

Federal Updates

- ▶ Centers for Medicare & Medicaid Services (CMS)
- ▶ Agency for Healthcare Research & Quality (AHRQ)
- ▶ Health Resources & Services Administration (HRSA)
- ▶ Indian Health Service (IHS)
- ▶ Centers for Disease Control & Prevention (CDC)
- ▶ National Institutes of Health (NIH)
- ▶ Administration for Community Living (ACL)

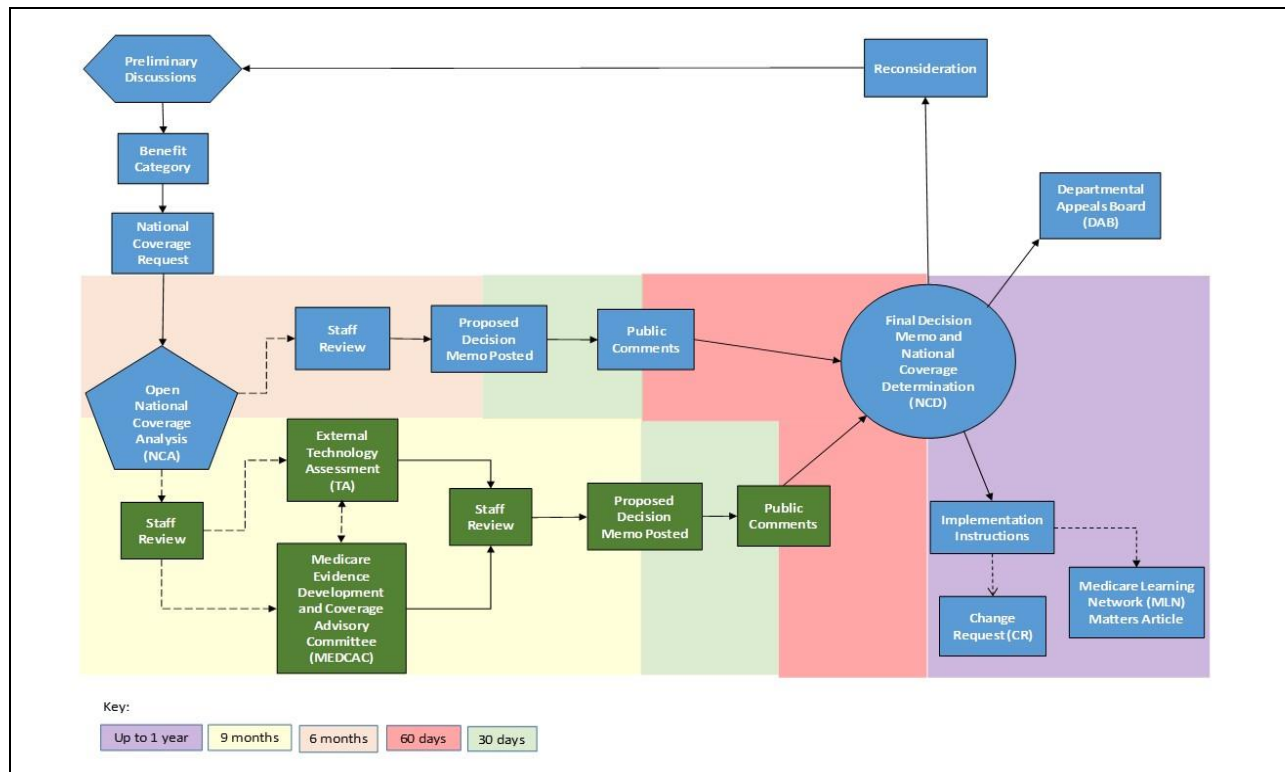
2

Proposed National Coverage Determination Memorandum for Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease

- On January 11 CMS released a proposed NCD decision memorandum regarding a National Coverage Determination to cover FDA-approved monoclonal antibodies that target amyloid for the treatment of Alzheimer's disease through our process called "coverage with evidence development" (CED); FDA-approved drugs in this class would be covered for people with Medicare only if they are enrolled in qualifying clinical trials
- The proposed decision memo is here: <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=Y&ncaid=305&ncacaldoctype=NCA&status=Open+for+Public+Comment&sortBy=status&bc=17>
- The public can submit comments on the proposed National Coverage Determination at: <https://www.cms.gov/medicare-coverage-database/view/nca.aspx?ncaid=305&ncacaldoctype=all&status=Open%20for%20Public%20Comment&sortBy=status&bc=17> **The comment period closes on February 10, 2022**
- CMS will announce its final decision by April 11, 2022

(Strategy 1.E)

CMS Coverage Determination Process: <https://www.cms.gov/Medicare/Coverage/DeterminationProcess>



Medicare Cognitive Assessment and Care Plan Services

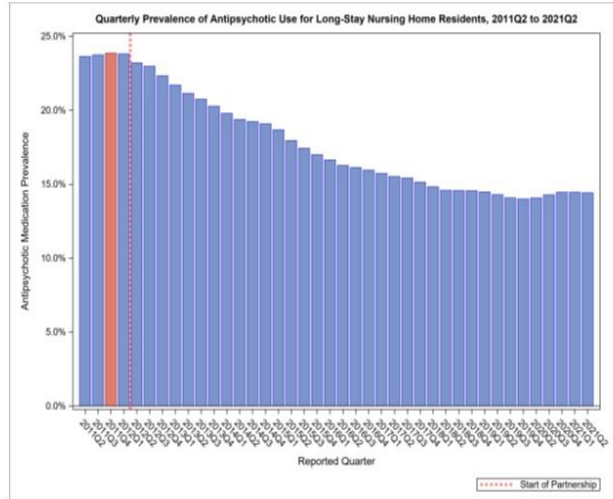
- Earlier this year CMS updated the web page for beneficiaries that describes the Cognitive Assessment and Care Plan Service (CPT code 99483)
- There is now prominent information in the beneficiary-facing 2022 “Medicare & You” handbook, both on the inside cover, and in a detailed description on page 34 of the hard copy:
<https://www.medicare.gov/medicare-and-you>
- CMS also produced a short video posted for Medicare Learning Network stakeholders on our YouTube channel:
<https://www.youtube.com/watch?v=NmDjhRVax8E>

(Strategy 2.B)



National Partnership to Improve Dementia Care in Nursing Homes: Data Update

- Decrease of 39.6 percent to a national prevalence of 14.4 percent in Quarter 2, 2021
- CMS acknowledges that circumstances exist where clinical indications for the use of antipsychotic medications are present and does not expect that the national prevalence of antipsychotic medication use will decrease to zero

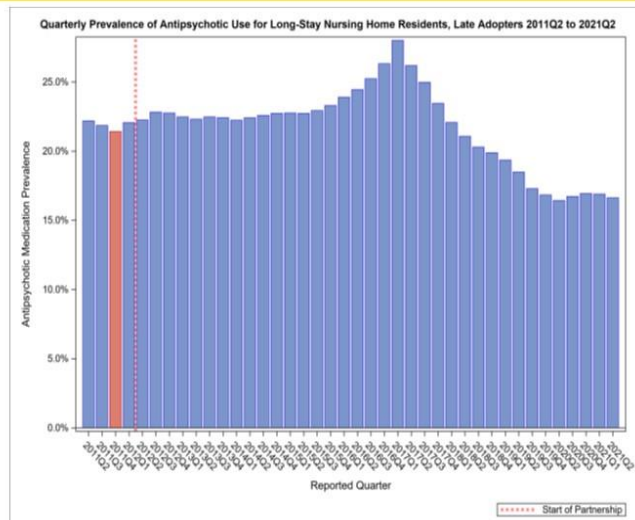


Source: CMS Quality Measure, based on MDS 3.0 data. For more information, see the MDS 3.0 Quality Measures Users Manual.



