

ISSUE BRIEF

Current Gaps and Key Opportunities: Equipping Providers to Reduce Dementia Risk and Support Brain Health across the Lifespan

Without prevention and effective treatment, the prevalence of Alzheimer's disease and other dementias (ADRD) is projected to more than double by 2060, impacting more than 14 million families.¹ Women, Latino, African American, and other racial/ethnic minority populations are on the front lines, shouldering significantly increased risk for ADRDs compared with non-Hispanic white adults.² An effective response to this growing crisis will require concerted action from multiple stakeholders, including healthcare practitioners.

Until recently, it was not clear that there was much providers could do without a pharmacological treatment. But rapidly advancing science now points to the ability to reduce dementia risk and enhance cognitive function and health as we age.³ In fact, researchers now challenge the view that dementia is an inevitable and unavoidable condition of old age, over which we have no control and for which we can do nothing. Rather, they point to steps that healthcare providers can take to prevent or reverse mild cognitive impairment and improve cognitive function, performance, and brain health in the population overall, and throughout an individual's lifespan.

It is vitally important that healthcare providers – including physicians, nurses, physician assistants, pharmacists, and other health professionals – act on opportunities to address brain health across the lifespan for both asymptomatic and symptomatic people. Education about brain health, establishing cognitive baselines, and utilizing validated cognitive assessments for early detection and diagnosis are important clinical components that can have a positive impact on the health and well-being of patients. Those impacts could be even greater when the early detection and diagnosis is integrated with behavioral counseling and screenings for interrelated chronic conditions and risk factors such as diabetes, blood pressure, tobacco cessation, nutrition and physical activity.

Unfortunately, most providers are missing these opportunities. A comprehensive body of research finds barriers, gaps, and needs in current approaches. These include insufficient training (especially for providers who serve minority communities), low awareness of available tools, widespread misconceptions, lack of available time during office visits, and the complex nature of ADRD itself. At the same time, this research highlights the areas with the greatest potential to drive progress.

Now is the time to move from research to action. A good body of research provides information about what providers need, what resources work best, and what strategies can be most impactful. Concerted action to address these needs can transform the healthcare landscape for brain health, delivering life-saving benefits for millions of people across the United States.

CURRENT LANDSCAPE: Missed Opportunities for Brain Health, Screening, and Early Detection

Key Gaps

Research indicates that providers often fail to prioritize and take the actions needed to effectively address dementia, including promoting brain health, conducting screening, and pushing towards earlier detection and diagnosis:

- **Gap: Brain health conversations:** Most providers have not yet adopted regular brain health check-ups and systems for patient education about modifiable dementia risk factors and interventions.⁴ In fact, providers are not even *discussing* brain health with their patients – for example, more than 50 percent of nurse practitioners are not currently having brain health conversations.⁵
- **Gap: Cognitive assessments:** Though nearly all primary care physicians and four-out-of-five seniors agree that brief cognitive assessments are beneficial, just one-in-seven seniors currently receives regular assessments.⁶ This is an enormous missed opportunity: while 94 percent of seniors see their primary care providers for annual exams, less than 33 percent have *ever* been assessed for cognitive problems.⁷ Furthermore, an analysis of data from one health plan suggests that high risk groups – those older than 74 years of age, African Americans, and Latinos – were more likely to have cognitive impairment, but less likely to have had an annual wellness visit.⁸
- **Gap: Physician-Initiated discussions of cognitive decline:** Providers often wait for patients to raise memory issues or other symptoms of cognitive decline. In one survey of pre-medical and medical students, residents, fellows, and attending physicians, less than 1 in 5 (19 percent) of respondents noted that a physician initiated the discussion about memory deficits, compared to 70 percent who said that patients and their caregivers were the ones to start this discussion.⁹ However, patients may not understand these symptoms or may be reluctant to initiate the conversation. As a result, the majority of people 45+ with subjective cognitive decline have not talked with a provider about their questions, fears and concerns.¹⁰
- **Gap: Early detection and diagnosis:** Early detection and diagnosis is critical for a multitude of reasons, including the fact that early cognitive impairment may have treatable components, emerging data support a combination of medical and lifestyle interventions as a potential way to delay or reduce cognitive decline, and proper diagnosis aids with appropriate treatment, education, psychosocial support, and engagement in shared decision-making regarding life planning, health care, involvement in research, and financial matters. Despite this, providers often neglect to detect, diagnose, and discuss dementia early in the disease progression. More than 40 percent of mild dementia cases go undetected by primary care physicians,¹¹ and half of Americans suffering from Alzheimer’s are never told they have the disease.¹² Further, despite a higher prevalence, African Americans and Latinos with dementia are, on average, less likely than non-Hispanic whites to have been diagnosed with the condition.¹³

EXISTING BARRIERS: Factors Preventing Providers from Acting on Brain Health

Several barriers prevent providers from marshaling a stronger front against dementia, including widespread misconceptions, a lack of specialized training, challenges with existing approaches, limited time, and limited knowledge of the best available resources and incentives. The effect is that providers do not provide millions of individuals with the information needed to embrace brain health, reduce dementia risk, and receive early detection, diagnosis, and care.

