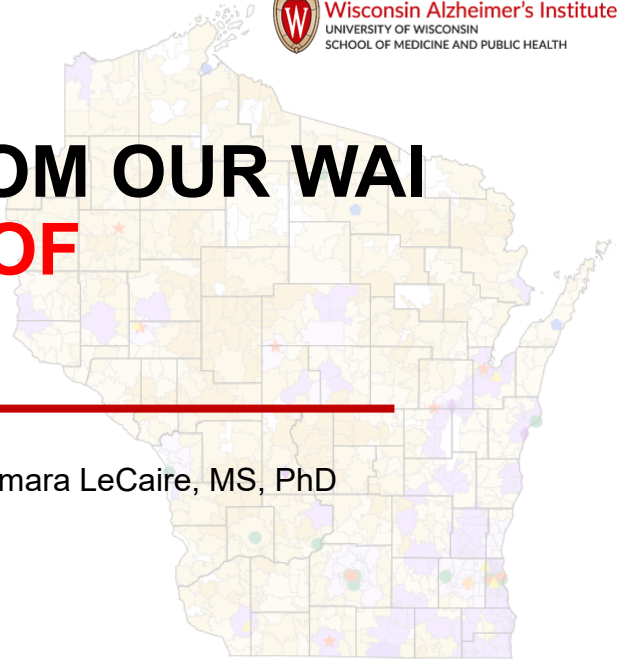




Wisconsin Alzheimer's Institute
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

INSIGHTS FROM OUR WAI COMMUNITY OF PRACTICE



Jennifer Landeta Vidal, MPH & Tamara LeCaire, MS, PhD
September 18, 2025

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

Disclosures

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

2

Learning Objective: Approaches to diagnosis of ADRD in the Dementia Diagnostic Clinic Network (DDCN)

Your ability to describe DDCN performance across dementia quality measures.

Your understanding of how DDCN data may vary.

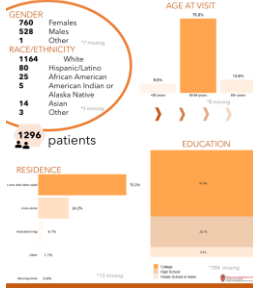
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Clinic Network Report – Fall 2025



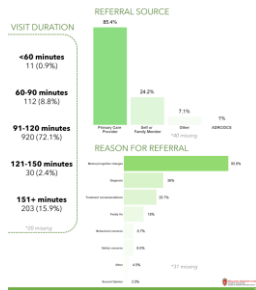
Data for N=1296 patients

PATIENT DEMOGRAPHICS



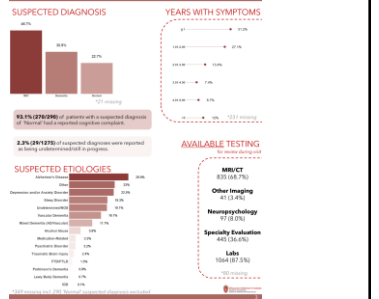
86% referred by Primary Care Provider

CLINIC VISIT



30% Suspected Etiology: Major NCD

DIAGNOSIS & ETIOLOGY



93.1% (270/290) of patients with a suspected diagnosis of 'Normal' had a reported cognitive complaint.

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Considerations & Limitations

- Quality measures are 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 – September 5, 2025***

Consider the **characteristics of your clinic and/or patients** when interpreting performance across measures.

-
1. 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.
 2. 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.
 3. 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.

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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**.

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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 (2nd 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.**

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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

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Quality Measures

Quality Measure	Fall 2025 (1 yr)				Spring 2025	
	Completion	Performance	Performance Range*	Performance Median*	Completion	Performance
Q1. Diagnosis Given	98.2%	91.7%	(70.7%-100%)	95.5%	97.7%	91.5%
Q3. Functional Assessment	100%	99.7%	(98.6%-100%)	100%	100%	99.5%
Q4. Behavioral Screening & Treatment	97.2%	89.3%	(7.7%-100%)	96.0%	99.1%	87.1%
Q5. Safety Screening & Management	99.7%	97.7%	(87%-100%)	100%	100%	97.7%
Q6. Driving Evaluation & Management	99.7%	98.5%	(95.5-100%)	100%	100%	97.7%
Q7. Discussion or Documentation of Advanced Care Planning	99.5%	97.7%	(81.8%-100%)	100%	99.5%	99.1%
Q8. Pain Assessment & Management	93.7%	97.8%	92%-100%)	100%	93.2%	97.5%

