

## Working Together to Improve Care

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### Guidelines of Alzheimer's Disease Management

The CADCs provided expert knowledge and collaborated with the California Department of Public Health, the Alzheimer's Association, California Southland Chapter, health care providers, consumers, academicians and representatives of professional and volunteer organizations to develop, publish and implement best practices and recommendations for the management of Alzheimer's disease, the "[Guidelines of Alzheimer's Disease Management.](#)" [1]

The Guidelines were developed in recognition that most older adults, including those with Alzheimer's disease, receive their medical care from Primary Care Practitioners (PCPs) who may lack the information and other resources they need to treat this growing and demanding population. Nevertheless, PCPs should be able to provide or recommend a wide variety of services beyond medical management of Alzheimer's Disease and comorbid conditions, including recommendations regarding psychosocial issues, assistance to families and caregivers, and referral to legal and financial resources in the community.

The CADCs have aggressively disseminated the Guidelines to health care providers throughout the State so that all Californians can receive best practices care for Alzheimer's disease and related disorders.

[Learn more about the "Guidelines of Alzheimer's Disease Management"](#) [1]

### Bringing Effective Treatments to the Medi-Cal Community

The CADCs were advocates in addressing an inequity of care for lower income Californians, on Medi-Cal, who were older, more poorly educated, and of minority background.

In 2001, Medi-Cal policy controlled the use of a class of anti-dementia drugs through a treatment authorization request (TAR) process. These drugs are known as acetylcholinesterase inhibitors (AChEI). The TAR restricted access to the drugs to persons with a diagnosis of Alzheimer's disease who had a Mini-Mental State Examination (MMSE) score between 10 and 26.

Although the MMSE was a widely accepted screening instrument for cognitive problems in the elderly, it was not known to be an accurate predictor of who may benefit from an AChEI. Performance on the MMSE could be biased by age, education, and cultural/linguistic factors causing an over- or under-estimation of the person's degree of dementia. Use of this measure as the criterion for prescribing AChEIs selectively reduces access to these medications by persons who are older, more poorly educated, and of minority background.

The CADCs, providing the necessary expertise and knowledge, worked closely with Medi-Cal to revise the TAR criteria, allowing thousands of people access to these helpful anti-dementia medications.

Research has clearly shown that the AChEIs can slow the progression of dementia for up to two years and that stabilization of the disease process could delay institutionalization, improve quality of life, reduce caregiver burden, and result in health care cost savings.

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