

Nevada Task Force on Alzheimer's Disease

State Plan Recommendations Planning Template

Recommendation #: 4

TFAD Member Lead(s): Chuck Duarte/Tina Dortch

Current Recommendation as Stated: Outreach to Physicians

Continue to support collaborations between medical professionals and medical associations to adopt and promote use of best-practice diagnostic guidelines for Alzheimer's disease and other forms of dementia, to increase access to quality care and to encourage participation in available clinical trials. Support consistent, meaningful, and effective communication between these medical professionals and community-based service organizations, including bi-directional referrals to clinical and community-based resources.

Specifically, support statewide partnerships and collaborations to increase access to early diagnosis of Alzheimer's and other dementias, and to expand dementia care education across primary care practices and health systems in Nevada. These initiatives include, but are not limited to, the HRSA GWEPs through the UNR and UNLV schools of medicine, the UNR Medical School Sanford Center for Aging, Project ECHO Nevada, the Cleveland Clinic Lou Ruvo Center for Brain Health, the UNR Dementia Engagement, Education and Research (DEER) Program's Dementia Friendly Nevada initiative, as well as the partnerships between the Alzheimer's Association and the Nevada Division of Public and Behavioral Health (DPBH).

Determination: Do you propose that for the 2021 State Plan this recommendation be:

- 1) Retained as is
- 2) Retired to the Appendix (it has been accomplished or is no longer relevant)
- 3) Revised / Updated ✓

Justification: If you propose revising this recommendation, what is your rationale for your suggested changes:

According to the 2022 Alzheimer's Disease Facts and Figures report, Nevada has the 3rd fastest rate of growth of individuals with ADRD. Between now and 2025, the number of Nevadans with dementia is anticipated to increase almost 31% from 49,000 to 64,000.

That same report suggests Nevada will need a 267% increase of geriatric training physicians to keep up with patient demand for an early diagnosis; an almost six-fold increase from 43 to 115 geriatricians.

The report cites studies that indicate that detection and diagnosis of cognitive impairment or dementia can be increased two- to threefold with routine use of brief cognitive assessments.¹

This data strongly suggests that physician outreach efforts should not only be sustained, but enhanced along with the development of clinical infrastructure necessary to support early and accurate diagnoses of ADRD.

Suggested Revisions: Please provide the text for your suggestions on how to revise the recommendation (and be sure to include each of the following required elements):

- **Recommendation:**

Revise the current recommendation to include new projects and initiatives including collaborative statewide planning efforts to develop Memory Assessment Clinics, as well as the work already underway by existing community and clinical partners. Promising practices and programs should be presented as part of the agendas for future TFAD meetings.

In addition, I recommend adding the language changes recommended by Dementia Friendly Nevada as shown in **redline italics**:

Continue to support collaborations between medical professionals and medical associations to adopt and promote use of best-practice diagnostic guidelines for ~~Alzheimer's disease and other forms of~~ dementia (such as utilization of validated clinical assessment tools, guidance and toolkits such as the KAER toolkits developed by Gerontological Society of America, and online trainings), to increase access to quality care and to encourage participation in available clinical trials/studies. Support consistent, meaningful, and effective communication between these medical professionals and community-based service organizations, including bi- directional referrals to clinical and community-based resources.

Specifically, support statewide partnerships and collaborations to increase access to early diagnosis of ~~Alzheimer's and other~~ dementias, and to expand dementia care education across primary care practices and health systems in Nevada. These initiatives will include, but are not limited to, the HRSA GWEPs through the UNR and UNLV ~~S~~schools of ~~M~~medicine, the UNR Med Sanford Center for Aging, Project ECHO Nevada, the Cleveland Clinic Lou Ruvo Center for Brain Health, the UNR Dementia Engagement, Education and Research (DEER) Program's Dementia Friendly Nevada initiative, ~~as well as the partnership between and~~ the Alzheimer's Association. ~~and the Nevada Division of Public and Behavioral Health (DPBH).~~

- **Indicators:**

Current indicators should be retained and the recommendation updated by comparing previous BRFSS Cognitive Decline survey data to the most current information available. In addition, to the extent practicable, DPBH should survey community partners to determine the reach of current programs to train primary care physicians to perform cognitive screenings.

I would also recommend the changes proposed by Dementia Friendly Nevada in this section as shown in **redline italics**:

Improve health and quality of lifefor people living with dementia, ~~including Alzheimer's disease~~.

- **Potential Funding:**

Grants, gifts, donations and state general fund appropriations should all be considered as potential funding sources.

ⁱ Liss JL, Seleri Assuncao S, Cummings J, Atri A, Geldmacher DS, Candela SF, et al. Practical recommendations for timely, accurate diagnosis of symptomatic Alzheimer's disease (MCI and dementia) in primary care: A review and synthesis. J Intern Med 021;290(2): 310-334.