

CONCENTRATING ON HIGH-VALUE ALZHEIMER'S NEEDS TO GET TO AN END ACT (THE CHANGE ACT) OF 2021

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Background

Alzheimer's disease is the biggest long-term public health crisis and the most expensive chronic disease in our nation. It is the only top-ten cause of death without a cure. An estimated 6.2 million Americans aged 65 and older are living with Alzheimer's disease in 2021. By 2050, that number is projected to be as high as 12.7 million in the absence of medical breakthroughs to prevent, slow, or cure the disease.

The Welcome to Medicare visit and the Medicare Annual Wellness Visit (AWV) were created as part of the Affordable Care Act to encourage proactive engagement to address an individual's health risks and encourage evidence-based preventive care in aging adults. Policymakers included statutory requirements that healthcare providers must fulfill at every appointment to be reimbursed by Medicare. One of the requirements of the AWV is the "detection of any cognitive impairment."

In the AWV regulation, the Centers for Medicare and Medicaid Services (CMS) defined the "detection of any cognitive impairment" as "assessment of an individual's cognitive function by direct observation, with due consideration of information obtained by way of patient report, concerns raised by family members, friends, caretakers, or others."

Studies have found that approximately 50 percent of patients with dementia are unrecognized in the primary care setting. Detection of cognitive impairment during these appointments using a subjective measure such as direct observation falls short of what patients need. There are evidence-based screening tools specifically designed to detect cognitive impairment and signs of Alzheimer's or dementias at the earliest stages. CMS should require use of these screening tools rather than "direct observation" during AWV and Welcome to Medicare visit. Use of these screening tools will allow for appropriate follow-up instead of delaying diagnosis or clinical trial participation.

Bill Summary

The CHANGE Act is bipartisan and bicameral legislation that encourages early detection, diagnosis, and access to interventions.

Detection and Treatment: Directs CMS to require use of cognitive impairment detection tools identified by the National Institute on Aging during AWV and Welcome to Medicare visit. Use of these tools will allow clinicians to better detect mild cognitive impairment and other early symptoms of Alzheimer's and related dementias. If cognitive impairment is detected, patients are to be referred for additional testing, to community-based support services, and to appropriate clinical trials.

Access to Care: Requires the Centers for Medicare and Medicaid Services to lead, create, adopt, and recognize quality measures and incentives to promote the detection and diagnosis of Alzheimer's disease or related dementias and appropriate care planning services, including potential for clinical trial participation.

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THE CHANGE ACT