

# MEMORY TRIAGE CLINIC

## REIMAGINING OPERATIONS TO OPTIMIZE SERVICES

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- No Disclosures
- Caveat: This is a “UW-Centric” talk, hopefully relevant to your site



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- Pros/Cons Current Model
- UW-attempted Solutions
- Current Solution
- Other possibilities/future directions
- Discussion

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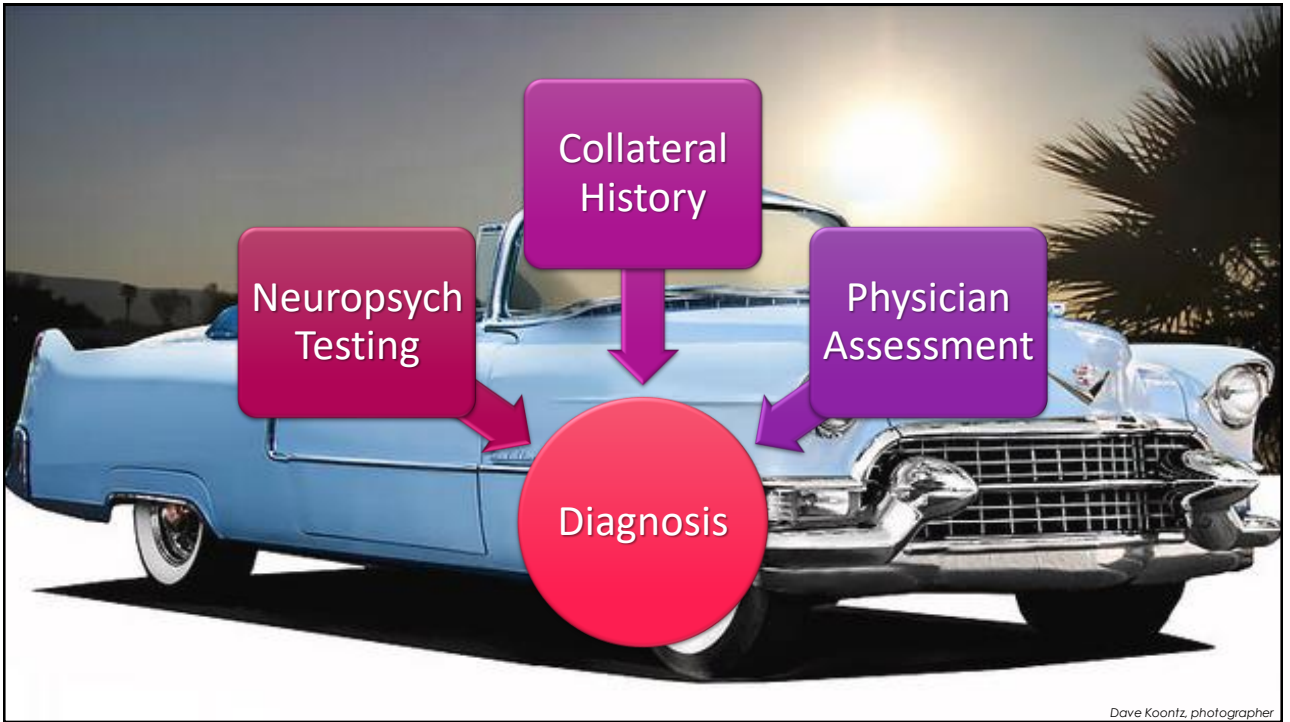
## THE CURRENT MODEL

