

Determinants And Capacity Gaps For Harmonizing Memory Clinic Practice: Evidence From The REMEMVER Initiative



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KEY TAKE AWAY: REMEMVER is a scalable model for dementia care in middle-income health systems. Effective harmonization requires context-sensitive training, interoperable data systems, sustained institutional support, and site-specific adaptation.

INTRODUCTION



The Standardization Challenge

Heterogeneity in dementia assessment across memory clinics poses a major challenge for standardizing practices and establishing interoperable clinical registries.



The REMEMVER Network (Chile)

A collaborative public initiative funded by the Alzheimer’s Association, aimed at standardizing dementia care practices and developing a Real-World Data registry for dementia.

METHODS

Evaluation Framework: CFIR



The study used the Consolidated Framework for Implementation Research to evaluate seven memory clinics for pilot implementation and scale-up.

Mixed-Method Approach



Data collection included surveys of local leaders and professionals, a Delphi process, and participatory workshops with SWOT analysis.

Key Evaluation Focus

Workforce capacity, infrastructure, assessment practices, clinical data systems, implementation processes, and sociocultural variation.

RESULTS



Network Scope

The REMEMVER network included seven memory clinics, 56 professionals, and 5,796 patients served across approximately 1,200 km, from Santiago to Chiloé.

Structural Capacity Gaps

Key gaps included a shortage of specialized human resources, infrastructure challenges affecting more than 70% of centers, inconsistent assessment practices, and fragmented data systems.

Implementation Barriers

Challenges included data management gaps, misalignment among teams, resistance to change, workload concerns, and sociocultural differences that amplified variability across sites.

CONCLUSIONS

Harmonization requires structured, context-sensitive training as a foundational step, alongside alignment of organizational, technical, and contextual factors. Future implementation should prioritize capacity building, interoperable data systems, sustained institutional support, site-specific adaptations, and coordinated network-level accompaniment.

