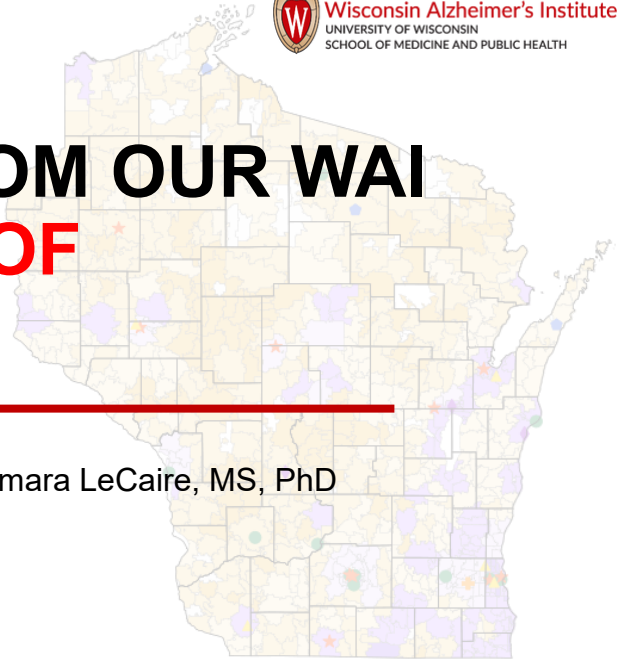




Wisconsin Alzheimer's Institute  
UNIVERSITY OF WISCONSIN  
SCHOOL OF MEDICINE AND PUBLIC HEALTH

# INSIGHTS FROM OUR WAI COMMUNITY OF PRACTICE



Jennifer Landeta Vidal, MPH & Tamara LeCaire, MS, PhD  
May 16, 2025

1



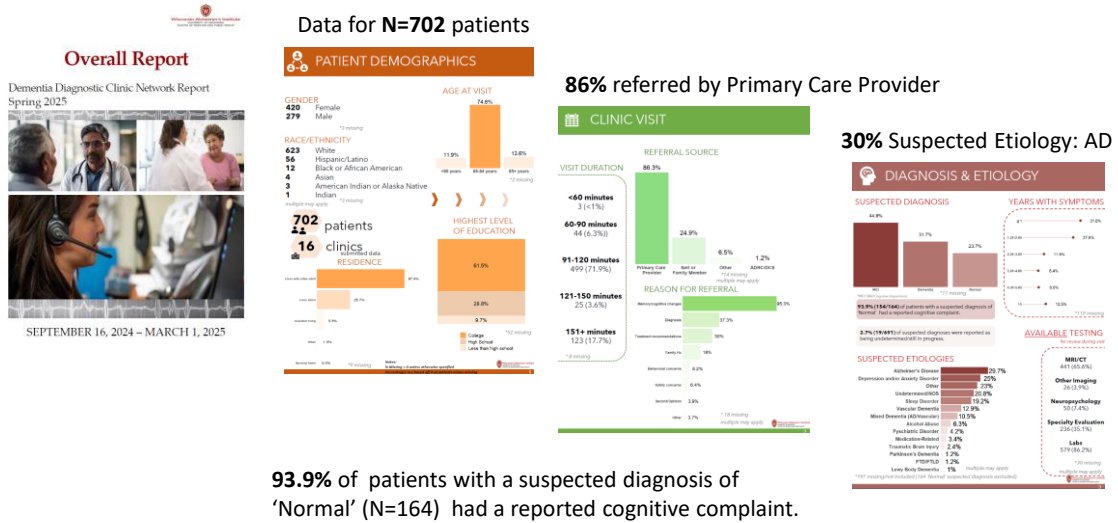
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## Disclosures

- We have no relevant relationship(s) with ineligible companies to disclose.

2

# Clinic Network Report – Spring 2025



3

## Considerations & Limitations

- Quality measures were designed to provide an overview of care that patients received over a **12-month** period.
- Quality measures for this report were based on **data collected September 16, 2024 – March 1, 2025\***  
\*unless other arrangements were made
- Consider the **characteristics of your clinic and/or patients** when interpreting performance across measures.