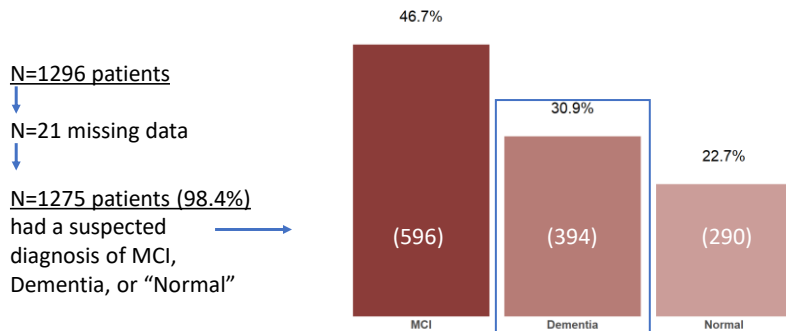
* Across Clinics

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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)



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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.



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)

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

Performance

- 91.7% Fall 2025
- 91.5% Spring 2025

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: _____

Q1. Disclosure of the Cause of Dementia

Consider the **characteristics of your clinic and/or patients** when interpreting performance.

Quality Measure	Fall 2025 (1 yr)			
	Completion	Performance	Performance Range*	Performance Median*
Q1. Diagnosis Given	98.2%	91.7%	(70.7%-100%)	95.5%

Differences across clinics in **testing completed before a patient presents** may impact the need for **more testing** – causing variation in this performance measure.

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: _____

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 ¹		Issue Identified		Did you provide any management or recommendations? ²		
	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"/>

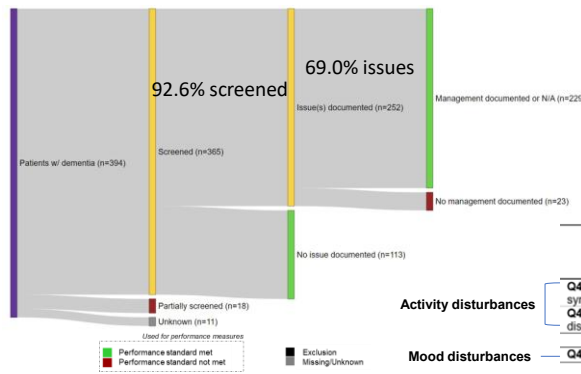
Q4. Screening and Management of BPSD

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

- 89.3% Fall 2025
- 87.1% Spring 2025

	Screened ¹		Issue Identified		Did you provide any management or recommendations? ²		
	Yes	No	Yes	No	Yes	No	N/A
Activity disturbances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood disturbances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts & perceptual disturbances	<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

Consider the **characteristics of your clinic and/or patients** when interpreting performance.

Quality Measure	Fall 2025 (1 yr)			
	Completion	Performance	Performance Range*	Performance Median*
Q4. Behavioral Screening & Treatment	97.2%	89.3%	(7.7%-100%)	96.0%

Partial screenings completed, for only some of the disturbance types, especially in clinics with fewer patients, caused variation in this performance measure.

We also noted **no or missing data** for **management recommendations** for a few clinics.

Workflows may vary across clinics for BPSD screening.

	Screened ¹		Issue Identified		Did you provide any management or recommendations? ²		
	Yes	No	Yes	No	Yes	No	N/A
Activity disturbances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Mood disturbances	<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"/>
Thoughts and perceptual disturbances	<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"/>

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Quality Measures

Questions?



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Depression and Sleep Disorders are Common Concurrent Conditions



	Primary Care DDCN N=2485		Specialty Care DDCN N=1429		p-value
	N	%	N	%	
Screenings performed					
Sleep Disorder	1296	52.2%	632	44.2%	<0.001
Mood/behavioral symptoms	2461	99.0%	1417	99.2%	0.654
Issues identified*					
Sleep Disorder	777	60.0%	285	45.1%	<0.001
Mood/behavioral symptoms	1267	51.5%	657	46.4%	0.118

- Patients referred to a primary care memory clinic were more likely to be screened for sleep disorders and to have an issue identified.