Provider Misconceptions

Many providers have misconceptions about brain health and dementia, as well as the value of early detection and diagnosis, which impact their interactions with patients:

- **Lack of knowledge and confidence:** Many providers do not feel confident addressing dementia because they do not know how to recognize early warning signs or are unsure about which validated cognitive assessment tools to use. In addition, providers do not believe there are reliable solutions to offer patients that will reverse signs and symptoms of cognitive impairment.¹⁴
- **Reluctance to raise a complex medical problem:** Providers are hesitant to have a difficult conversation with patients about a complex medical problem with serious financial, social, and emotional consequences. There is an even greater reluctance if the providers believe the medical problem cannot be effectively addressed or solved with existing treatments.¹⁵
- **Difficulty addressing patient reluctance:** A majority of primary care providers say they do not always provide brief cognitive assessments because of patient reluctance to initial assessment and refusal of follow-up testing.¹⁶ Faced with patient resistance, providers often wait for the patients to raise the issue first, though most patients are not equipped to do so.¹⁷

Insufficient Training

Providers have generally not received specialized training on dementia or geriatrics, which limits their ability to confidently raise the issue with patients, detect early signs, and move towards diagnosis:

- **Lack of specialized dementia training:** 66 percent of providers have never received specialized training in dementia and geriatrics.¹⁸ Only two states require training in dementia for registered nurses, licensed practical nurses, and licensed vocational nurses.¹⁹ In addition, only 23 states require dementia training for staff of nursing homes, and the majority of these states only require it staff working in for Alzheimer's special care units.²⁰
- **Geriatric provider shortage:** There is an overall lack of geriatric care providers in the U.S. Less than one percent of registered nurses and physician assistants have specialized in geriatric care,²¹ and less than three percent of medical students choose geriatric electives during their training.²²

Limitations of Existing Provider Approaches

When providers attempt to detect and address cognitive decline and dementia, they often rely on resources and care approaches that have significant limitations:

- **Resources focus too late in disease progression:** Providers often rely on dementia resources that focus on older patients already exhibiting symptoms of cognitive decline, rather than engaging patients of all ages to promote brain health, risk reduction and prevention, and detection at the earliest stages of disease progression.²³
- **Rely on their own observations:** More than 95 percent of primary care physicians say they use their own observations to detect cognitive decline during visits, including

asking patients, their families, and caregivers about cognition. However, this approach is not the most effective way to detect and address cognitive decline.²⁴

- **Use insufficient diagnostic tools with little confidence:** The majority of primary care physicians use structured diagnostic tools, including the Mini-Mental State Exam, Clock Drawing Test, and Mini Cog assessment. However, these tools are not definitive enough to help them make a formal diagnosis, and many patients do not have confidence that they work.²⁵

Low Awareness of Available Resources and Incentives

Providers often do not know how to access to best resources or effective screening tools to help understand and navigate dementia:

- **Not aware of the best available resources:** The majority of providers are not familiar with and do not use the best cognitive decline resources offered by specialized professional groups. Less than 40 percent of physicians are familiar with the Alzheimer’s Association Medicare AWV Algorithm, the Alzheimer’s Association Cognitive Assessment Toolkit, or the American Academy of Family Physicians Cognitive Care Kit, and less than one-third report using any of these tools.²⁶
- **Not aware of Medicare incentives:** Less than a third of primary care physicians are aware that Medicare provides reimbursement for a clinical visit that results in a comprehensive care plan, including cognition-focused evaluation.²⁷ Further, only four-in-ten patients request cognitive testing, despite the Medicare reimbursement.²⁸

Lack of Time During the Clinical Visit

Time constraints are one of the most-cited barriers to brain health conversations and cognitive assessments.

- **Limited time with patients:** Lack of time during patient visits is a top concern across a range of providers, with nearly 6 in 10 (58 percent) of primary care providers citing this as a reason for not assessing patients for cognitive impairment.²⁹ Among nurse practitioners, 64 percent cite “limited time with patients” as a reason they do not regularly hold conversations with patients about memory concerns or symptoms.³⁰ Pre-medical and medical students, residents, fellows, and attending physicians also identified lack of time as the biggest barrier to screening patients who have memory concerns or symptoms.