- Odenheimer G, Borson S, Sanders AE, Swain-Eng RJ, Kyomen HH, Tierney S, Gitlin LN, Forcica MA, Absher J, Shega J, Johnson J. Quality improvement in neurology: dementia management quality measures. *Neurology*. 2013 Oct 22;81(17):1545-9. Epub 2013 Sep 25.
- Sanders AE, Nininger J, Absher J, Bennett A, Shugarman S, Roca R. Quality improvement in neurology: Dementia management quality measurement set update. *Neurology*. 2017 May 16;88(20):1951-1957. Epub 2017 May 1.
- Schultz SK, Llorente MD, Sanders AE, Tai WA, Bennett A, Shugarman S, Roca R. Quality improvement in dementia care: Dementia Management Quality Measurement Set 2018 Implementation Update. *Neurology*. 2020 Feb 4;94(5):210-216.

4

## Considerations – when is the data form completed?

- Form completed on **NEW Patients only**.
- For clinics that have a clinic flow where results are provided at the end of the first visit, please complete the form on that day.
- For clinics that have a clinic flow that includes two visits (e.g. second visit is known as “results appointment”), the form should be completed by the end of the second visit.

5

## Considerations – when is the data form completed?

### Clinics with Two-Day (or multiple-visits) flow

- **Example 1** Patient and caregivers presented on Day 1 for evaluation by the team, and all interviews are completed. Patient is referred to MRI, and will be reevaluated in 1 month → **Complete form at the end of Results appointment (2<sup>nd</sup> Appointment)**
- **Example 2** Patient and caregivers presented on Day 1 for evaluation by the team, and all interviews are completed. You consider that results are consistent with AD, but you would like to confirm the diagnosis with a MRI and will reevaluate the patient in 3-months → **Complete form at the end of visit 1.**

6

## Quality Measures

- Updated Dementia Management Quality Measurement Set
- American Academy of Neurology (AAN) and the American Psychiatric Association (APA) since 2014
- CMS Merit-based Incentive Payment System (MIPS) Clinical Quality Measure (CQM)
  - MIPS CQM #282 (Q3) – Functional Status
  - MIPS CQM #283 (Q4) – BPSD Screening and Management
  - MIPS CQM #286 (Q5) – Safety Concern Screening and Follow-up

7

## Quality Measures

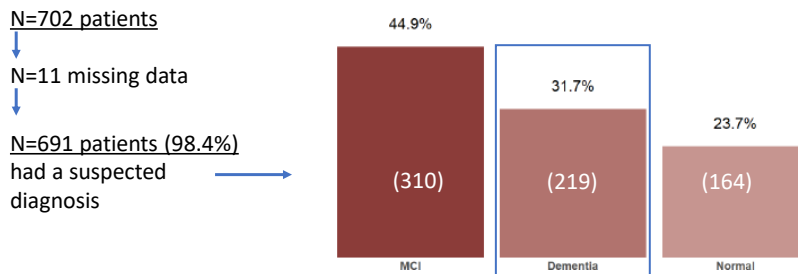
Quality Measure	Spring 2025		Fall 2024	
	Completion	Performance	Completion	Performance
Q1. Diagnosis Given	97.7%	<b>91.5%</b>	100%	89.1%
Q3. Functional Assessment	100%	<b>99.5%</b>	100%	100%
Q4. Behavioral Screening & Treatment	99.1%	<b>87.1%</b>	100%	81.2%
Q5. Safety Screening & Management	100%	<b>97.7%</b>	100%	95.3%
Q6. Driving Evaluation & Management	100%	<b>97.7%</b>	100%	97.3%
Q7. Discussion or Documentation of Advanced Care Planning	99.5%	<b>99.1%</b>	100%	98.0%
Q8. Pain Assessment & Management	93.2%	<b>97.5%</b>	90.0%	97.8%

8

# Quality Measures Applied for Suspected Dementia

## 15. Suspected clinical syndrome diagnoses (check all that apply):

- Dementia / Major Neurocognitive Disorder
- MCI / Mild Neurocognitive Disorder
- Normal cognitive testing
  - With cognitive complaint
  - Without cognitive complaint
- Undetermined/Still in progress (still check one of the above)



9

# Q1. Disclosure of the Cause of Dementia

Percentage of patients with a **diagnosis** of a qualifying dementia disorder or disease whose **diagnosis has been disclosed to them** and, if available, their primary caregiver.



