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## Editorial

# Nurse Practitioners and Dementia Care: A Perfect Fit

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Alzheimer's disease and other dementias inevitably follow a progressive course of cognitive and functional decline ultimately leading to death; they are devastating both to persons affected and their caregivers. Yet, the journey of each person living with dementia is unique based on the rate of person-specific disease progression, complications, available personal and community resources, and individual goals and values. Therefore, each person's care must be customized.

A number of interventions have been developed to provide high quality care for dementia, which share many common elements including assessment and care planning, psychosocial interventions, and care coordination.<sup>1</sup> Nevertheless, models differ in staffing, delivery method and site (e.g., telephone vs. in person, home vs. clinic), scope of services; intensity, and cost.<sup>2</sup> No single model has been shown to be superior to others. In fact, some may be complementary as care at different stages of the journey often requires different approaches and resources.

In early stage disease, the focus may be on preserving life as usual using compensatory strategies (e.g., smartphone prompts to remind people to take medications, automatic bill paying),<sup>3</sup> education of both person and family about disease progression and symptoms to watch for, and articulating preferences to be honored when persons with dementia can no longer speak for themselves (e.g., advance directives, financial planning). At this stage, dementia care can be adequately provided by social workers<sup>4</sup> or by trained, unlicensed staff supervised by or co-managed with nurses,<sup>5</sup> nurse practitioners,<sup>6</sup> or physicians.<sup>7</sup> Persons with mild dementia also need to be monitored for changes as their disease progresses or their resources, including family caregivers, become less able to cope with emerging symptoms and complications.<sup>8</sup>

As the disease advances, the focus becomes more on identifying personal goals (which may include caregiver goals),<sup>9</sup> preserving function and independence (e.g., remaining in their own home), and maintaining dignity. Caregivers must be included in the care and their needs must also be addressed. Care in

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advanced dementia becomes more complicated, spanning medical, psychological and behavioral, and social domains. Decision making is often difficult and trade-offs are frequently needed.

Although the National Plan to Address Alzheimer's disease<sup>10</sup> and the American Public Health Association<sup>11</sup> have called for a strengthening of the dementia care workforce, these calls do not specify optimal roles for different professions. Several models of dementia care rely on nurse practitioners as the primary professionals in providing dementia care, particularly for those with advanced disease. In this issue of the *Journal*, Poghosyan et al.<sup>12</sup> present the state of the evidence supporting nurse practitioner care of persons with dementia, which is strong though randomized clinical trials have not been conducted for most models.

Why are nurse practitioners an ideal profession to manage complicated dementia care? We believe that several factors in the culture of nursing and education of nurse practitioners speak to the high appropriateness of this profession to fill this role. First, the culture of nursing is holistic and focused on the getting the job done, whatever it takes. Through education and in practice, nurses are meticulous in detail and follow-through. Second, nursing inherently takes a team approach and nurses are respectful of other professions and family's roles in care. Third, the additional clinical assessment and decision-making skill of nurse practitioners as well as prescription-writing authority are critical to the management of persons with advanced dementia. Moreover, the number of nurse practitioners is large and growing rapidly. Currently, there are almost 300,000 nurse practitioners<sup>13</sup> compared with fewer than 7,000 geriatricians and fewer than 1,600 geriatric psychiatrists.<sup>14</sup>

Thus, there is a compelling rationale for important roles of nurse practitioners in dementia care. Yet several questions remain as topics for future research and policy. As Poghosyan et al. note, the strongest evidence to date supports co-management rather than primary care roles. However, some preliminary evidence indicates that nurse practitioners are qualified as primary care providers for persons with dementia.<sup>15</sup> Nurse practitioner primary care models have been studied since the 1980s and the evidence for quality, safety and satisfaction are clear.<sup>16</sup> As advance practice provider primary care models focus on persons living with dementia, it will be essential to document the performance of these nurse practitioners, physician assistants, and clinical nurse specialists on specific clinical care outcomes. Finally, the payment for much of the care provided by nurse practitioners (and all advance practice clinicians) in evidence-based dementia care models is inadequate, especially considering the large amount of non-face-to-face time spent and payment (when billing independently) at 85% of the Medicare rate for physicians. Some have argued that the advantage of nurse practitioners relates to this cost differential and that substitution is way to bring down costs but the counter argument relates to equal pay for equal work.

Poghosyan et al.<sup>12</sup> have articulated the importance of nurse practitioners as a solution to coping with the imminent surge of numbers of persons with Alzheimer's disease. Now is the time to disseminate effective models for them to provide this care.

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