



# Special Needs — — Plan Alliance

Specialty Care  
04/15/2024

# Speakers

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- **Thomas von Sternberg**, M.D., Associate Medical Director, HealthPartners (Minnesota)
- **Teja Stokes**, Deputy Executive Director, National Association of State Directors for Developmental Disabilities Services (NADDDS)
- **Wendy Morris**, MSN, CS, Senior Behavioral Health Advisor, NASMHPD
- **Maureen Boyle**, Chief Quality, American Society for Addiction Medicine (ASAM)
- **Adam Perry**, MD, Dementia Care and New Medications



# Special Needs — — Plan Alliance

**PRESENTATION: The Dementia Paradigm Shifts: Implications for SNPs**

**PRESENTER: Adam Perry, MD**

**DATE: April 15, 2024**

# 2024:Dementia Paradigm Shifts

## New Medication

- Early stage or “PreClinical”
- High intensity
  
- Direct and Unplanned Costs
- Potential long-term savings

## Comprehensive Dementia Care

- Later Stage
- Caregiver Support
- Care Coordination
- Harm Reduction
  
- Decreased Utilization
- Timely palliative/hospice



# SEEING DEMENTIA



- Very common among high-needs Older Adults
- 70% of people over 70 in NHs had dementia (2019)
- 50-80% of Homebound older adults have Dementia
- Approximately 50% of older adults with dementia are **UNDIAGNOSED**

## What is the Cost of Dementia



TAHIRO

2023- Average annual per-person payment for Health care & LTCSS

Payment Source	With Dementia	Without Dementia
Medicare	\$21,973	\$7,918
Medicaid	6,771	305
All Sources	43,644	14,660

Hospital: “The largest part of increased Medicare Costs is for hospital care”

Chronic Conditions: “When dementia exists in beneficiaries with other costly conditions—coronary artery disease, CHF, diabetes, or COPD- Medicare **costs are twice as high** as for other beneficiaries with these conditions.”

