

Virginia I. Jones Alzheimer's Disease and Related Disorders Council
Spring Grove Hospital Campus, Dix Building Basement
04/17/2019 1:00pm-3:00pm
Minutes

Council Member Attendance

Sen. Malcolm Augustine
Arnold Bakker
Cynthia Fields
Carole Friend
David Loreck
Tabassum Majid
Andre McDonald
Marie McLendon
Cass Naugle
William Neely
Ana Nelson

Sadie Peters
Kirsten Robb-McGrath
Ilene Rosenthal
Andres Salazar
Quincy Samus
Ed Singer
Stephen Vozzella
Michelle Williams

Council Staff Attendance

Annie Olle
Rosanne Hanratty

Guest Attendance

Kim Bennardi
Pat Kasuda

1. Introductions
 - a. The meeting was called to order at 1:12 pm by Dr. Peters.
 - b. Dr. Peters gave an overview of the meeting agenda.
 - c. Dr. Peters welcomed new member Senator Malcolm Augustine.

2. Approval of October 17, 2018 minutes
 - a. There were no comments or changes to the draft minutes. There was a motion to approve the minutes as drafted by Mr. Neely and Mr. McDonald seconded. The minutes were approved.

3. Approval of January 16, 2019 minutes
 - a. There were no comments or changes to the draft minutes. There was a motion to approve the minutes as drafted by Mr. Neely and Ms. Robb-McGrath seconded. The minutes were approved.

4. Legislative Update – Extension of the Council
 - a. Background and process for HB 571/SB 522
 - i. Ms. Naugle spoke about the process for drafting and introducing the legislation to extend the Council. The Alzheimer's Association met with legislators and its lobbyist worked on developing the bill to extend the Council for five years, which is typical for Councils. The timing also

aligns with the upcoming revision to the National Alzheimer's Plan, and it was noted that updating the State Plan for Alzheimer's Disease and Related Disorders can happen at the same time.

- ii. Dr. Loreck asked if the State plan would morph into the National Plan. Ms. Naugle said no, but hoped the two plans would complement each other.
- iii. Ms. Naugle also mentioned that the legislative changes reduce the specificity for the Council's seats. The idea is to make the membership more flexible and support a broad array of expertise on the Council, as well as make the seats easier to fill. For example, the seat for someone with Alzheimer's Disease has been difficult to fill.
- iv. Ms. Rosenthal mentioned that Delegate Sample-Hughes, who is a member of the Council, was the lead sponsor for the House bill.
- v. Dr. Loreck mentioned that it would be helpful to have a neurologist on the Council and other members suggested occupational therapists, physical therapists, and speech pathologists as other possible groups to include.

b. Membership and application process

- i. Kim Bennardi from the Maryland Department of Health Office of Appointments and Executive Nominations spoke to the Council regarding the changes to the membership of the Council in the bill.
- ii. Ms. Bennardi shared that the Governor's Office of Appointments is requiring current members who would like to continue to serve on the Council to reapply.
- iii. Ms. Bennardi handed out cards with the link to apply on the Governor's Office of Appointments website and said that she would email Ms. Olle the call for applications so that Ms. Olle could forward the email to the Council.
- iv. If Council members have questions about the application link, it is best to contact the Governor's Office of Appointments directly. Other questions may be emailed to Ms. Bennardi.
- v. Ms. Bennardi also asked Council members to forward the call for applications to an individuals or groups that may be interested in applying.
- vi. Ms. Bennardi noted that there are over 70 Boards and Councils in the Department, in case Council members are interested in serving on a different Board or Council.
- vii. Dr. Loreck asked who wrote the bill. Ms. Naugle replied that it was drafted by the Alzheimer's Association with an amendment proposed by the Maryland Department of Health to allow the Council to choose its own chair.
- viii. Mr. Singer suggested that it is very important to have public health representation on the Council.

- ix. Ms. McLendon commented that the timing of the bill and seating of the new Council is happening very quickly and wanted to ensure continuity of the Council's work.

c. New required activities

- i. Ms. Olle went over the bill with the Council to ensure that members were aware of the new requirements in the bill for the next iteration of the Council.
- ii. The bill requires that the Council update the State Plan on Alzheimer's Disease and Related Disorders and advocate for the plan; examine the needs of individuals with Alzheimer's Disease and Related Disorders and their caregivers; identify methods through which the State can most effectively and efficiently assist in meeting those needs; advise the Governor and the General Assembly on policy, funding, regulatory, and other issues related to individuals with Alzheimer's Disease and Related Disorders and their caregivers; and develop and promote strategies to encourage brain health and reduce cognitive decline. The bill also requires that the Council submit an annual report to the Governor and the General Assembly on the activities and recommendations of the Council.
- iii. Dr. Peters commented that the annual report will be a good way to get the work and recommendations of the Council to legislative decision makers. The current iteration of the Council has struggled to find an avenue to share its work and recommendations. The first report is due on September 1, 2019, shortly after the Council will be seated. Dr. Peters mentioned that the first report does not have to be comprehensive, but could include some of the recommendations and work already completed by the Council.
- iv. Ms. Naugle asked if the Department of Health and the Department of Aging would continue to provide staff support for the Council. Ms. Olle confirmed that the staffing would remain the same, per the bill.

5. Subcommittees Updates

- a. Support Prevention and Early Detection of Alzheimer's and Related Disorders (Dr. Loreck (Chair), Ms. Naugle, Dr. Peters, Dr. Salazar, Dr. Bakker, Ms. Nelson)
 - i. Dr. Loreck updated the Council and said that the subcommittee had met by phone. The group is finalizing the letter to physicians, but still needs to figure out the mechanism for sending it out. Perhaps the Alzheimer's Council could send it or another organization. The letter includes links to resources, so it would be good to send it out electronically.
 - ii. Dr. Peters mentioned that the Council would be able to put recommendations regarding early detection into the new annual report.
 - iii. Ms. Naugle mentioned the Bold Act, which provides funding for state and local health departments for early detection and creates centers of excellence.