National Partnership to Improve Dementia Care in Nursing Homes: Late Adopters

- Decrease of 22.4 percent to a national prevalence, among late adopters, of 16.6 percent in Quarter 2, 2021
- Since Quarter 1, 2017, when nursing homes were identified as late adopters, there has been a decrease of 40.6 percent



Source: CMS Quality Measure, based on MDS 3.0 data. For more information, see the MDS 3.0 Quality Measures Users Manual (Strategy 2.D)



CMS Innovation Center Strategy Refresh

- In October 2021 the Center for Medicare & Medicaid Innovation released a roadmap detailing five strategic objectives
- These aim to: 1) drive accountable care, 2) advance health equity, 3) support innovation, 4) address affordability, and 5) partner to achieve system innovation
- The document highlights whole-person care that integrates individuals' clinical needs across providers and settings, and addressing their social needs
- Areas that can be explored for greater integration with primary care include behavioral health, palliative care, and care for beneficiaries with complex needs and serious illness, where there is significant opportunity to improve care and outcomes while reducing overall costs

Information at: <https://innovation.cms.gov/strategic-direction-whitepaper>

(2.E) Explore the Effectiveness of New Models of Care for People with Alzheimer's Disease and Related Dementias

Nursing Home Visitation Update

- In January CMS is provided clarification to recent guidance for visitation policies
- While CMS cannot address every aspect of visitation, the guidance includes additional details about certain scenarios that may occur
- Essentially visitation must be permitted at all times in nursing homes with very limited and rare exceptions, in accordance with residents' rights following three key points – 1) adhere to the core principles of infection prevention, especially wearing a mask, performing hand hygiene, and practicing physical distancing; 2) don't convene gatherings where physical distancing cannot be maintained; and 3) work with the state or local health department when an outbreak occurs

Information at: <https://www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf?eType=EmailBlastContent&eld=880d86e7-d5d7-4d7d-bc8e-86fea9f17e64>

(Strategy 3.D)

Developing a comprehensive, interoperable, shared e-care plan for people living with multiple chronic conditions

Arlene S. Bierman, MD, MS
Agency for Healthcare Research and Quality

NAPA Advisory Council on Alzheimer's Research, Care and Services
January 24, 2022



National Institute of
Diabetes and Digestive
and Kidney Diseases

NIDDK/AHRQ e-Care Plan for Multiple Chronic Conditions Project

Build capacity for pragmatic, patient-centered outcomes research (PCOR) by developing an **interoperable electronic care plan** to facilitate aggregation and **sharing of critical patient-centered data** across **home-, community-, clinic-** and **research-** based settings for people with **multiple chronic conditions** (MCC).

<https://ecareplan.ahrq.gov/collaborate/>



National Institute of
Diabetes and Digestive
and Kidney Diseases

2

Comprehensive Shared Care Plan Definition:
US Department of Health and Human Services 2015 stakeholder
panel

- Gives the person **direct access to health data**
- Puts the **person's goals at the center** of decision-making
- Is holistic, including **clinical and nonclinical data** (e.g., home- and community-based, social determinants needs and services)
- **Follows the person** through both high-need episodes (e.g., acute illness) and periods of health improvement and maintenance
- Allows **care team coordination**. Clinicians able to 1) view information relevant to their role, 2) identify which clinician is doing what, and 3) update other members of an interdisciplinary team



Baker, et al. Making the Comprehensive Shared Care Plan a Reality. *NEJM Catalyst*. 2016; <https://catalyst.nejm.org/making-the-comprehensive-shared-care-plan-a-reality/>

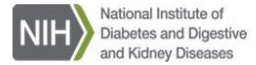
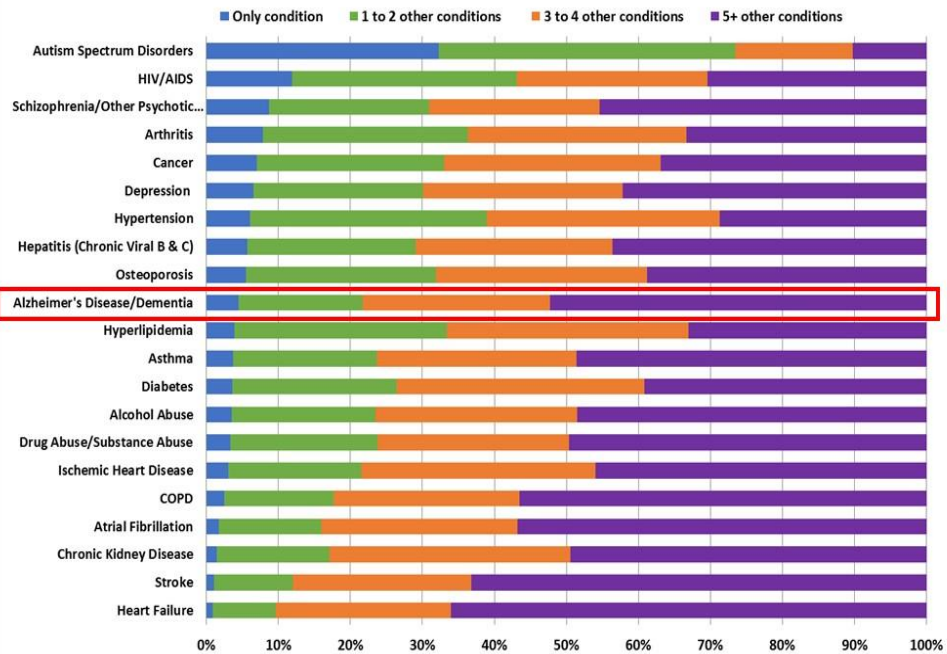


Figure 15: Co-morbidity among Chronic Conditions for Medicare Fee-for-Service Beneficiaries : 2017



AHRQ-NIDDK MCC eCare Plan Project Goals

- Promote the interoperable collection, use, and sharing of comprehensive, person-centered health and social data across settings;
- Facilitate coordinated, person-centered care planning approaches that integrate the full care team (including the patient) across settings; and
- Build data capacity to conduct pragmatic Patient Centered Outcomes Research (PCOR).

