Early diagnosis offers opportunities for savings and impact.

THE PROBLEM

- More than half of Washingtonians who reported that they have “memory loss that is getting worse”, have NOT talked to a health care professional about it.
- Fewer than half of the people who meet the clinical criteria for dementia actually receive a diagnosis.
- Less than 10% of Washingtonians, at time of diagnosis, were referred to an Alzheimer’s organization, just 14% were referred to information about community resources.
- Without diagnosis or post-diagnostic support, people with dementia and their families can’t get the help they need – and care ultimately becomes more costly.
- The average annual Medicaid payments per Medicare beneficiaries with dementia were twenty-three times as great as those without dementia.

The Washington State Plan to Address Alzheimer's Disease and Other Dementias outlines a set of comprehensive goals and strategies to prepare our state for the future. The Dementia Action Collaborative (DAC), a public-private partnership has developed foundational tools through collaboration and existing resources. The DAC has now identified a modest investment to help people in Washington communities. This proposal, outlined on the next page, promotes risk reduction and early diagnosis, along with early planning and supports for people living with dementia and their families — all to help delay or prevent unnecessary and costly institutionalization.

A CALL TO ACTION – 2019 Legislative Session

- Costs of Alzheimer’s disease and other dementias are the highest of any disease in America. Costs are projected to double by 2040.
- The DAC proposes a $5.4 million biennium allocation via bill or budget proviso to fund priority recommendations of the Washington State Plan to Address Alzheimer’s Disease and Other Dementias.

For more on this proposal, contact:
- Bob Le Roy bleroy@alz.org or 206.498.4131
- Amber Ulvenes at amber@ulvenesconsulting.com or 360.280.0384
The Dementia Action Collaborative proposes initiatives that work together to promote early diagnosis and use of specialized supports and evidence-informed services to help people with dementia stay healthy and stay home for as long as possible –

1. Disseminate Dementia Care Best Practices to Primary Care Practitioners

Provide funding for University of Washington to provide training on best practices, using the proven Project ECHO (tele-health) model. This would provide a virtual connection for providers, available in our rural areas, and content experts to offer didactics and case conferences, with an emphasis on practice transformation/systems-level issues that affect care delivery. ESTIMATED COST $497,500

2. Expand public information and education using evidence-based public health messaging around brain health, the warning signs of dementia and the value of early diagnosis

Provide funding to the Department of Health for a public health education effort that conveys the importance of risk reduction, the value of early diagnosis and early warning signs while targeting racial/ethnic groups at increased risk of dementia. ESTIMATED COST $300,000

3. Promote Early Legal and Advance Care Planning

Provide funding to enhance attorney knowledge, pilot pro bono legal services and increase the number of people with dementia who complete legal and advance care planning documents. ESTIMATED COST $233,000

4. Develop Dementia Care Specialist Program & Direct Services

Provide funding for local organizations to pilot Dementia Care Specialists in four public service areas (through Area Agencies on Aging and/or the Alzheimer’s organizations). Similar to work in Wisconsin, each Dementia Care Specialist would (a) Provide specialized interventions that assist people with dementia to remain active and in their homes longer; (b) Support aging network staff with knowledge and resources to support people with dementia and their families; (c) Act as catalysts in creating dementia-friendly communities and the expand availability and awareness of dementia-capable services. ESTIMATED COST $1,426,000

Each Dementia Care Specialist would work with their community to develop and provide local direct services that address the early stage needs of people with dementia, such as: Alzheimer’s Cafes, Walking programs, early stage memory loss groups such as Staying Connected as well as evidence-based consultation or support services such as STAR-C or Memory Care & Wellness Services that help manage behaviors, dementia-capable care coordination/transitions and culturally responsive outreach and services. ESTIMATED COST $2,909,000

Alzheimer’s disease and other dementias are the costliest chronic condition to society.

While there is currently no cure for Alzheimer’s or other dementias, increased awareness of diagnosis, proactive medical care and use of support services can help reduce the negative impacts and costs.

See our Dementia Action Collaborative Tools: www.dshs.wa.gov/alsfa/dementia-action-collaborative

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