Nevada Task Force on Alzheimer's Disease

State Plan Recommendations Planning

Recommendation #: 4 Outreach to Physicians

TFAD Member Lead(s): Chuck Duarte/Tina Dortch

Current Recommendation as Stated: Outreach to Physicians

Continue to support collaborations between medical professionals and medical associations to adopt and promote use of best-practice diagnostic guidelines for Alzheimer's disease and other forms of dementia, to increase access to quality care and to encourage participation in available clinical trials. Support consistent, meaningful, and effective communication between these medical professionals and community-based service organizations, including bi-directional referrals to clinical and community-based resources.

Specifically, support statewide partnerships and collaborations to increase access to early diagnosis of Alzheimer's and other dementias, and to expand dementia care education across primary care practices and health systems in Nevada. These initiatives will include, but are not limited to, the Geriatric Workforce Enhancement Programs (GWEPs) through the UNR and UNLV schools of medicine, the UNR Med Sanford Center for Aging, Project ECHO Nevada, the Cleveland Clinic Lou Ruvo Center for Brain Health, the UNR Dementia Engagement, Education and Research (DEER) Program's Dementia Friendly Nevada initiative, as well as the partnership between the Alzheimer's Association and the Nevada Division of Public and Behavioral Health.

Determination: Do you propose that for the 2021 State Plan this recommendation be:

1) Retained as is
2) Retired to the Appendix (it has been accomplished or is no longer relevant)
3) Revised / Updated ✓

Justification: If you propose revising this recommendation, what is your rationale for your suggested changes:

According to the 2022 Alzheimer's Disease Facts and Figures report, Nevada has the 3rd fastest rate of growth of individuals with ADRD. Between now and 2025, the number of Nevadans with dementia is anticipated to increase almost 31% from 49,000 to 64,000.

That same report suggests Nevada will need a 267% increase of geriatric training

physicians to keep up with patient demand for an early diagnosis; an almost six-fold increase from 43 to 115 geriatricians. In addition, the report cites a study calling Nevada one of 20 states considered “neurology deserts.”

The report cites studies that indicate that detection and diagnosis of cognitive impairment or dementia can be increased two- to threefold with routine use of brief cognitive assessments.[i]

This data strongly suggests that physician outreach efforts should not only be sustained, but enhanced along with the development of clinical infrastructure necessary to support early and accurate diagnoses of ADRD.

Primary care practices need to be trained in the use of the Medicare and Nevada Medicaid cognitive assessment and care planning code (i.e. CPT code 99483). In addition, they need to be trained to take advantage of the Medicare annual wellness visit as an opportunity to discuss patient concerns about cognitive impairment and to screen for ADRD.

The Center for Education and Health Services Outreach (CEHSO) at the University of Nevada School of Medicine reports that Nevada is ranked 50th in the nation for Primary Care Physician (PCP) per capita (88.0) and is well below the national average of 121.7 PCP per capita. More precisely, these studies distinctly outline the Primary Care health professional shortage areas (HPSAs) in Nevada as follows:

(1) Almost 1 million Nevadans reside in a primary care health professional shortage area (HPSA) (33.7%)
(2) 836,216 urban residents (31.8 %) and 165,412 rural residents (49.8 %) live in a Primary Care HPSA
(3) 9 single-county HPSAs
(4) An estimated 584, 434 residents of Clark County live in a Primary Care HPSA or 27.4% of the county population (Health Workforce Supply and Demand in Southern Nevada).

These statistics pose a significant diagnostic challenge for Nevada PCPs. An overwrought physician-to-patient ratio can indicate that patients have less face-to-face visiting time with their practitioners, therefore PCPs must be very familiar with dementia protocols, the patient/caregiver team, and patient history for efficient diagnosis. Lack of time with patients’ is one of the major complaints of physicians, and is exacerbated in Nevada in view of the doctor shortage.

Suggested Revisions: Please provide the text for your suggestions on how to revise the recommendation (and be sure to include each of the following required elements):

- **Recommendation:**

First, I suggest we change the title from “Outreach to Physicians” to “Outreach to Primary Care Providers” or “Outreach to Health Care Providers.”