(100% Response Rate) (n=219)

who already knew dx, declined dx, or had no caregiver ↓  
(n=217)

## 15. Suspected clinical syndrome diagnoses (check all that apply):

- Dementia / Major Neurocognitive Disorder
- MCI / Mild Neurocognitive Disorder
- Normal cognitive testing
  - With cognitive complaint
  - Without cognitive complaint
- Undetermined/Still in progress (still check one of the above)

## 16. Suspected etiology/cause associated with diagnosis

Mark "1" next to primary diagnosis and "2" next to secondary diagnosis (mark as many secondary as applicable)

- |  |   |
|--|---|
| <input type="checkbox"/> Alzheimer's disease         | <input type="checkbox"/> Mixed dementia (AD/vascular) |
| <input type="checkbox"/> Alcohol abuse               | <input type="checkbox"/> Parkinson's dementia         |
| <input type="checkbox"/> Depression/anxiety disorder | <input type="checkbox"/> Psychiatric disorder         |
| <input type="checkbox"/> FTD/FTLD                    | <input type="checkbox"/> Sleep disorder               |
| <input type="checkbox"/> IDD                         | <input type="checkbox"/> TBI/head injury              |
| <input type="checkbox"/> Lewy body dementia          | <input type="checkbox"/> Undetermined                 |
| <input type="checkbox"/> Medication-related          | <input type="checkbox"/> Vascular dementia            |
| <input type="checkbox"/> Other: _____                |   |

## 17. Quality Measure #1: NEW diagnoses given to patient/family:

- Same dx as selected under suspected diagnoses(15) & etiology(16)
- No new dx given →  More testing required (e.g. MRI, neuropsych)
  - Patient/caregiver already knew diagnosis
  - Patient/caregiver declines information
  - No caregiver identified
- Other diagnosis given: \_\_\_\_\_

## Performance

- 91.5% Spring 2025
- 89.1% Fall 2024

10

# Q4. Screening and Management of BPSD

Percentage of patients with dementia for whom there was a **documented screening for behavioral and psychiatric symptoms (BPSD)**, and for whom, if screening was positive, there was also documentation of **recommendations for management** *in the last 12 months*.

Activity disturbances

Mood disturbances

Thoughts and perceptual disturbances

	Screened <sup>1</sup>		Issue Identified		Did you provide any management or recommendations? <sup>2</sup>		
	Yes	No	Yes	No	Yes	No	N/A
Q4: Behavioral symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4: Insomnia or sleep disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4: Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4: Hallucinations, delusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

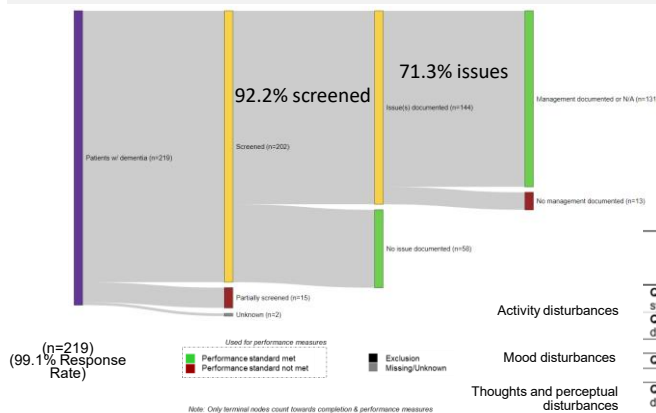
# Q4. Screening and Management of BPSD

Percentage of patients with dementia for whom there was a **documented screening for behavioral and psychiatric symptoms (BPSD)**, and for whom, if screening was positive, there was also documentation of **recommendations for management** *in the last 12 months*.

Activity disturbances

Mood disturbances

Thoughts and perceptual disturbances



- Performance**
- 87.1% Spring 2025
  - 81.2% Fall 2024

	Screened <sup>1</sup>		Issue Identified		Did you provide any management or recommendations? <sup>2</sup>		
	Yes	No	Yes	No	Yes	No	N/A
Q4: Behavioral symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4: Insomnia or sleep disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4: Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4: Hallucinations, delusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Quality Measures

Questions?

