

# Back to basics: Redesigning systems of care for older adults with Alzheimer's disease

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The number of older adults with dementia in the United States is forecast to more than double over the next 40 years. Caring for these individuals will have a significant impact on caregivers as well as the health care system and its workforce.

In a paper published in the April issue of the peer-reviewed journal *Health Affairs*, Regenstrief Institute investigator Christopher M. Callahan, M.D., founding director of the Indiana University Center for Aging Research, reviews two new dementia care models that seek to decrease stress for caregivers, reduce [health care](#) costs and improve quality of care for older adults.

Among the most significant features of both of these care models, Dr. Callahan said, are caregivers' close involvement with the medical team and an underlying understanding that decisions should be based on attaining agreed upon goals—goals that may rule out burdensome treatments for the older adult with dementia.

"To date, the development of a cure for Alzheimer's disease remains elusive. We need to devote more resources to providing humane, high-touch, less costly care today and for many years to come for the large number of individuals who are and will be affected," said Dr. Callahan, the Cornelius and Yvonne Pettinga Professor in Aging Research at the IU School of Medicine. "It's time to think about going back to the basics to improve the quality of life for both the patient and the caregivers."

Dr. Callahan is a geriatrician whose own research has focused on depression in older adults and on the care of older adults by [primary care physicians](#). He and co-authors reviewed two care models that offer promise for implementation on a national scale: Optimizing Patient Transfers, Impacting Medical Quality and Improving Symptoms: Transforming Institutional Care, known as OPTIMISTIC; and the Healthy Aging Brain Center. Both care models were developed by Regenstrief and IU clinician-researchers with support from the Center for Medicare and Medicaid Innovation and in collaboration with Eskenazi Health.

Features of both care models profiled in the review article—such as a team-based approach to care; a focus on the caregiver, who may be a family member or a paid health care worker; and the long-term management of symptoms—are not easily applied within the current structure of primary care. Thus, these new models require a redesign of the [health care system](#) and changes in the workforce. And, significantly, the models run counter to financial incentives in the current health care delivery system.

Each model is being implemented on a broad scale, with the goal of demonstrating improved [dementia care](#) quality and outcomes, accompanied by cost savings, in both community-based and institutional care settings.

"The larger question, however, is what the United States is willing to pay for this care—and researchers, health care systems, payers, and the American public all need to address that question," the paper concluded. "Achieving the goals of better outcomes and lower costs will require leadership from academe, industry, government, and advocacy groups to advance the debate about what is the optimal approach to care for [older adults](#) with dementia who are nearing the end of life."

**More information:** "Redesigning Systems of Care for Older Adults With Alzheimer's Disease," *Health Affairs*, 2014.

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