled on [Wisconsin’s Dementia Care Specialist Program](#). That initiative, created in 2015, currently receives \$7.12 million in state funding.

**5) Alzheimer’s Disease Research Grants**

The VJADRD State Plan’s stresses the importance of research, and calls for a special interest summit to identify research areas related to ADRD and ADRD prevention. We

suggest, per the ADRD State Plan's action 5.C.1, a biennial Alzheimer's summit; this can grow private partnerships and allow for the more effective use of data.

This suggestion, in turn, asks MDH to appoint a Maryland Alzheimer's Consortium (MAC), including representatives from relevant state agencies, research institutions, community and faith-based organizations, consumer advocacy groups, health care providers and payers. The MAC would convene stakeholders to prioritize Alzheimer's and dementia research area needs, including those that serve Maryland's caregivers. From that summit, the Consortium would put out a call for proposals, and award funding [via MDH].

The MAC proposal is modeled on the [Arizona Alzheimer's Consortium](#), which is designed to find effective treatments to halt the progression and prevent the onset of Alzheimer's disease. Arizona provided \$2 million in state funding for that initiative in 2018, along with an additional \$1.1 million in 2020 to aid Alzheimer's research statewide.

### **CONCLUSION**

Thank you for your consideration of this request; we hope that it continues the critical conversation on how to help Marylanders with Alzheimer's and their caregivers. If you have any questions or would like to discuss this memo further, please contact Alzheimer's Association Director of Government Affairs Eric Colchamiro, at [ercolchamiro@alz.org](mailto:ercolchamiro@alz.org).

Sincerely,

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