

**Testimony  
Human Services Committee  
Representative Alon Wieland, Chairman  
January 17, 2012**

Chairman Wieland, members of the Human Services Committee, my name is Jan Mueller and I am the Field Director at the Alzheimer's Association. I am here today to provide additional information on the Dementia Care Services Program.

Please allow me a moment to praise the staffs who deliver these services. Working with families dealing with the impact of the devastating diagnosis of dementia takes a strong person. This includes not only an in-depth knowledge of the disease, but also a depth of heart and the ability to provide a logical path for the family to follow. With me here today are the two staff members who supervise this program: Gretchen Dobervich, Regional Center Director for Eastern N.D. in our Fargo office, and Krista Headland, Regional Center Director for Western N.D. in our Bismarck office.

It is extremely important that the Alzheimer's Association provide quality service delivery in all our program areas, and I am pleased to report that we met or exceeded every required outcome measurement of the initial contract.

During the initial contract, the University of North Dakota Center for Rural Health reported a delay in nursing home placement leading to a median estimate of potentially avoidable long-term care costs in the amount of \$3,007,147. The Center also reported an estimated health care cost savings at a six month interval of \$167,207 demonstrated by decreased

number of days spent in the hospital (\$152,815), decreased emergency room usage (\$9,043), fewer ambulance runs (\$3,167) and more appropriate usage of 911 (\$2,182).

The Center for Rural Health has also identified the following data trends:

- 25% of service delivery is to caregivers living in rural or isolated areas;
- People with the disease ranged from age 48 to 97;
- Very often, the caregiver lives in a different part of the state than the person with the disease;
- One in eight of our care consultations has been to a veteran with Alzheimer's disease;
- Veterans are more likely to live in a rural area, while their caregiver lives in an urban area;
- Helpful legal actions (power of attorney, health care directive, etc.) were the result of a second or third consultation;
- Higher outcomes were associated with repeated in-person service delivery.

Attachment A is a chart from the Center for Rural Health demonstrating their evaluative opinion of the relationship between our actions and the positive outcome measures. This slide was provided by the Center to illustrate how working with families, combined with providing resources and referrals to other valuable programs, leads directly to families obtaining a power of attorney, a health care directive, and signing up for medical alert assistance. These in turn lead to potential cost savings in both long-term care and health care.

The Alzheimer's Association was pleased to be asked to present the Dementia Care Services Program at the national annual summit of the Council of State Governments (CSG). The CSG recent document, Alzheimer's Disease and Caregiving, recommends several policy options to states. Listed in the publication is replication of HB 1043, the ND Dementia Care Services Program. As a result, four states have expressed interest in replication of this program.

The Alzheimer's Association was awarded the second contract, in the amount of \$1,200,000, for the Dementia Care Services Program to cover the time period of July 1, 2011 through June 30, 2013. This new contract continues the service delivery with the following outcomes to be achieved:

- 1,275 assessments of persons with the disease;
- 815 care consultations for 1,630 families;
- 258 caregiver education classes;
- 16 law enforcement training sessions (two in each DHS region);
- 600 contacts with primary medical providers (to stress the importance of early detection and support); and
- 758 education/outreach activities (providing information to communities and the general public).

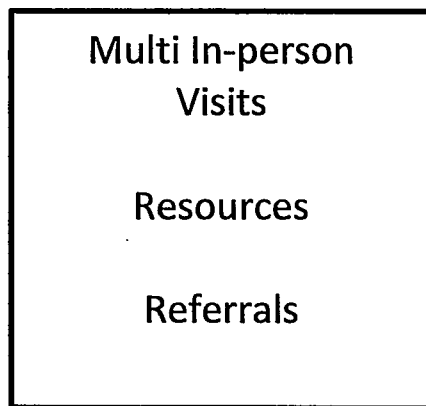
While these are ambitious goals, the Alzheimer's Association is committed to serving the citizens of North Dakota, and to meeting the expectations of the legislature.

Mr. Chairman, and members of the committee, I appreciate the opportunity to speak before you today.

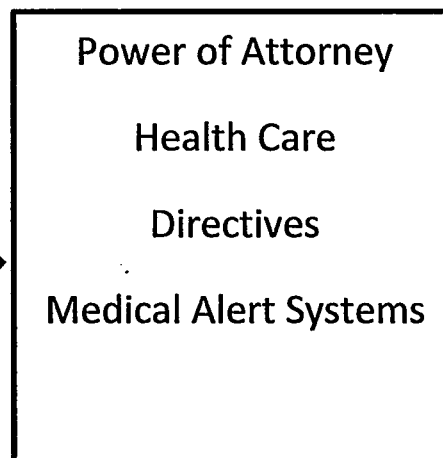
I am happy to answer any questions you may have.

## ATTACHMENT B

### **Dementia Care Services Program Outcomes**



### **Health Care Objectives**



### **Potential Cost Savings**

