

Caring for Alzheimer's with Resources, Education, and Support (CARES)
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Nature of the Problem: In the coming years, the 17, 000 member Medicare Advantage program, Health First Medicare Plan, faces a critical demographic and economic shift, as the prevalence of Alzheimer's disease and other dementias increases; compared to the average Medicare member, these members exhibit marked clinical complexity with a potential for relatively high costs from direct medical care, pharmaceutical, and community-based care needs. The plan can successfully address this challenge through development of a comprehensive disease management model that attends to both medical and social needs.

Proposal: Phase I CARES Planning 6 month Sept 2007-March 2008:

- 1. Feasibility Analysis:** Analysis of past performance, costs, and medication expenses of the target population of patients with a diagnosis of Alzheimer's disease, followed by financial forecast modeling of program costs after intervention.
- 2. Developing the CARES Care Management Model:** The interdisciplinary team will analyze past models and the above feasibility analysis to design the CARES team activities.
- 3. Pay for Performance Program development:** To further existing models, we will design a **Pay for Performance** component to encourage and support primary care physician involvement in Alzheimer's disease care management.

Phase II "Go Live" March 2008-February 2009:

100 members with a diagnosis of Alzheimer's disease (or in a range of determined diagnoses) and/or on Aricept and/or Namenda will be invited by letter to join the CARES Program. (Details of obtaining informed consent involving patients and caregiver are to be determined.) The CARES Team will consist of a Geriatrician, Nurse Practitioner, Licensed Clinical Social Worker, and Health Care Coordinator. Likely CARES Team activities: intake evaluation, quarterly review of cognitive status, daily functional levels and behavioral issues, adherence to evidence-based disease management guidelines, telephonic surveillance monthly, caregiver support and education monthly, ongoing care coordination, the CARES team is on-call and available 24/7/365.

Phase III CARES Evaluation March 2009-September 2009:

Outcomes will include: **Patient/caregiver/primary care provider satisfaction, utilization, costs, and Pay for Performance results.**

Sustainability: If the outcomes are favorable, this model will further the evidence of benefit of an interdisciplinary team-based disease management program for Alzheimer's disease and other dementias, and will support continuation of these broad based interventions impacting the patient, caregiver, primary care provider, and social support networks.

Please [email Rosemary](#) with any questions or comments regarding this project.