



Legislative Fiscal Bureau

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May, 2019

Joint Committee on Finance

Paper #393

Dementia Initiatives (Health Services -- Public Health)

[LFB 2019-21 Budget Summary: Page 198, #4]

CURRENT LAW

Dementia care specialists (DCSs) work at county aging and disability resource centers (ADRCs) or tribal agencies and provide cognitive screenings, programs that engage individuals with dementia in regular exercise and social activities, and promote independence for individuals with dementia. They also provide support for family caregivers, including assistance with care planning and connections to support groups. Finally, they provide community support, assisting in the development of dementia friendly communities through outreach events and professional consultations. Dementia care specialist positions are not state positions.

The Department of Health Services (DHS) contracts with ADRCs to support information and referral services for elderly and disabled individuals in the ADRC's service area. However, funding to support DCS positions is not part of the ADRC base contracts. Instead, DHS supports DCS positions by providing grants, each totaling \$94,000 (\$80,000 GPR and \$14,000 FED) annually. DHS claims federal medical assistance (MA) administrative matching funds to partially support these positions, to reflect that some DCS services are provided to MA-eligible individuals and therefore qualify as MA-eligible administrative expenses.

In 2019 contractual commitments for the ADRCs are estimated to be approximately \$70.3 million (\$42.2 million GPR and \$28.1 million FED), this amount includes the ADRC base funding as well as various other commitments, including the current dementia care specialist positions, various tribal specialists, adult protective services, and services provided by Disability Rights Wisconsin.

DHS currently funds 21 DCS and three tribal DCS positions, covering 34 counties and three tribes. The attachment identifies the ADRCs and tribes that currently have DCS positions.

GOVERNOR

Dementia Care Specialists. Provide \$2,822,000 (\$2,400,000 GPR and \$422,000 FED) in 2019-20 and \$2,822,000 (\$2,400,000 GPR and \$422,000 FED) in 2020-21 to support 27 additional DCS and three new tribal DCS positions, expanding the DCS program statewide.

Academic Detailing Program. Provide \$61,600 GPR in 2019-20 and \$78,200 GPR in 2020-21 on a one-time basis for DHS to implement a two-year academic detailing primary care clinic dementia training pilot program in ten primary care clinics through a contract with the Wisconsin Alzheimer's Institute.

Define "academic detailing" to mean a teaching model under which health care experts are taught techniques for engaging in interactional educational outreach to other health care providers and clinical staff to provide information on evidence-based practices and successful therapeutic interventions with the goal of improving patient care.

Require that DHS, as part of the training program, provide primary care providers with clinical training and access to educational resources on best practices for diagnosis and management of common cognitive disorders, and referral strategies to dementia specialists for complicated or rare cognitive and behavioral disorders.

Require that DHS ensure that the training program includes at least the following: (a) the most current research on effective clinical treatments and practices is systematically evaluated by the academic detailing team; (b) the information gathered and evaluated is packaged into an easily accessible format that is clinically relevant, rigorously sources, and compellingly formatted; and (c) training is provided for clinicians to serve as academic detailers that equips them with clinical expertise and proficiency in conducting an interactive educational exchange to facilitate individualized learning among participating primary care practitioners in the target clinics.

DISCUSSION POINTS

1. Dementia refers to a set of symptoms of cognitive decline resulting from brain cell death caused by disease and injury to the brain. Symptoms may include declines in memory, judgment, perception, and reasoning, as well as other cognitive abilities. There are several causes of dementia, the most prominent of which is Alzheimer's disease.

2. According to the Alzheimer's Association, it is estimated that approximately 3% of people ages 65 through 74, 17% of individuals ages 75 through 84, and 35% of individuals 85 and older have Alzheimer's disease. The Alzheimer's Association estimates that 110,000 Wisconsin residents age 65 and older have dementia. The number of people with Alzheimer's disease and other dementias is expected to increase as the population continues to age.

Dementia Care Specialists

3. The DCS program started as a pilot program in 2013, when DHS used one-time funds, resulting from unanticipated enhanced federal funding and unspent ADRC allocations, to support five

DCS positions. In 2014, DHS expanded the program to 16 DCS positions, also using one-time funding. The 2015-17 budget provided funding for 12 DCS positions. DHS supplemented the 2015-17 biennial budget allocation with surplus one-time ADRC funding to continue all 16 DCS positions through 2016-17. DHS also funded the three tribal DCS positions at that time, for a total of 19 positions. The 2017-19 budget provided additional funding for the DCS program, enabling DHS to fund a total of 21 DCSs and three tribal DCS positions on an ongoing basis. DHS indicates that for the additional five DCS positions funded in the 2017-19 budget, the Department received applications from 16 ADRCs.

