Clinic network analysis

SPRING 2022

Upcoming events in Alzheimer's Disease and Dementias

Alzheimer's Association Addressing Health Disparities

Online - Free of Charge
June 21—22, 2022
https://alz.org/diversity-health-disparity-conference-alzheimers-dementia/overview.asp

This conferences will explore disparities in the prevention, diagnosis and treatment of Alzheimer's and other dementia, while connecting early career and senior investigators to valuable networking and mentorship opportunities.

Alzheimer's Association International Conference®

July 31—August 4, 2022
San Diego, USA and Online
https://www.alz.org/aaic/overview.asp

Join us in-person or virtually for AAIC 2022, where the world's leading basic scientists, clinical researchers, early-career investigators, clinicians and the care research community will share breaking research discoveries that will lead to methods of prevention and treatment and improvements in diagnosis for Alzheimer's disease.

Alzheimer's Association International Society to Advance Alzheimer's Research (ISTAART) members get free registration to the online conference.

PUBLICATION ALERT:

Mora Pinzon, M, Krainer, J, LeCaire, T, et al. The Wisconsin Alzheimer's Institute Dementia Diagnostic Clinic Network: A community of practice to improve dementia care. *J Am Geriatr Soc.* 2022; 1- 13. doi:10.1111/jgs.17768

JOURNAL OF THE **AMERICAN GERIATRICS SOCIETY** | AGS

Models of Geriatric Care, Quality Improvement, and Program Dissemination

🔓 Open Access

The Wisconsin Alzheimer's Institute Dementia Diagnostic Clinic Network: A community of practice to improve dementia care

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Wisconsin Alzheimer's Institute
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH
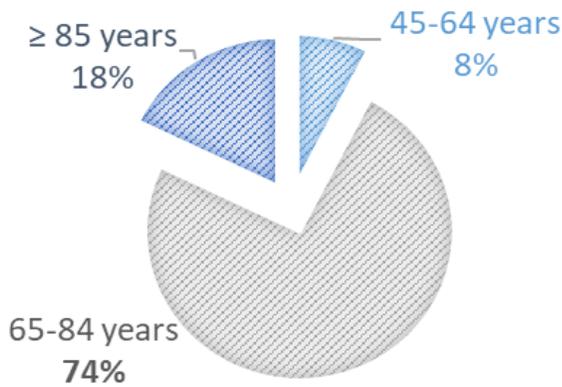
Clinics that submitted data in 2021

- Door County Memory Care
- Essentia Health - Ashland Memory Clinic
- Gundersen Memory Center
- Lakeshore Memory Clinic - Manitowoc
- Latino Geriatric Center Memory Clinic
- Marshfield Clinic - Eau Claire
- Marshfield Clinic Minocqua Center
- Mayo Clinic Health System -La Crosse
- Mayo Clinic Health System Memory - Eau Claire
- Mile Bluff Memory Assessment
- Monroe Clinic Memory Center
- Northern Wisconsin Memory Diagnostic Center
- Prevea Eau Claire Family Medicine Clinic
- Prevea Health Clinic - Green Bay
- Richland Area Geriatric Assessment Clinic
- Senior Health Center - Waukesha
- Southwest Health Center Memory Diagnostic
- Spooner Health Memory Clinic
- The Memory Care Center - Neenah
- UW Health Geriatrics Clinic East Madison
- UW Health Geriatrics Clinic Fitchburg
- UW Health Neurology Clinic - 600 Highland
- UW Health Specialty Clinic (Sauk Prairie)

Thank You

Wisconsin Alzheimer's Institute
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Our patients during 2021:
1253 patients from 23 clinics

