



Technology-Enabled Dementia Care

Reducing Facility Utilization for Patients with Dementia

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Reducing Facility Utilization for Patients with Dementia by Empowering Family Caregivers and Enabling Remote Monitoring

EXECUTIVE SUMMARY

We are experts in caring for patients with dementia or cognitive impairment in the home. Patients living with Alzheimer’s Disease and other dementias (collectively “dementia”) utilize emergency departments (EDs), hospitals, and skilled nursing facilities 2-3 times more frequently than those without the condition.¹ Many of these facility utilizations are avoidable and do not benefit the person living with dementia; in fact, these admissions often contribute to further decline in cognitive functioning and overall functional status, thereby increasing future utilization.²

Based on claims data and related literature, higher healthcare costs for patients with dementia are driven by acute events that lead to higher facility utilization, which are the result of:

- Unmanaged chronic conditions, in particular diabetes, CHF, and COPD
- Conditions that could be prevented at home (e.g., UTIs, falls)
- Inexperienced family caregivers

Our framework for the progression of dementia highlights the importance of reducing the

frequency and intensity of the step-wise cognitive/functional declines associated with acute events.

Our technology-enabled dementia care program reduces facility utilization by (i) empowering informal/unpaid family caregivers (e.g., spouses or adult children) with knowledge, skills, confidence, and support and (ii) enabling remote daily monitoring of patient and caregiver status to support optimal patient care and avoid acute events.

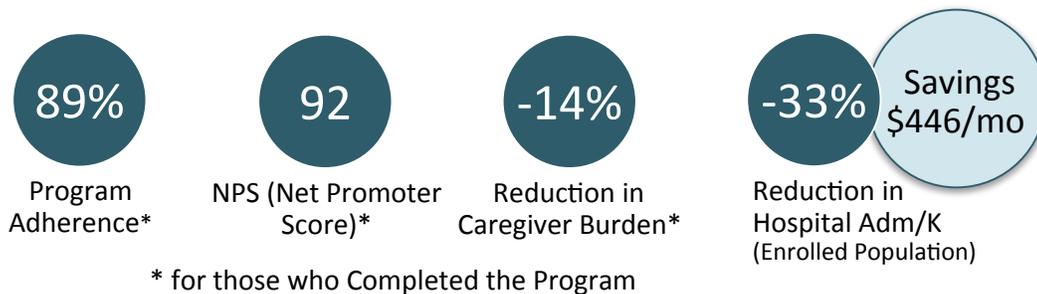
Ceresti’s technology-enabled dementia care program creates new opportunities for payers and providers to reduce costs and improve care in a historically “forgotten” patient population.

We empower family caregivers by engaging them in a personalized education, support, and coaching program that is delivered via a tablet device that we send to the home. We leverage our proven digital platform, remote coaches, evidence-based content and a proprietary “personalization engine” to help family caregivers understand their loved one’s health challenges and develop the knowledge, skills and confidence required to take a more active role in managing their loved one’s health. Family caregiver empowerment is the proactive element of our program that aims to preventing acute events.

We remotely monitor patients daily via their family caregivers. Ceresti coaches become trusted advisers who gain insights about new health challenges and social determinants in the home. This allows us to alert care managers about potentially avoidable events so they can intervene in real time to prevent an ED visit or a hospital admission. Our ability to remotely monitor patients for any condition that our coaches learn about optimizes and supplements client’s care management programs by extending their reach into the home. Remote monitoring is the reactive element of our program that addresses situations that are on the verge of becoming acute events, leading to appropriate medical interventions that avoid the need for ED or hospital care.



We reduced hospital admissions by 33%—generating estimated savings of \$446 per enrolled member per month—in a 2017 study³ with a leading at-risk provider. Caregivers of high-need Medicare Advantage patients with dementia also reported high program satisfaction (NPS=92) and reduced caregiver burden, a measure of their willingness to “keep going” in the job of caregiving. Those who completed our program completed an average of 89% of all assigned tasks, daily assessments and coaching call.



5.3 million Americans are currently diagnosed with Alzheimer’s Disease (AD), representing about 11.5% of seniors over the age of 65. Dementia is highly correlated with age, with 13.4% of those in the 75-84 years age group, and 34.4% of those older than 85 years having the condition.⁴ The condition also disproportionately affects Blacks (14.7%) and Hispanics (12.9%). For those diagnosed with dementia, over 70% are older than 80 years, and 67% are women.⁵ Dementia is under-diagnosed⁷ by approximately 50%⁶ suggesting that the incidence of the condition is significantly higher than 11.5% of those aged 65+.

An additional 10% of those aged 65+ have mild cognitive impairment (MCI) due to AD and are at risk of developing AD. Our rapidly aging population and rising Medicare and Medicaid costs (projected to exceed \$500 billion/year by 2040) make a strong case for developing population health approaches for patients with dementia and those with cognitive impairment who are likely to develop the disease in the future.⁷

Patients with dementia can be identified in multiple ways from claims and other data. Approaches include (i) ICD-9 codes (290, 294, 331, 797), taking care to look at all available diagnostic field, (ii) patients who are prescribed cognitive enhancers (e.g., Namenda, Aricept, etc.), (iii) episode grouping software (e.g. Optum ETG), and (iv) facility authorization and utilization data. Taking a superset of multiple approaches will help identify all those who can benefit from Ceresti’s technology-enabled dementia care program, or other specialized dementia care programs.

REFERENCES

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- ³ unpublished results, contact Ceresti for more details
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