# LECANEMAB

Removes **Amyloid**

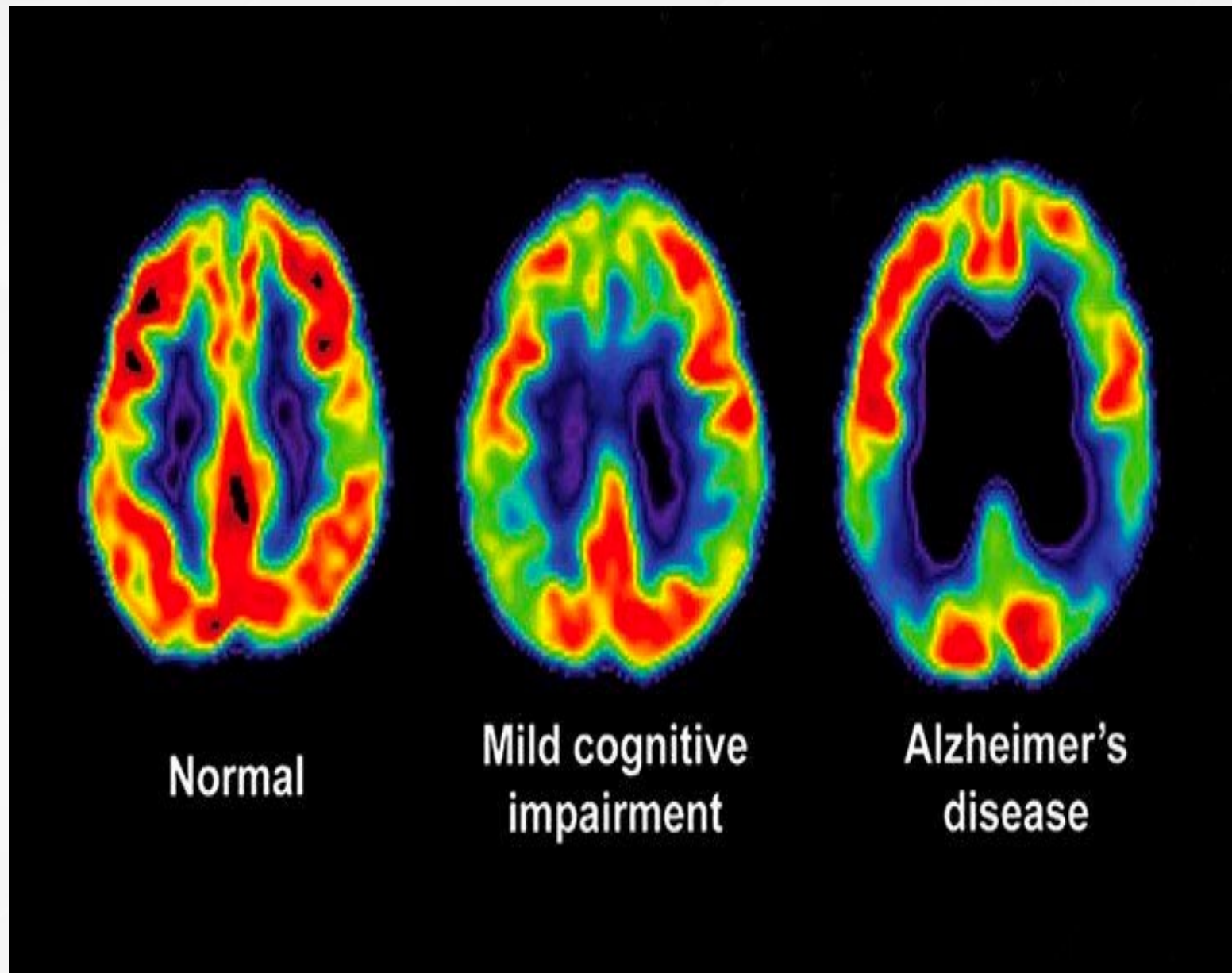
Hallmark of AD

Present long before  
s/x of AD

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Accumulates with age

Present in many  
people w/o AD





# Who Gets Lecanemab?

## Indications

1) MCI **OR** mild AD

## AND

2) evidence of Amyloid

-Lumbar Puncture

-Amyloid PET scan

## Contraindications

-blood thinners

-vascular disease

-ApoE4 gene (biomarker labs)

Stage	Stage Name	Characteristic
1	Normal Aging	No deficits whatsoever
2	Possible Mild Cognitive Impairment	Subjective functional deficit
3	Mild Cognitive Impairment	Objective functional deficit interferes with a person's most complex tasks
4	Mild Dementia	IADLs become affected, such as bill paying, cooking, cleaning, traveling
5	Moderate Dementia	Needs help selecting proper attire
6a	Moderately Severe Dementia	Needs help putting on clothes
6b	Moderately Severe Dementia	Needs help bathing
6c	Moderately Severe Dementia	Needs help toileting
6d	Moderately Severe Dementia	Urinary incontinence
6e	Moderately Severe Dementia	Fecal incontinence
7a	Severe Dementia	Speaks 5-6 words during day
7b	Severe Dementia	Speaks only 1 word clearly
7c	Severe Dementia	Can no longer walk
7d	Severe Dementia	Can no longer sit up
7e	Severe Dementia	Can no longer smile
7f	Severe Dementia	Can no longer hold up head



## Direct Costs

Medication- \$26,000/yr

Imaging – PET, MRIs (4/5 planned + unplanned)

Labs- biomarkers and routine  
Staff- evaluations, coordination

Infusion Center



# Potential Costs

Unscheduled- Acute change status while on treatment- ED, imaging, admits

Case finding – biomarkers, online cognitive testing..... PET/LP, MRI, staff time

-Oct, 2023- **CMS to cover** PET scans in AD

Uncertain future **increased demand**



# CDC: Getting Started

## Recognize Cognitive Impairment

- Operationalize Screening – Identify as “GAP”
- Utilize team – often initiated by MA/tech
- Expand Access – telehealth
- Engage Caregiver** – history, medical management, Strain

## Interdisciplinary Cognitive Assessment and Care Planning

- Beyond prescribing
- Harm reduction/deprescribing
- Focus on acute care transitions – ED, inpatient
- Frequent Advanced Care Planning
- Palliative Care triggering and early hospice referral