AGE AT VISIT

≥ 85 years 18%
45-64 years 8%
65-84 years 74%
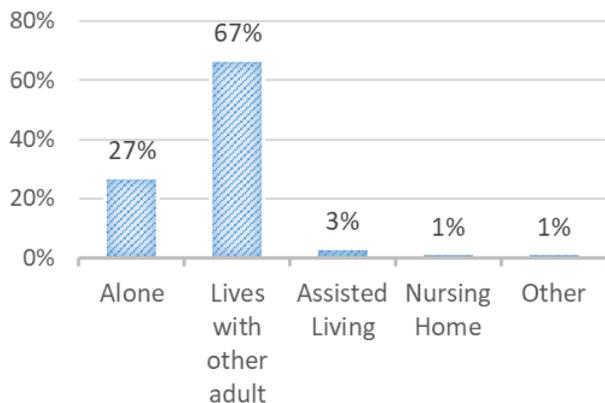
**Missing: 5 (0.4%)
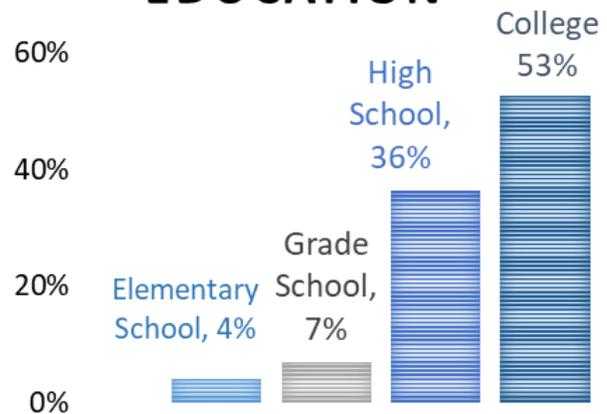
Sex: Female: 57%
Male: 43%

****Missing: 18 (1%)**

Race: White: 91%
Black/African American: 2%
Hispanic/Latino: 6%
Native American and other: 0.3%
Asian/Hmong: 1%

RESIDENCE

Alone 27%
Lives with other adult 67%
Assisted Living 3%
Nursing Home 1%
Other 1%

**Missing: 14(1%)

EDUCATION

Elementary School, 4%
Grade School, 7%
High School, 36%
College 53%

**Missing: 46(4%)

DURATION OF SYMPTOMS	n	%
Less than a year	62	5%
One year	340	29%
Two years	299	26%
Three years	161	14%
Four Years	89	8%
Five years	203	18%

CLINIC NETWORK ANALYSIS

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REASON FOR REFERRAL

Memory 92%
Diagnosis 50%
Treatment 39%
Second Opinion 3%
Safety 8%
Family Hx 9%
Other 4%
Behavioral Management 7%