- Cadillac Approach

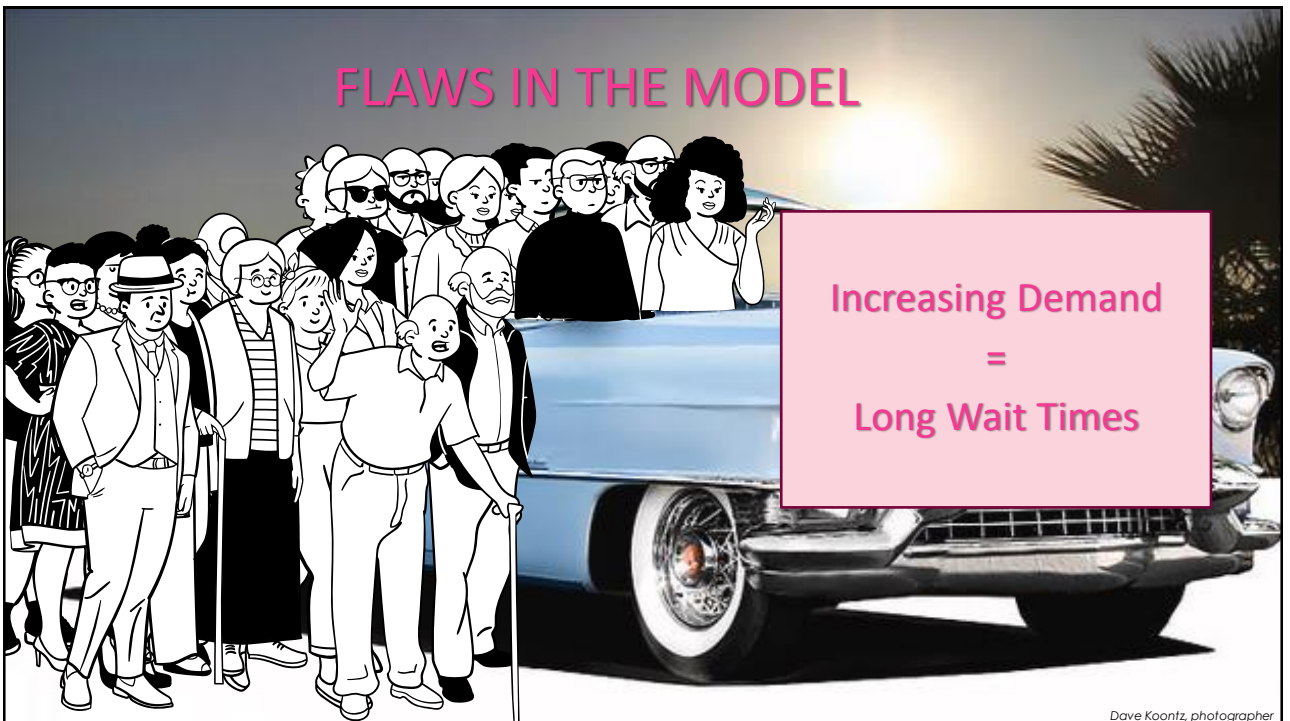


*Dave Koontz, photographer*

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## FLAWS IN THE MODEL

Labs?

Imaging?

Meds?



Comorbidities?

Pseudo-dementia?

Delirium?

Often Not Ready for Neuropsych Testing

Dave Koontz, photographer

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## FLAWS IN THE MODEL

Discuss "Big Picture" and Prognosis?

Who follows up?

Primary Care?

Us?

How Long?

More Access Issues

Dave Koontz, photographer

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## ORIGINAL SOLUTION

- Screen Before Scheduling
- Lengthy Time on Phone
- Not “recognized” by system as “work”
- Delayed Time to Clinic



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## NEXT ATTEMPTED SOLUTION

- Automatically Ordering Needed Tests
- Misses comorbidities, meds, delirium, etc
- What to do with Test Results?
  - Out of context
  - Too long before appointment
  - Who “owns” abnormal results?
- Doesn't really improve who's ready or wait time

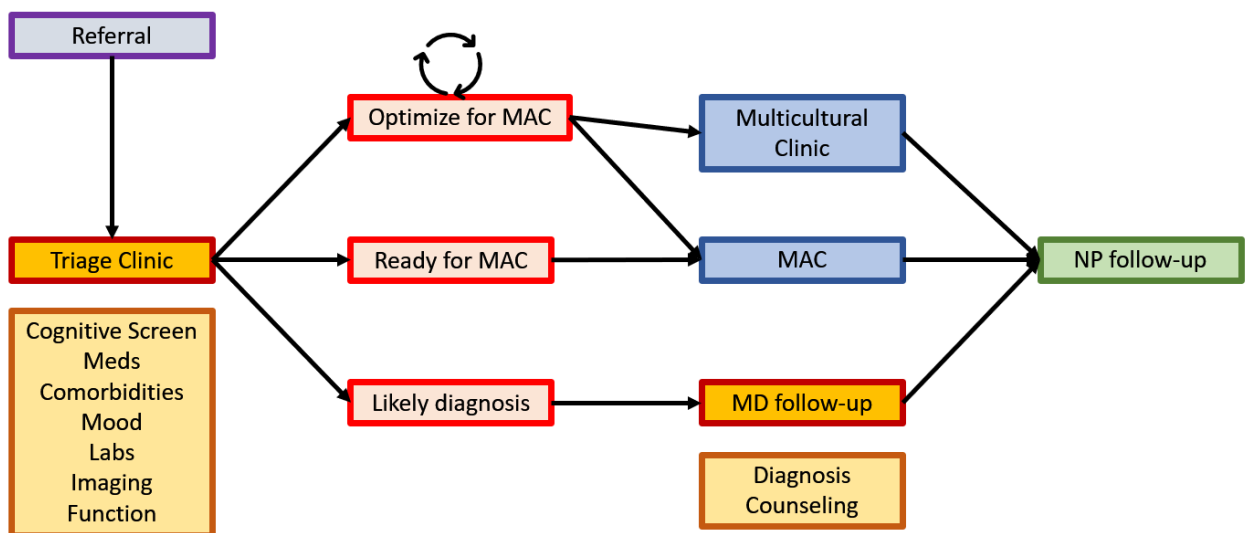
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## CURRENT SOLUTION