JAMA Network

The Other Dementia Breakthrough—  
Comprehensive Dementia Care

# Comprehensive Dementia Care

Caregiver support and training

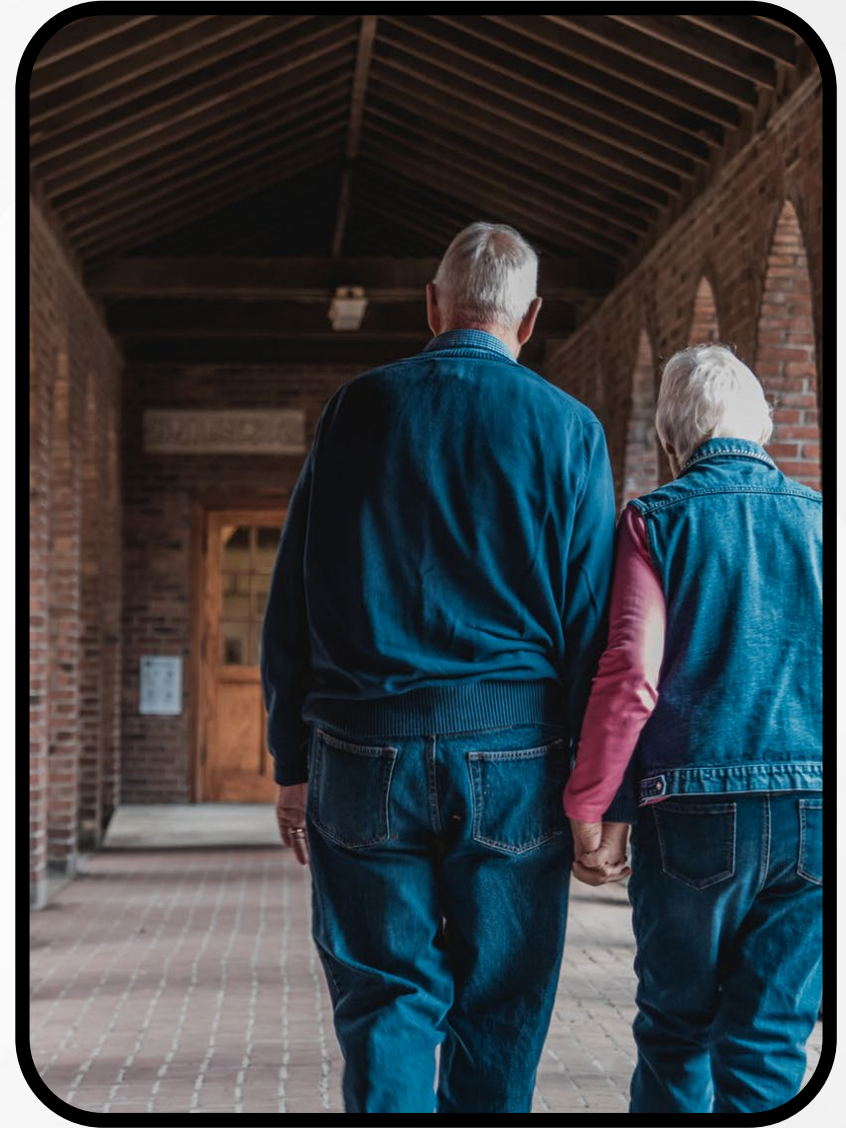
Care Coordination

- Transitions of Care
- Community Based Services

Harm Reduction

- Medication Management
- Diagnostic accuracy
- Home-based **primary** and **acute** care models

Respite – unique inclusion in GUIDE model (FFS only)



# Comprehensive Dementia Care

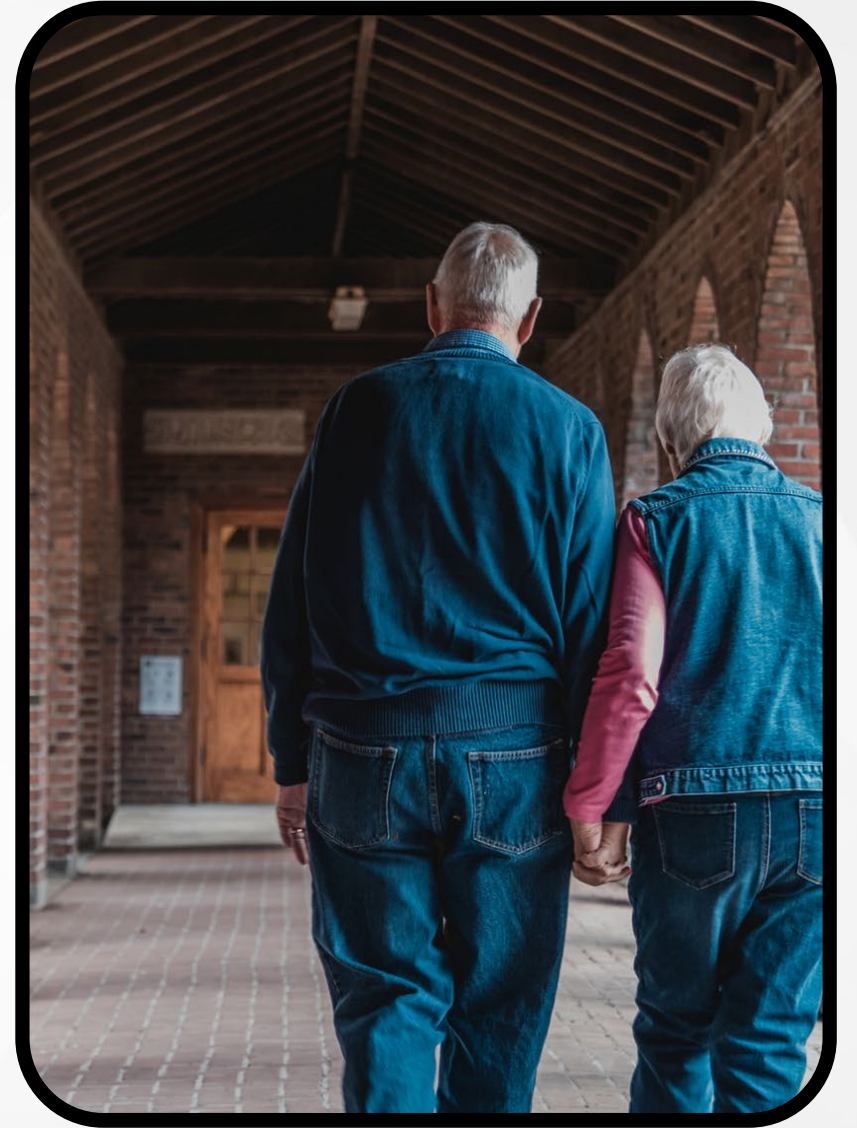
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## Benefits:

- Beneficiary and Caregiver QoL
- Decreased utilization
- Provider Satisfaction

## Challenges:

- Staffing – licensed and unlicensed
- Training- dementia capable
- Transitions/clinical integration
- Accessibility
  - Home-based models
  - Dementia Informed Telehealth





## References

Prevalence MCI and Dementia: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5803316/>  
[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9013315/#:~:text=The%202020%20US%20census%20adjusted%20prevalence%20of%20all%2Dcause%20MCI,clinical%20AD%20\(Table%202\).](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9013315/#:~:text=The%202020%20US%20census%20adjusted%20prevalence%20of%20all%2Dcause%20MCI,clinical%20AD%20(Table%202).)

