Alzheimer's Disease International

The global voice on dementia

World Alzheimer Report 2016
Key Messages

The information contained in this toolkit is under strict embargo until 00:01 (UK time) onTuesday 20 September 2016

About the report

- The World Alzheimer Report 2016looks at ways of improving the coverage, as well as the quality of healthcare for people with dementia. Currently only half have received a diagnosis in high income countries, and less than one in ten in low and middle income countries.

- It argues that current services are over-specialised, and that a rebalancing is required with a more prominent role for primary and community care.

- This would increase the capacity for delivering dementia healthcare, limit the increased costs associated with scaling up coverage of care, and coupled with the introduction of care pathways and case management, improve the coordination and integration of care.

- Modelling of the costs of care pathways was carried out in Canada, China, Indonesia, Mexico, South Africa, South Korea and Switzerland, to estimate the costs of dementia healthcare under different assumptions regarding delivery systems.

- The report was researched and authored by a team led by Prof Martin Prince of the Global Observatory for Ageing and Dementia Care in collaboration with the Personal Social Services Research Unit (PSSRU), at the London School of Economics and Political Science (LSE).

- The report will be particularly important as a policy tool alongside the development and possible adoption of the Zero Draft Global Action Plan on Dementia by the World Health Organisation.

Key findings

- **Dementia care is over-specialised.** Current specialist models of dementia care (where geriatricians, neurologists and psychiatrists are providing dementia care) are unlikely to be able to scale up to provide sufficient coverage for the growing number of people affected by dementia - especially in low and middle income countries. In high income countries specialist services are already stretched by the increasing demand. There is evidence that when primary care physicians take responsibility for dementia care they can attain similar outcomes to specialists.

- **Task-shifting and task-sharing with primary care services will be a core strategy for improving the coverage of diagnosis and continuing care.** Increasing the role of primary care serviceswill unlock capacity within the system for diagnosis and continuing care, and may be up to 40% cheaper than specialist care in high income countries. (Task-shifting is defined as delegating selected tasks to existing or new health professional cadres with either less training or narrowly tailored training. This may involve shifting tasks from higher- to lower-skilled health workers - e.g. from a neurologist specialist doctor to a primary care physician - or creating new professional roles, so tasks can be shifted from workers with more

general training to workers with specific training for a particular task - e.g. from a primary care physician to a dementia case manager.)

- **Scaling up dementia healthcare is affordable.** The annual costs of achieving 75% coverage of comprehensive dementia care in high income countries, and 50% coverage in low and middle income countries, by 2030, would amount to around 0.5% of total expenditure on public healthcare. Costs in high income countries would be mitigated by moving towards a more task-shifted system of care. With improved coverage, additional cost savings may come fromreduced need for admission to care homes, and improvements in the efficiency in which healthcare is provided (avoidance of unnecessary or burdensome interventions).

- **Training, mentoring and support by specialists are essential.**Primary care services need to be mandated and resourced to provide dementia healthcare. The roles of specialists and non-specialists within the system need to be clearly defined. Specialist services will need to take on a more prominent role in training and supervising non-specialists, with explicit referral guidelines and pathways. In many low-resource countries primary healthcare systems would need to be strengthened to take on this role effectively.

- **Dementia is often complicated by frailty and multiple physical morbidities.** More must be done with help people with dementia to optimise their physical health, maintain their nutrition and hydration, and reduce their risks for falls, infection and delirium.Lack of attention to these issues may be the biggest flaw in the currently prevailing specialist models of dementia care, and one of the strongest arguments for the greater involvement of primary care in the delivery of dementia care.

- **People with dementia should be included in debates about approaches to the management of multiple health problems in older people.** Their values and preferences for treatments may differ in important ways from people who do not live with dementia, as may the outcomes that are most important to them.

- **Healthcare for people with dementia needs to be continuous, integrated and holistic**.The needs of people with dementia, and their carers evolve over time. Care systems must be responsive to this, maintaining regular contact, monitoring and reviewing care plans, and providing support and interventions to meet needs as and when they arise. Healthcare should also be holistic and person-centred, treating the whole person according to their values and preferences, not as a set of separate health conditions or problems. Care should be integrated across all levels of care provisionand health and social care providers.

- **Care pathways and case management are key mechanisms for integrating and coordinating care.**Care pathways provide an explicit structure for planning, organising and resourcing integrated care across the course of the condition, and assessment and monitoring of care quality through process and outcome measures. Case managers coordinate care across health and social care systems, promoting efficiency, consistent with individual values and preferences. (These concepts are explained in more detail in the ‘Introduction’ chapter of the report.)

- **People with dementia are more likely to be admitted to hospital, have longer stays and are at increased risk of adverse outcomes including infection, delirium, falls, and death.** Avoidance of unnecessary hospitalisation is a policy priority in many countries, but there is, as yet, no clear evidence as to how this may be achieved.Geriatric home based assessment and management, emergency department evaluation, and 'hospital at home' alternatives all require further evaluation. In hospital, specialist dementia nurses, dementia care units, and specialist liaison servicescan help to improve the quality of care, but there is little evidence that they help shorten admissions.

- **There are significant gaps in research into health service and system innovations.**These include: evidence for the cost-effectiveness of case management, trials of the effectiveness of advanced care planning and palliative care approaches to end-of-life care; interventions specifically targeting the avoidance of hospitalisation for people with dementia.Researchers need to work more closely with policymakers and healthcare providers, to ensure that interventions tested are realistic and relevant.Policymakers and providers have the ability to implement innovations and should do so in a way that permits evaluation and, where possible, experiment.

Key recommendations

- Healthcare for people with dementia needs to be continuous, holistic and integrated – with clear roles and responsibilities specified for primary and specialist care servicesacross the course of the condition.
- Task-shifting and task-sharing, including increasing the role and competencies of primary healthcare services, should be prioritised, as a core strategy for increasing the coverage of diagnosis and continuing care.
- A move towards universal coverage of dementia healthcare is, in principle, feasible and affordable, but would require political will, advocacy, and concerted action by policymakers, providers and health and social care professionals.
- Explicit care pathways should be introduced, as for other chronic health conditions, to tackle the lottery that people with dementia and their carers experience in accessing care and support that is effective, responsive, and continuing, and to monitor and improve adherence to care standards.
- There needs to be more investment in and prioritisation of research that evaluates the effectiveness and cost-effectiveness of different care models, including; the role of non-specialists in task-shifted systems; case management; management of multimorbidity and avoidance of hospital admission care; and the effectiveness of advanced care planning and palliative care.
- The search for new treatments that modify the course of dementia is prioritised as part of the G7 Global Action on Dementia. We need to act now to ensure equity of access, including for the two-thirds of people with dementia living in low and middle income countries.

- This means having the healthcare systems in place to identify those that would benefit and deliver the treatment effectively. Consideration also needs to be given to the affordability of any new treatment.

Report download

- The report will be available to download on the 20 September 2016 00:01 BST from the ADI website http://www.alz.co.uk/worldreport2016

If you have any questions about the World Alzheimer Report, contact us on: info@alz.co.uk or +44 (0) 207 981 0880