

Goal: To reduce delays in diagnosis of mild cognitive impairment (MCI) or Alzheimer's and related dementias (ADRD) through improved routine use of brain health discussions, assessments, and follow up within primary care.

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System-level Gaps

- Overall lack of standard cognitive care workflows in primary care: screening protocols, EHR documentation, care plans, and referral pathways (e.g., neurology, psychiatry, pharmacy, social work, nutrition)
- Limited capacity in primary care visits to assess brain health and navigate stigma/denial from patients & families
- Access to brain health specialists or intermediary care (distance, delayed referrals, long wait times)

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HCO-level Gap

Multidisciplinary coordination between primary care, psychiatry, neurology, social work, nursing, pharmacy, and/or brain health navigators

4 Health Systems:

Selected through AMGA vetting process

- Varying size in 3 U.S. regions across 9 states
- Epic and Chartpath EHRs
- Estimated 100,000+ patients aged 65+
- Engagement from primary care, neurology, psychiatry, senior leaders, and health services research across the 4 HCOs.

HCI Initiative Design:

Measures

- HCOs to submit baseline and interim clinical EHR measures, including:
  - Receive cognitive assessment during primary care or geriatrics visit
  - Referral to brain health specialist
  - New diagnosis MCI or ADRD
- AMGA developed standardized measures specifications to support benchmark reports and data insights within and across the 4 HCOs.

Root cause analysis

- HCOs to follow AHRQ and AMGA process for RCA including:
  - Environmental scan following structured template to identify workflows and stakeholders and project teams
  - Fishbone diagram and fallout analysis
  - Relational coordination to improve communication among workgroups engaged for screening and follow up
  - Site visit to engage multidisciplinary teams

Quality Improvement & Interventions

- Following RCA, each HCO will define one or more root causes to address through a QI intervention
- HCOs will provide AMGA details of QI content and workflows to develop QI summaries.
- Data quality reviews, PDSA cycles, data insights & QI documentation will facilitate discussion and peer-to-peer learnings throughout the initiative.
- HCOs will establish definitions for intervention success in addition to pre-defined measures.

Anticipated Patient Outcomes

Increase brain health screenings

Increase % of adults aged 65+ who receive cognitive screening

Increase brain health referrals

Increase % of adults 65+ who receive a referral to a brain health specialist

Increase new diagnoses of MCI or ADRD

Increase % of adults 65+ who receive a new diagnosis of MCI or ADRD

Health disparities in screening, follow up, and diagnosis will be addressed by all measures

Dissemination/Sustainability

Broaden implementation to other organizations by standardizing process, tailoring to local contexts, training, and building partnerships

- Press Release following completion of site agreements
- Panel with participating HCOs at AMGA's Annual Conference
- Conference presentations/posters to professional scientific organizations
- Ongoing informing of professional orgs (i.e., Alzheimer's Association)
- White paper and/or case studies
- Peer-reviewed manuscript