[-https://publichealth.jhu.edu/sites/default/files/2023-04/2023-lipitz-issue-brief-homebound-older-adults.pdf](https://publichealth.jhu.edu/sites/default/files/2023-04/2023-lipitz-issue-brief-homebound-older-adults.pdf)

[-https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6025653/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6025653/)

[-https://micda.isr.umich.edu/wp-content/uploads/2022/03/NHATS-Companion-Chartbook-to-Trends-Dashboards-2020.pdf](https://micda.isr.umich.edu/wp-content/uploads/2022/03/NHATS-Companion-Chartbook-to-Trends-Dashboards-2020.pdf)

Amyloid prevalence: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6387885/>

Direct to consumer tests: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8035155/>

# References

Costs of Dementia: <https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf>  
-<https://www.alz.org/media/documents/chronic-care-r.pdf>

Preparing Health Care System to Pay for new drugs:  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7666042/>

Lecanemab Prescription: <https://www.alzforum.org/news/research-news/rising-leqembi-prescriptions-are-straining-clinic-capacity>

Lecanemab Cost Projection from KFF: <https://kffhealthnews.org/news/article/the-real-costs-of-the-new-alzheimers-drug-most-of-which-will-fall-to-taxpayers/>

# Potential Patients – Tip of the Iceberg?

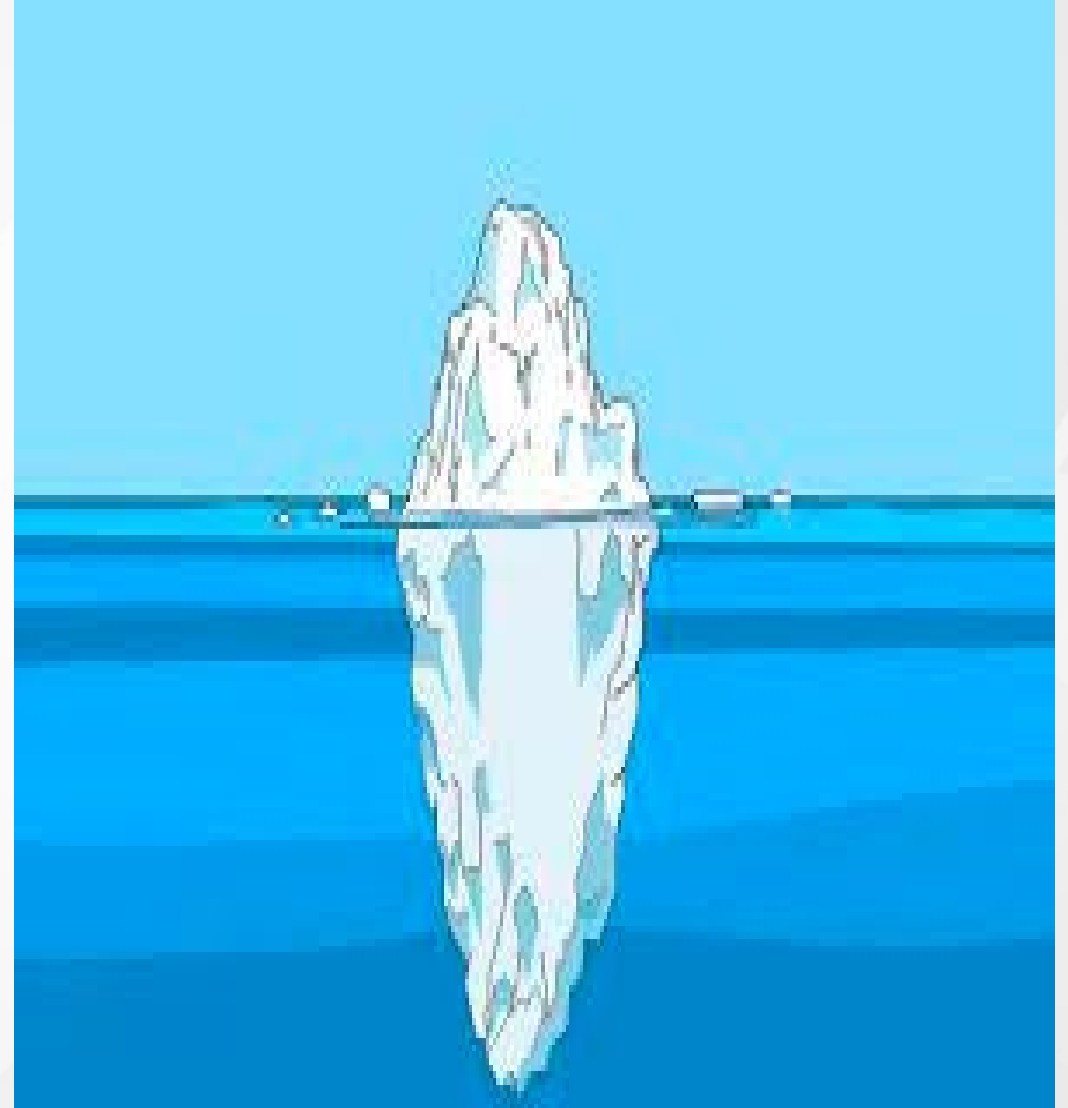
## Current MCI and Early AD

-Early uptake- through Jan 2024 – 2000 people in US receiving drug, with 8000 on waiting list (infusion center capacity)