Chronic
Kidney
Disease

Diabetes

Cardio
vascular
Disease

Chronic
Pain

COVID-19
PASC

AHRQ-NIDDK Project Deliverables

- 1. Data elements, value sets, clinical information models, and FHIR mappings** to enable standardized transfer of data across health & research settings for kidney disease, diabetes, cardiovascular disease, chronic pain & long-term COVID
- 2. Pilot tested patient-, clinician- and caregiver-facing e-care plan applications** that integrate with the EHR to pull, share & display key patient data
- 3. HL7® Fast Health Interoperability Resource (FHIR®) Implementation Guide** based on defined use cases and standardized MCC data elements, balloted for trial use

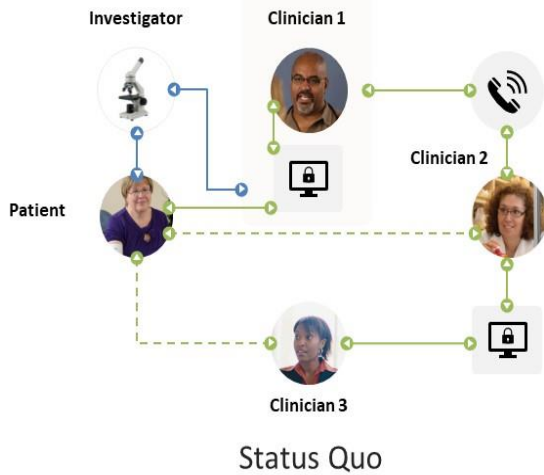
*All deliverables will be open-source & freely available



NIH National Institute of
Diabetes and Digestive
and Kidney Diseases

6

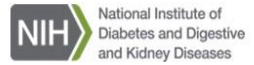
Comprehensive Standards Based eCare Plan



Status Quo



eCare Plan





AHRQ-funded project: eCare Plan

Careplan **Patricia Noelle, DOB: 10/17/1954**

Name: Patricia Noelle	Date of Birth: 10/17/1954	Sex: Female	Race: White	Ethnicity: Not Hispanic or Latino
Title: CKD Care Plan	Status: Active	Period: 06/01/2018 onward	Addresses: Type 2 diabetes, Chronic kidney disease	Patient Id: ID-900

Health and Social Concerns	Goals and References	Health Maintenance & Interventions	Health Status Evaluation & Outcomes	Care Team																																																																						
	<table border="1"> <thead> <tr> <th colspan="5">Partitioner Goals</th> </tr> <tr> <th>Priority</th> <th>Goal</th> <th>Created</th> <th>Target Date</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>!</td> <td>Stabilize Hemoglobin A1c</td> <td>11/30/2016</td> <td>11/10/2020</td> <td>In Progress</td> </tr> <tr> <td></td> <td>Diastolic blood pressure</td> <td>01/12/2019</td> <td>09/22/2019</td> <td>In Progress</td> </tr> <tr> <td></td> <td>Systolic blood pressure</td> <td>06/30/2017</td> <td>09/22/2019</td> <td>In Progress</td> </tr> <tr> <td>!</td> <td>Phosphorus in blood</td> <td>02/20/2018</td> <td>11/10/2020</td> <td>In Progress</td> </tr> <tr> <td></td> <td>Exercise at least 30 minutes per day</td> <td>12/07/2017</td> <td></td> <td>In Progress</td> </tr> </tbody> </table>	Partitioner Goals					Priority	Goal	Created	Target Date	Status	!	Stabilize Hemoglobin A1c	11/30/2016	11/10/2020	In Progress		Diastolic blood pressure	01/12/2019	09/22/2019	In Progress		Systolic blood pressure	06/30/2017	09/22/2019	In Progress	!	Phosphorus in blood	02/20/2018	11/10/2020	In Progress		Exercise at least 30 minutes per day	12/07/2017		In Progress		<table border="1"> <thead> <tr> <th colspan="5">Patient Goals</th> </tr> <tr> <th>Priority</th> <th>Goal</th> <th>Created</th> <th>Target Date</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>!</td> <td>Maximize Quality of Life</td> <td>11/30/2016</td> <td></td> <td>In Progress</td> </tr> <tr> <td></td> <td>Avoid addiction to narcotics</td> <td>10/30/2015</td> <td></td> <td>In Progress</td> </tr> <tr> <td></td> <td>Stay as Active and Healthy as possible</td> <td>10/30/2015</td> <td></td> <td>In Progress</td> </tr> <tr> <td>!</td> <td>Control diabetes to avoid dialysis</td> <td>10/30/2015</td> <td></td> <td>In Progress</td> </tr> <tr> <td>!</td> <td>Target weight is 160 to 180 lbs.</td> <td>04/05/2015</td> <td>04/05/2016</td> <td></td> </tr> </tbody> </table>	Patient Goals					Priority	Goal	Created	Target Date	Status	!	Maximize Quality of Life	11/30/2016		In Progress		Avoid addiction to narcotics	10/30/2015		In Progress		Stay as Active and Healthy as possible	10/30/2015		In Progress	!	Control diabetes to avoid dialysis	10/30/2015		In Progress	!	Target weight is 160 to 180 lbs.	04/05/2015	04/05/2016		
Partitioner Goals																																																																										
Priority	Goal	Created	Target Date	Status																																																																						
!	Stabilize Hemoglobin A1c	11/30/2016	11/10/2020	In Progress																																																																						
	Diastolic blood pressure	01/12/2019	09/22/2019	In Progress																																																																						
	Systolic blood pressure	06/30/2017	09/22/2019	In Progress																																																																						
!	Phosphorus in blood	02/20/2018	11/10/2020	In Progress																																																																						
	Exercise at least 30 minutes per day	12/07/2017		In Progress																																																																						
Patient Goals																																																																										
Priority	Goal	Created	Target Date	Status																																																																						
!	Maximize Quality of Life	11/30/2016		In Progress																																																																						
	Avoid addiction to narcotics	10/30/2015		In Progress																																																																						
	Stay as Active and Healthy as possible	10/30/2015		In Progress																																																																						
!	Control diabetes to avoid dialysis	10/30/2015		In Progress																																																																						
!	Target weight is 160 to 180 lbs.	04/05/2015	04/05/2016																																																																							
	<table border="1"> <thead> <tr> <th colspan="4">Target Laboratory/Clinical Values</th> </tr> <tr> <th>Measure</th> <th>Most Recent Result</th> <th>Test Date</th> <th>Target (if available)</th> </tr> </thead> <tbody> <tr> <td>Hemoglobin A1c total in Blood</td> <td></td> <td></td> <td><7 %</td> </tr> <tr> <td>Diastolic blood pressure</td> <td></td> <td></td> <td><80 mmHg</td> </tr> <tr> <td>Systolic blood pressure</td> <td></td> <td></td> <td><140 mmHg</td> </tr> <tr> <td>Serum phosphorus</td> <td></td> <td></td> <td>2.5 - 4.5 mg/dL</td> </tr> <tr> <td>Exercises</td> <td></td> <td></td> <td>None</td> </tr> </tbody> </table>	Target Laboratory/Clinical Values				Measure	Most Recent Result	Test Date	Target (if available)	Hemoglobin A1c total in Blood			<7 %	Diastolic blood pressure			<80 mmHg	Systolic blood pressure			<140 mmHg	Serum phosphorus			2.5 - 4.5 mg/dL	Exercises			None																																													
Target Laboratory/Clinical Values																																																																										
Measure	Most Recent Result	Test Date	Target (if available)																																																																							
Hemoglobin A1c total in Blood			<7 %																																																																							
Diastolic blood pressure			<80 mmHg																																																																							
Systolic blood pressure			<140 mmHg																																																																							
Serum phosphorus			2.5 - 4.5 mg/dL																																																																							
Exercises			None																																																																							
			<table border="1"> <thead> <tr> <th colspan="2">Patient Choices</th> </tr> </thead> <tbody> <tr> <td>Renal Replacement Therapy: Select Preferred Modality</td> <td></td> </tr> </tbody> </table>	Patient Choices		Renal Replacement Therapy: Select Preferred Modality																																																																				
Patient Choices																																																																										
Renal Replacement Therapy: Select Preferred Modality																																																																										

