

Alzheimer's Association: Vermont Chapter
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Williston, Vermont 05495

February 24, 2020

TO: Senate Committee on Health and Welfare

FROM: Grace Gilbert-Davis, MSA, CHE, CHC
Executive Director
Alzheimer's Association: Vermont Chapter

RE: February 21, 2020 Testimony
S.300: An act relating to planning for the care and treatment of patients with cognitive impairments
Introduced by Senators Brock, Collamore, Cummings and McNeil

Introduction and Overview of Experience

- 31 years of experience in healthcare administration in Vermont.
 - 20 years with the University of Vermont Medical Center in myriad roles: risk management / safety, treasury, network development.
 - 10 years with Federally Qualified Health Centers
 - 5 years with the Community Health Centers of Burlington – interim CEO, COO
 - 5 years as CEO of Battenkill Valley Health Center
 - ED of the Alzheimer's Association: Vermont Chapter since November 2018.

General Comments Regarding Vermont Facts and Figures¹

- Vermont has experienced 176% increase in patients diagnosed with Alzheimer's since 2000.
- Vermont has the highest per capita death rate in the country from complications related to Alzheimer's.
- On or before 2025 Vermont will be the grayest state in the US.
 - 2018 – 2025, Vermont is projected to experience a 30.8% increase in the number of people 65+ w/ Alzheimer's = 17,000 individuals.
- 30,000 Vermonters are serving as caregivers providing 34 million hours in unpaid care; the value of that care is \$434M; health care costs for Vermont caregivers = \$28M.
- Current Medicare per capita spending = \$21,000
- Current Medicaid cost = \$100M, projected 31.7% increase between 2009-2025.
- Hospital readmission rates for Vermonters w/ Alzheimer's is 18.8%; 1,455 Emergency Department visits per 1,000 people with dementia.

¹ Alzheimer's Association 2019 Facts and Figures Report for Vermont.

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- There are many services, programs and initiatives throughout the state working to address the care and support of patients and their caregivers. An integrated State plan will insure these efforts are 1) identified and coordinated, and 2) reduce duplication of effort often found in health care.
- The Alzheimer's Association supports the creation of an integrated State plan.

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- The Alzheimer's Association supports international research focused on identifying:
 - Causation and prevention.
 - Less expensive screening tool(s) to diagnosis the disease, e.g. using blood work versus imaging (MRI and PET)
 - Existing or newly developed medication to treat the disease as a chronic condition.
 - A vaccine to eradicate the disease.
- We do know that heart health is brain health, so lifestyle choices may play a role in reducing the risk of developing the disease.
- The Vermont Chapter supports any/all State research efforts.

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- We know women are more likely to develop Alzheimer's - 2/3s of people living with dementia are female. <https://www.alz.org/alzheimers-dementia/what-is-alzheimers/women-and-alzheimer-s>
- Vermont's Federally Qualified Health Centers will play an important role in caring for New Americans with Alzheimer's and all other dementias.

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- Primary Care Providers are often reluctant to diagnosis the disease or share the diagnosis with patients and their families in part because there is still a stigma associated with Alzheimer's.
- Think Cancer - Henrietta Lax (HELO) died never knowing she had cervical cancer.
- In many instances, primary care providers refer patients to the State's memory care centers for diagnosis. The Centers often have a 6-9 month wait time, which delays care planning for both patients and their caregivers.

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- Mandatory training for all primary care providers will mean earlier diagnosis and timely care planning for patients and their caregivers.
- All providers are afforded admin time and all providers must have CME credits for licensure.
- There are many free, accredited, online training resources that providers may access during their admin time or non-work hours. Example – HRSA, Bureau of Primary Care's online program. <https://bhw.hrsa.gov/grants/geriatrics/alzheimers-curriculum>

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- S.300 is based largely on the Massachusetts’s H.4166 An Act Relative to Alzheimer’s and Related Dementia in the Commonwealth that was signed into law by Governor Baker on August of 2018. <https://malegislature.gov/Bills/190/H4116>
- Vermont is unique, however and S.300 should reflect this. For example, in line 15 named providers are limited to “physician” when in Vermont mid-level providers practice as primary care providers and should be included here - nurse practitioners and physician assistants.

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- The development of hospital operation plans should consider the following:
 - Hospital emergency departments may be able to utilize existing infrastructure for evaluating mental health patients for patients with Alzheimer’s.
 - Patients w/ Alzheimer’s need space with reduced stimuli – noise, light, odor and activity, similar to some mental health patients.
 - Education for all outpatient and inpatient staff will increase awareness of the disease and afford higher quality of care.
- The reality is that we may be looking at dedicated inpatient units to treat Alzheimer’s and all other dementias in the near future.

Final Comments

- Given the aforementioned Facts and Figures, our State is on a precipice of sorts.
- We are still in a place where can take proactive steps to address the epidemic and S.300 will serve as the foundation.
- If we delay taking action, we will be managing this crisis in reactive mode, which will mean higher health care costs and the risk of diminished quality of care.

Recommended Edits Requested by the Committee

Page 2 of 5, Sec. 1, Lines 15-18: Consider inclusion of **women** along with ethnic and racial populations who have a higher risk of developing the disease.

Page 4 of 5, Sec 2. Line 15: Consider adding **Nurse Practitioners** and **Physician Assistants** with “physicians”