## Undiagnosed MCI and Early AD

Preclinical – imaging (amyloidosis), labs

NIH AHEAD trial – Preclinical AD-  
announced one wk after FDA approval



## Potential Savings



Delayed functional decline

- caregiving costs

- SNF, PT

Management co-occurring conditions

Decrease Hospital/SNF utilization

Subcutaneous- to FDA in March, 2024

- decrease infusion cost?

- increase demand

# CLARITY AD Study

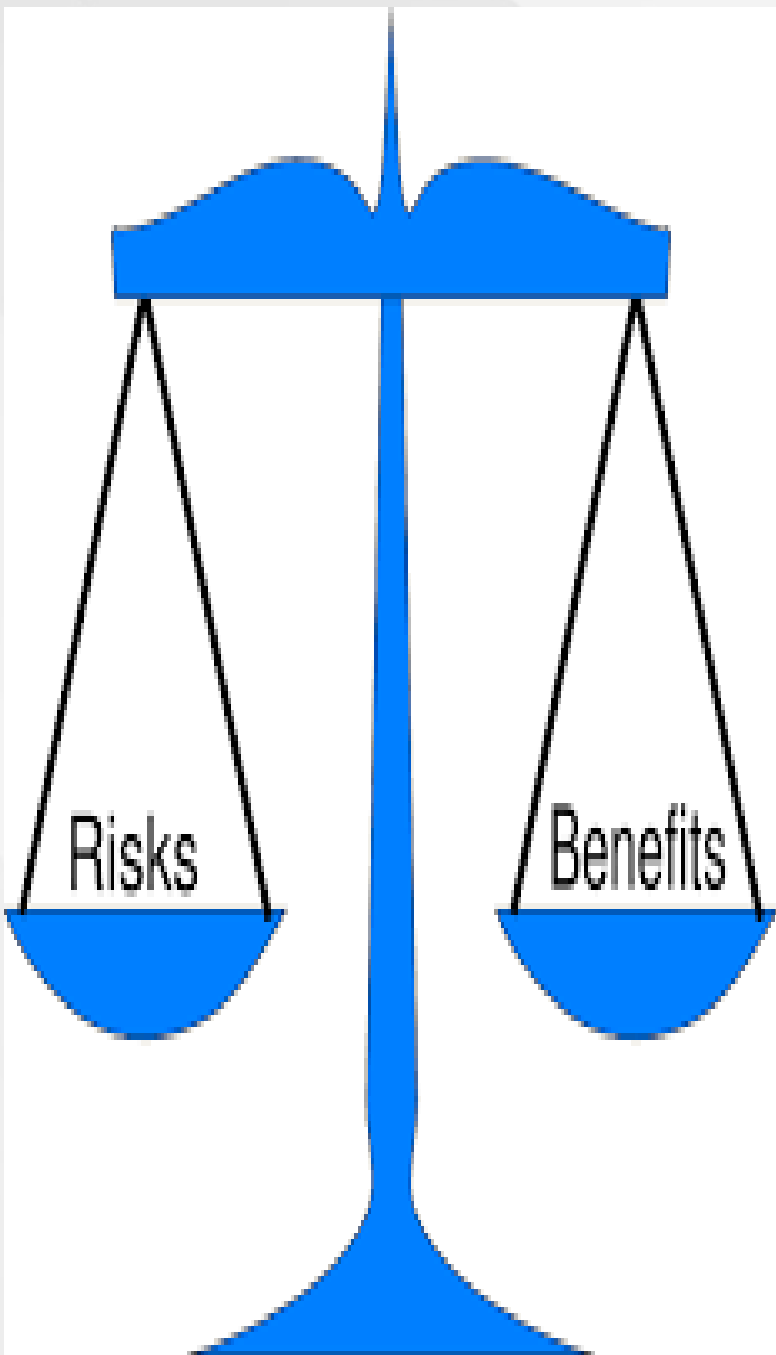
RCT – 856 pts in medication arm  
MCI or early AD (not other type of dementia, s/a vascular, FTD- MRI)  
Aged 50-90

## Protocol

Amyloid PET **OR** Spinal Tap  
Infusion every other week for 18m  
5 scheduled (specialized) MRIs  
**Exclude**- stroke, seizure in last year







