



Current Landscape

- As of yesterday, 113 people were hospitalized but unable to be discharged due to lack of placement options. An estimated 20% of these individuals hospitalized had difficulty finding placements due to an altered mental state with behavioral disturbances from Alzheimer's or dementia.
- Hospitals are not homes. This is the most restrictive environment for individuals with Alzheimer's and dementia and impacts quality of life. Also, when these individuals undergo long-term hospitalization, it impacts availability of beds for those with acute care needs.
- Need to stabilize long term care workforce in the immediate term to increase capacity.

Section 1: Assessment and State Plan

We need concrete action steps to build more dementia-friendly communities that will provide the right care in the right place for those with dementia and Alzheimer's. In addition to the items listed, VAHHS proposes that AHS **create one website with community resources for patients, families, and health care providers. Don't know if the commission is the place to do this.**

Additionally, we do not want to incentivize overdiagnosis of Alzheimer's disease with the phrase "increase the diagnostic rate of Alzheimer's disease." Instead, **VAHHS proposes the phrase "appropriately diagnose Alzheimer's disease."**

Section 2: Continuing Education Assessment

Instead of the gap analysis proposed in Section 2, **S.206 should promote and expand the educational opportunities that are currently happening to empower primary care physicians to diagnose individuals with Alzheimer's or dementia, including Project Echo: Enhanced Diagnosis and Management of Dementia by the Primary Care Team and Vermont Health Learn with OneCare.**

More importantly, health care providers need a workable process for consultations around Alzheimer and dementia diagnoses. Vermont currently has a Corner Consult with an established date and appointment slots, but health care providers likely need more immediate consultation opportunities while not overburdening specialists. The Vermont Hub and Spoke Initiative for Alzheimer's Disease and Dementia is working on this issue.

Section 3: Care of Patients with Cognitive Impairments

Requiring health care providers to report diagnoses to family members and mandating hospital plans diverts from Vermont's current initiatives to increase diagnosis and care of individuals with Alzheimer's and dementia more quickly and in the community. **VAHHS recommends eliminating this section.**

The Vermont Hub and Spoke Initiative for Alzheimer's Disease and Dementia aims to create a system where primary care providers feel more comfortable diagnosing and treating Alzheimer's Disease and Dementia patients in their communities as opposed to referring them to specialists for a diagnosis, which can create a delay in obtaining early interventions and community resources. Requiring health care providers to report diagnoses to family members when consent is not legally clear will incentivize health care providers to continue referring individuals to specialists and increase the gap between onset of symptoms and critical interventions.



Requiring hospitals to create an operational plan when there are still significant gaps in community resources is not a useful exercise, particularly at a time when hospitals are short-staffed due to the pandemic. **The more immediate and critical need is workforce in long term care with the goal of developing appropriate care settings and resources for individuals with Alzheimer's and dementia and their families to optimize care and quality of life.**