

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6396

### **Title**

*Beyond Training: How Context Matters for Early Detection of Alzheimer's Disease in Primary Care*

### **Priority 1 (Research Category)**

Screening, prevention, and health promotion

### **Presenters**

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### **Abstract**

Context Global healthcare systems are not prepared to care for the 55 million individuals worldwide affected by Alzheimer's disease and related dementias (ADRD), with cases continuing to rise. Davos Alzheimer's Collaborative Healthcare System Preparedness (DAC-SP) aims to catalyze global healthcare system transformation, providing Alzheimer's patients and their families quicker access to life-changing innovations and therapies. To achieve this ambition, DAC-SP launched an early detection program in 2021 in 7 healthcare systems across 6 countries, implementing a digital cognitive assessment (DCA) and a blood-based biomarker (BBM) to increase rates of detection for cognitive impairment and better understand the barriers and facilitators to incorporating these tools in primary care settings. Objectives Describe perspectives of clinicians and implementation leads on the role of primary care in ADRD early detection. Study design and analysis Quasi-experimental design with implementation evaluation guided by the Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2009). In-depth interviews with clinicians (HCPs; n=87) and implementation team leads (n=14) were transcribed and subjected to directive content analysis. Setting Primary care settings in the DAC-SP early detection program. Population Studied HCPs administering the DCA and BBM tools and team leads responsible for planning and implementation. Intervention Real-world implementation of DCA and BBM tools with embedded training and technical assistance. Results The CFIR-based implementation evaluation highlighted the importance of alignment between contextual factors at the system level (e.g., clinical consensus, financing mechanisms) and the organization (e.g., referral networks, technology infrastructure) to drive the transformation needed to facilitate early detection for cognitive impairment in primary care. Despite alignment on the importance of training and addressing brain health in primary care settings, HCPs and team leads expressed divergent perspectives on operations and feasibility. Conclusions To meet pressing needs for ADRD diagnosis and management, early detection of cognitive

issues in primary care settings is needed. System-level change is paramount for supporting clinicians through this transition and to ensure that the brain health ecosystem and healthcare organizations are prepared to enable HCP administration and interpretation of early detection tools.

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