- Memory Triage Clinic
- Pre-Cadillac Visit
- Review/Obtain Necessary Tests
- Screen for Comorbidities, Delirium, Pseudodementia
- Review Meds
- Identify those who won't benefit from testing

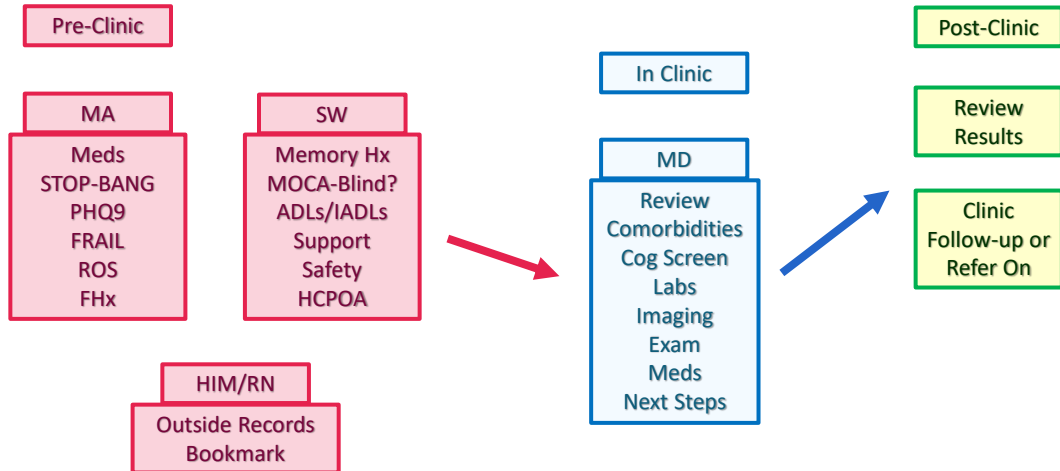
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## MEMORY TRIAGE CLINIC



