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36.1	the funds continue to be consistent with the purpose of this section. The results of any
36.2	such reviews must be reported to the Legislative Commission on Health Care Access.
36.3	Sec. 4. [62U.15] ALZHEIMER'S DISEASE; PREVALENCE AND SCREENING
36.4	MEASURES.
36.5	Subdivision 1. Data from providers. (a) By July 1, 2012, the commissioner
36.6	shall review currently available quality measures and make recommendations for future
36.7	measurement aimed at improving assessment and care related to Alzheimer's disease and
36.8	other dementia diagnoses, including improved rates and results of cognitive screening,
36.9	rates of Alzheimer's and other dementia diagnoses, and prescribed care and treatment
36.10	plans.
36.11	(b) The commissioner may contract with a private entity to complete the
36.12	requirements in this subdivision. If the commissioner contracts with a private entity
36.13	already under contract through section 62U.02, then the commissioner may use a sole
36.14	source contract and is exempt from competitive procurement processes.
36.15	Subd. 2. Learning collaborative. By July 1, 2012, the commissioner shall
36.16	develop a health care home learning collaborative curriculum that includes screening and
36.17	education on best practices regarding identification and management of Alzheimer's and
36.18	other dementia patients under section 256B.0751, subdivision 5, for providers, clinics,
36.19	care coordinators, clinic administrators, patient partners and families, and community
36.20	resources including public health.
36.21	Subd. 3. Comparison data. The commissioner, with the commissioner of human
36.22	services, the Minnesota Board on Aging, and other appropriate state offices, shall jointly
36.23	review existing and forthcoming literature in order to estimate differences in the outcomes
36.24	and costs of current practices for caring for those with Alzheimer's disease and other
36.25	dementias, compared to the outcomes and costs resulting from:
36.26	(1) earlier identification of Alzheimer's and other dementias;
36.27	(2) improved support of family caregivers; and
36.28	(3) improved collaboration between medical care management and community-based
36.29	supports.
36.30	Subd. 4. Reporting. By January 15, 2013, the commissioner must report to the
36.31	legislature on progress toward establishment and collection of quality measures required
36.32	under this section.

Sec. 5. Minnesota Statutes 2010, section 103I.101, subdivision 6, is amended to read:

Article 2 Sec. 5.

36.33