REFERRAL SOURCES

Other 8%
Self or Family 21%
ADRC/ DCS 1%
PCP 70%

DISTANCE TRAVELED BY PATIENTS

< 25 MILES 67%
26-50 MILES 19%
51-75 MILES 8%
>76 MILES 5%

Figure 1: Driving time from clinic locations
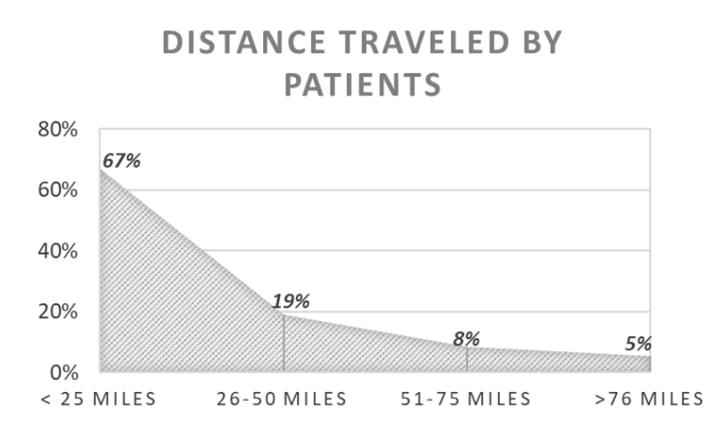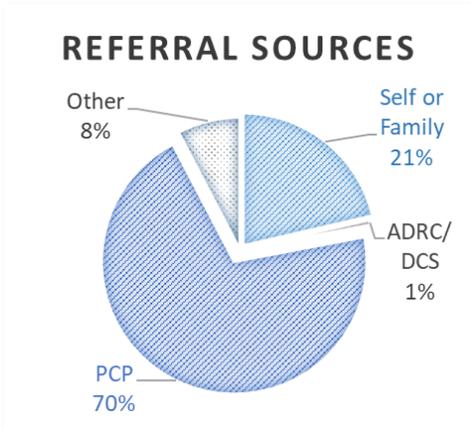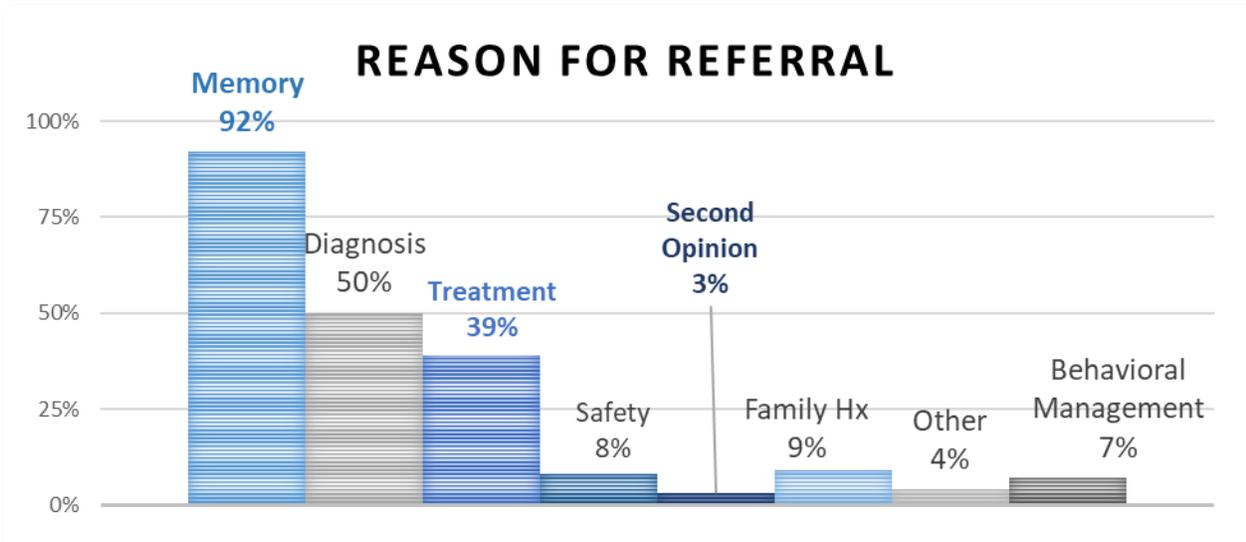
BACKGROUND INFORMATION

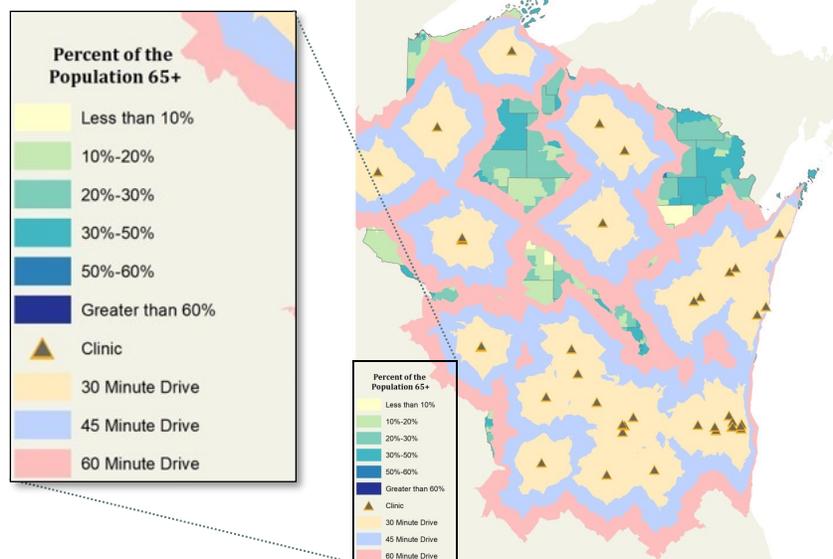Figure 1 show the area of service of the clinics in the network. As seen in the figure, most of the state's population is within 1 hour drive of one of the locations.

