

ALZHEIMER'S DISEASE AND RELATED DISORDERS: THE ROLE OF STATE GOVERNMENT

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HEALTH CARE

Facts about Alzheimer's Disease in Utah

- Because of our demographics, Utah is experiencing the greatest increase of any state in the number of citizens with Alzheimer's
 - 50,000 Utah citizens have Alzheimer's
 - 132,000 family members provide most care
 - 80% of dementia patients live at home
- Alzheimer's was the 6th leading cause of death and the only one in which mortality rates are increasing

Utah is Unprepared to Address Dementia

- We have a poorly informed population and untrained health providers
- Utah has a shortage of dementia specialists
- Utah has only a single multidisciplinary dementia subspecialty clinic
- Utah is not training new dementia specialists
- Utah has trouble competing to attract more dementia experts and research funding with states like Texas, Wisconsin, Florida, and Arizona that have state dementia programs

Alzheimer's Disease is a Problem for State Government

- Medicaid is the largest single payer of dementia care in Utah
- Medicaid pays only for the most expensive and least desired care – institutional care and drugs
- Even though most dementia care is paid by patients and family members out of pocket, Medicaid often becomes responsible through “spend down” – as individuals rapidly burn through their assets

Patients and Families Are Natural Allies For Reducing Institutionalization, if They are Empowered with a Unified Plan

TABLE 8 AVERAGE ANNUAL PER-PERSON PAYMENTS FOR HEALTH CARE AND LONG-TERM CARE SERVICES, MEDICARE BENEFICIARIES AGE 65 AND OLDER, WITH AND WITHOUT ALZHEIMER'S DISEASE AND OTHER DEMENTIAS AND BY PLACE OF RESIDENCE, IN 2012 DOLLARS

Payment Source	Beneficiaries with Alzheimer's Disease and Other Dementias by Place of Residence			Beneficiaries without Alzheimer's Disease and Other Dementias
	Overall	Community-Dwelling	Residential Facility	
Medicare	\$20,638	\$18,380	\$23,792	\$7,832
Medicaid	10,538	232	24,942	549
Uncompensated	284	408	112	320
HMO	1,036	1,607	236	1,510
Private insurance	2,355	2,588	2,029	1,584
Other payer	943			149
Out-of-pocket	9,754	3,297	18,780	2,378
Total*	45,657			14,452

*Payments from sources do not equal total payments exactly due to the effect of population weighting. Payments for all beneficiaries with Alzheimer's disease and other dementias include payments for community-dwelling and facility-dwelling beneficiaries. Created from unpublished data from the Medicare Current Beneficiary Survey for 2008.⁽¹²⁾

Most Medicaid AD Costs are for Institutional Care; Early Family Support Could Delay Institutionalization and Save Medicaid \$\$\$

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Only State Government Can:

- Choose to encourage services that help those with Alzheimer's be cared for effectively at home
- Increase dementia expertise in our state
- Designate a lead state agency to address Alzheimer's as a public health priority
- Mobilize the state around a shared vision for Utah solutions that address our unique circumstances

If State Government Abdicates Its Role:

- We will continue to have expensive, less effective and undesirable care
- There will be uncontrollable increases in spend down and Medicaid costs
- State Plan goals will not be achieved
 - Utah will continue to be unprepared, poorly informed and untrained providers
 - Families will continue to be torn apart as they confront a chaotic health system without expert guidance



Questions?

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