UCSF Weill Institute for Neurosciences

Memory and Aging Center

Approaches to Improving Dementia Diagnosis in Diverse Communities

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Outline

- Racial and ethnic disparities in dementia diagnosis
- Consortium for the Detection of Cognitive Impairment, including Dementia (DetectCID)
- Approaches to link PCP diagnosis with quality care

Disclosures

- Research funding from Quest Diagnostics
- Consulting fees from ClearView Health Partners and Vanguard
- Grants from NIA, NINDS, Global Brain Health Institute, Administration for Community Living, Rainwater Foundation
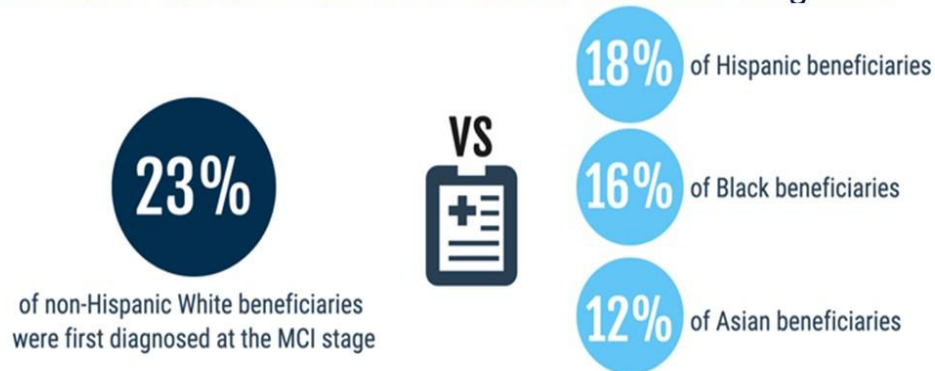
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Racial/ethnic disparities in <u>timeliness</u> of dementia diagnosis

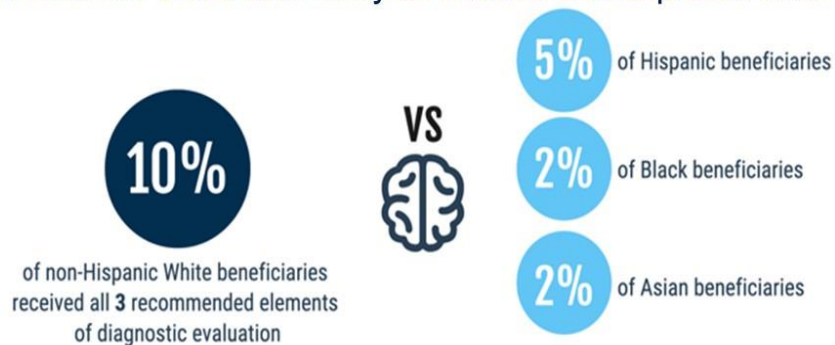**Elena Tsoy PhD**
Postdoctoral fellow &
K99 applicant

- 10,472 California Medicare beneficiaries with incident MCI or all-cause dementia diagnoses
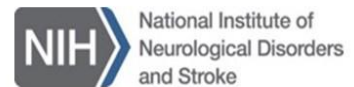- Timeliness: incident MCI vs. all-cause dementia diagnosis

23% of non-Hispanic White beneficiaries were first diagnosed at the MCI stage

VS

18% of Hispanic beneficiaries

16% of Black beneficiaries

12% of Asian beneficiaries

Tsoy et al., 2021, *JAMA Neurology*

Racial/ethnic disparities in <u>comprehensiveness</u> of diagnostic work-up for dementia

- Comprehensiveness: specialist (e.g., neurology, geriatrics) evaluation, laboratory tests (B12, TSH), and neuroimaging (CT, MRI)
- Asian and Hispanic beneficiaries residing in highly disadvantaged neighborhoods were less likely to receive a comprehensive evaluation

10% of non-Hispanic White beneficiaries received all **3** recommended elements of diagnostic evaluation

VS

5% of Hispanic beneficiaries

2% of Black beneficiaries

2% of Asian beneficiaries

Tsoy et al., 2021, *JAMA Neurology*

The Consortium for Detecting Cognitive Impairment, Including Dementia

RFA-NS-17-012 PURPOSE: Address the unmet need to detect cognitive impairment, including dementia, in large & diverse U.S. populations seen everyday clinical settings, including in health disparities populations, when a patient, relative, or care provider indicates concern. Clinical paradigms should utilize tools that are simple to use, standardized, ideally take $\leq$ 5 minutes to administer in primary care, and must provide turnkey follow-up recommendations.

