

Increase Cognitive Assessment

Strategies	Priority	Approach/How	Connection & Issues
Public Awareness	HIGH	Public health messaging/direct to consumer campaign Cognitive assessment clinic include prevention (diet, exercise, activity) Early detection could prevent a multitude of different things	Stigma → HIV Not only PcPs but other community resources utilized. (employer, pharmacy) Diagnosis of a death sentence can be very scary.
Patient Education	HIGH	Telehealth/remote patient monitoring Normalizing with digital intervention	What is real v.s misinformation
Benefit Design	HIGH		Have test but no coverage leads to cost being a barrier.
Digital Tracking for Early Detection	MED/HI	Engagement/Assessment instead of tracking Pro-active engagement with brain health via digital tools. Patient in charge/consumer led healthcare	needs diagnosis multiple test could be ineffective
Patient Privacy		HIGH - Pre-clinical MEDIUM - early LOW - stage 1	Employer concerns (who knows what) priority depends on where in the process (pre or post diagnosis) no confidence in guardrails
Clinician education	HIGH	Curriculum/standards of care for non specialists Re-certification Long term state requirements Checklists in Hospitals (builds into workflow)	
Standards of care	HIGH	Clinical guidelines instead of standards of care (noted that guidelines are rear view mirror)	Have to have them can't be aspirational/need correct language Might not be far enough
Quality and performance metrics	HIGH	if tied to payment,	Needs to be meaningful for great quality care incentivizing Used as a way to drive behavior change
Risk stratification for Pop Health	HIGH	Already have this (part of toolkits) good at finding exemplars targeted potential for Alzheimer's Validated Algorithms exist. some are open source	

Detection & Diagnosis

Strategies	Prio	Approach/How	Connection & Issues
Integrated Dream	High	<ul style="list-style-type: none"> One adaptive cognitive test and one puncture for the blood – CA that adapts based on response that are given to different pathways (risk stratification), followed by one diagnostic blood draw bundle (e.g. TSH->T4, Lipid->LDL, same for biomarkers,) that reflects -> to the next test Currently have Reflex tests (other conditions) – order one test that causes the next test Differentiation of dementias 	<ul style="list-style-type: none"> Reimbursement issues: <ul style="list-style-type: none"> Health Risk Assessment for Medicare Advantage (acuity payments) ACO using value-based models depending on plan (equity) Employer/Fully-insured Bundle payment issues: multiple manufacturers, labs, etc Tracking & learning – needed for every player – who does it, who pays for it?
Structured cognitive assessment tests	High	<ul style="list-style-type: none"> Proper Path Algorithm AI-enabled risk stratification Functional assessment also needed 	<ul style="list-style-type: none"> How defined are the HCC codes (pre-symptomatic, pre-clinical, early, etc.)?
Shared decision making	High	<ul style="list-style-type: none"> See next slide – Team Based Care 	<ul style="list-style-type: none"> Research says it doesn't happen regularly now Diagnosis in chart can flag employment, coverage, freedom (license), etc – Bias, stigma, equity issues
Digital tracking & diagnostics	High	<ul style="list-style-type: none"> Colonoscopy example – 45yo, every 5 years, if you find polyps then every 3 years, etc – risk stratification again – digital tracking could assist 	
Team care models	High	Credentialed providers, support, navigators (see table) Extend GUIDE Leverage HRA Integrated Behavioral Health as example	<ul style="list-style-type: none"> Capacity (\$\$ and non-\$\$)
Standards of care	High	<ul style="list-style-type: none"> NCCN-like concept applied within Primary Care (as opposed to only Specialist or Hybrid) Develop Clinical-utility-informed Standard of Care 	<ul style="list-style-type: none"> Insurer heterogeneity, Care heterogeneity Sequencing - EHR integration Signaling – AI – how is a signal acknowledged/standardized/validated – explainable AI may have the ability, but standards of care needed for both model AND payers AND clinicians AND patients AND developer Continued monitoring and learning needed

Eligibility for DMTs & Administration of Therapy

Strategies	Approach/How	Connection & Issues
Practice Innovation	<ul style="list-style-type: none"> • Education of primary care physicians to meet eligibility criteria • Prior auth requirement changes – ability of PCPs to order and meet coverage requirements (not requirement of specialist order) – consider history of Hep C treatment (started with specialists, and moved now to PCP) • Alzheimer’s Guideline to reduce # of prior authorizations, known evidence – expedite evidence synthesis (look at NCCN) • Primary Care Specialists versus Primary Care Generalists • Standardized criteria • Rapid Eligibility Clinics to reduce wait • Teleneurology • Episode of care authorization – reduce the number of prior auths that will be required for care (like cancer) • Genetic testing – APOE tests for eligibility/risk stratification/care management • Regulation – included in annual tests (lower costs overall, easier to budget for from payer side) 	<ul style="list-style-type: none"> • Commercial payers for pre-symptomatic individuals bear the cost and risk for the benefit of Medicare • Genetic testing – For those with 2 copies, Potential additional diagnostic costs • Optimize this by determining eligibility into the diagnosis process. • Professional Consensus Guideline – not advocacy guideline; need to address QUALITY of care
Shared decision making	<ul style="list-style-type: none"> • Physician/Patient conversation tool – determining together about pathway to the specialist for prescribing; including lay language about “what is meaningful” (integration of AI to improve communication and decision making) • Patient/population socialization 	<p>Shared decision making needs to happen early in the journey – BEFORE diagnosis. Address ethical, legal, family challenge about risks benefits, and meaningfulness</p>
Care Pathway Development	<ul style="list-style-type: none"> • Standardized Cascading Diagnostic Pathway • Brain Health Navigator to capture the correct information for PA 	
Practice Credentialing	<p>CME requirements for DMTs Certification bodies Licensing – non-physician professionals</p>	
Care Pathway Adaptation	<p>Manufacturer support to access treatment</p>	
Standards of monitoring and reporting	<p>Guidelines – establishing with experts to collect data to inform quality metrics</p>	