Claims & Underwriting

Medical Directors Roundtable

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Speakers: Wayne Heidenreich, MD - Northwestern Mutual

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Case Study #1 - Reversible "Alzheimer's?"

- 71 year-old male with a long-standing history of heart disease.
  - Mitral valve replaced 10 years prior to disabling event (DE) of hospitalization.
  - Long-standing hypertension controlled on medication.
  - Onset of atrial fibrillation with congestive heart failure (CHF) with treatment begun 9 months prior to disabling event.
- Lived at home with wife. Independent.
- Family noticed cognitive changes "shortly after initiation of CHF treatment":
  - Short term memory problems and personality changes of being less inhibited.
  - Continued to drive.
  - For the 6 months prior to DE had gradual increasing shortness of breath and leg swelling.
  - Voluntarily gives up driving weeks before DE because of fatigue.
- Hospitalized in florid pulmonary edema with confusion.

Case Study #1 - Reversible “Alzheimer’s?”

Hospitalization and Need for LTC

- Intensive treatment for CHF in community hospital
  - Admitted in delirious state.
  - Neurologist in hospital diagnoses dementia based on family’s history and starts Aricept.
  - Brain imaging shows a pattern of diffuse scarring raising the question of amyloid angiopathy.
    - Often associated with Alzheimer’s.
- On Discharge home: very weak, used a walker, clearly needed assistance with 4 ADL’s and continuous supervision due to intermittent confusion.
  - Home health aide comes in to assist wife in care.
  - Soon after getting back home she settled back to “baseline” forgetfulness.
  - Was not to drive.

Case Study #1 - Reversible “Alzheimer’s?”

Debilitated and frail on discharge requiring hands on assistance for ADL’s.

Question # 1

- What makes this a cognitive dysfunction claim as well?
    1. Neurologist’s diagnosis of dementia on Aricept.
    2. MMSE exam after discharge at home of 24 (23 considered mild dementia) with clear documentation of short term memory difficulty.
    3. Periods of confusion to place and situation.
    4. All of the above.

Question #2

- After establishing the need for LTC services, how soon afterwards would you re-evaluate?
  1. 3 months
  2. 6 months
  3. Annual re-certification

Case Study #1 - Reversible “Alzheimer’s?”

ILTCI 15

Notice of Claim

- Shortly after discharge from hospital notice of claim.
- Followed by a cardiologist and an outpatient neurologist, not the one who saw him in the hospital.
- Follow-up neurology records obtained 11 months after established need for LTC services.
  - 6 month post-hospitalization: walks independently; family notes significant improvement in memory, alertness, and personality
  - At 11 months: watching baseball games and later can discuss them with son.   MMSE 28/30. Cleared by State to drive again.
  - Neurology opinion: no dementia or MCI; maintains Aricept Rx
- Company Benefit Eligibility re-Assessment: only need is occasional stand-by assistance with dressing.

Case Study #1 - Reversible "Alzheimer's?"

ILTCI 15

Question #3

- The family insists he not drive and his wife and family check with him that he is taking his cardiac meds.
- What of the following is most supportive of your assessment of his current need for LTC services?
  1. He is only "2 missed doses of diuretic" ("water pill") from starting to deteriorate again.
  2. The family insist that "Mom" could use a break from "needing to be around *all t*he time."
  3. Family is wary of letting him drive but sometimes he is alone at home for several hours and can be dropped off at Home Depot.
  4. None of the above.

Case Study #2 – Dementia or Depression?

ILTCI 15

Glossary of Terms:

Dementia:	A wide range of symptoms associated with a decline in at least two core mental functions severe enough to reduce a person's ability to perform everyday activities and <u>not explained by delirium or psychiatric disorder</u>
Delirium:	A sudden severe confusion due to rapid changes in brain function that occur with physical or mental illness
Mood Disorder:	A psychiatric disorder in which the principal feature is mood disturbance ... includes depression and bipolar disorder

Case Study #2 – Dementia or Depression?

73 year-old female:

Underwritten in 2005 with known history of:

- Coronary artery disease bypassed in 1995
- Long-standing Bipolar Disorder maintained on Lithium, Paxil, Xanax & Aventyl

Notice of claim 8/13:

- POA reports mother has dementia, forgetful & anxious for a couple of years

Visiting Nurse Reports 9/13:

- Speaking of death of spouse prompts strong emotion
- Oriented, alert, forgetful, anxious when answering questions

- Medications: Lithium, Paxil, Exelon and Lipitor
- IADL Independent with: laundry, equipment and phone use, social participation and meal prep with microwave & toaster
- ADL Independent in all
- CI MMSE 24/30 (mild impairment)

Case Study #2 – Dementia or Depression?