Project of AHRQ and NIDDK with focus on multiple chronic conditions

Care Team Tab

- Contact information
- Patient
- Caregivers
- Providers

Careplan v1.1.1 Patricia Noelle, DOB: 10/17/1954

Name: Patricia Noelle	Age: 56	Sex: Female	Race: White	Ethnicity: Not Hispanic or Latino
Title:	Status:	Period:	Focus:	Patient ID: ID-900

Health and Social Concerns Goals and Preferences Health Maintenance & Interventions Health Status Evaluation & Outcomes Care Team

Patricia Noelle Role: Patient Phone: 555-555-2003 Email: patricia.noelle@woohoo.com Address: 7247 Main St, Springfield 6, 62707 USA	Dr. John Carlson, MD Role: PCP - Primary care physician Phone: 777-555-1212 Email: john.carlson@woohoo.com Address:	Rose Noelle Role: Caregiver Phone: 555-1212 Email: debra.noelle@woohoo.com Address:	Julie Smith, RN Role: Registered Nurse Phone: 777-555-1212 Email: julie.smith@woohoo.com Address:
Dr. John Carlson, MD Role: Family Medicine Physician Phone: 777-555-1212 Email: john.carlson@woohoo.com Address:	Dr. Vince Jones, MD Role: Nephrologist Phone: 777-555-1212 Email: vince.jones@woohoo.com Address:	Maria Gonzalez, RD Role: Dietician Phone: 777-555-1212 Email: maria.gonzalez@woohoo.com Address:	Sam Johnson Role: Renal Social Worker Phone: 777-555-1212 Email: sam.johnson@woohoo.com Address:
Ellen Walkowski Role: Community Pharmacist Phone: 777-555-1212 Email: ellen.walkowski@woohoo.com Address:			

5555
Email:

LITERATURE REVIEW RESULTS – SYNTHESIS OF CAREGIVER NEEDS

1. Needs Associated with Providing Care

- Information
- Support
- Care Coordination

2. Needs Associate with Self-care

- Information
- Support

3. Desired mHealth App Features and Functionality to Enable 1. & 2.



LITERATURE REVIEW RESULTS

Caregiver Needs Associated with Providing Care

CARE COORDINATION
Integrated app with healthcare system - Care Coordination
Ability to complete questionnaires at home, unrushed
Finding care equipment
List of important contacts and contact information for quick reference
Information and connection to support services (specialty care, first responders, advocacy organizations, respite services)
Relationship(s) with healthcare providers (personal contact)
Feedback from healthcare providers – instant
Automated data entry and reminders/prompts
“One-Stop-Shopping” – all information in one place

LITERATURE REVIEW RESULTS – mHealth Features and Functionality desired by Caregivers

FEATURES & FUNCTIONALITY	FEATURES & FUNCTIONALITY CONT.
Easy to use	Customizable
Easy to learn	App from a trusted source and evidence-based content
Integrated with phone contacts and other apps (exercise, weight management)	Data Secure
Ability to report care recipient status/symptoms to healthcare providers and get a response/feedback/ follow-up quickly	Integrated across healthcare systems
Task reminders (appointments, med management, etc.)	Not too much information – just in time & right info
Integrate with other platforms or devices (EHR, smart watches, pharmacy)	Affordable
Share information with family members	Font, screen size readable – ADA compliant
Integrate music or other entertainment	Sustainable
Track patient symptoms/issues over time	Help for digital naïve
Track caregiver issues over time	Does not reduce time with physician
	Clear perceived benefit
	Ability to personalize features and functions
	Automated data entry

The Science of Care for People with Multiple Chronic Conditions

- Arlene S. Bierman, MD, MS
 - [Transforming Care for People With Multiple Chronic Conditions: Agency for Healthcare Research and Quality's Research Agenda](#) ^{et}
- Lucy A. Savitz, PhD, MBA and Elizabeth A. Bayliss, MD, MSPH
 - [Emerging Models of Care for Individuals With Multiple Chronic Conditions](#) ^{et}
- Judith B. Vick, MD, MPH and Jennifer L. Wolff, PhD
 - [A Scoping Review of Person and Family Engagement in the Context of Multiple Chronic Conditions](#) ^{et}
- Lipika Samal, MD, MPH and David A. Dorr, MD, MS
 - [Health Information Technology to Improve Care for People With Multiple Chronic Conditions](#) ^{et}
- Victor M. Montori, MD, MSc
 - [Removing the Blindfold: The Centrality of Care in Caring for Patients With Multiple Chronic Conditions](#)

13



HRSA
Health Resources & Services Administration

Update: Health Resources and Services Administration Dementia Activities

Alzheimer's Council on Research, Care, and Services

January 24, 2022

Joan Weiss, PhD, RN, CNRP, FAAN
Deputy Director, Division of Medicine and Dentistry
Bureau of Health Workforce (BHW)

Vision: Healthy Communities, Healthy People



Geriatrics Workforce Enhancement Program (GWEP)

- In FY2020, most recent data available, 48 Geriatrics Workforce Enhancement Program (GWEP) grant recipients provided 455 educational offerings on Alzheimer's disease and related dementias and trained 63,835 participants.



2

GWEP (con't)

- In FY2020, \$4 million in administrative supplements to 48 GWEP grant recipients
- Purpose:
 - Educate and train students and clinicians on providing telehealth-enabled COVID-19 referral for screening and testing, case management and outpatient care; and/or
 - Maintaining primary care functionality away from physical sites, especially for COVID-19 positive, quarantined, elderly and individuals at a higher risk of severe illness, **including persons living with dementia** and their families and caregivers.