## Evidence: CLARITY AD Study

### Benefits

“moderately less decline” in measures of cognition % function at 18 months

### Risks

**26%** “Infusion related” reactions (*HA, n/v, confusion, change in gait*)

**20%** **ARIA E/H**

Brain swelling (E) and Hemorrhage  
20% of these w/ s/x

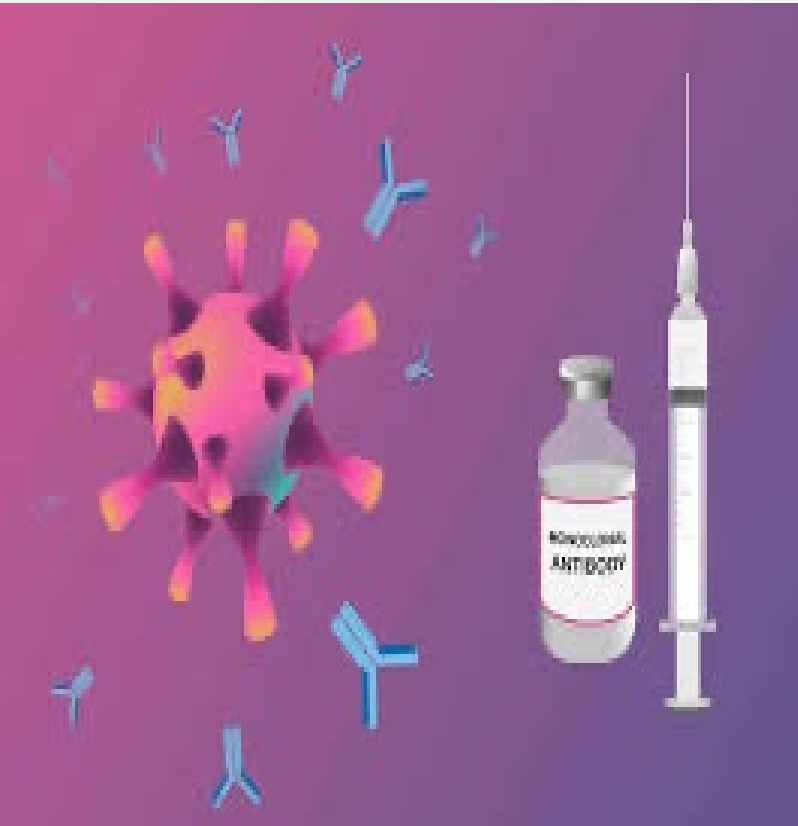
**3 deaths (0.7%)** uncertain if causative

# Monoclonal Antibody Medications

Adalimumab- Humira  
autoimmune

Rituximab- Rituxin  
blood cancers

Trastuzumab- Herceptin  
Breast cancer



# “Open the Funnel”- Patient-Driven Diagnosis

## Washington Post



## Online Dementia Screening

**Dem Clinic - Online Dementia Screening Platform**

- The platform features interactive videoconferencing with experts.
- DemClinic leverages telemedicine technology to increase access to diagnosis and care.
- Consultation will include a detailed history and neuropsychological evaluation.

8585 990 990 [www.DemClinic.com](http://www.DemClinic.com)

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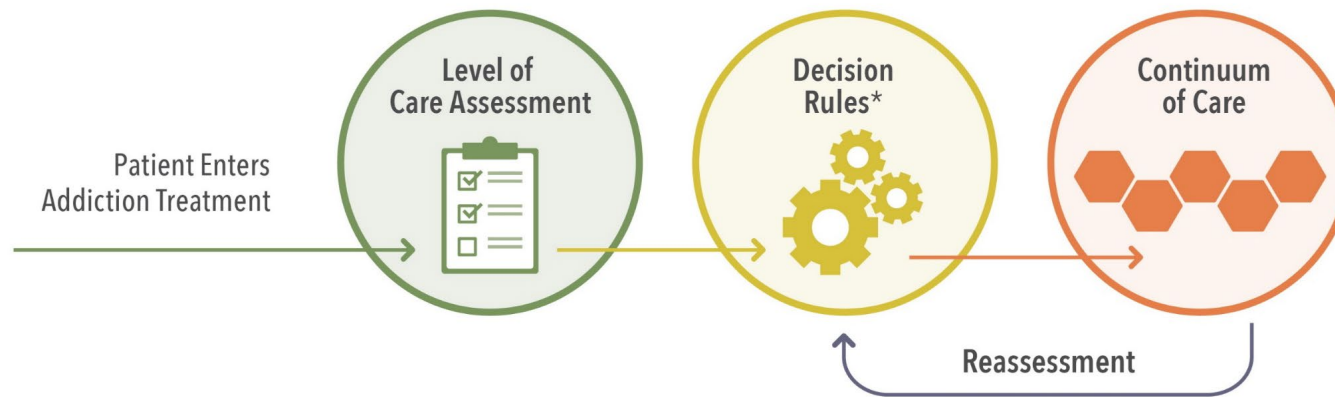
*ASAM, founded in 1954, is a professional medical society representing over 7,000 physicians, clinicians and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.*