Figure created by Will Buckingham, PhD. Center for Health Disparities Research (CHDR), School of Medicine and Public Health, University of Wisconsin — Madison,

Percent of the Population 65+

Less than 10%
10%-20%
20%-30%
30%-50%
50%-60%
Greater than 60%
▲ Clinic
30 Minute Drive
45 Minute Drive
60 Minute Drive

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DIAGNOSIS

- Other 5%
- Missing 3%
- Normal 11%
- MCI Mild Neurocognitive Disorder 38%
- Dementia / Major Neurocognitive Disorder 43%

ETIOLOGY	Primary (%)	Secondary (%)
Alzheimer's Disease	26%	2%
Depression/Anxiety	11%	6%
Mixed Dementia	8%	2%
Sleep Disorder	5%	7%
Undetermined (NOS)	12%	1%
Vascular Dementia	14%	4%
Other	11%	4%

EDUCATIONAL RESOURCES

- Caregiver Support 68%
- Social/Community Resources 77%
- Diet/Nutrition 76%
- Disease Specific Information 64%
- Cognitive Exercises 78%
- Physical Exercise 82%

REFERRALS

- Specialty Evaluation 32%
- Neuropsychology testing 4%
- Additional Labs 33%
- Additional Imaging 28%
- Research 1%
- Alz Association or ADAW 19%
- ADRC and/or DCS 30%
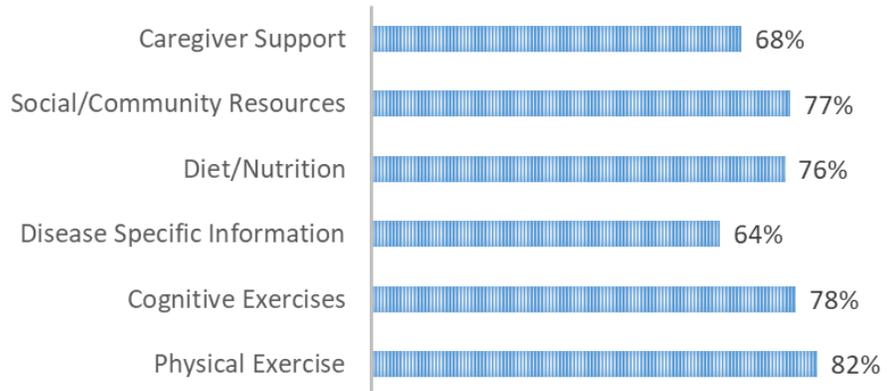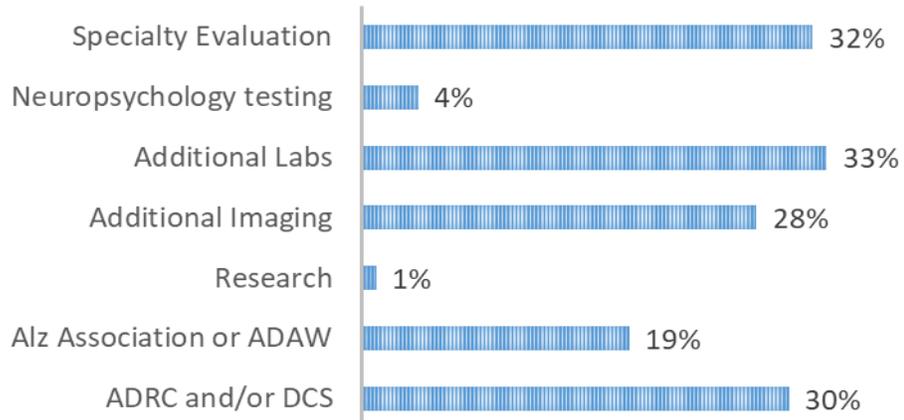
Demographics of patients by year (2018—2021)