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Additional Medical Information:

Primary Care Physician – last seen 4/2013

Diagnoses

- **Primary:** Alzheimer's Disease since 2/13 - on Aricept
- **Secondary:** Cardiomyopathy

PCP comments on function:

- **ADL:** Independent in all
- **CI:** Mild CI with no need for continual supervision
- **Recommends**: Homemaker 1 day per week

Case Study #2 – Dementia or Depression?

Question #1:

What is your expert opinion at this point?

1. The insured meets your eligibility criteria
2. The insured does not meet your eligibility criteria
3. Information on file is equivocal & insufficient to form a definitive eligibility opinion

Case Study #2 – Dementia or Depression?

Request for Your Expert Review & Opinion on Appeal – June 2014

2013 - December 28

- Treated for lithium toxicity in acute care hospital

2014 - January 3-14

- Admitted to skilled nursing facility (SNF) with mood disorder, dementia, gait disturbance and tremor.
- Medications: Lithium, Paxil and Exelon as well as Lipitor
- ADL – Requires 1 -2 person assist for all
- CI – BIMS test is 11/15 (moderate CI)

2014 - January 14

- Seizure in SNF – readmitted to acute care for lithium toxicity. Treated with hemodialysis

Case Study #2 – Dementia or Depression?

Question #2:

What is the diagnosis most responsible for the insured's function in this period?

1. Mood disorder
2. Dementia
3. Lithium toxicity

Case Study #2 – Dementia or Depression?

Question #3:

Does the insured meet your eligibility criteria?

1. Yes
2. No

Case Study #2 – Dementia or Depression?

2014 - January 27 to Feb 23 | **Skilled Nursing Facility**

Admitted with: Poor coordination, muscle weakness, altered mental state

- Medication: Seroquel (anti-psychotic) replaces Lithium (mood stabilizer)
- CI tests: BIMS 13-15 / 15

Discharged with: Alzheimer's disease, impulsivity, safety and cueing needs
Continue with PT/OT 5 days per week for strength, mobility

2014 - February 24 | **Assisted Living Facility**

Admission assessment:

- Diagnoses: Bipolar - S/P lithium toxicity, dementia
- IADL: Assist with medications, laundry and housekeeping
- ADL: Minimal assist with bath – all others independent
  May need assist with evacuation in emergency
- CI: MMSE 25-28/30 (normal to mildly impaired cognition)

Case Study #2 – Dementia or Depression?

Question #4

What is the diagnosis most responsible for the insured's function now in the ALF?

1. Mood disorder
2. Dementia
3. Both 1 & 2
4. Lithium toxicity
5. None of these
6. Beats me!

Case Study #2 – Dementia or Depression?

2014 – March 19 **Psychiatric consult at request of ALF MD**

- Diagnoses: Dementia, Bipolar, s/p Lithium toxicity
- CI: MMSE 23/30 (mildly impaired cognition)
- Opinion: Bipolar – stable for years on lithium
  No known history of mania or psychosis
  Never hospitalized for depression
  Now on Seroquel – doing well with new environment.
  Mild dementia, probable AD – continue Exelon

2014 – March 24 **ALF – 30 day assessment**

- Gaining weight, making friends, always in activities
- Minimal assist with bathing and washing hair
- Does not wander and able to avoid situations of danger
- May need assistance during evacuation

Question #4

In your expert opinion does the insured meet your eligibility criteria at this point?

1. Yes
2. No

Case Study #2 – Dementia or Depression?

2014 – May 1 **Neuropsychiatric evaluation at POA request**

Neuropsychiatric report summary

- Recent move to state … no medical history available
- Short term memory poor since 2006
- Unable to do IADL
- Functional independence in ADL

- Evaluation: MMSE 26/30 (borderline mild CI)
  Moderate to severe short term memory, executive function, spatial skills and language

- Opinion: Probable mild to moderate dementia (likely AD)
  Some features are inconsistent with this
  - Average list learning and memory; intact recognition & naming skills

Case Study #2 – Dementia or Depression?

Neuropsychiatric letter: ***"To Whom It May Concern"***

The insured :

- *Suffers from mild to moderate AD - irreversible and progressive*
- *Is at risk of behavioral problems such as wandering, agitation, sun-downing, sleep disturbance*
- *Requires substantial supervision to protect her health and safety*
- *Most importantly needs medication management, adequate nutrition and a safe, secure environment*