4. DHS anticipates that there will be 48 ADRCs serving the state's 72 counties at the end of the 2017-19 biennium. The Governor's budget would enable DHS to fund one DCS for each ADRC, resulting in an additional 27 DCS positions.

5. However, based on the anticipated size of the population to be served, each tribe would not be allocated its own DCS. Instead, the Governor's budget allocates 1.0 DCS position for the Oneida tribe, and a 0.5 DCS position for each of the ten remaining tribes in the state. As such, the Governor's budget allocates funding for three additional tribal DCS positions. By providing an additional three DCS positions and allocating 0.5 DCS position to each tribe (other than Oneida), Menominee and St. Croix Chippewa would be allocated 0.5 fewer DCS positions than they are currently allocated.

6. Funding for the DCS positions is based on the assumption that approximately 30% of DCS activities are related to Medicaid and therefore qualify for a 50% federal Medicaid administrative match, which is estimated to equal \$14,000 FED per DCS positions annually. The remaining \$80,000 for each position is funded with GPR. Funding for the tribal DCS positions is budgeted using the same combination of GPR and FED.

7. The main goals of the DCS program are to: (a) support individuals with dementia to remain active and able to stay in their own homes in the community; (b) support family caregivers so that they can continue to help family members with dementia remain in the least restrictive setting for as long as possible; (c) increase the dementia capability of the local ADRC as well as other county and tribal agencies; and (d) facilitate local efforts to build dementia-friendly communities

8. In 2017, DCSs documented 2,615 contacts with community members. Forty-four percent of these DCS contacts were people seeking help for themselves as caregivers. Of these 44%, almost half were between 60 and 79 years old, and were either the adult child or the spouse of a person with dementia.

9. DCS positions also refer individuals to community resources and programs. In 2017, DCSs made 5,881 referrals to other community partners such as caregiver support programs, county and tribal agencies, and long-term care and health care services. DCSs received over 2,600 referrals for DCS services from a variety of sources including: county and tribal agencies, friends and family, outreach events, and health care professionals.

10. DCSs are trained to perform free memory screens for individuals in the community. The exercises administered by the DCSs do not provide a reason for the memory issue, if one is indicated,

and do not constitute a medical diagnosis. However, these free screens indicate whether clinical follow-up with a primary physician or other health care professional is warranted, which may help reduce the need for an individual to seek further medical services. Beyond administering their own screens DCSs also train other ADRC and tribal staff to use the memory screen tools. In 2017, DCSs performed 494 memory screens, with ADRCs performing a total of 3,434 memory screens.

11. Additionally, DCS positions provide community education, mobilize community resources, and consult with law enforcement, adult protective services, crisis response teams, medical providers, and others who need information regarding dementia-related issues. In 2017, DCSs participated in 1,651 outreach events and reached approximately 29,600 attendees.

12. Based on the expectation of continuing growth in the demand for DCS services and to ensure equal access to DCS services throughout the state, the Committee could adopt the Governor's recommendation [Alternative A1]. Funding in the bill would be reduced by \$2,000 FED annually to reflect the administration's intent to provide \$14,000 FED for each additional position.

13. In light of other GPR funding commitments, the Committee could choose not to provide funding to expand the DCS program on a statewide basis, but instead provide funding for 14 additional DCS positions and three tribal positions. Under this alternative, DHS would allocate funding to one-half of the remaining ADRCs and all of the tribes that do not have DCS positions. The cost of funding for these 17 new positions would be \$1,598,000 (\$1,360,000 GPR and \$238,000 FED) annually [Alternative A2].

14. Alternatively, the Committee may determine that in light of the funding increases for the program in the 2017-19 budget the program should not be expanded further at this time. For this reason, the Committee could delete the Governor's funding increase for the DCS positions. Under this alternative, funding for the current 21 DCSs and three tribal DCSs would continue in the 2019-21 biennium [Alternative A3].

Academic Detailing Program

15. Early detection of dementia allows individuals to work with their doctors to determine what lifestyle changes they can make or what treatment options may be available to address the progression of the disease or ease symptoms; and participate in making health care and financial decisions and plans for the future, which may help avoid potentially costly, crisis situations.

16. The Governor's budget provides funding for DHS to contract with the Wisconsin Alzheimer's Institute (part of the University of Wisconsin School of Medicine and Public Health) to implement a "train-the-trainer" style training program designed to increase the timeliness and accuracy of dementia diagnosis in Wisconsin. The program would provide primary care providers with clinical training and access to educational resources on best practices for diagnosis and management of common cognitive disorders, and referral strategies to dementia specialists for complicated or rare cognitive and behavioral disorders, with the goal of improving patient care.

