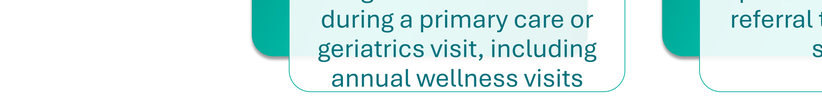
Mind Matters: Elevating Brain Health in Primary Care

Cortney Hendress MSN,AGNP-C,[1] Jennifer Obenrader PharmD, CDCES,[2] Elizabeth Ruvalcaba, MSPH,[2] Ann Von Holle, PhD,[2]
Jessica Halsey, MBA,CPC,[3] Rose Trevino-Whitaker, MPH,[4] Paul O'Leary, MD, MS,[5] John Clark, MD, PhD,[6] Elizabeth Ciemins, PhD, MPH, MA,[2]
[1] Eventus WholeHealth (Chapel Hill, NC), [2]AMGA (Alexandria, VA), [3] Ballad Health (Bristol, TN), [4] Kelsey Research Foundation (Houston, TX), [5] Kelsey-Seybold Clinic (Houston, TX) [6] Sharp HealthCare (San Diego, CA)

Background

- Mild cognitive impairment (MCI) affects approximately 1 in 9 older adults, and Alzheimer's disease and related dementias (ADRD) is the 5th leading cause of death for adults aged 65+.[1]



- Early identification and diagnosis of MCI and ADRD remains a **challenge for health care organizations** (HCOs).
- Time-constrained clinical encounters, administrative burden of validated screening tools, insufficient post-diagnosis follow-up guidance, patient stigma and denial, and inconsistent documentation of cognitive symptoms represent **key barriers** to timely detection .[1,2,3]
- The **AMGA Brain Health in Primary Care Quality Improvement (QI) Initiative** partnered with four HCOs to **improve early detection and diagnosis of MCI and ADRD**.

Methods

Four HCOs aimed to improve early detection and diagnosis of MCI or ADRD.

AMGA developed standardized measures specifications to support benchmark reports & data insights within and across the 4 HCOs.

HCOs submitted baseline measures data

Measure 1
Proportion of active patients who receive a cognitive assessment during a primary care or geriatrics visit, including annual wellness visits

Measure 2
Proportion of active patients who receive a referral to a brain health specialist

Measures 3 and 4
Proportion of active patients who receive a new diagnosis of MCI or ADRD

Table 1: Key barriers to timely detection of MCI and ADRD

Lack of standardization within EHR for when and where to document brain health assessments
Access to specialty care (distance, delayed referrals, long wait times for appointments)
Limited patient technology literacy for online cognitive screeners/assessments
Primary care hesitancy and capacity to screen and/or diagnose (lack education, hesitant to even discuss unless pt or family mentions symptoms, limited staffing and time)
Patient hesitancy to report symptoms
Lack of intermediary care option between primary care and neurology (social work, APP, geriatrician)

All sites completed a structured root cause analysis to develop and implement QI interventions to improve screening and diagnosis rates for MCI or ADRD