	2018 N = 526 %	2019 N=1,769 %	2020 N=1,356 %	2021 N=1,253 %
Age				
20-44 years	0.4	0.2	0.1	0.4
45-64 years	8.1	9.7	6.8	7.5
65-84 years	70.5	69.8	73.5	74.3
≥ 85 years	20.9	20.4	19.6	17.8
Gender				
Female	59.4	60.7	61.5	57.4
Male	40.0	39.3	39.0	42.6
Race/Ethnicity				
Black Non-Hispanic	1.3	2.8	1.0	1.4
Latino/Hispanic	1.1	3.3	4.1	5.6
Native American or Hawaiian	0.6	0.6	0.2	0.3
Other	1.7	1.2	1.1	1.4
White Non-Hispanic	94.9	91.6	93.9	90.7
Completed education				
Elementary	1.5	3.1	2.8	4.0
Eighth grade	6.8	10.	8.3	7.1
High School	44.6	39.8	42.8	36.3
College or more	47.2	47.1	46.1	52.6
Residence				
Lives alone	27.5	28.1	26.4	27.2
Lives with other adult	61.8	62.7	65.4	66.8
Assisted living	6.7	5.6	6.1	3.3
Nursing home	2.6	2.2	1.1	1.4
Other	1.6	1.5	1.0	1.4
Duration of Cognitive Symptoms				
Less than a year	3.6	4.0	4.8	5.4
One year	36.2	36.9	34.2	29.5
Two years	25.7	25.6	24.1	25.9
Three years	9.8	12.3	14.1	14.0
Four years	7.4	6.2	6.3	7.7
Five years or more	17.4	14.4	16.6	17.6

MOST LIKELY DIAGNOSIS

	2018	2019	2020	2021
DEMENTIA / MAJOR NEUROCOGNITIVE DISORDER	39%	44%	49%	43%
MCI MILD NEUROCOGNITIVE DISORDER	31%	34%	34%	38%
NORMAL	10%	11%	9%	11%
OTHER	4%	5%	3%	5%
MISSING	12%	6%	5%	3%
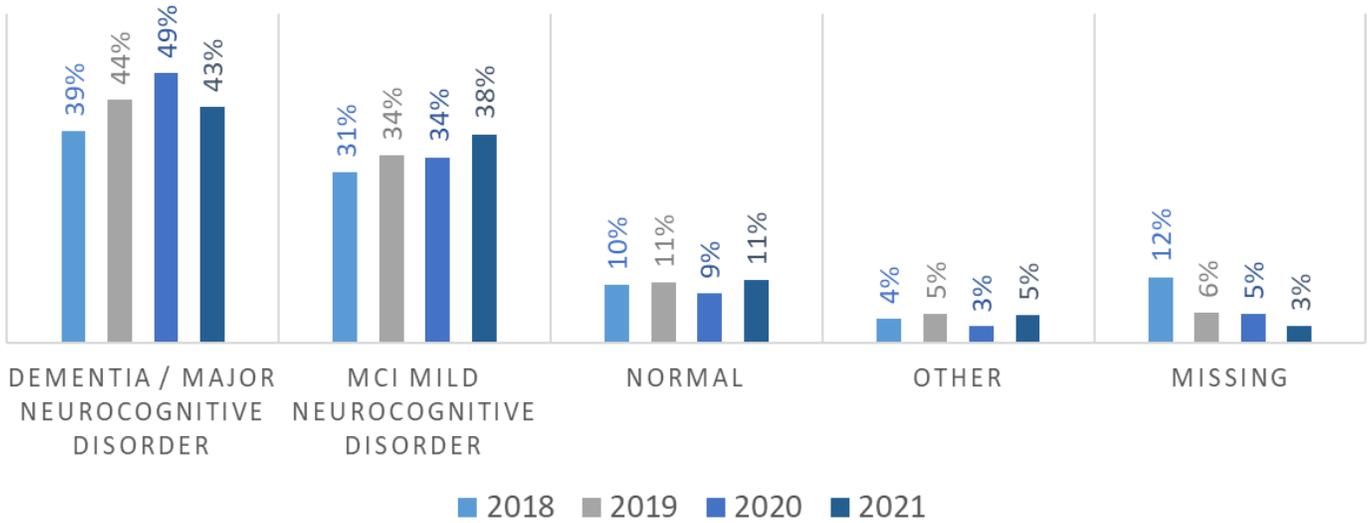
MOST LIKELY PRIMARY ETIOLOGY