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Opportunities to Impact Clinical Care through Research

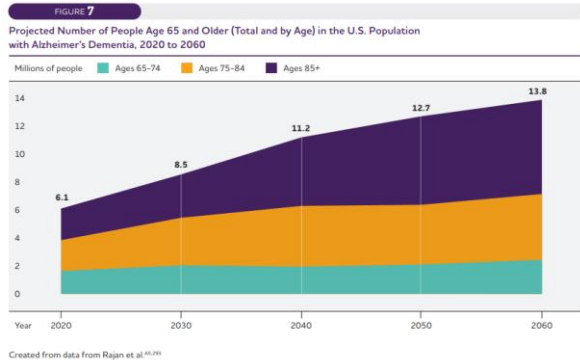


Improving Dementia Diagnosis

- *Pathways to dementia diagnosis*

➡ *Routine screenings with PCP*

- Identify **patterns** among new patients; and provide additional **guidance and resources** for **PCPs** who refer to the DDCN clinic, to address the growing need to **recognize** and **diagnose** ADRD.



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Data Submission



Survey Link:
https://is.gd/wai_data_information_form



AAA
BB



This form should be completed for new patients regarding the patient's initial assessment. If the initial assessment is completed across multiple days, complete this form after the patient has consulted with all pertinent members of the care team.

NOTE: This data form was updated on 07/06/2023. If your clinic has completed paper copies please fax them to (608) 265-9122.

We have also created fillable PDFs if you prefer to submit data that way. Fillable PDFs can be found and submitted at: https://redcap.link/wai_data_upload

Please email the WAI Data Manager & Analyst, Jennifer Landeta Vidal (landetavidal@wisc.edu) if you have any questions or concerns.

Page 1 of 3

Please review the attached tip sheet for information on common areas of concern and data entry shortcuts before using the new form.

Last Updated: 07-06-2023

Attachments: [WAI Network Form Tip Sheet 07062023_2.pdf](#) (253.1 KB)

FAX: (608) 265-9122

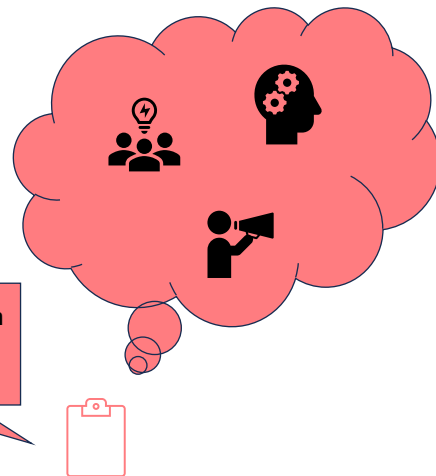
Please contact Jennifer Landeta Vidal
landetavidal@wisc.edu

Insights from our Community of Practice



Survey - Operationalizing Research

- Research Interests
- Motivation
- Communication



95% were interested in participating in research

Research Interests and Motivators

What Enhances Support for Research





- **Improvement in healthcare** (95%)
- **Benefits for future patients** (90%)
- Personal relevance (81%)
- Advantages for participating patients (study medications) (62%)



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Research Interests and Motivators

Motivation

- **CME** (86%) 
- **Educational resources for clinical practice** (75%) 
- **Integrating study tasks** into routines (75%) and responsibilities (65%)
- **Monetary incentive** (50%)  

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Research Interests and Motivators

What other incentives would improve your likelihood of participating in research?

- "If my boss would approve a research study in our dept"
- "Improving outcomes"
- "Time built into my schedule"
- "Information regarding results"
- "Relevance to my clinical practice - how it would integrate into current practice"
- "Lots of food"
- "Clinic resources"
- "Awards, recognition, feedback"

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Communication

How would you like to learn about new research opportunities?



Home / About the Clinic Network

About the Clinic Network

- Newsletter or quarterly email (62%)
- Email as opportunities appear (52%)
- Website announcements (33%)

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Insights from our Community of Practice



Thank you for your feedback!

Our goal is to identify and promote research topics/areas for network members to participate in.

If you didn't complete the survey this spring or have further feedback, please take a few minutes to share your insights.



<https://go.wisc.edu/wi2z15>

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Questions?



Follow-up or Questions?

Please contact Jennifer Landeta Vidal

landetaavidal@wisc.edu

or

Tammy LeCaire

tjlecaire@wisc.edu

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Acknowledgements

WAI Affiliated Dementia Diagnostic Clinic Network *Thank you for submitting data!*

WAI Data & Evaluation Team

- Jennifer Landeta Vidal, MPH
- Tamara LeCaire, MS, PhD

WAI Dementia Diagnostic Clinic Network Team

- Jody Krainer, MSW, LCSW, MBA
- Maria Mora Pinzon, MD, MS, FACPM
- Cindy Carlsson, MD, MS