Figure 1: Relational Coordination Network Map – HCO B

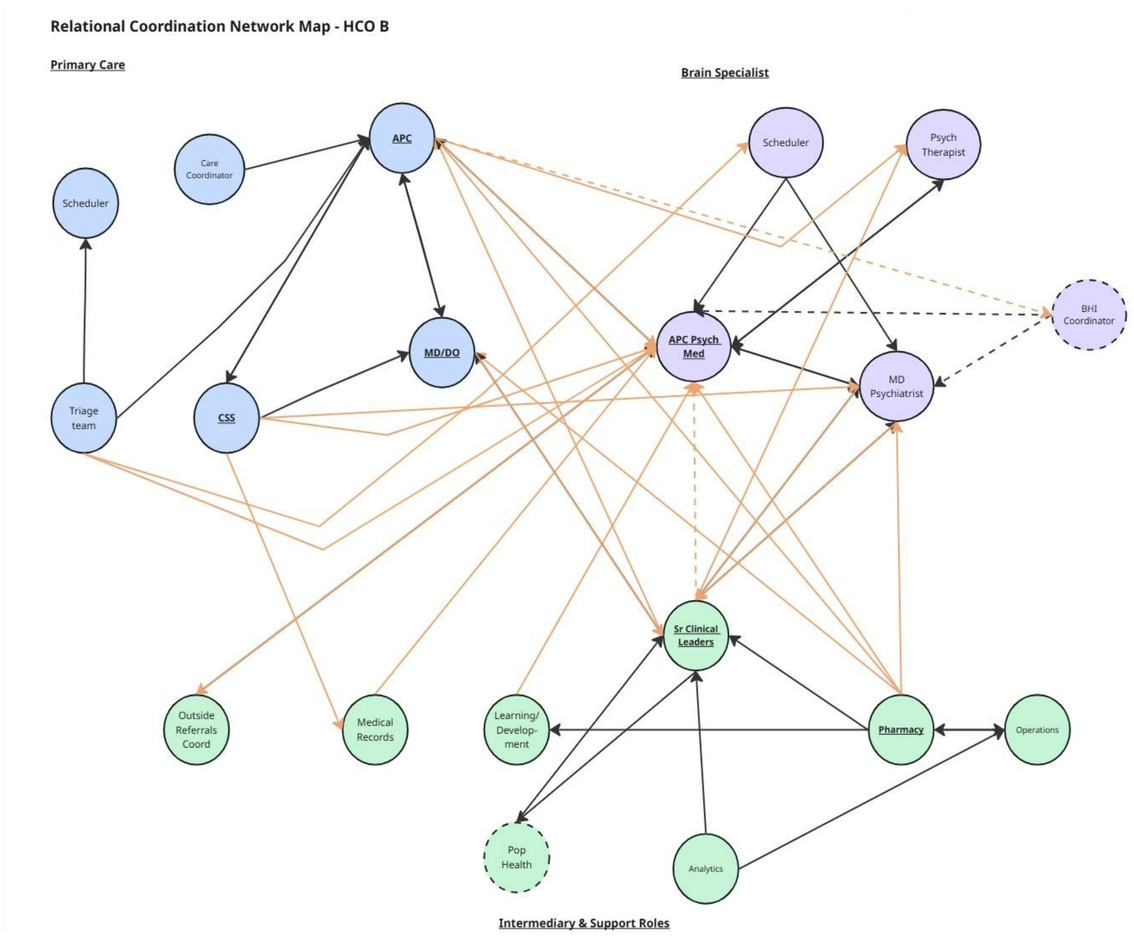
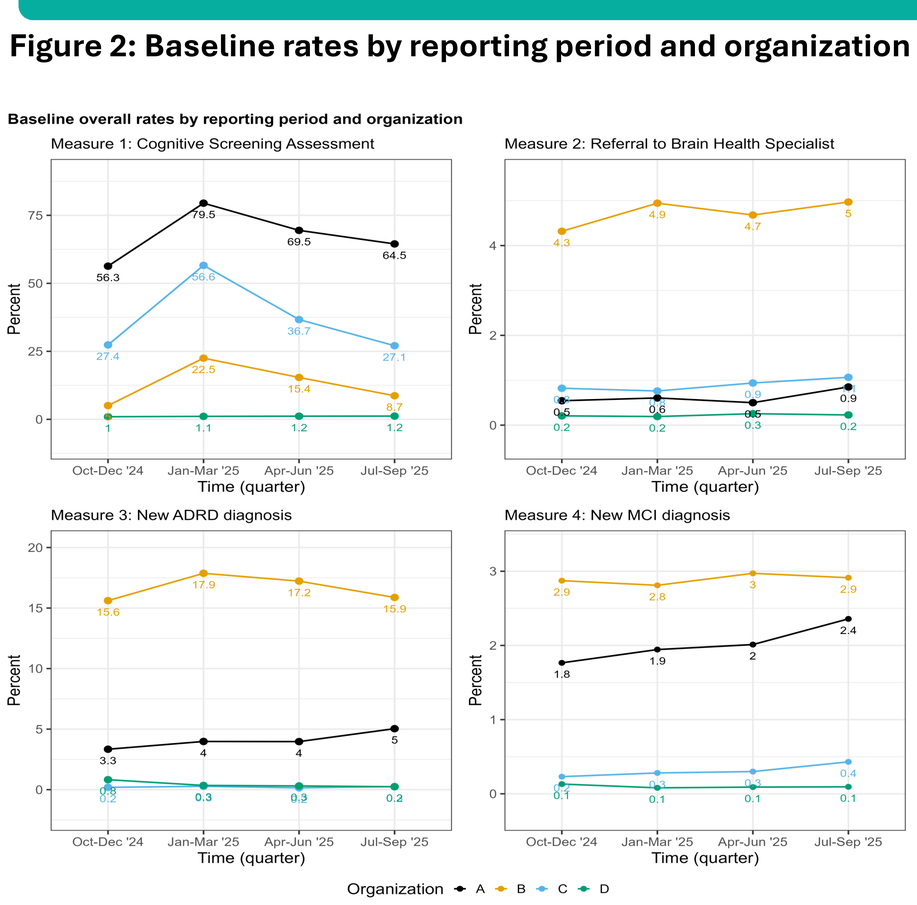


Table 2: QI interventions by participating HCOs

HCO	Intervention 1	Intervention 2
HCO A	Provider & staff education with a focus on brain health screening and when to refer to specialty	Care pathway/protocol with primary care direction in determining diagnosis
HCO B	Implementation and process-standardization of digital tool used for brain health screening	Process-standardization for referrals to brain health specialists for positive screens
HCO C	Implementation of an outside partnership to strengthen referral and care process from primary care and to manage ADRD care with future wrap around services	Implementation of standard referrals using a code of abnormal screening test
HCO D	Provider & staff education with focus on a brain health network (BHN) model care pathway program to improve inconsistent processes across sites, limited staff time, and difficulty aligning care coordination workflows	Provider & staff education with focus on improving appropriate and timely screening referrals

Results

Figure 2: Baseline rates by reporting period and organization



- Baseline data demonstrate substantial variation across systems: cognitive screening rates from 1.0%–64.5%; referrals to brain health specialists from <1%–5%; new ADRD diagnoses from <1%–15.9%; and new MCI diagnoses from <1%–2.9%.
- Cognitive screening rates (Measure 1) peaked in the first quarter of 2025 for most HCOs followed by a gradual decline over time.
- Most referral rates (Measure 2) fell below 1%. One HCO reported referral rates exceeding 4%.
- Diagnostic rates (Measures 3 and 4) are expected to increase over time as screening practices improve and become more consistently implemented.

Conclusion

- By targeting multilevel barriers, this initiative aims to achieve improvements in early identification of cognitive impairment.
- Determining successful interventions across the four HCOs may provide insights into how these approaches can be scaled to other HCOs, helping meet the growing need for effective assessment, diagnosis, and treatment of ADRD.
- Findings will provide scalable strategies for integrating brain health assessment into routine care and strengthening pathways for early detection and management of cognitive decline.

Acknowledgements & References

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To view references, scan this QR code: