Taking care of the older adults

Ganesh Gopalakrishna M.D., M.H.A.
Case of the classical population pyramid
Population pyramid trends in US
Population pyramid trends in US
Population pyramid trends in Arizona
Population pyramid trends in Arizona

Population: 6,392,017
Median age: 35.9
% under 18 years: 25.5
% 65 years and over: 13.8
% Female: 50.3

Population: 7,151,502
Median age: 38.9
% under 18 years: 22.5
% 65 years and over: 18.7
% Female: 50.5
Global phenomenon
Here are the numbers

Doubling from 43.1 million in 2012 to 83.7 million in 2050 due to the aging Baby Boomers and increases in life expectancy.

Americans older than 100 are set to quadruple over the next three decades.

Larger representation of minorities among older adults increasing from 20.7% in 2012 to 39.1% in 2050.

Share of the population 65 and older increased from 12.3% in 2010 to 18.8% in 2020 in Arizona.

The five countries with the largest centenarian populations

<table>
<thead>
<tr>
<th>2024</th>
<th>2054</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>PER 10,000 PEOPLE</td>
</tr>
<tr>
<td>Japan</td>
<td>146,000</td>
</tr>
<tr>
<td>U.S.</td>
<td>108,000</td>
</tr>
<tr>
<td>China</td>
<td>60,000</td>
</tr>
<tr>
<td>India</td>
<td>48,000</td>
</tr>
<tr>
<td>Thailand</td>
<td>38,000</td>
</tr>
</tbody>
</table>

Note: Population projections show a medium variant scenario.

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On a positive note,

Education levels are increasing

Older adults are working longer

Poverty rate for older adults has dropped sharply
   Double the rate among Latinos/AA compared to non-Hispanic whites

More older adults can meet their daily care needs
   Fewer living in nursing homes and assisted living settings than a decade ago
Workforce shortage

American Geriatrics Society (AGS) estimates that one geriatrician can care for about 700 patients.

Do you know what is the ratio for geriatrician to patient ratio currently?

1.07 geriatricians for every 10,000 geriatric patients.

https://www.americangeriatrics.org/geriatrics-profession/about-geriatrics/geriatrics-workforce-numbers
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Applicant Type</th>
<th>Number of Positions</th>
<th>Number Filled</th>
<th>U.S. MD Graduates</th>
<th>U.S. DO Graduates</th>
<th>Canadian Graduates</th>
<th>5th Pathway Graduates</th>
<th>U.S. International Graduates</th>
<th>Non-U.S. International Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allergy and Immunology</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy and Immunology</td>
<td></td>
<td>147</td>
<td>144</td>
<td>101</td>
<td>70.1%</td>
<td>26</td>
<td>18.1%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Anesthesiology</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain Medicine</td>
<td></td>
<td>378</td>
<td>382</td>
<td>232</td>
<td>64.1%</td>
<td>78</td>
<td>21.5%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Pediatric Anesthesiology</td>
<td></td>
<td>226</td>
<td>165</td>
<td>117</td>
<td>70.9%</td>
<td>27</td>
<td>16.4%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Emergency Medicine</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Ultrasound**</td>
<td></td>
<td>218</td>
<td>155</td>
<td>113</td>
<td>72.9%</td>
<td>27</td>
<td>17.4%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Emergency Medical Services</td>
<td></td>
<td>111</td>
<td>81</td>
<td>53</td>
<td>65.4%</td>
<td>22</td>
<td>27.2%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Global Emergency Medicine**</td>
<td></td>
<td>32</td>
<td>22</td>
<td>17</td>
<td>77.3%</td>
<td>5</td>
<td>22.7%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Medical Toxicology*</td>
<td></td>
<td>54</td>
<td>50</td>
<td>40</td>
<td>80.0%</td>
<td>6</td>
<td>12.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Internal Medicine</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Congenital Heart Disease</td>
<td></td>
<td>22</td>
<td>13</td>
<td>12</td>
<td>92.3%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Advanced Heart Failure &amp; Transplant Cardiology</td>
<td></td>
<td>121</td>
<td>69</td>
<td>33</td>
<td>47.8%</td>
<td>3</td>
<td>4.3%</td>
<td>2</td>
<td>2.9%</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td></td>
<td>1,120</td>
<td>1,118</td>
<td>568</td>
<td>50.8%</td>
<td>132</td>
<td>11.8%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Clinical Cardiac Electrophysiology</td>
<td></td>
<td>130</td>
<td>123</td>
<td>56</td>
<td>45.5%</td>
<td>7</td>
<td>5.7%</td>
<td>4</td>
<td>3.3%</td>
</tr>
<tr>
<td>Critical Care Medicine</td>
<td></td>
<td>160</td>
<td>157</td>
<td>68</td>
<td>43.3%</td>
<td>30</td>
<td>19.1%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Endocrinology, Diabetes, and Metabolism</td>
<td></td>
<td>348</td>
<td>342</td>
<td>110</td>
<td>32.2%</td>
<td>42</td>
<td>12.3%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td></td>
<td>616</td>
<td>614</td>
<td>371</td>
<td>60.4%</td>
<td>81</td>
<td>13.2%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Geriatric Medicine*</td>
<td></td>
<td>411</td>
<td>210</td>
<td>84</td>
<td>40.0%</td>
<td>33</td>
<td>15.7%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Hematology</td>
<td></td>
<td>14</td>
<td>14</td>
<td>12</td>
<td>85.7%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Hepatology and Gastroenterology</td>
<td></td>
<td>68</td>
<td>63</td>
<td>33</td>
<td>50.0%</td>
<td>18</td>
<td>27.3%</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
Geriatric psychiatrist
Supply vs. Demand

