

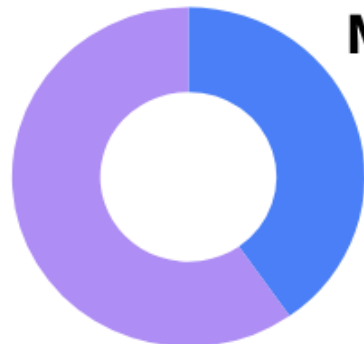
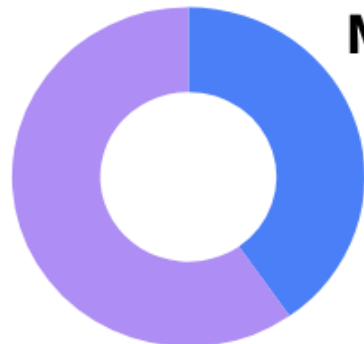
Characterization of Seven Memory Clinics in Chile: Baseline Results of the REMEMVER Network



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KEY TAKE AWAY: REMEMVER centers show high clinical expertise, universal EHR coverage, and strong primary care integration, but face important gaps in staffing, infrastructure, diagnostic timeliness, and protocol standardization.

INTRODUCTION	RESULTS: WORKFORCE & EXPERTISE	RESULTS: DIAGNOSTIC ACCESS & INFRASTRUCTURE	RESULTS: SYSTEM & PROTOCOLS
THE REMEMVER INITIATIVE REMEMVER is a Chilean multi-regional public initiative supported by the Alzheimer’s Association, developing a network of dementia care units based in public hospitals and health services, and a Real-World Data registry for dementia care. GOAL OF THE BASELINE CHARACTERIZATION A standardized baseline characterization is essential to identify system readiness, structural gaps, and priority areas for phased national implementation.	56 PROFESSIONALS IN 7 CENTERS  NON-MEDICAL STAFF 59.7%  MEDICAL STAFF 40.3% Neurologists 73.9% Psychiatrists 17.4% Geriatricians 8.7% 23.5% Occupational therapists 20.6% Neuropsychologists 20.6% Social workers SELF-RATED CONFIDENCE IN MANAGING DEMENTIA ETIOLOGIES Mean 4.15 / 5 Level: Moderate-high to very high	DIAGNOSTIC ACCESS CT and EEG Available in all centers, but waiting times exceed 60 days. >60 days MRI Available in all centers, but 28.6% require external purchasing. 28.6% POLYSOMNOGRAPHY Unavailable in 42.9% of centers. 42.9% BASIC LABORATORY TESTING Available in all centers. INFRASTRUCTURE More than 70% of centers reported physical or logistical infrastructure issues. >70%	EHR COVERAGE Electronic health record coverage was universal across all centers. 100% COORDINATION WITH PRIMARY CARE Strong coordination with primary care was reported by most centers. 85.7% INTERNAL PROTOCOLS Only 42.9% of centers had established internal protocols. CONCLUSIONS •REMEMVER centers demonstrate high clinical expertise, universal EHR coverage, and strong primary care integration. •However, they face important gaps in staffing, infrastructure, diagnostic timeliness, and territorial equity. •Limited protocol standardization may constrain care quality, patient safety, and scalability. •These findings provide local evidence to guide REMEMVER implementation and inform dementia care policy in middle-income countries.