3

GWEP (con't)

- In FY2021 HRSA provided \$2.2 million supplemental funding to 12 currently funded GWEPs
- Purpose: Provide COVID-19 specific education and training to the nursing home workforce, and nursing home residents, including those living with dementia, and their family and caregivers and to improve care to nursing home residents.
- Partnering with 12 additional GWEP grant recipients and 317 nursing homes
- Training includes development of a COVID-19 national curriculum to address needs of nursing home populations.



4

GWEP (con't)

Institute for Healthcare Improvement Age-Friendly Recognition

- **Level-1: Participant**
 - 235 sites
 - 48 GWEPs
- **Level-2: Committed to Care Excellence**
 - 85 sites
 - 25 GWEPs represented



5

HRSA Alzheimer's Disease and Related Dementias Curriculum

- From April 1, 2021 to June 30, 2021, 744 persons received continuing education credits. The three modules with the most activity were Diversity (178 learners), Management of mid-to-late Stage Dement (160 learners) and Care Transitions (136 learners).
- <https://bhw.hrsa.gov/alzheimers-dementia-training>

Dementia Specialists Report to Congress

- In FY2021, HRSA provided support to develop a Report to Congress on Current Capacity of Dementia Specialists
- Collaboration with Assistant Secretary for Planning and Evaluation
- The report includes details of provider shortages and screening capacity, identify barriers for early detection of Alzheimer's disease and related dementias and adequate access to care, and provide recommendations to both address any provider shortages and streamline the patient's Alzheimer's diagnostic pathway.



Questions and Thank You for Your Help



8

Contact Us

**[Joan Weiss, PhD, RN, CRNP, FAAN
Deputy Director, Division of Medicine and Dentistry
Phone: (301) 443-0430
HRSA Bureau of Health Workforce**



9



Connect with HRSA

To learn more about our agency, visit

www.HRSA.gov



Sign up for the HRSA *eNews*

FOLLOW US:



Indian Health Service

- \$5,000,000 in Consolidated Appropriations Act of 2021 to address Alzheimer's Disease
- Finalizing Tribal Consultation and Urban Confer with Tribal and Urban Indian Organization Leadership on the allocation of these resources
 - Support for investment in development of Tribal models of care
 - Strong support for training and capacity building in primary care
 - Statements of need for improved diagnosis and management, for resources to support outreach and services, and for support for family caregivers
 - Interest in intergenerational approach, recognizing the role of grandchildren as caregivers
- Aligning with the [National Plan to Address Alzheimer's Disease](#)
- Integration with the National Family Caregiving Strategy
- Collaborating with and leveraging other federal (i.e., CDC, ACL, VA, HRSA) and non-federal efforts
- Partnering with the Northwest Portland Area Indian Health Board ECHO program in the "soft launch" of a Dementia ECHO for both clinicians and caregiver support staff
- MOU in development with the Alzheimer's Association
- Collaboration with the American College of Emergency Physicians (ACEP) to support Geriatric Emergency Department Accreditation for IHS and Tribal Emergency Departments

CDC UPDATES

LISA C. MCGUIRE, PHD



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health

Presented January 24, 2022, to National Alzheimer's Project Act (NAPA) Advisory Council Quarterly Meeting



Publications



Prevalence and Characteristics of Subjective Cognitive Decline Among Unpaid Caregivers Aged ≥ 45 Years – 22 States, 2015-2019



Subjective cognitive decline, worsening memory loss or more frequent confusion, is more common among caregivers (12.6%) than non-caregivers (10.2%). Many caregiving tasks have cognitive aspects, such as medication management. It is important to support caregivers and recognize they also might have limitations.

Website Features and Updates



Supporting Caregivers

Caregivers need recognition and support to do the vital work of caring for older adults and people with disabilities or chronic health conditions. Read our November web feature, *Supporting Caregivers*, to learn about caregiving, caregivers, and their challenges and risks.



Older Adults and Extreme Cold

Older adults are more sensitive to cold than younger adults. Learn how to help an older adult or someone with dementia stay warm and safe during the winter months and avoid cold-related illnesses and injuries.

3

Webinars



Enhancement of Geriatric Care for All: Resources for Older Adults With Intellectual and Developmental Disabilities Webinar

Recognizing and integrating caregivers as part of regular care is crucial for improving health outcomes and quality of life for people living with older adults with intellectual and developmental disabilities and dementia.



Elevating Dementia Caregiving as a Public Health Priority

This webinar highlighted recent work by the National Alliance for Caregiving, funded by The John A. Hartford Foundation, and addressed how and why dementia caregiving is a public health concern.

Elevating Dementia Caregiving as a Public Health Priority
November 19, 2021
Noon-1:30pm ET (11-12:30pm CST)

The number of people in the U.S. living with dementia and the family members and friends that care for them continue to rise, yet dementia caregiving remains an emerging public health priority. This event will highlight recent John A. Hartford-funded work by the National Alliance for Caregiving that addresses how and why dementia caregiving is indeed a public health concern. We will conclude with a discussion panel that reflects on how we can ensure that dementia caregiving becomes and remains a public health priority.

Register: <https://bit.ly/DC-PublicHealth-Priority>

BOLD
BOLD
BOLD

John A. Hartford
Foundation

4

Webinars



Caregiver Identification: Strategies for Advancing Person-Centered Dementia Across Care Settings

Recognizing and integrating caregivers as part of regular care is crucial for improving health outcomes and quality of life for people living with dementia



Chief Health Strategists: Embedding Caregiving Across the Full Community--Webinar

Caregiving is a crucial yet often overlooked component of community life. Public health agencies are uniquely suited to address challenges posed by unpaid dementia caregiving by using a chief health strategist approach

5

Webinars and Announcements



Healthy People 2030 Dementia Objectives

The Healthy People 2030 (HP2030) federal initiative includes three dementia-related objectives: improve disclosure of a dementia diagnosis, reduce preventable hospitalizations among persons with dementia, and increase discussion in medical settings about changes in cognitive health.



HBI Road Map Strategist



Eight local health departments will designate a part-time, change-agent employee to conduct a public health needs assessment, train local health officials and key community partners, and serve as the lead to implement public health action on dementia.

6



THANK YOU

WWW.CDC.GOV/AGING

LISA MCGUIRE, PHD
LMCGUIRE@CDC.GOV



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Alzheimer's Disease and Related Dementias Research Update

Advisory Council on Alzheimer's Research, Care, and Services Meeting

Richard J. Hodes, M.D.

Director, NIA

January 24, 2022



FY 2022 Budget Status

Senate and House FY 2022 appropriations bills

- On July 29, 2021, the House passed its FY 2022 Labor-HHS appropriations bill, which provides \$49.4B for NIH, an increase of \$7B over the FY 2021 enacted level, including:
 - \$3B for ARPA-H
 - **\$4.258B for NIA**
 - **Includes an additional \$200M for AD/ADRD research**
- On October 18, 2021, the Senate released its draft FY 2022 Labor-HHS appropriations bill, which provides \$47.9B for NIH, an increased of ~\$5B over the FY 2021 enacted level, including:
 - \$2.4B for ARPA-H
 - **\$4.18B for NIA**
 - **Includes an additional \$235M for AD/ADRD research**
- The House and Senate still need to negotiate and reach agreement on final FY 2022 appropriations figures.
- The federal government is **currently funded through February 18, 2021**, via a Continuing Resolution.

