Most seniors with Alzheimer’s have multiple chronic conditions. Alzheimer’s complicates the management of these other conditions—and as a consequence, increases costs.

- More than 95 percent of people with Alzheimer’s and other dementias have one or more other chronic conditions.
- Cardiovascular diseases are common chronic conditions among people with Alzheimer’s:
  - 73 percent of people with Alzheimer’s and other dementias have hypertension
  - 38 percent have heart disease
  - 37 percent have diabetes
  - 22 percent have had a stroke.
- For seniors with two chronic conditions, their costs to Medicare are, on average, 56 percent higher if they also have Alzheimer’s.
- Medicare costs can also be higher for seniors with Alzheimer’s who have specific chronic conditions:
  - A senior with diabetes and Alzheimer’s costs Medicare 81 percent more than a senior who has diabetes but not Alzheimer’s.
  - A senior who has heart disease and Alzheimer’s costs Medicare 60 percent more than a senior with only heart disease.
Seniors with Alzheimer’s and other dementias are more likely to be hospitalized than other seniors. A large percentage of these hospitalizations are preventable, which is one measure of health care quality.

- Seniors with Alzheimer’s and other dementias have twice as many hospital stays each year as those without Alzheimer’s and other dementias.

- More than one-quarter of these hospitalizations are preventable. For Hispanics with dementia, more than one-third of all hospitalizations are preventable.

- In 2013, preventable hospitalizations among people with dementia cost Medicare nearly $2.6 billion.

Care coordination can improve quality of care and reduce costs.

- An evaluation of the Home Based Primary Care program of the Veterans Administration found it reduced costs by 11.7 percent and decreased hospitalizations by 25.5 percent.

- The Independence at Home pilot program funded by the Centers for Medicare and Medicaid Services (CMS), which provided seniors with home-based coordinated care, saved $35 million over two years. In the second year, the average savings per senior participating in the program was over $1,000.

- Care coordination that recognizes an individual’s cognitive impairment can improve the management of the individual’s other chronic conditions, which in turn can reduce unnecessary hospitalizations.

To expand the benefits of the CMS pilot program and to help meet the goals of the National Plan to Address Alzheimer’s Disease, the Independence at Home Act (S. 1202) would:

- Provide Medicare coverage of comprehensive and coordinated care in the home to Medicare beneficiaries with two or more chronic conditions.

- Ensure care is coordinated across all treatment settings.

- Require the creation of an individual care plan tailored to the person’s specific chronic conditions.