<table>
<thead>
<tr>
<th>Year</th>
<th>Number geriatric psychiatrists</th>
<th>Population 75 and older</th>
<th>Population 75 and older/10,000</th>
<th>Geriatric psychiatrists/10,000 population aged 75 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>2,508</td>
<td>16,601,000</td>
<td>1660.1</td>
<td>1.5</td>
</tr>
<tr>
<td>2010</td>
<td>1,738</td>
<td>18,974,000</td>
<td>1897.4</td>
<td>0.9</td>
</tr>
<tr>
<td>2020</td>
<td>1,953</td>
<td>22,852,000</td>
<td>2285.2</td>
<td>0.9</td>
</tr>
<tr>
<td>2030</td>
<td>1,659</td>
<td>33,506,000</td>
<td>3350.6</td>
<td>0.5</td>
</tr>
<tr>
<td>2040</td>
<td>1,746</td>
<td>44,579,000</td>
<td>4457.9</td>
<td>0.4</td>
</tr>
<tr>
<td>2050</td>
<td>1,664</td>
<td>48,763,000</td>
<td>4876.3</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Data on number of geriatric psychiatrists are based on current training numbers. A significant increase or decrease in psychiatrists entering the field could change the projections considerably. 2000 data are actual numbers, while the remaining years are estimates.

As of 2011: 1751 board certified geriatric psychiatrists in US
Hurdles for recruitment

- Stigma. It is not sexy.
- Working with chronic illness and mortality.
- Extra training does not translate to higher pay.
- Medicare reimbursement rates.
- Not enough exposure in medical schools.
Potential solutions

Improving training in the programs

Train more geriatric psychiatrists

Better payment models
Based on complexity of care
Paying higher amount for board certified geriatricians
Loan forgiveness in high need specialties
Value based health systems

Workforce enhancement:
Train existing workforce
- Project ECHO
- Collaborative care models
- Training physician extenders
Creating new workforce
- Physician extenders
Potential solutions

- Improving training in the programs (next slide)
- Train more geriatric psychiatrists
- Better payment models
- Workforce enhancement:
  - AI
Factors Promoting Career Interest in Academic Geriatric Psychiatry

• Positive experiences working with older adults
• Research experience in training
• Working with mentor
• Early exposure to geriatric psychiatry rotation in training
• Working with complex clinical issues
• Annual conferences

Lieff SJ, Tolomiczenko GS, Dunn LB. Am J Geriatr Psychiatry. 2003
Ideas implemented over years

Geriatric interest groups from AGS
Geriatric enhancement pathway
Virtual fellowship fair from AzPsychSociety in Aug 2023
Collaboration with community programs with no geriatric psychiatrists
AAGP scholars' program
Engaging undergraduates in national conferences

Discussed not implemented:
  Increasing the requirement of geri-psych in residency from 1 month
  Fast tracking like child psych
Predictors of Pursuit of Geriatric Psychiatry Fellowship training

- Data from a survey of U.S. general adult psychiatry residency program directors suggested an association between the number of geriatric psychiatrists in the department with the number of residents pursuing geriatric fellowship training.

- Residency programs must recruit and retain geriatric psychiatry faculty to formalize and enrich geriatric psychiatry curriculum as well as mentor trainees to inspire further interest in the field.