Growth of AD and ADRD Research Spending at NIH

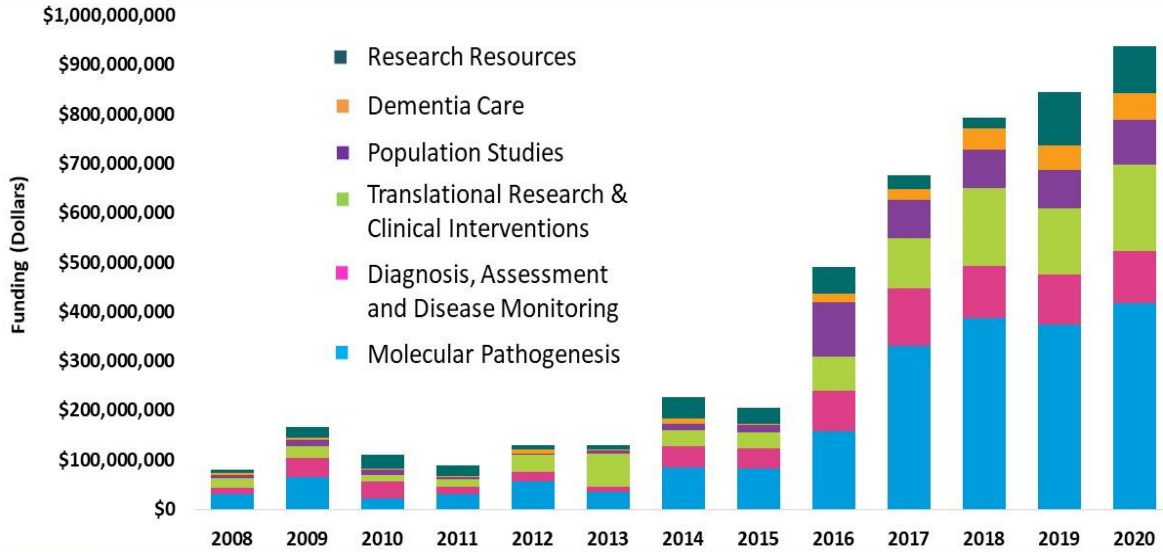
NIH Funding History for AD/ADRD Research (Dollars in millions)

Research/Disease Areas	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	Difference – FY 2015 to FY 2020
AD/ADRD	\$631	\$986	\$1,423	\$1,911	\$2,398	\$2,869	4.5-fold increase
Alzheimer's Disease	\$589	\$929	\$1,361	\$1,789	\$2,240	\$2,683	4.6-fold increase
Alzheimer's Disease Related Dementias ¹	\$120	\$175	\$249	\$387	\$515	\$600	5.0-fold increase
Lewy Body Dementia	\$15	\$22	\$31	\$38	\$66	\$84	5.6-fold increase
Frontotemporal Dementia	\$36	\$65	\$91	\$94	\$158	\$166	4.6-fold increase
Vascular Cognitive Impairment/Dementia	\$72	\$89	\$130	\$259	\$299	\$362	5.0-fold increase

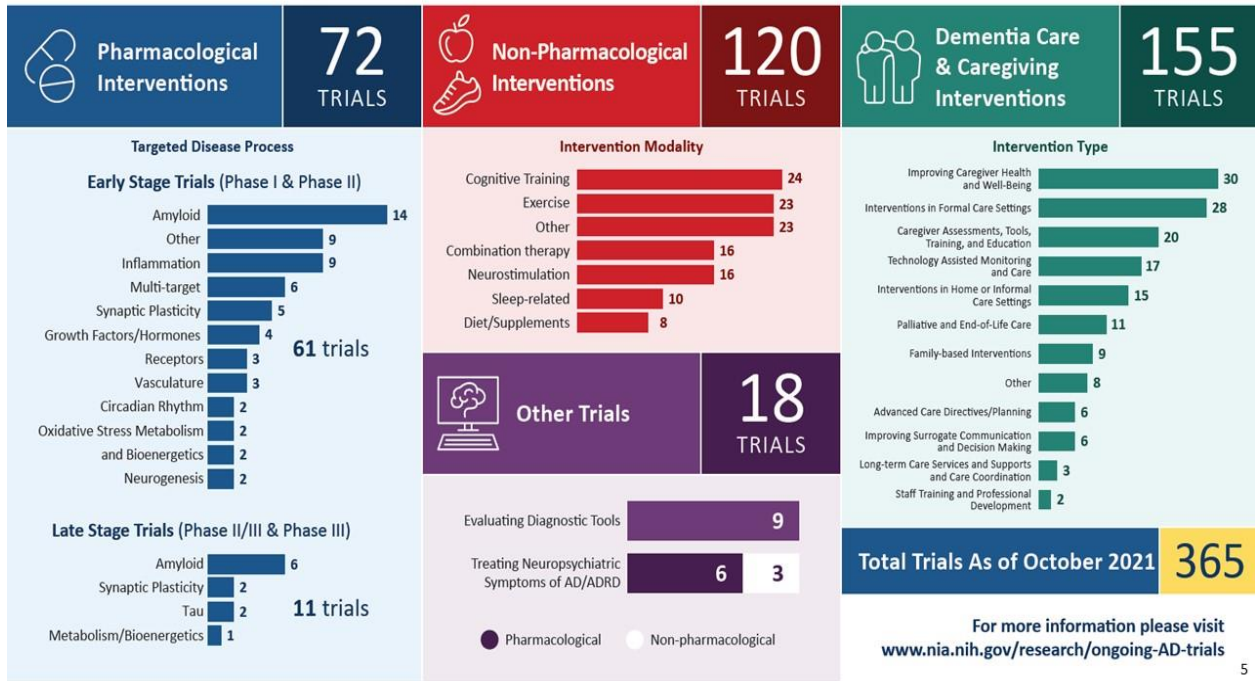
¹ The ADRD row reflects the sum of the three existing RCDC categories: Frontotemporal Dementia, Lewy Body Dementia, and Vascular Cognitive Impairment/Dementia—where duplicates are removed.

https://report.nih.gov/categorical_spending.aspx

Growth Trends in NIH's AD/ABRD Research Portfolio Competing Awards- Fiscal Years 2008-2020

