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Background

- Amyloid-targeting therapies (ATTs) offer benefits to some people with Alzheimer's disease (AD)
- ATT use is low especially in lower resource states like Alabama (AL)
 - AL is high poverty, medical shortage state

Objective

Explore AL providers' perspectives on barriers to ATT use

Methods

- Semi-structured interview: 15 providers who care for people with AD
 - 5 neurologists, 4 geriatricians, 2 psychiatrists, 4 primary care providers
 - 46.7% serving patients in urban areas
- Interview guides based on access to care framework domains
- Inductive thematic analysis

Results

Challenges for early diagnosis

- Delays in recognizing symptoms, seeking care
- Lack of social support
- Many comorbid conditions, prescriptions
- Poor coordination, communication in referral system

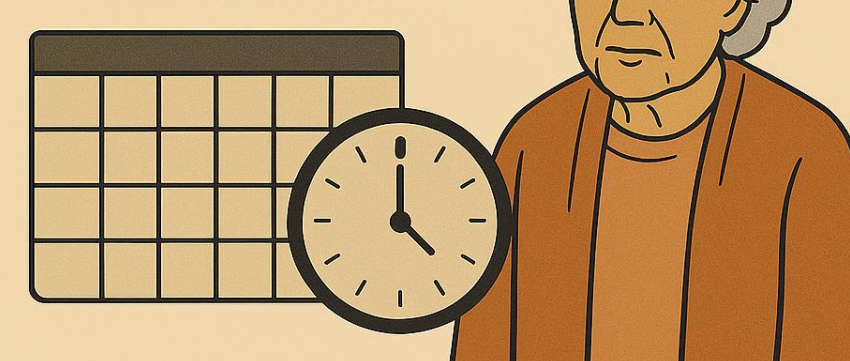
PEOPLE SOMETIMES RARELY SEEK A PHYSICIAN. AND THEY'LL COME IN LIKE WHEN THEY'VE COME IN DAD OR MOM HAS BEEN STRUGGLING FOR YEARS.



Limited availability

- Specialists, diagnostic and treatment centers
- Support resources for primary care physicians & caregivers (especially rural)

I MEAN, MOST PATIENTS WILL GO TO THEIR MEMORY CLINIC APPOINTMENTS. THEY'RE JUST FAR OUT. I THINK IT'S LIKE NINE TO 12 MONTHS.



High economic burden

- High costs of drugs
- Limited insurance coverage for tests, diagnostic procedure

FOR A LOT OF THEM, IT WOULD BE COST PROHIBITIVE.



High travel burden

- Large travel cost and burden especially for patients living in rural areas
- High frequency of clinical visits needed for ATT treatment and other procedures

TRANSPORTATION IS ANOTHER HUGE BARRIER TO GETTING CARE.



Unclear ATT benefits

- Unsure about benefits on important outcomes: preservation of independence and memory

I STRUGGLE SOMETIMES WITH FINDING IF THIS TRULY IS AN OPTION WHERE IT CAN EXTEND ONE'S FUNCTION OR WILL IT?



Conclusions and Implications for Research and Practice

Challenges to ATT use are recognized by providers along all access to care domains

Challenges lead to ATT high costs and burden

Future research should consider these challenges when investigating costs and benefits of ATT for AD patients in under-resourced states like Alabama