- To augment these efforts, national psychiatry subspecialty and training organizations should collaborate to ensure adequate geriatric psychiatry training and mentorship even when local resources are lacking.

### Fellowships Offered and Positions Filled

#### Number of Psychiatric Fellows in Subspecialties

<table>
<thead>
<tr>
<th>Year</th>
<th>Addiction</th>
<th>Child and Adolescent</th>
<th>Forensic</th>
<th>Geriatric</th>
<th>Consultation-Liaison</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>66</td>
<td>820</td>
<td>66</td>
<td>58</td>
<td>82</td>
</tr>
<tr>
<td>2015</td>
<td>80</td>
<td>826</td>
<td>72</td>
<td>58</td>
<td>79</td>
</tr>
<tr>
<td>2016</td>
<td>77</td>
<td>840</td>
<td>63</td>
<td>56</td>
<td>80</td>
</tr>
<tr>
<td>2017</td>
<td>74</td>
<td>865</td>
<td>79</td>
<td>53</td>
<td>86</td>
</tr>
<tr>
<td>2018</td>
<td>83</td>
<td>869</td>
<td>66</td>
<td>52</td>
<td>71</td>
</tr>
</tbody>
</table>

**Total Growth 2014-2018**

- 25.76%
- 5.98%
- 0.00%
- -10.34%
- -13.41%

*Source: ACGME Data Resource Book 2014-2018, Table C.6*
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatry</td>
<td>5,619</td>
<td>5,907</td>
<td>6,247</td>
<td>6,618</td>
<td>6,976</td>
<td>1,357</td>
</tr>
<tr>
<td>- Addiction medicine (multidisciplinary)</td>
<td></td>
<td></td>
<td>39</td>
<td>79</td>
<td>129</td>
<td>90</td>
</tr>
<tr>
<td>- Addiction psychiatry</td>
<td>77</td>
<td>74</td>
<td>83</td>
<td>78</td>
<td>86</td>
<td>9</td>
</tr>
<tr>
<td>- Child and adolescent psychiatry</td>
<td>840</td>
<td>865</td>
<td>869</td>
<td>889</td>
<td>919</td>
<td>79</td>
</tr>
<tr>
<td>- Forensic psychiatry</td>
<td>63</td>
<td>79</td>
<td>66</td>
<td>80</td>
<td>80</td>
<td>17</td>
</tr>
<tr>
<td>- Geriatric psychiatry</td>
<td>56</td>
<td>53</td>
<td>52</td>
<td>42</td>
<td>44</td>
<td>-12</td>
</tr>
<tr>
<td>- Consultation-liaison psychiatry</td>
<td>80</td>
<td>86</td>
<td>71</td>
<td>86</td>
<td>82</td>
<td>2</td>
</tr>
</tbody>
</table>
Practice Patterns of International and US medical graduate psychiatrists

IMGs make up to 50% or more of practicing geriatric psychiatrists in the USA.

International medical graduates spend 35% more time working with geriatric population compared to US medical graduates.

IMGs have a larger presence in the public sector and in patient settings than US medical graduates.

International medical graduates are more likely than US medical graduates to obtain income from Medicare and Medicaid and less likely to have patients with self-payments.

With an expanding number of US IMGs, international IMGs will decrease.

Certain subspecialties like Geriatrics will be hard to sustain.

AM J Psychiatry 156:3 March 1999
### International Medical School Graduates

#### APA Resident/Fellow Census 2019

<table>
<thead>
<tr>
<th>Speciality</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Psychiatry</td>
<td>1,727</td>
<td>1,704</td>
<td>1,577</td>
<td>1,498</td>
<td>1,429</td>
<td>7,935</td>
</tr>
<tr>
<td></td>
<td>(33.37%)</td>
<td>(31.86%)</td>
<td>(28.07%)</td>
<td>(25.36%)</td>
<td>(22.9%)</td>
<td></td>
</tr>
<tr>
<td>Addiction Psychiatry</td>
<td>33</td>
<td>27</td>
<td>32</td>
<td>30</td>
<td>33</td>
<td>155</td>
</tr>
<tr>
<td>Child and Adolescent Psychiatry</td>
<td>257</td>
<td>258</td>
<td>281</td>
<td>303</td>
<td>277</td>
<td>1,376</td>
</tr>
<tr>
<td>Forensic Psychiatry</td>
<td>23</td>
<td>24</td>
<td>24</td>
<td>25</td>
<td>16</td>
<td>112</td>
</tr>
<tr>
<td>Geriatric Psychiatry</td>
<td>11</td>
<td>23</td>
<td>18</td>
<td>19</td>
<td>23</td>
<td>94</td>
</tr>
<tr>
<td>Consultation-Liaison Psychiatry</td>
<td>22</td>
<td>27</td>
<td>27</td>
<td>26</td>
<td>24</td>
<td>126</td>
</tr>
</tbody>
</table>