	2018	2019	2020	2021
Vascular Dementia	12%	11%	14%	14%
Undetermined (NOS)	8%	12%	11%	12%
Sleep Disorder	3%	3%	5%	5%
Mixed Dementia	11%	6%	8%	8%
Depression and/or Anxiety disorder	10%	6%	6%	11%
Alzheimer's disease	24%	27%	31%	26%
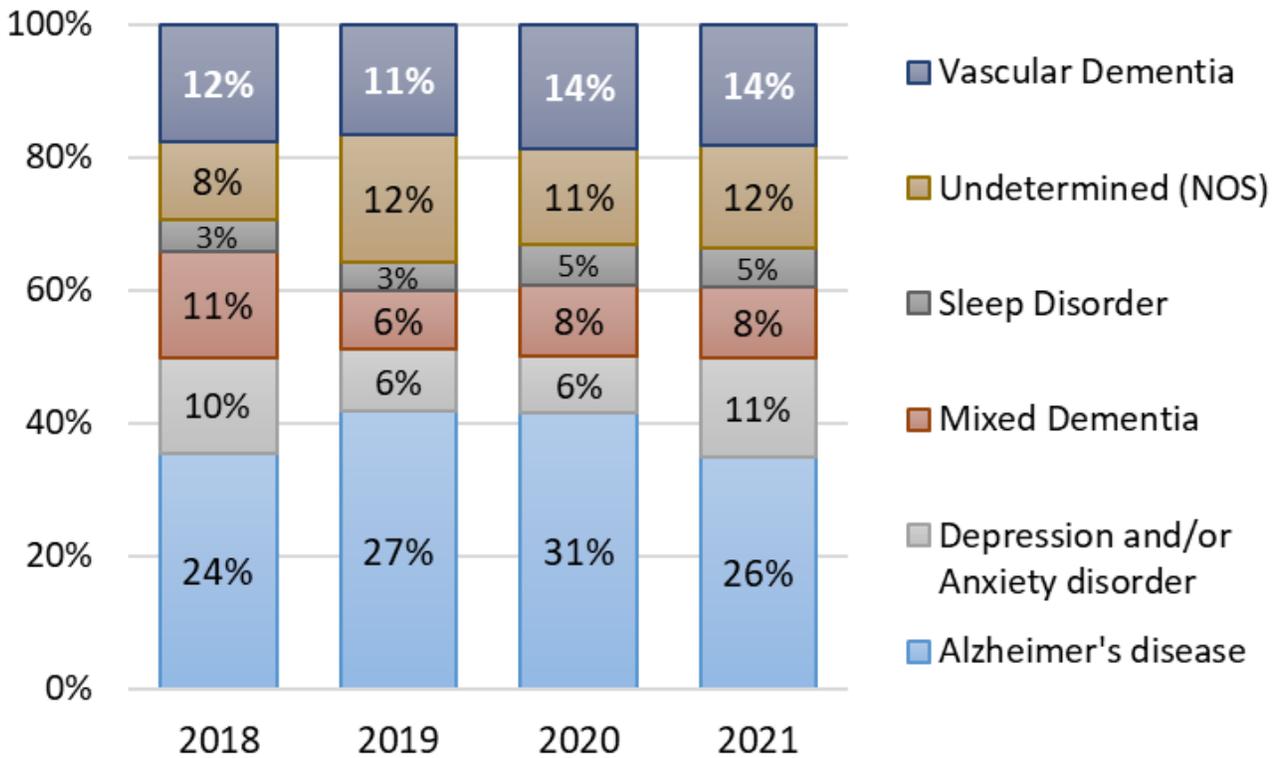
Quality Measures for MCI