- iv. Dr. Loreck said that prevention and the need for early detection is important and needs more action than a letter. Ms. Rosenthal mentioned that there is a piece of legislation before Congress, the "Improving Hope for Alzheimer's Act," which would require more training and outreach. There was also prior legislation that created a billing code for time spent with a patient for early detection of Alzheimer's Disease. Dr. Samus mentioned that primary care physicians are still having trouble figuring out how to bill for screening and management of cognitive health issues. The newly introduced Maryland Primary Care Program, part of the Maryland Total Cost of Care initiative, is a way to get to primary care practices in a coordinated way. Mr. Singer mentioned that it would be helpful to look at ways to reduce the burden on the health system and to show that you can make money on the practice of early detection and prevention. Mr. Singer asked if there were financial incentives for practices to incorporate early detection. Dr. Loreck and Dr. Salazar said that one of the ways to accomplish this was through the Medicare wellness visit, but practices are having trouble billing for the visit as well.
 - v. Dr. Salazar mentioned that the Alzheimer's Association has most of the information and resources needed to give to physicians. He suggested that maybe there should be a pocket app for physicians with the information. He also said that the letter was complete and ready to send out. The subcommittee just needs some way to send it. Dr. Loreck mentioned that what is sent out should align with the information that is given to families and patients.
- b. Enhance Quality of Care (Dr. Majid, Ms. Seek (Chair), Mr. Vozzella)
 - i. Dr. Majid shared that there was a successful rehabilitation education event with physical therapists and occupational therapists. They are hoping to replicate the event this summer.
- c. Enhancing Supports for Persons Living with Alzheimer's Disease and Related Disorders and their Families (Ms. Rosenthal (Chair), Dr. Samus)
 - i. Ms. Rosenthal shared that Alzheimer's Association chapters across the country have been conducting community forums.
 - ii. Ms. Rosenthal and Ms. Nelson said that they were hearing frustration over lack of access to community services. Families are frustrated because more families want to keep their loved ones at home.
 - iii. There was legislation introduced this year that did not pass to eliminate the waitlist for Medicaid waivers for home services. The legislation will likely be introduced again next year, and perhaps the Council could weigh in.
 - iv. Ms. Rosenthal mentioned said that there was also frustration from families regarding getting a diagnosis. There is an opportunity for the Council to

partner with the Alzheimer's Association to incorporate the feedback into the updated State Plan.

- v. Ms. Nelson mentioned the need for younger people with early-onset Alzheimer's Disease to be able to access services. She mentioned 2019 federal legislation to allow younger people with Alzheimer's Disease to access services under the Older Americans Act.
 - vi. Ms. Rosenthal said that they also heard about quality of care issues. Currently, there is no training required for in-home care agencies. Del. Sample-Hughes introduced legislation this year to require training for these agencies, but it did not pass. The bill will be introduced again next year, after thinking it through more carefully.
 - vii. Dr. Fields asked whether it would be possible to have physicians complete a free required CME regarding Alzheimer's Disease. Ms. Rosenthal said that Massachusetts has passed a bill but was not sure if that would be possible in Maryland.
 - viii. Dr. Loreck commented that a CME would not need to be required if it were free and easy to access. MedChi could offer it, and the Council could provide the information.
 - ix. Dr. Peters mentioned that the required education could be tied to the Maryland Primary Care Program in the Total Cost of Care Model and that the Council could make recommendations regarding required education in the upcoming required annual report.
- d. Enhance Public Awareness (Dr. Fields, Ms. Jones Jolivet (Chair), Mr. Neely)
- i. Dr. Fields gave an update to the Council. She mentioned that they are still looking for avenues to distribute the palm cards in Baltimore City and County. There is a family caregiver conference in May at Morgan State University as well as a Juneteenth event put on by Delta Sigma Theta, which will talk about advanced planning and decision making through the Maryland Access Point.
- e. Improve Data Capacity to Track Progress (Dr. Majid, Ms. Naugle (Chair), Ms. Nelson, Dr. Bakker)
- i. Ms Naugle let the Council know about the IDEA study, which highlights the importance of data in diagnosing and treating Alzheimer's Disease and Related Disorders. The study found that for 60 percent of study participants, having an accurate diagnosis changed clinical practice. Accurate diagnoses also impact quality of care and reduce cost.
- f. Other reports or comments
- i. The Alzheimer's Association has published their 2019 Facts and Figures. The Association will send the link to Ms. Olle to share with the Council.

- ii. Sen. Malcolm Augustine said he was looking forward to learning a lot as there was a lot of information presented, as well as being helpful from his position in the Senate.

6. Public Comment

- a. No public comments were offered.

7. Adjournment

- a. Ms. McLendon asked how Council members who are not reappointed can stay involved. Ms. Olle said that meetings are open to the public and anyone who would like to continue to receive email communications can do so. Ms. McLendon expressed interest in continuing to work on getting resources to those who need them, especially caregivers, so that they can allow others to help.
- b. Ms. Nelson mentioned the Alzheimer's Association 800 number as a quick way to get resources to those who need them.
- c. Ms. Hanratty and Dr. Peters both thanked the Council members for their work and expressed what a pleasure it has been to work with everyone.
- d. Dr. Peters thanked everyone for contributing. Dr. Peters called for a motion to close the meeting. Ms. Rosenthal made a motion to adjourn the meeting. Mr. Neely seconded and the meeting was adjourned at 2:50pm.