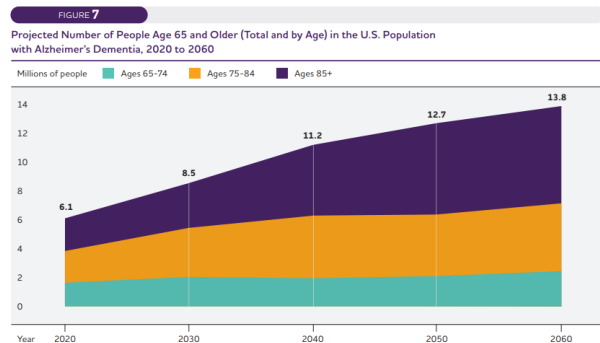


13

# How are data being used?

## Understanding practice patterns

- Growing need to promote **early detection**, to **recognize**, and **diagnose** ADRD
- Identify **patterns** among new patients; additional **guidance and resources** for **PCPs** who refer to the DDCN clinic



Created from data from Rajan et al.<sup>45,298</sup>

Alzheimer's Association. 2025 Alzheimer's Disease Facts and Figures. *Alzheimer's Dement* 2025;21(5)

14

## How are data being used?

- Understand what additional support **primary care teams who refer to the clinic network** may need
- Examining medical screenings performed and **suspected etiologies** among patients referred by their PCPs to a DDCN clinic
- Examine by memory clinic practice setting –
  - primary care (family medicine, internal medicine, geriatrics) (N=17)
  - specialty care (neurology, psychiatry) (N=11)
- Data submitted 2021-2024

15

## Early findings...

Patients seen in a primary versus specialty memory care were:

- Younger
- Non-Hispanic White
- Less likely to have a Major Neurocognitive Disorder
- More likely to have **normal cognitive testing**
  - True after adjustment for other factors?
  - Screening issues identified?
  - Further testing, specialty evaluations needed?

Characteristics	Primary Care Memory Clinics	Specialty Care Memory Clinics	p-value
	%	%	
<b>Age, years</b>			<0.001
<65 years	3.2%	20.4%	
65-89 years	91.4%	75.4%	
<b>Gender</b>			0.109
Female	58%	59%	
<b>Race/Ethnicity</b>			<0.001
African American or Black	1.5%	1.1%	
Amer Indian or Alaska Native	0.3%	0.4%	
Asian or Asian American	0.7%	0.4%	
Hispanic/Latino	1.5%	14.3%	
White	96.0%	83.6%	
<b>Suspected clinical syndrome</b>			
Major Neurocognitive Disorder	38.7%	44.5%	<0.001
Mild Neurocognitive Disorder	39.8%	40.7%	0.551
Normal Cognitive Testing	17.2%	12.4%	<0.001
Other <sup>†</sup>	4.0%	2.5%	0.011

16

## Early findings...

Suspected etiology of ADRD or no ADRD for patients referred by a PCP

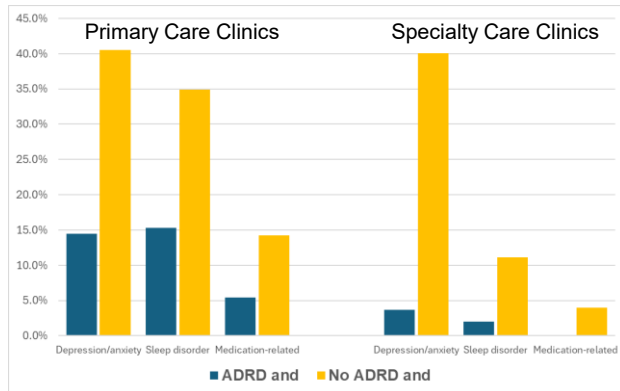
### Frequent concurrent conditions

- Depression or anxiety
- Sleep disorders
- Medication-related causes

### In primary care memory clinics

- ADRD + depression/anxiety
- ADRD + sleep disorder
- No ADRD + sleep disorder
- No ADRD + medication-related

➤ More patients with reversible causes of cognitive decline in primary care memory clinics?



17

## Implications

- PCPs referring to memory clinics may benefit from **additional training and resources** for recognizing **reversible causes** of cognitive impairment
- Increasing the capacity to **diagnose and manage reversible causes** of cognitive impairment could potentially lead to reduced wait times for DDCN memory clinics
- Preliminary findings align with need for **continuing to advance early detection and diagnosis of ADRD** across primary care teams outside a memory clinic setting

18

## Questions?

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Questions?

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or

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## Acknowledgements

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***Thank you for submitting data!***

**WAI Data & Evaluation Team**

- Jennifer Landeta Vidal, MPH
- Tamara LeCaire, MS, PhD
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- *Kendall Walch*

**WAI Dementia Diagnostic Clinic  
Network Team**

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- Cindy Carlsson, MD, MS