Project Scientist: Rod Corriveau

Program Official: Claudia Moy / Rebecca Hommer

Advisory Board: David Knopman, Katie Maslow, Terri Postma

Ideal Outcome: Validated paradigms that are ready for large scale use in primary care and other everyday clinical settings.

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Research on detecting CID was a high priority recommendation at the ADRD Summit 2016 & 2019

Multiple Etiology Dementia Session 2019

Recommendation 1 – Priority 1. Detect whether cognitive impairment is objectively present when a patient, care partner or clinician reports cognitive, behavioral or functional changes (3- 7 y).

Please see full recommendations here:
https://www.ninds.nih.gov/sites/default/files/2019_adrd_summit_recommendations_508c.pdf

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Slide 1

detectCID

NIH National Institute of Neurological Disorders and Stroke

	Albert Einstein PI: Verghese	Northwestern PIs: Gershon & Wolf	UCSF PI: Possin
Team			
Assessment	5-Cog	MyCog	Brain Health Assessment
Length	5 minutes	5-7 minutes	7-10 minutes
Platform	Paper and pencil	Tablet-based (NIHToolbox)	Tablet-based (TabCAT)
Reporting	Semi-automated reports using Smartphrase	Automated reports with EPIC integration	Automated reports with EPIC integration

Common Outcomes:
Diagnoses; tests ordered; prescriptions; referrals

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Slide 2

detectCID

NIH National Institute of Neurological Disorders and Stroke

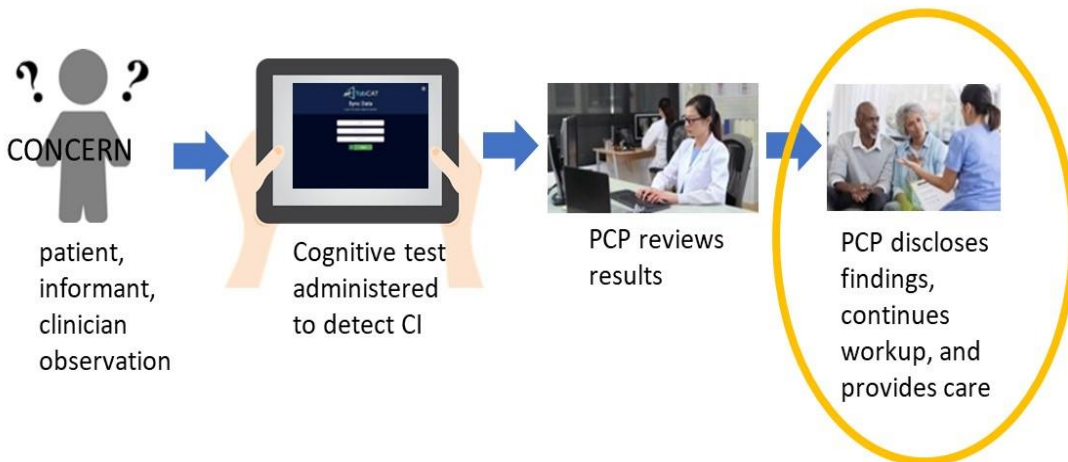# How to improve the detection of CID in primary care

- Engage primary care as partners in design
- Results must be easy to access in the EHR
- Diagnosis must be linked to better care
- Paradigms must address the needs of the increasingly diverse older adult population
- Paradigms should be flexible to include care partners, but must not require them

Alissa Bernstein,
PhD, MPH
NIA K awardee

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Primary Care Workflow for Detecting CID

The biggest unmet challenge is linking the detection of CID with better care that supports the patient, care partner, and PCP

CONCERN

patient, informant, clinician observation

Cognitive test administered to detect CI

PCP reviews results

PCP discloses findings, continues workup, and provides care

Linking PCP diagnosis with better care

BHC brain health **consultation**

Conducted by dementia nurse with patient and care partner following PCP diagnosis

Call is 30-60 minutes

1. Needs assessment
2. Questions answered and basic education about the condition given
3. Resources offered and referrals facilitated
4. Findings and next steps documented in the EMR for the PCP

Linking PCP diagnosis with better care

The Care Ecosystem is telephone-based care navigation for dementia designed to supplement primary care, from diagnosis until end-of-life

Over 12-months, in comparison to the usual care group, the dementia care navigation:
- ✓ Improved caregiver well-being
- ✓ Improved patient quality of life
- ✓ Reduced emergency room visits

Possin et al., 2019, *JAMA Internal Medicine*