NEEDS AND OPPORTUNITIES: Engaging, Educating, and Equipping Providers to Drive Brain Health Forward

Despite existing barriers, providers are eager for more resources to help them raise brain health with patients, conduct effective cognitive assessments, and improve early detection and diagnosis.

Equipping Providers to Act

There are important opportunities to engage providers, equip them with needed resources, build understanding and confidence, and increase urgency to address brain health for all patients:

- **Providers recognize the importance of cognitive assessments:** Nearly all (99 percent) of primary care physicians say it is important to assess high-risk patients for cognitive impairment, and 94 percent say it is important to assess all patients 65 and older.³¹
- **Providers see value in cognitive self-assessments:** The vast majority of healthcare providers agree on the need for and importance of cognitive self-assessments. Healthcare professionals agree that consumers who take a cognitive self-assessment would be more likely to subsequently receive an accurate diagnosis of mild cognitive impairment or dementia.³²
- **Providers want more guidance:** Nine in ten primary care physicians say they want more guidance on nearly all aspects of the brief cognitive assessment process, including which assessment tools to use and how to use them, which patients to assess, and what to do when an assessment indicates possible cognitive impairment.³³
- **Providers want better detection tools:** Providers say they need better tools to detect early stage memory loss.³⁴ For example, 86 percent of nurse practitioners said they would benefit from additional resources and training to help them screen, manage, and refer patients with Alzheimer’s disease or related dementia.³⁵
- **Providers are interested in a variety of resources on cognitive decline:** Nurse practitioners identified a number of resources that would improve their ability to care for patients with cognitive decline, including:³⁶
 - Greater knowledge of signs and symptoms of cognitive decline and dementia
 - Resources to interpret signs and symptoms more effectively
 - Conversation starters between a patient and caregiver
 - Guidance on assessment tools, including which to use and how to use them
 - Materials on risk reduction
- **Providers see the potential for mobile apps:** A majority of providers identified mobile apps that enable care coordination and communication across multiple care team members as a top solution for cognitive decline, as well as having the ability to push relevant Electronic Health Record (EHR) data to the right nurse at the right time on one’s mobile device.³⁷

Proven Approaches

Success stories and proven resources demonstrate that educated and equipped healthcare providers can make a meaningful difference in preventing, detecting, and diagnosing cognitive decline:

- **Connecting providers to the best resources:** Organizations nationwide have driven advances in provider education and training materials, including online brain health course modules designed to improve healthcare providers’ awareness of these issues. Leading resources include those from specialized professional groups, such as the American College of Preventive Medicine³⁸, the Alzheimer’s Association Cognitive Assessment Toolkit and the American Academy of Family Physicians Cognitive Care Kit.

- **Educating providers on cognitive assessments:** Many professional organizations offer information to help primary care providers perform brief cognitive assessments and recommendations for identifying cognitive impairment.⁴⁰ However, success depends on increasing physicians' awareness of these resources, making them easy to access, and integrating their services with medical care in the community.⁴¹
- **Utilizing work of brain centers:** Brain centers across the country are leading efforts to develop baseline measures for healthy individuals and create infrastructure to monitor and manage an individual's brain health across their lifespan.⁴²
- **Providing local resources:** There are several initiatives to develop better local resources for individuals with dementia and their families, such as community-level public health centers of excellence authorized by the BOLD Act and community networks such as Alzheimer's and Dementia Disparities Engagement Network.⁴³

Brain Health Check-Ups

There is a growing consensus around the need to promote strategies that maintain and improve brain health across the lifespan and the importance of increasing access to regular brain health check-ups and early diagnosis. In April, more than 50 experts joined UsAgainstAlzheimer's *Brain Health Partnership* in issuing recommendations to improve our nation's system of care, calling out regular brain health check-ups as a "high-potential" action step. In a recent op-ed, four former Surgeons General agreed, saying "check-ups would go a long way in the service of establishing a cognitive baseline for millions of patients at all ages."⁴⁴ Efforts to engage providers on brain health can leverage these recommendations and other proven resources to transform the landscape for risk reduction, prevention, and early detection and diagnosis.

CONCLUSION: Increased Attention to Brain Health and Early Detection is Needed

Providers and health systems are not keeping pace with emerging science on ways to reduce dementia risk and enhance cognitive function and brain health as people age, missing important opportunities to improve health outcomes for patients.

While there are barriers - perceived and real - to providers paying more attention to cognition and brain health during patient visits, there are also a wide variety of opportunities. In addition, history has demonstrated with other chronic conditions that implementing changes for healthcare providers in training, continuing education, guidelines, and improvements in tools and resources can in fact make a real impact.

Healthcare providers must be active in the fight against dementia in order to mitigate the health and cost impacts of the disease, improve brain health and health outcomes -- and make a difference in the lives of millions of Americans.

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