The American Academy of Neurology Quality and Safety Subcommittee has now developed six quality measurements for MCI, to accompany guidelines published in 2018 (*Neurology* 2018; 90:126).

The complete description of these measures is available online at aan.com/policy-and-guidelines/quality/quality-measures2/quality-measures/geriatric-neurology/ and in appendix e-1 (links.lww.com/WNL/A972).

In the article, the authors mention *"There is no mandate to use all 6 measures in the set, and clinicians are encouraged to start quality improvement efforts small. Potentially, clinicians may find using 1 or 2 of these quality measures beneficial to ensure care is consistently provided and address disparities in care given. They are designed to capture information that is usually collected in the course of clinical care. The measures should be readily retrievable from documented notes in the electronic health record without further provider intervention."*

The 6 measures proposed include:

1. Annual cognitive health assessment for patients 65 years and older
2. Cognitive and functional assessment for patients with MCI or memory loss
3. MCI diagnosis disclosed and counseled on treatment options
4. Assessment and treatment of factors contributing to MCI
5. Avoidance of anticholinergic medications for patients with MCI
6. Education provided to care partners of patients with MCI

The table below shows preliminary data regarding the network's performance. Because our data collection forms are not designed to capture these measures, we have only limited data that do not fully accounts for all the elements described in the articles.

Citations:

Foster NL et al. Quality improvement in neurology: Mild cognitive impairment quality measurement set. *Neurology* 2019 Sep 18; [e-pub]. (https://doi.org/10.1212/WNL.0000000000008259. opens in new tab)

Quality Measures for MCI	2018 N=163	2019 N=603	2020 N=458	2021 N=479
Cognitive and Functional Assessment for Patients with MCI and Memory Loss				
Functional Assessment	95%	96%	98%	99%
MCI Diagnosis Disclosed and Counseled on Treatment Options *				
Diagnosis disclosed	91%	86%	77%	86%
Education Provided to Care Partners of Patients with MCI				
Education provided	77%	78%	90%	95%

Quality Measures — Dementia patients

Quality Measures Bench-marks	2018 N=203	2019 N= 783	2020 N= 667	2021 N= 533	National Average (CMS— 2021)
Q1. Diagnosis given					
Performance	84%	87%	88%	88%	n/a
Q2. Education AND referral of caregivers to support services					
Performance	57%	59%	60%	71%	64.9%
Q3. Functional assessment					
Performance	97%	96%	98%	99%	79.5%
Q4. Behavioral screening & treatment					
Performance	75%	80%	87%	86%	77.5%
Q5. Safety screening & management					
Performance	84%	89%	91%	93%	68.3%
Q6. Driving evaluation & management					
Performance	78%	83%	84%	94%	n/a
Q7. Advanced care planning in record, and if not it was discussed					
Performance	92%	97%	97%	97%	n/a
Q8. Pain assessment & management					
Data Completeness	63%	73%	66%	75%	n/a

Notes:

- National average performance rate are obtained from the 2021 MIPS Historical Quality Benchmarks, which is available at https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1275/2021%20MIPS%20Quality%20Benchmarks.zip

- The quality measures are designed to provide an overview of the care that patients receive over a 12 month period. Because of the nature of our clinic network, it is NOT expected that these measures would reach 100%.

- Each clinic should consider their own characteristics to assess how applicable is the measure to their practice.

- For more information about the forms used to collect this information and/or the methodology for analysis, please refer to the codebook, or contact Dr. Mora Pinzon (mmora2@wisc.edu)