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## MEMORY TRIAGE CLINIC

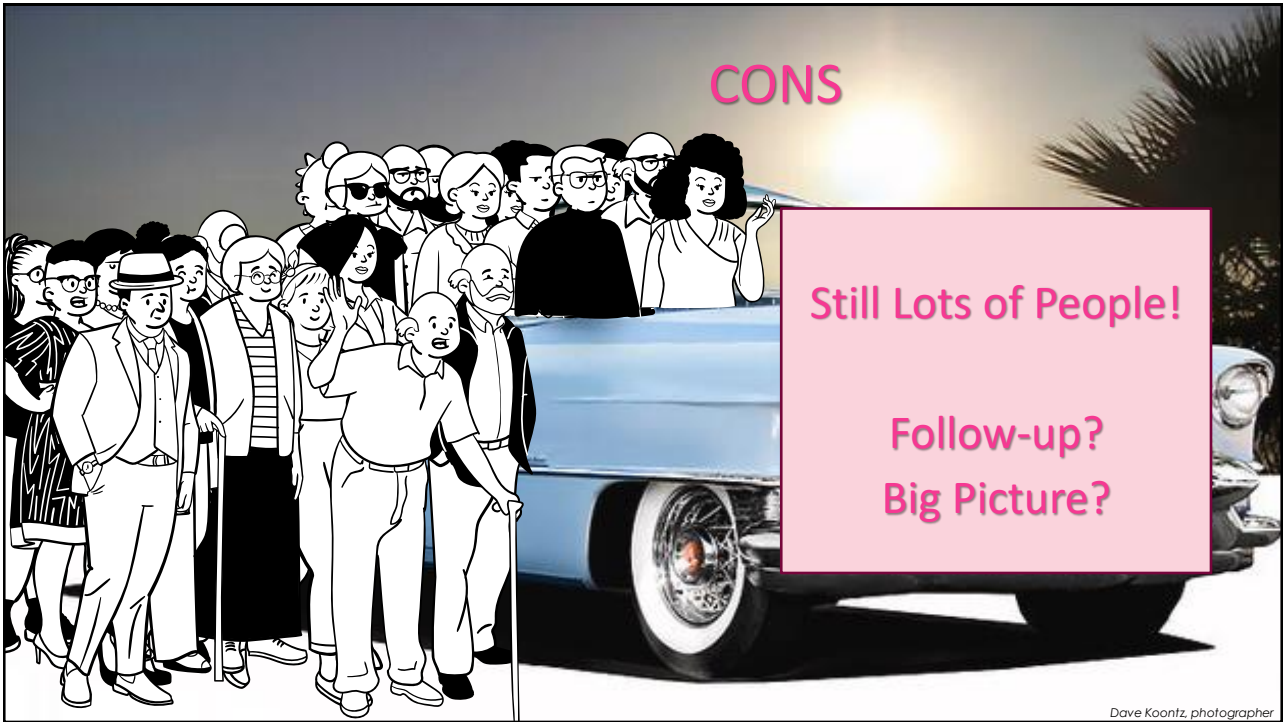


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## PROS

- Identifies those ready for testing
  - Efficient use of limited resource
- Allows optimization
- 3-4 new patients/session
- Allows for asynchronous “recognized” work
- Standardized, evidence-based approach

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**BIG PICTURE = PATHWAYS CLINIC**

- After Diagnosis

```

    graph LR
      A[Caregiver Social Worker] --> C[Patient Caregiver Social Worker MD]
      B[Patient MD] --> C
      C --> D[Patient Caregiver Social Worker]
  
```

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## PATHWAYS CLINIC

- Understanding Disease Stage + Prognosis
- Patient Care Values
- ACP and Goals of Care
- Caregiver burnout
- Safety/Legal Issues
  - Driving Contract
- Patient/Caregiver Binder for future visits

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## PATHWAYS CLINIC

- Pros:
  - Comprehensive disease counseling
  - Patient-centered
  - Uses evidence-based tools
- Cons:
  - Limited access
  - How to identify who benefits most?

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## APP FOLLOW-UP

- Dedicated APP for Memory Clinics
  - Discussed at Memory Assessment Visit
- Trained “in-house”
- Does all follow-up
- Determines, with patient, when to transition back to PCP

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## VIDEOMEDICINE

- Follow-ups easier
- Neuropsych testing
  - Patient at “home” clinic
  - VA, UW-Sauk capable
- Limited by patient internet, ability
  - Remote to other clinics?
- CMS reimbursement post-pandemic?

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## ONGOING DILEMMAS

- Access remains difficult
  - Workforce shortages
  - Geographic reach

## NEXT DIRECTIONS

- APP-led triage clinic
- Creative collaboration across state lines



## APP-LED TRIAGE CLINIC

- Trained “in-house”
- Improve access
- Expand Team model
- Continuity (Triage -> Follow-up post-diagnosis)
- Trialed in other specialties -> good acceptance by referring providers



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## NORTHERN ILLINOIS EXPANSION

- Problems:
  - Licensure
  - Lack of Geriatricians/Neurologists
  - Local resources?



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## COLLABORATION

- APP-Led Triage Clinic in Illinois
  - They will hire locally: APP + SW
  - We will train at UW Memory clinics
  - Regular check-ins with IL team
  - Ongoing education
- Memory Assessment/Neuropsych in Madison
  - Limits burden on patients
  - Avoids Video licensure concerns



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## DISCUSSION

- How might this apply to your sites?
- What other approaches work for you?



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# THANKS

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Dr. Daniel McCulley  
Dr. Lindsay Clark  
WAI

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