APA Resident/Fellow Census 2019
## ABPN Certification

<table>
<thead>
<tr>
<th>Specialty/Subspecialty</th>
<th>Year Certification Began</th>
<th>Certificates Issued in 2021</th>
<th>Total Certificates* Issued as of December 31, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatry</td>
<td>1935</td>
<td>1844</td>
<td>68,139</td>
</tr>
<tr>
<td>Child and Adolescent</td>
<td>1959</td>
<td>432</td>
<td>12,180</td>
</tr>
<tr>
<td>Geriatric</td>
<td>1991</td>
<td>87</td>
<td>3,638</td>
</tr>
<tr>
<td>Addiction</td>
<td>1993</td>
<td>146</td>
<td>2,806</td>
</tr>
<tr>
<td>Forensic</td>
<td>1994</td>
<td>143</td>
<td>2,675</td>
</tr>
<tr>
<td>Consultation-Liaison</td>
<td>2005</td>
<td>160</td>
<td>1,886</td>
</tr>
</tbody>
</table>

* Total includes lapsed certificates
Improving the workforce

Train existing workforce

• Project ECHO
• Training physician extenders
• Collaborative care models

Creating new workforce

• Physician extenders
• Dementia care partners
History of Project ECHO

Launched in 2003, Project ECHO grew out of one doctor’s vision. Sanjeev Arora, MD, a social innovator and liver disease specialist in Albuquerque, NM, was frustrated that he could serve only a fraction of the hepatitis C patients as his clinic was one of only two in the entire state.

- He wanted to serve as many patients as possible, so he created a free educational model and mentored community providers across New Mexico in how to treat the condition.

- The project was effective: a study published in the New England Journal of Medicine found that hepatitis C care provided by ECHO-trained community providers was equal to that of care provided by university specialists.
<table>
<thead>
<tr>
<th><strong>ECHO model is not ‘traditional telemedicine’.</strong> Treating Physician retains responsibility for managing patient.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BAI Dementia ECHO is made possible through partnership between Project ECHO and Banner Alzheimer’s Institute.</strong></td>
</tr>
<tr>
<td><strong>Based on sessions, designed around sharing of best practices, case-based learning and mentorship bringing specialists closer to providers</strong></td>
</tr>
<tr>
<td><strong>12 virtual sessions (hosted on Zoom) over ~ 6 months</strong></td>
</tr>
<tr>
<td><strong>Each session consists of a 15 min didactic focusing on an area of specialty knowledge followed by case presentation(s) and discussion.</strong></td>
</tr>
<tr>
<td><strong>Baseline and Post Participation Survey and Post Session Evaluations will be requested.</strong></td>
</tr>
<tr>
<td><strong>Low-cost CMEs.</strong></td>
</tr>
</tbody>
</table>
Significant milestones

Started the program in 2020 with philanthropic support
Grant from Maricopa county for 15 months to train 250 participants.

Role in population health management
   Engagement with Pop health at Banner
   Value proposition for healthcare plans
   Included in the BOLD grant for the Maricopa grant

Partnership with AZGS and HOV with workshops

Progress thus far:
   12 completed cohorts
   4 cohorts planned for 2024
   342 participants in 2023
   More than 500 total participants
Barriers in implementation

1. Time constraints of participants
2. Case discussants
3. Ongoing funding mechanisms
4. Training the team to run the sessions and identifying back ups.
Lessons learned

- Challenges finding the right time of the day for a group: Leader may not know what works for most participants
- Role of organizational champions
- Mutual fit with other programs like Dementia Care Partners
- Case presentation and forms can be intimidating
- Session zero concept: shorter case discussion to facilitate case sign up
- Awkward silence works for case discussion sign ups!