17. DHS indicates that the Wisconsin Alzheimer's Institute would recruit ten clinicians with expertise in dementia to be trained as academic detailers and implement the program in ten clinic sites

across the state. The ten clinicians selected would receive training at the National Resource Center for Academic Detailing. DHS estimates that one-time costs for the ten clinicians to attend this training is \$20,000 GPR.

18. Further, DHS anticipates that the Wisconsin Alzheimer's Institute would develop and print training materials for each of the ten clinicians to use when interacting with health care providers at participating clinics. DHS anticipates that the costs of developing and producing these training materials would be \$10,000 GPR annually.

19. Finally, the ten selected clinicians would provide ongoing training and mentoring to providers at one clinic for the duration of the initiative. The clinicians would make monthly four-hour visits, during which the clinicians would accompany providers as they conduct appointments, model best practices in dementia diagnosis and treatment, provide guidance, and respond to questions. DHS estimates the clinicians would make six clinic visits in 2019-20 and 12 clinic visits in 2020-21 and that reimbursement for the clinicians' time (based on an estimated annual salary of \$250,000) and mileage for these clinic visits would total \$31,600 GPR in 2019-20 and \$68,200 GPR in 2020-21.

20. In an effort to improve the timeliness and accuracy of dementia diagnosis in Wisconsin, the Committee may choose to fund the academic detailing program [Alternative B1].

21. Alternatively, the Committee could delete this item from the bill. Under this alternative, the University of Wisconsin School of Medicine and Public Health could choose to implement such a program if it determined that these activities were a priority use of base funding [Alternative B2].

ALTERNATIVES

The Committee should select one option from the alternatives under A and option from the alternatives under B. If the Committee selects A1 and B1, the Committee will approve the Governor's recommendation, as reestimated. If the Committee selects A3 and B2, the Committee will delete the provision.

A. Dementia Care Specialists in ADRCs

1. Approve the Governor's recommendation to fund 27 DCS and three tribal DCS positions. Reduce funding by \$2,000 FED annually to reflect the Governor's funding intent.

ALT A1	Change to	
	Base	Bill
GPR	\$4,800,000	\$0
FED	<u>840,000</u>	<u>- 4,000</u>
Total	\$5,640,000	- \$4,000

2. Reduce funding in the bill by \$1,224,000 (-\$1,040,000 GPR and -\$184,000 FED) annually to fund 14 DCS and three tribal DCS positions, beginning in 2019-20.

ALT A2	Change to	
	Base	Bill
GPR	\$2,720,000	- \$2,080,000
FED	<u>476,000</u>	<u>- 368,000</u>
Total	\$3,196,000	- \$2,448,000

3. Take no action with respect to additional DCS positions.

ALT A3	Change to	
	Base	Bill
GPR	\$0	- \$4,800,000
FED	<u>0</u>	<u>- 844,000</u>
Total	\$0	- \$5,640,000

B. Academic Detailing Program

1. Approve the Governor's recommendation to fund the academic detailing program.

ALT B1	Change to	
	Base	Bill
GPR	\$139,800	\$0
FED	<u>0</u>	<u>0</u>
Total	\$139,800	\$0

2. Take no action with respect to the academic detailing program.

ALT B2	Change to	
	Base	Bill
GPR	\$0	- \$139,800
FED	<u>0</u>	<u>0</u>
Total	\$0	- \$139,000

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Attachment

ATTACHMENT

Aging and Disability Resource Center and Tribal Dementia Care Specialists 2018

<u>ADRC of</u>	<u>Counties Served</u>
Barron, Rusk, and Washburn	Barron, Rusk, Washburn
Brown	Brown
Dane	Dane
Dodge	Dodge
Eagle Country	Crawford, Juneau, Richland, Sauk
Eau Claire	Eau Claire
Jefferson	Jefferson
Kenosha	Kenosha
the Lakeshore	Kewaunee, Manitowoc
La Crosse	La Crosse
Marinette	Marinette
Milwaukee (Aging Resource Center)	Milwaukee
the North	Ashland, Bayfield, Iron, Price, Sawyer
Ozaukee	Ozaukee
Pierce	Pierce
Portage	Portage
Rock	Rock
Southwest Wisconsin	Grant, Green, Iowa, Lafayette
St. Croix	St. Croix
Waukesha	Waukesha
Winnebago	Winnebago
<u>Tribe</u>	<u>Tribes Served</u>
Menominee	Menominee Tribe
Oneida	Oneida Nation
St. Croix	St. Croix Chippewa Tribe