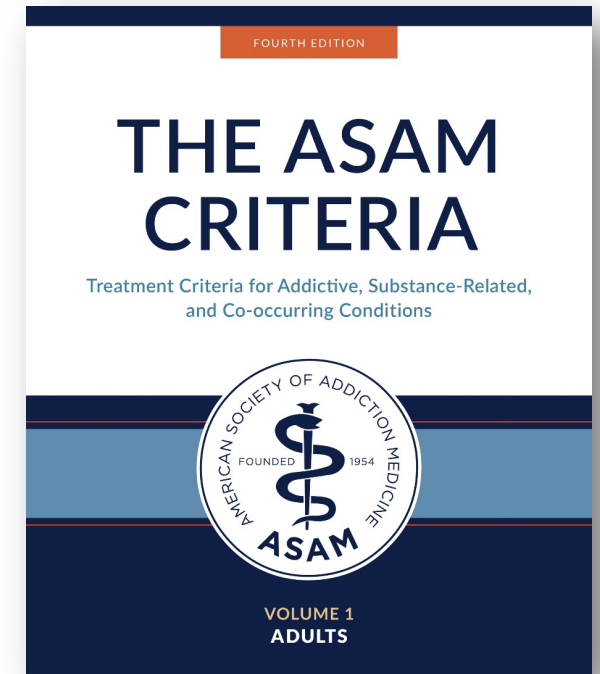
# The ASAM Criteria

The ASAM Criteria is the most widely used and comprehensive set of standards for level of care recommendations, continued service, and care transitions for individuals with addiction and co-occurring conditions.

## Core Components of *The ASAM Criteria*



\* Decision rules include the Dimensional Admission Criteria and the transition and continued service criteria.





# *The ASAM Criteria* Continuum of Care for Adult Addiction Treatment

## Level 4: Inpatient

4 Medically Managed  
Inpatient  
4 Psych

## Level 3: Residential

3.1 Clinically Managed  
Low-Intensity  
Residential

3.5 Clinically Managed  
High-Intensity  
Residential  
3.5 COE

3.7 Medically Managed  
Residential  
3.7 BIO 3.7 COE

## Level 2: IOP/HIOP

2.1 Intensive  
Outpatient (IOP)

2.5 High-Intensity  
Outpatient  
(HIOP)  
2.5 COE

2.7 Medically Managed  
Intensive  
Outpatient  
2.7 COE

## Level 1: Outpatient

1.0 Long-Term  
Remission  
Monitoring

1.5 Outpatient  
Therapy  
1.5 COE

1.7 Medically Managed  
Outpatient  
1.7 COE

## Recovery Residence

RR Recovery  
Residence

# Adoption of The ASAM Criteria

Growing adoption driven by:

- Ongoing overdose crisis
- Expansion of health coverage for addiction treatment under the Affordable Care Act
- Expansion of Medicaid section 1115 waivers for residential addiction treatment coverage
- Legal developments in *Wit v. United Behavioral Health* which faulted UBH for failing to make medical necessity determinations using generally accepted medical standards, including The ASAM Criteria.
- Implementation of parity for mental health and SUD treatment

## Implementation of *The ASAM Criteria* (as of 2022)

- **34 states** with section 1115 waivers to the Medicaid Institutions for Mental Diseases (IMD) addiction treatment exclusion<sup>1</sup>
- **45 health plans** license *The ASAM Criteria* for medical necessity
  - Over **140 million lives** covered
- **15 states** require commercial payers to use *The ASAM Criteria* for medical necessity
- **24 states** require Medicaid plans to use *The ASAM Criteria* for medical necessity
- **13 states** use *The ASAM Criteria* level of care standards to license addiction treatment programs



# ASAM Criteria Implementation Tools



Updated for 4<sup>th</sup> Edition:

- Training and education
- ASAM Criteria software
  - ASAM Criteria Navigator (payers)
  - ASAM Continuum (providers)
- Licensing framework
- Level of care certification (CARF)
- Standardized forms