For more information, or to register, visit www.BannerHealth.com/DementiaECHO or SCAN THIS CODE 📲
Dementia Care Partners (DCP)

Partnered with Primary Care Providers

Services provided in-home, virtually or by phone

Interventions leverage a unique workforce: dementia capable health coaches (CNA)

Intensive training over 8 weeks

Psychiatrist, RN, & Social Work oversight in weekly huddles

Free service

Key goals:

Show impact to reduce total health care costs

• Reduce emergency room visits & hospitalizations

Improved quality through appropriate medication use

Increased provider and caregiver satisfaction

Reduce caregiver burden / dyad QOL
DCP Benefits

Unburden Primary Provider
- Increase efficiency
- Ease of communication via EMR
- Offer initial and quarterly updates

Better meet needs of dyad
- Proactively minimize barriers
- Calls and visits provided to support medical care
- Prevent/reduce crisis

Develop a new workforce
- Dementia capable health coaches
**DCP accepted to GUIDE**

Guiding an Improved Dementia Experience (GUIDE) by CMS in 2023

- 8-year model test aiming to support people living with dementia and their caregivers.
- Alternative payment for participants that deliver key supportive services
- Care navigator who will help them access services and supports
- Participants get paid per member per month rate
- Medicare beneficiaries voluntarily sign up
- Benefits: 24/7 support, respite services, comprehensive assessments and support
- DCP accepted in the established track with start date of July 1, 2024
**Geriatric Workforce Enhancement Program (GWEP)**

- Supported by Health Resources and Services Administration (HRSA) grant
- Educate and train the health care and supportive care workforces to care for older adults by collaborating with community partners
- Maximizes patient and family engagement
- Integrating geriatrics and primary care
- Five-year grant
- Maximum amount one million dollars for each year of the grant
- Must spend $230,000 annually on ADRD education and training
GWEP in Arizona

- University of Arizona received three-year award in 2015
- Did not qualify as a program for 2019
- UofA has submitted an application for 2024 cycle
- Project ECHO for Dementia is part of the application
- Awardee announcement in July 2024
Other important programs

The Eldercare Workforce Alliance (The Tides Center, San Francisco, California), a group of thirty-five national organizations focused on workforce issues.

Nurses Improving Care for Health system Elders Program, which provides practice-based education to enhance geriatric skills for 40,000 nurses in 449 hospitals.

Challenges in clinical research among older adults

Why is it important for people to participate in research

- Inequity in opportunities to participate in and benefit from research.
- Arbitrary exclusion (direct or indirect) based on a characteristic such as age is a form of discrimination.
- Study findings may not apply to the breadth of people with a condition.
- Therapies may not be offered due to absence of evidence or may be ineffective or unsafe.

Older people are often explicitly or implicitly excluded from research.
Additional challenges in dementia research

Gatekeepers

Ethical issues:

Consent: proxy decision-makers (e.g., family members) - informal

Assent requirements
# How to include older adults

<table>
<thead>
<tr>
<th>Individual factors</th>
<th>Organizational factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Not have upper age limits in inclusion criteria</td>
<td>Those commissioning, funding and approving research should</td>
</tr>
<tr>
<td>• Inclusion of those with cognitive impairment</td>
<td>• ensure the inclusion of older people</td>
</tr>
<tr>
<td>• Not have comorbidity exclusions (except where there is an intervention contraindication)</td>
<td>• include older people and those with expertise in ageing</td>
</tr>
<tr>
<td>• Clear explanations of why research is relevant to older people’s health and wellbeing</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpersonal factors</th>
<th>Community factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Involve advocates and peers in designing research that meets the needs of older people</strong></td>
<td>• Researchers should consider different and flexible approaches to promote accessibility of the research e.g. financial support to attend research centers or offering home visits for data collection</td>
</tr>
<tr>
<td>• Involve health and social care professionals with expertise in ageing in designing research that meets the needs of older people</td>
<td>• Support, or alternatives should be offered to digital data collection and interventions</td>
</tr>
<tr>
<td>• Communication about research should be tailored to the needs of older people</td>
<td></td>
</tr>
<tr>
<td>• Those who meet the eligibility criteria should be offered the opportunity to participate in research</td>
<td></td>
</tr>
<tr>
<td>• Consider the involvement of caregivers</td>
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</tr>
</tbody>
</table>
Aducanumab and lecanemab are mAbs approved by FDA to remove amyloid

Controversial approval of Aducanumab through accelerated pathway in 2021

On January 6, 2023, lecanemab received accelerated FDA approval for the treatment of AD

On July 6, 2023, lecanemab received full FDA approval for MCI and mild dementia due to AD

CMS has agreed to cover the cost of the infusion Medicare to cover PET amyloid scans

Donanemab demonstrated significant slowing of cognitive decline
New paradigms in treatment

Monoclonal antibodies for treatment of Alzheimer’s
Infusion center infrastructure
Personnel training (e.g. radiologists, prescribers)
Emergency room preparedness
  ARIA detection
  Stroke management
Age friendly hospital systems

Initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI)

Everybody in the healthcare setting is involved

Age-Friendly Health Systems aim to:
- Follow an essential set of evidence-based practices;
- Cause no harm
- Align with What Matters to the older adult and their family caregivers.