Revise the current recommendation to include new projects and initiatives including collaborative statewide efforts to expand ADRD diagnostic capacity with work already underway by existing community and clinical partners. These efforts should be presented and discussed as part of the agendas for future TFAD meetings.

The purpose of this recommendation is to inspire change in primary care clinical practices in order to increase dementia screening during Medicare wellness exams and other routine primary care visits. This will be accomplished by continuing to support collaborations between medical professionals and medical associations to adopt and promote use of best-practice diagnostic guidelines for Alzheimer's disease and other forms of dementia. These include, but are not limited to, use of validated clinical assessment tools, clinical guidance and toolkits such as the KAER Toolkit for Primary Care Teams developed by Gerontological Society of America, online trainings, to increase access to an early and accurate diagnosis, quality care and to encourage participation in available clinical trials/studies. Outreach efforts to PCPs should not only focus on the adoption of validated clinical assessment tools, but also how they can effectively use these tools as part of Medicaid Annual Wellness Exams.

Specifically, we support local and statewide partnerships and collaborations to increase access to early diagnosis of Alzheimer's disease and other dementias, and to expand dementia care education across primary care practices and health systems in Nevada. These initiatives will include, but are not limited to, the HRSA Geriatric Workforce Enhancement Programs (GWEPs) through the UNR and UNLV Schools of Medicine, the UNR Sanford Center for Aging, Project ECHO Nevada, the Cleveland Clinic Lou Ruvo Center for Brain Health, the UNR Dementia Engagement, Education and Research (DEER) Program's Dementia Friendly Nevada initiative, and the Alzheimer's Association.

We support current collaborations to fund Memory Assessment Clinics (MACs), based on a model from Georgia, called Georgia Memory Net (GMN). Work is ongoing between Renown Neurology, the GWEPs at UNR and UNLV Schools of Medicine, the UNR Sanford Center on Aging, the Cleveland Clinic / Lou Ruvo Center for Brain Health, and the UNLV Brain Health Department. Nevada's MACs will serve as diagnostic hubs and feature primary care practice "spokes" which refer patients to the MACs and receive invaluable training in the treatment and care of those living with dementia, their families and caregivers. In addition, the person living with dementia, as well as their caregivers will benefit from ongoing care coordination and referral to community-based services by trained Dementia Care Navigators.

- **Indicators:**

Cognitive Decline

DHHS shall report data gathered through the CDC Behavioral Risk Factor Surveillance System (BRFSS) survey module on subjective cognitive decline module. The module is a six-question survey used to determine how Subjective Cognitive Decline (SCD) affects individuals age 45 and older in performing activities of daily leaving including caring for themselves. The module also asks whether those who report SCD have talked with a health care provider about their concerns. This can be used as a subjective measure of provider-patient engagement on SCI as well as ADRD.

We ask DHHS to include this information in its Nevada Elders Count report.

Survey Community Partners

To the extent practicable, DPBH should survey community partners to determine the reach of current programs to train primary care physicians to perform cognitive screenings.

Claims Data

Request the DHHS Office of Analytics annually report Nevada Medicaid utilization for enrollees age 55 to 64 of the Cognitive Decline and Care Planning Code (i.e. CPT Code 99483). In addition, the report will include utilization of Medicaid codes G0438 (Annual wellness visit, including personalized plan of care, initial) and G0439 (Annual wellness visit, including personalized plan of care, subsequent) for all enrollees. The report shall include utilization of each code, an unduplicated count of providers utilizing the codes, and an unduplicated count of patients receiving the service. The report will include data from the Fee-For-Service and Managed Care programs.

To the extent practicable, the Office of Analytics will determine if it can access Medicare claims data for Nevadans from CMS for the purposes of reporting claims utilization as described above.

- **Potential Funding:**

Grants, gifts, donations and state general funds should all be considered as potential funding sources.

[i] Liss JL, Seleri Assuncao S, Cummings J, Atri A, Geldmacher DS, Candela SF, et al. Practical recommendations for timely, accurate diagnosis of symptomatic Alzheimer's disease (MCI and dementia) in primary care: A review and synthesis. J Intern Med 021;290(2):310-334.