# Resources

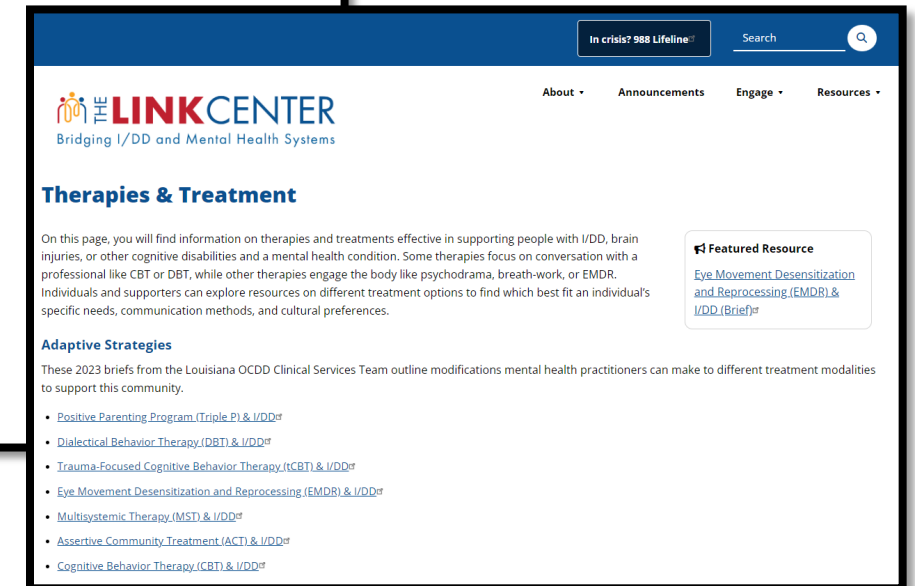
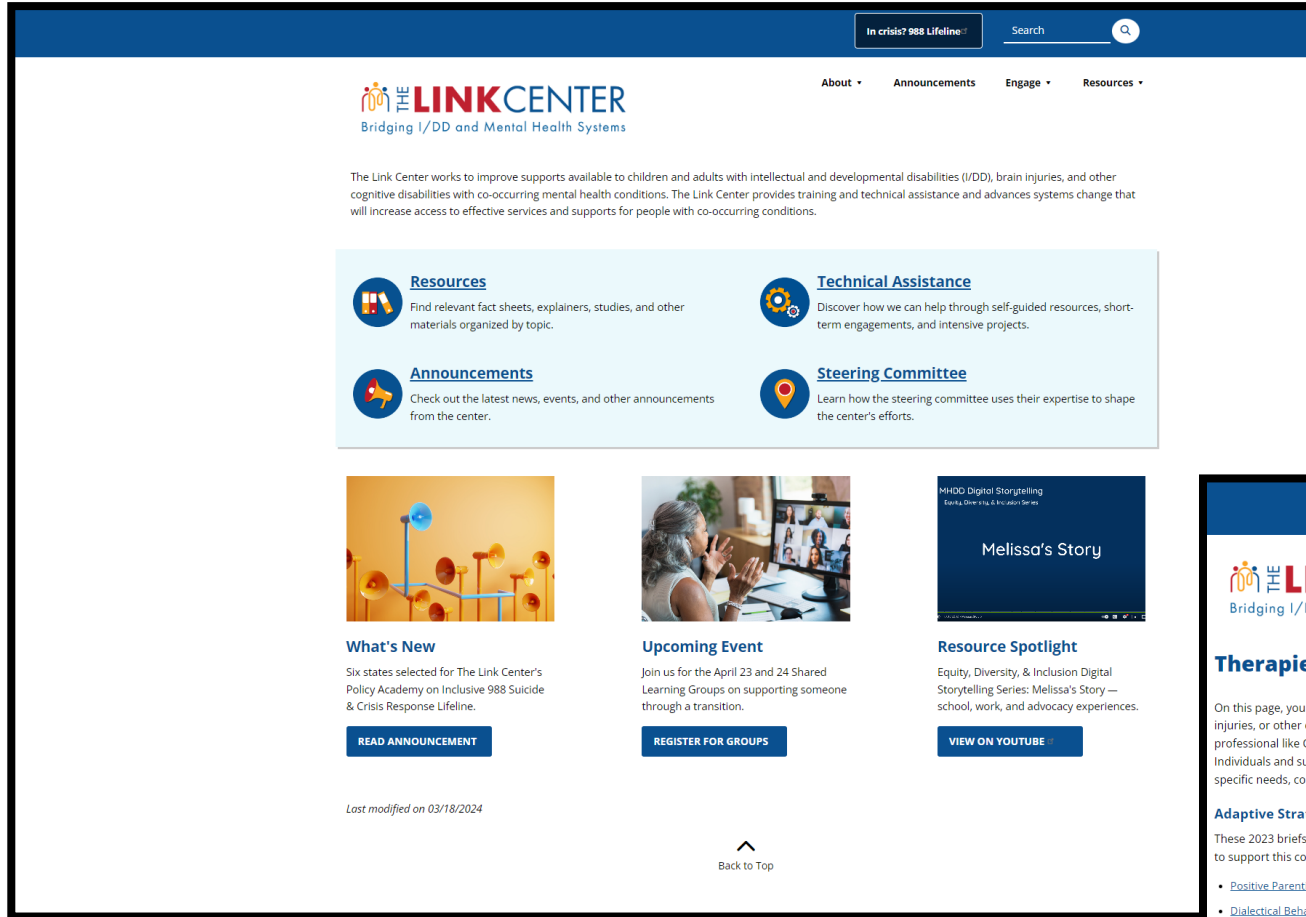
- ASAM Criteria: [www.asam.org/asam-criteria](http://www.asam.org/asam-criteria)
- ASAM Clinical Guidelines: [www.asam.org/quality-care/clinical-guidelines](http://www.asam.org/quality-care/clinical-guidelines)
- ASAM Criteria Navigator: [www.changehealthcare.com/insights/asam-criteria-navigator](http://www.changehealthcare.com/insights/asam-criteria-navigator)
- ASAM Criteria Training: [elearning.asam.org/asam-criteria-education](http://elearning.asam.org/asam-criteria-education)
- ASAM Criteria licensing: [www.asam.org/asam-criteria/copyright-and-permissions](http://www.asam.org/asam-criteria/copyright-and-permissions)





**ASAM** American Society *of*  
Addiction Medicine





<https://acl.gov/TheLinkCenter>



# THANK YOU

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Visit us on our website at [snpalliance.org](http://snpalliance.org)!