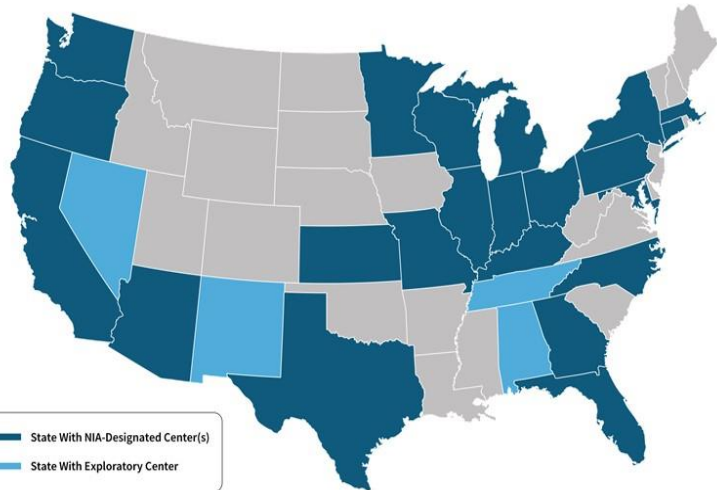


Active NIA AD/ABRD Clinical Trials



NIA expands Alzheimer's and related dementias centers research network

- 33 ADRCs- institutions in North Carolina and Texas are the latest to join the ADRC network **New!**
- 4 exploratory centers
- Conduct clinical, neuropathology, imaging, biomarkers, genetics, pathogenesis, and therapeutics research
- Perform state of the art Alzheimer's Disease and related dementias diagnosis and provide related information to diverse participants and their families



<https://www.nia.nih.gov/news/nih-expands-alzheimers-and-related-dementias-centers-research-network>

New Infrastructure for Behavioral and Social Research

- NIA awarded three [Artificial Intelligence and Technology Collaboratories \(AITC\) for Aging Research](#)
 - [Johns Hopkins University](#), [University of Massachusetts Amherst](#), and [University of Pennsylvania](#)



- AITCs will develop, validate, and disseminate innovative technology for monitoring persons living with AD/ADRD in their home and community settings and enhance connections between older adults, care partners, and clinicians

Promoting Workforce Diversity in Data Science and Drug Discovery for Alzheimer's Disease Research

Pre-doc fellowship award (F31)

- F31 (PAR-21-218) Predoctoral Fellowship for Ph.D. students at the dissertation stage
- 2-3 years stipend, tuition & research

Post-doc fellowship award (F32)

- F32 (PA-21-217) Postdoctoral Fellowship for early career postdocs
- 2-3 years stipend, and for research.

Pathway to Independence Award (K99/R00)

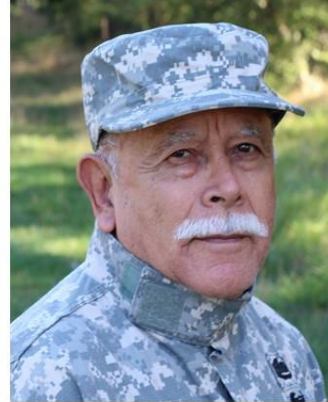
- K99/R00 (PAR-21-220) Pathway to Independence Award for postdocs within 4 years of postdoctoral experience
- 2-yr K99/3-yr R00, salary and research

New Alzheimer's Disease Sequencing Project (ADSP) Initiatives

- **Phenotypic Data Harmonization:** To harmonize phenotypic data across cohorts to make these data more easily reusable by the research community
- **ADSP Follow-Up Study 2.0:** To expand ADSP samples to increase diversity and be more representative of the US population
- **Functional Genomics Consortium:** To help understand how genetic sequence variation is translated to function (i.e., disease or resilience)
- **Machine Learning (ML)/Artificial Intelligence (AI) Consortium:** To bring the power and expertise of AI/ML approaches to understand the rich complex data collected across the ADSP

NIA-VA Effort Increases Recruitment of Veterans for Alzheimer's Research

- A pilot program collaboration between NIA's Alzheimer's Disease Research Centers (ADRCs) and the VA has successfully increased participation of veterans in AD/ADRD research.
- Strategic priorities for the pilot include recruiting veterans, especially from diverse populations, and investigating unique risk factors for this population.
- The ADRCs have so far:
 - conducted more than 15 outreach events
 - communicated with more than 300 veterans
 - recruited more than 60 veterans into Alzheimer's and related dementias research



<https://www.nia.nih.gov/news/nia-va-effort-increases-recruitment-veterans-alzheimers-research>

Alzheimers.gov is now available in Spanish!

Your destination for dementia information, resources, and research is now available in Spanish.



Visit www.Alzheimers.gov/es



NIH ADRD Summits Shape Research Priorities

NAPA Goal 1: Prevent and Effectively Treat AD/ADRD by 2025



- NIA leads NIH response to the National Plan**
- NINDS leads LBD, FTD, VCID; ADRD Summits
- NINDS and NIA collaborate closely
 - Funding opportunities
 - Supplement program to expand the field
 - Paylines
 - Triennial Summits



ALZHEIMER'S DISEASE-RELATED DEMENTIAS
March 22-23 **SUMMIT 2022**

Scientific Chair: Dr. Natalia Rost, MGH
NIH Lead: Dr. Roderick Corriveau, NINDS

ADRD Summit email: adrds Summit2022@ninds.nih.gov
 Registration & Meeting Information: [ADRD-Summit-2022*](https://www.nih.gov/ADRD-Summit-2022)

* <https://web.cvent.com/event/72e5c537-e3d9-43a8-956f-a77a1777310c/summary>

** <https://aspe.hhs.gov/reports/national-plan-2021-update>



ALZHEIMER'S DISEASE-RELATED DEMENTIAS SUMMIT 2022

Preliminary Agenda

Health Equity

- *Scientific Chairs:* Drs. Hector Gonzalez & Julie M. Zissimopoulos

Multiple Etiology Dementias

- *Scientific Chairs:* Drs. Kate Possin, Julie Schneider & Kristen Dams-O'Connor

Multiple Etiology Dementias Subcommittee on LATE (TDP-43 Pathology in Common, Late-Onset Dementias)