As of January 2023, more than 2,900 health care organizations have earned either level 1 (Participant) or level 2 (Committed to Care Excellence) recognition.

https://www.ihi.org/initiatives/age-friendly-health-systems
A dementia-friendly community is a city, town or village where people with dementia are understood, respected and supported.

Helping people live well with dementia and remain a part of their community

Three key areas

People: awareness and training
Process: customer support and signposting
Place: physical environment and wider community
Dementia Friendly communities

Dementia Friendly America initiative grew out of a Minnesota program called **ACT on Alzheimer's**.

Over 300 dementia friendly community efforts across the United States.

### Arizona Dementia Friendly communities

<table>
<thead>
<tr>
<th>Fountain Hills</th>
<th>Pima</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glendale</td>
<td></td>
</tr>
<tr>
<td>Goodyear</td>
<td></td>
</tr>
<tr>
<td>Mesa</td>
<td>Scottsdale</td>
</tr>
<tr>
<td>Phoenix</td>
<td>Sun Lakes</td>
</tr>
<tr>
<td></td>
<td>Surprise</td>
</tr>
<tr>
<td></td>
<td>Tempe</td>
</tr>
</tbody>
</table>

### Ten Sectors

1) **Transportation, Housing and Public Spaces (Local Government)**
   Infrastructure that makes communities more livable for people with dementia and their caregivers.

2) **Businesses**
   Dementia-supportive customer service and environments and policies that support employee caregivers.

3) **Legal and Advance Planning Services**
   Legal services that help vulnerable clients express their wishes early and avoid problems such as unpaid expenses.

4) **Banks and Financial Services**
   Dementia-friendly practices that help maintain clients' independence while protecting them from problems.

5) **Neighbors and Community Members**
   Raising awareness to help neighbors and community members understand and support people living with dementia.

6) **Independent Living**
   Home-based services available to maximize independence and promote autonomy and a high quality of life.

7) **Communities of Faith**
   Faith communities use dementia-friendly practices to provide a welcoming, compassionate environment and spiritual connection.

8) **Care Throughout the Continuum**
   Early diagnosis of dementia and ongoing medical care; patient education; and connecting patients and their caregivers with community resources that promote quality of life.

9) **Memory Loss Supports and Services**
   A spectrum of settings and services needed by people with dementia – from long-term care facilities and assisted and independent living residences, to home care, adult day services, and hospice.

10) **Emergency Planning and First Response**
    Community planning and family preparation considers safety, security, and needs of people with dementia in disaster planning and emergency response.
Population health

Defined as a “concept of health” characterized by both objective and subjective determinants and health outcomes of a population

Successful aging as the low probability of disease and disease-related disability, high cognitive and physical function capacity, and active engagement with life.

The role of subjective data in defining successful aging

Three basic goals:
- to improve health
- improve the health care experience
- reduce health care costs

Continuum of Public health for older adults

<table>
<thead>
<tr>
<th>Healthy and Active</th>
<th>At risk but healthy</th>
<th>Coping with disease</th>
<th>Very ill</th>
</tr>
</thead>
</table>
| • No health conditions  
  • Staying healthy is key | • Chronic condition which is well managed  
  • Focus on staying healthy and preventing progression  
  • Preventing other conditions | • Have multiple health conditions  
  • Slow disease progression or reversal | • severe medical issues |

Most older adults fall in these two categories
## Continuum of Public health for older adults

<table>
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</table>
| - Promote physical activity, even adults. E.g. Silver sneakers  
- Smoking cessation campaigns: community, workplace, health insurance  
- Healthy alcohol consumption  
- Avoiding brain injuries  
- Promoting education  
- Eliminating food deserts  
- Mindfulness training | - Promote annual health screenings  
- Manage BP, HTN and HLD: SPRINT mind study  
- Senior centers and adult day program for social isolation  
- Fall prevention  
- Prevention therapy with mABs. | - Dementia friendly communities  
- Delirium prevention  
- Adequate public transportation  
- Dementia care partners  
- Treatment with DMTs (lecanemab) | - Hospice and palliative care teams  
- Delirium prevention  
- Deprescribing |

### Age Friendly communities and health systems
**Geriatric workforce enhancement**
**Including older adults in research**
Thank you