



School of Medicine

C. Rex and Ruth H. Layton Aging & Alzheimer's Disease Center
Oregon Center for Aging & Technology (ORCATECH)
Mail code CR131
3181 S.W. Sam Jackson Park Rd. Portland, OR 97239-3098

T: 503-494-6976
F: 503-494-7499

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Chair Patterson, Vice-Chair Hayden, Members of the Committee, my name is Dr Vimal Aga. I am a board-certified geriatric psychiatrist with 20 years of active practice in the state of Oregon, and I am here today in support of senate bill 796 to establish the Oregon Memory Net.

Dementia is now a public health crisis nationwide and Oregon is no exception. We know that healthcare costs are 23 times higher for people with Alzheimer's disease and related dementias due to hospital admissions, skilled nursing facility stays, and emergency department visits.

A timely diagnosis is only the first step toward providing appropriate services in any disease, but unfortunately the dementias often present in complex ways that can confound non-specialists and lead to a delay in accurate diagnosis. This is especially true for dementias in younger adults, and paradoxically it is in these individuals that a timely diagnosis is of utmost importance. Diagnostic accuracy has been found to be the worst at about 10-40% among all patients in primary care practices who have mild symptoms of dementia. Dementias also often present initially with behavioral and psychiatric symptoms, and it can take up to 3 years and several visits with different providers before an accurate diagnosis can be made in such patients. The dementia crisis is further compounded by the lack of available specialists in the community who are trained to diagnose and treat such patients. Specifically, there are few neurologists and geriatricians practicing outside of large urban areas in Oregon, and there are perhaps only 10 or so geriatric psychiatrists in active practice in the entire state of Oregon, several of whom only work with veterans in the VA healthcare system. Among the several provider factors that contribute to a missed or delayed diagnosis of dementia are lack of training or skills specific to dementia care, and lack of knowledge of or contact with dementia support resources.

Sadly, a service delivery model in which every person with dementia is diagnosed by and remains under the ongoing care of a dementia specialist is neither viable nor practical today. One model that has been found to be effective is one in which a specialist evaluates persons with cognitive concerns, makes an appropriate diagnosis, provides recommendations regarding treatment, follow-up care and risk mitigation strategies, and refers them back to their primary care team for follow-up, with occasional follow-up visits with the specialist as and

when new treatment issues arise. This model allows for a small number of specialists to provide diagnostic and treatment services for the largest possible numbers of patients without compromising their care in any way. This is the model that I have been following in my own outpatient practice in the OHSU dementia clinic since 2017, albeit on a much smaller scale, and I continue to receive excellent patient satisfaction ratings.

In addition to the direct benefit to those impacted, a timely and accurate diagnosis combined with comprehensive care planning can also result in direct cost savings and help to alleviate some of the other challenges we are facing in our health care system statewide. The earlier the dementia is identified and treated, the greater are the cost savings.

Now is the time for Oregon to follow the lead of several other states who already have statewide dementia programs. With 200+ day wait times for new patients who are seeking dementia diagnostic services in Portland (where access is greatest), it is essential that the state step up and provide these services, which will pay off with cost savings down the road.

The proposed Oregon Memory Net will establish a state partnership with an NIA-designated Alzheimer's Disease Research Center in Oregon (OHSU) to establish a Memory Assessment Clinic, with an emphasis on underserved areas outside of the Portland Metro area. This model is taken from the very successful Georgia Memory Net program, which came into being from a single line item in an agency budget in 2017 and is now functioning in 5 rural Memory Assessment Clinic sites in that state. This model has been shown to be efficient, easily scalable, and cost effective. Oregon Memory Net will help in providing dementia diagnostic services in non-urban areas where access to cognitive specialists is poor or completely unavailable. To reach the maximum number of Oregonians in underserved and geographically diverse communities, both in person and telehealth visits will be utilized. Each person with suspected dementia will have 2 initial visits with the specialist, and at the end of each 2-visit consultation, the person will be reconnected with their local primary care provider and a detailed consultation report with recommendations will be provided to the provider as well as to the person with dementia, which will include an assessment of suicide risk and appropriate risk mitigation strategies. The Memory Assessment Clinic may follow up with such patients on a case-by-case basis if there are new issues to be discussed, although the bulk of the follow-up will continue to be provided by the PCP teams. Patients and families will also be connected to community support programs such as those run by the Alzheimer's Association. ODHS will provide oversight of the program. I should also note that ODHS flagged for us that we will need an amendment to the bill in order to ensure that all Oregonians can access the program in the future, so we'll be tweaking the language a bit.

Please support SB 796 to establish the Oregon Memory Net. I am happy to take any questions and address any concerns at this time. Thank you for giving me this time to address the committee.