alzheimer's association®

factsheet

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HOPE for Alzheimer's Act

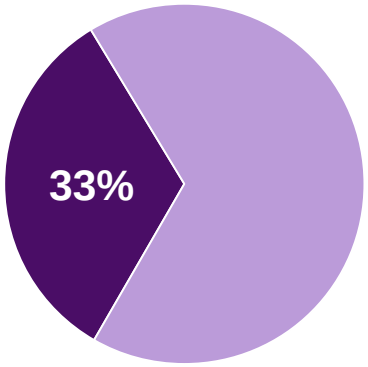
Most people who have been diagnosed with Alzheimer's disease are not aware of their diagnosis.

- Only about half of those with Alzheimer's disease have been diagnosed.
- Among those seniors who have been diagnosed, only 33 percent are aware they have the disease.
- Even when including caregivers, 45 percent – less than half – of those diagnosed with Alzheimer's or their caregivers are aware of their diagnosis. For other dementias, the disclosure rate is even smaller: only 27 percent.
- Comparatively, 90 percent or more of those diagnosed with cancer or cardiovascular disease, or their caregivers, are aware of the diagnosis.

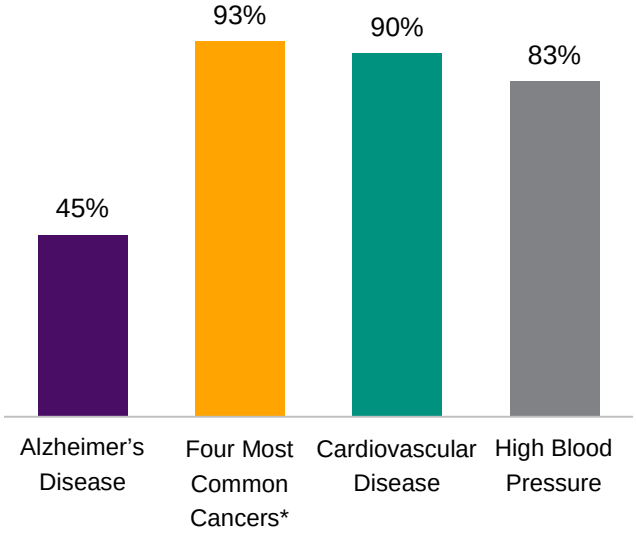
Lack of disclosure is sometimes a result of physicians not having the time and resources to do care planning.

- Following a diagnosis of Alzheimer's disease, individuals and their caregivers need to be provided information about the diagnosis and available support services.
- Studies have found one of the reasons physicians do not diagnose Alzheimer's in the first place – or do not disclose a diagnosis once it is made – is because of the lack of time and resources to provide this information and support to patients and caregivers.

Percent of Seniors Diagnosed with Alzheimer's Disease Who Are Aware of the Diagnosis



Percent of Seniors Diagnosed with Condition, or Their Caregivers, Who Are Aware of the Diagnosis



**Breast, Lung, Prostate, and Colorectal*

Following a diagnosis of Alzheimer's, care planning is crucial to improving outcomes for the individual.

- Care planning allows newly-diagnosed individuals and their caregivers to learn about medical and non-medical treatments, clinical trials and support services available in the community – resulting in a higher quality of life for those with the disease.
- Individuals receiving care planning specifically geared toward those with dementia have fewer hospitalizations, fewer emergency room visits and better medication management.

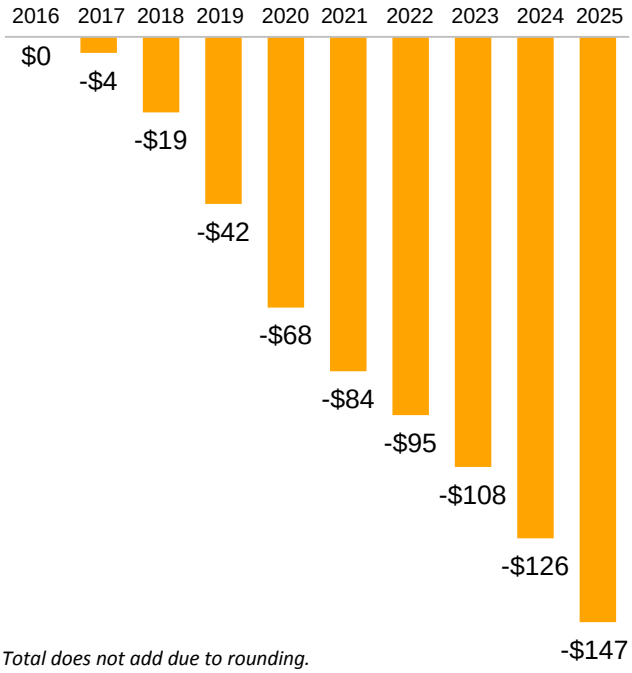
Care planning is also critical for coordinating care and managing other chronic conditions.

- Over 85 percent of people with Alzheimer's and other dementias have one or more other chronic conditions, such as diabetes or heart disease.
- Alzheimer's disease complicates the management of these other conditions – and as a consequence increases costs. For example, a senior with diabetes and Alzheimer's costs Medicare 81 percent more than a senior who has diabetes but no Alzheimer's.

A care planning benefit under Medicare for individuals newly-diagnosed with Alzheimer's and other dementias would save the federal government money.

- An analysis by former Congressional Budget Office (CBO) staff found over a 10-year period (2016-2025), a care planning benefit would reduce federal spending by a total of $692 million.
- Annual savings would start small ($4 million in 2017), but would grow each year until reaching $147 million in 2025.

10-Year Decrease in Federal Spending with Medicare Dementia Care Planning Benefit = $692 Million



Total does not add due to rounding.

Consistent with the recommendations of the *National Plan to Address Alzheimer's Disease,* the Health Outcomes, Planning, and Education (HOPE) for Alzheimer's Act (S. 857 / H.R. 1559) would:

- Provide Medicare coverage for comprehensive care planning services following a dementia diagnosis; the services would be available to both the diagnosed individual and his/her caregiver.
- Ensure that documentation of a dementia diagnosis and any care planning provided is included in an individual's medical record.
- Require the Department of Health and Human Services to educate providers about the new benefit and to identify any barriers individuals face in accessing care planning.