Caring for an individual living with Alzheimer’s or another dementia poses unique challenges.

- More than 95% of individuals with dementia have one or more other chronic conditions, the management of which is complicated by an individual’s cognitive impairment.

- Individuals with dementia rely heavily on family members to provide a large amount of care, which is often intrusive and exhausting.

- Too often, those with Alzheimer’s and their caregivers are forced to fend for themselves in the complicated maze of the health care and social support systems.

Dementia care management can ease these challenges, improving quality of care and reducing costs.

- Dementia care management is a model of care that is proven to reduce health care use and costs and to improve the quality of life for individuals living with dementia and their families.

- Dementia care management enables individuals to more seamlessly navigate health care and social support systems and to obtain more timely access to care.

- Elements of dementia care management include care coordination and navigation, management of chronic conditions, and caregiver education and support.

However, a change in the payment structure is necessary to enable dementia care management.

- Under the current system, many practices cannot afford the upfront costs of developing, implementing, and sustaining a dementia care management program.

- Instead of paying a fee for each specific service, providers should receive an annual per-patient payment for all services provided under the program, including important services not otherwise reimbursed by Medicare.

- This structure would allow dementia care management programs to be financially feasible for health care providers and practices; especially for smaller practices, rural practices, and inner-city community health centers.

The Comprehensive Care for Alzheimer’s Act (S. 1125 / H.R. 2517) would ask the Center for Medicare and Medicaid Innovation (CMMI) to test a better payment structure for dementia care management. This model would:

- Provide services such as the development of a dementia care plan, care coordination and navigation, and caregiver education and support.

- Ensure patients have access to an interdisciplinary team of providers with dementia care expertise.

- Reimburse providers through a capitated payment and an incentive payment based on performance.