- *Scientific Chair:* Dr. Julie Schneider

Multiple Etiology Dementias Subcommittee on Post-TBI in AD/ADRD

- *Scientific Chair:* Dr. Kristen Dams-O'Connor

Emerging Topic, Impact of COVID-19 on AD/ADRD Risk and Outcomes

- *Scientific Chair:* Drs. Natalia Rost and Sudha Seshadri

Frontotemporal Degeneration

- *Scientific Chairs:* Drs. Adam Boxer & Celeste Karch

Lewy Body Dementias

- *Scientific Chairs:* Drs. James Leverenz & Kejal Kantarci

Vascular Contributions to Cognitive Impairment and Dementia

- *Scientific Chairs:* Drs. Ron Petersen & Donna Wilcock



FY2022 NINDS AD/ADRD Funding Opportunity Announcements & Plans		Deadline
PAR-22-023	Multi-Disciplinary Collaborations to Understand Mechanisms of Systemic Immune Signaling and Inflammation in ADRD and its Progression (R01)	Oct. 22, 2021
RFA-NS-22-001	Biomarkers for the Lewy Body Dementias (U01)	Oct. 22, 2021
PAR-22-029	Longitudinal Single Cell Characterization of ADRD Postmortem Tissue (R01)	Oct. 22, 2021
RFA-NS-22-006	Leveraging Existing Data Resources for Computational Model and Tool Development to Discover Novel Candidate Mechanisms and Biomarkers for ADRD (R01)	Oct. 26, 2021
PAR-22-026	Selectively Target Technology Development to Understand How Changes or Dysfunction at the Capillary, Arterioles, and Small Lymphatic Vessels Level Can Have Long-term Impact on AD/ADRD (R01)	Nov. 08, 2021
RFA-NS-22-009	Detecting Cognitive Impairment, Including Dementia, in Primary Care and Other Everyday Clinical Settings for the General Public and Health Equity, Pragmatic Clinical Trials (U01)	Nov. 10, 2021
PAR-22-024	Clinical and Biological Measures of TBI-related Dementia Including Chronic Traumatic Encephalopathy (R01)	Nov. 10, 2021
RFA-NS-22-017	Small Vessel VCIID Biomarkers Validation Consortium Coordinating Center (U24)	Nov. 12, 2021
NOT-NS-22-002	Notice of Special Interest: Adding TBI Assessments to AD/ADRD Cohorts (supplement)	Nov. 15, 2021
PAS-19-316 / PAS-19-317	Advancing Research on AD/ADRD SBIR/STTR Programs (R43/R44; R41/R42 Clinical Trial Optional) (NIA led)	Standard due dates
PAR-22-022	NINDS AD/ADRD Advanced Postdoctoral Career Transition Award to Promote Diversity (K99/R00)	Standard due dates
PAR-22-093	Research on Current Topics in Alzheimer's Disease and Its Related Dementias (R01 Clinical Trial Optional) (reissue of PAR-19-070) (led by NIA)	March 11, July 8, Nov 14 2022-2024
PAR-22-037	Role of Astrocytes in Degeneration of the Neurovascular Unit in AD/ADRDs (R01)	February 04, 2022
PAR-22-059	Prodromal Synaptic and Circuit Changes that Contribute to AD/ADRD Onset and Progression (R01)	February 05, 2022
PAR-22-048	Clinical Relevance of the Linkage between Environmental Toxicant Exposures and AD/ADRD (R01); NOT-NS-22-004	March 11, 2022
<i>NOSI</i>	<i>Postmortem Analyses to Determine Significance of AD/ADRD Relevant Imaging Findings During Life</i> (supplement)	Not yet published

Ways to Stay Informed and Connected



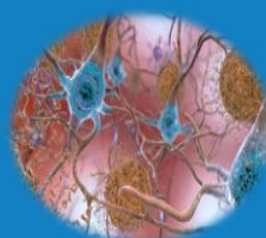
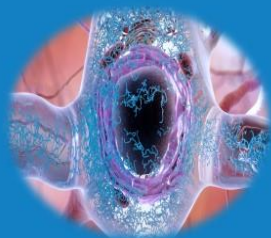
Search all active NIA funding opportunities:
<https://www.nia.nih.gov/research/funding>



Review the latest approved concepts:
<https://www.nia.nih.gov/approved-concepts>



Subscribe to our blog and stay up to date on the latest NIA news: <https://www.nia.nih.gov/research/blog>



NIA

The Leader in Aging Research



National Alzheimer's Project Act Advisory Council on Alzheimer's Research, Care, and Services

Administration for Community Living
Federal Update

January 24, 2022

Administration for Community Living

FUNDING OPPORTUNITY FORECAST

Alzheimer's Disease Programs Initiative - Grants to States and Communities

HHS-2022-ACL-AOA-ADPI-0059

COMING in 2022!

Estimated Total Funding:	Approximately \$23,606,415
Expected Number of Awards:	23-26
Award Ceiling:	\$1,000,000 Per Project Period
Award Floor:	\$400,000 Per Project Period

NAPA Goals 2 , 3 , 4

Administration for Community Living

National Alzheimer's and Dementia Resource Center

UPCOMING WEBINARS

February 24, 2022 from 1-2 p.m. ET, *Dementia Training for Law Enforcement Personnel: Building Partnerships to Enhance Community Safety* .

As the prevalence of Alzheimer's disease and related dementia increases, law enforcement agencies across the country are increasingly called upon to respond to dementia-related incidents: wandering, abuse, domestic disturbances and more. By collaborating with local dementia support organizations, law enforcement entities can better identify, understand and support the needs of people living with dementia and those who care for them. This webinar will review the development of a successful local law enforcement dementia training program, describing the key challenges and lessons learned for its ongoing implementation. Participants will learn strategies for successful outreach and program development that they can use to develop partnerships with law enforcement in their communities. [Register Here](#)

March 31, 2022 Beyond from 1-2 p.m. "One Size Fits All": Addressing the needs of people living with dementia and caregivers in Asian and Persian communities. Two ACL grantees in California serving these communities will describe their programs, the delivery of services and the impact of their work to date.

NAPA Goals 2 , 3 , 4

Administration for Community Living

ACL's National Alzheimer's and Dementia Resource Center (NADRC) and Minority Aging Technical Assistance & Resource Center (TARC) Program Collaboration

- The NADRC and MHP Salud are sharing resources and key contacts to improve the dissemination and development of dementia-specific resources for the Hispanic/Latino community.
- NADRC is working with MHP Salud to identify organizations to inform and participate in the planned MHP Salud Learning Collaborative.
- The 3 virtual sessions will focus on how organizations maintained and improved services to Hispanic/Latino older adults with dementia and their caregivers during the COVID-19 pandemic. They will have sessions focusing on dementia risk reduction, dementia care and caregiver support with an emphasis on the inclusion of CHWs/Promotores de Salud.

Administration for Community Living

National Family Caregiving Strategy

- Tomorrow, January 25, 2022, at 12:30 p.m.-4:30 p.m. ET, the RAISE Family Caregiving Advisory Council and the SGRG Advisory Council will hold their first joint meeting.
 - During the meeting, the two councils will continue developing the National Family Caregiving Strategy.
 - The virtual meeting is open to the public.
 - Registration is not required to attend via webinar. Visit the [RAISE Act website](#) for webinar details.

Administration for Community Living

Advisory Council to Support Grandparents Raising Grandchildren (SGRG)

- On November 16, 2021, the Advisory Council to Support Grandparents Raising Grandchildren (SGRG) released its [initial report to Congress](#).
 - The report outlines the joys, challenges, gaps, and unmet needs faced by kin and grandparent caregivers. It also describes federal programs currently available to assist them and provides 22 recommendations for better supporting kinship families and grandfamilies.
 - The recommendations, along with the previously released [recommendations from the Recognize, Assist, Include, Support, and Engage Family Caregivers Act Advisory Council](#), will inform, in part, the development of the National Family Caregiving Strategy.

NAPA Goals 2 , 3 , 4