Alzheimer’s Association and Alzheimer’s Impact Movement Statement for the Record

United States House Committee on Energy and Commerce, Health Subcommittee
Hearing on “The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care”

March 2, 2021

The Alzheimer’s Association and Alzheimer’s Impact Movement (AIM) appreciate the opportunity to submit this statement for the record for the House Committee on Energy and Commerce, Health Subcommittee hearing on “The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care.” The Association and AIM thank the Subcommittee for its continued leadership on issues important to the millions of people living with Alzheimer’s and other dementia and their caregivers. This statement provides an overview of telehealth policies that continue to help people living with Alzheimer’s and other dementia during the COVID-19 pandemic and beyond, including efforts to expand capacity for health outcomes through Project ECHO, and the permanent expansion of Medicare and Medicaid coverage of certain telehealth services.

Founded in 1980, the Alzheimer’s Association is the world’s leading voluntary health organization in Alzheimer’s care, support, and research. Our mission is to eliminate Alzheimer’s and other dementia through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health. AIM is the Association’s advocacy arm, working in strategic partnership to make Alzheimer’s a national priority. Together, the Alzheimer’s Association and AIM advocate for policies to fight Alzheimer’s disease, including increased investment in research, improved care and support, and development of approaches to reduce the risk of developing dementia.

Expanding Capacity for Health Outcomes (Project ECHO)

The Alzheimer’s Association and AIM thank the Subcommittee and other members of Congress for including language in the Consolidated Appropriations Act, 2021 (P.L. 116-260) to expand the use of technology-enabled collaborative learning and capacity-building models. These innovative education models, often referred to as Project ECHO, help build workforce capacity and improve access to care. These models use a hub-and-spoke approach by linking expert specialist teams at a ‘hub’ with the ‘spokes’ of health providers in local communities to increase on-the-ground expertise. Using case-based learning, Project ECHO models can improve the capacity of providers, especially those in rural and underserved areas, on how to best meet the needs of people living with Alzheimer’s and other dementia.

Project ECHO continues to play an important role in how health providers, public health officials, and scientists are sharing best practices and information for addressing the COVID-19 pandemic. Project ECHO dementia models are helping primary care physicians in real-time understand how to use validated assessment tools appropriate for virtual use to make early and accurate diagnoses, educate families about the diagnosis and home management strategies, and help
caregivers understand the behavioral changes associated with Alzheimer’s, which can be heightened during social isolation. Project ECHO is also helping long-term care providers in real-time understand how to train temporary staff that may not be familiar with how to best care for people with Alzheimer’s, implement important health strategies, such as hand-washing and social distancing for people with Alzheimer’s, and effectively communicate with residents to help them understand the COVID-19 pandemic.

In fact, using funds from the Provider Relief Fund established by the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136), the Agency for Healthcare Research and Quality (AHRQ) established the AHRQ ECHO National Nursing Home COVID-19 Action Network of over 100 ECHO hubs to train nursing home staff on COVID testing, infection prevention, safety practices to protect residents and staff, quality improvement, and how to manage social isolation. The Alzheimer’s Association is running several of these training centers, having launched 12 cohorts since November 2020 reaching 392 nursing homes across the country. These actions are especially important as at least 172,000 residents and employees of nursing homes and other long-term care settings have died from COVID-19, representing over 30 percent of the total death toll in the United States. These communities are on the frontlines of the COVID-19 crisis, where 48 percent of nursing home residents are living with dementia, and 42 percent of residents in residential care facilities have Alzheimer’s or another dementia.

Beyond the COVID-19 pandemic, the Alzheimer’s Association has conducted multiple Project ECHO programs in primary care and assisted living communities. These Project ECHO models focus on increasing access to dementia diagnoses and care through primary care providers and on increasing person-centered dementia care in assisted living communities. According to an evaluation of the Association’s first two pilot programs by the Center for Evaluation and Applied Research at The New York Academy of Medicine, primary care participants reported the most significant knowledge gains in identifying and screening for dementia, medication management, and communication with patients and family members. The evaluation also showed that participants from assisted living communities said the increased knowledge led to a change in their practices and gave them a better understanding of person-centered care.

The Alzheimer’s Association is also formalizing a global network of ECHO hubs to address Alzheimer’s and other dementia, and will build momentum for additional ECHO hub creation by partnering with the research community, medical professionals, key stakeholders in the dementia care industry, and policy leaders and advocates. This consortium of thought leaders across the spectrum will increase evidence around the use of ECHO in promoting best practice dementia care, accelerate the uptake of evidence into practice, and help policy makers understand and support Project ECHO dementia models.

**Expansion of Telehealth Services**

The Alzheimer’s Association and AIM also support the expansion of Medicare and Medicaid coverage for certain telehealth services in response to the COVID-19 pandemic. The Centers for Medicare & Medicaid Services (CMS) has permanently expanded coverage for numerous codes
that are beneficial to people living with Alzheimer’s and other dementia. This population is particularly vulnerable to the effects of COVID-19 due to their typical age and their co-occurring chronic conditions, so we appreciate the flexibilities CMS has implemented to reduce the risk of their exposure to the virus and ensure regular access to quality care.

The Alzheimer’s Association and AIM particularly support CMS’s decision to allow for telehealth coverage of care planning CPT® code 99483. Care planning is critical for people with cognitive impairment under normal circumstances to help them manage comorbid conditions and make decisions about long-term care and support services, among others. Ensuring that a plan is established, documented, and updated is now more important than ever. Making this service available via telehealth will improve access to care planning for this vulnerable population. To that end, we also thank Congress for passing the bipartisan Improving HOPE for Alzheimer’s Act (S. 880/H.R. 1873), which will educate clinicians on the importance and availability of this crucial Medicare care planning service.

Finally, we appreciate CMS’s flexibility in allowing telehealth technology to be used in home health delivery. Thirty-two percent of individuals using home health services have Alzheimer’s or other dementia. The ability to receive care in the home decreases visits to unfamiliar places that may cause agitation in people with dementia and can ease some burden on caregivers. This increased flexibility can reduce interruptions in access to this kind of quality care. We also support CMS’s expansion of the licensed practitioners, such as nurse practitioners and physician assistants, who can order Medicaid home health services. Twenty-seven percent of older individuals with Alzheimer’s or other dementia who have Medicare also have Medicaid coverage, compared with 11 percent of individuals without dementia.

**Conclusion**

The Alzheimer’s Association and AIM appreciate the steadfast support of the Subcommittee and its continued commitment to advancing legislation important to the millions of families affected by Alzheimer’s and other dementia. We look forward to working with the Subcommittee and other members of Congress in a bipartisan way to advance policies that would help this vulnerable population during the COVID-19 pandemic and beyond, through the continued expansion of Project ECHO models and through Medicare and Medicaid coverage of certain telehealth services.