

Scaling Early Detection for Mild Cognitive Impairment at CommonSpirit Health: Leveraging the DAC Blueprint and a Learning Health System Framework



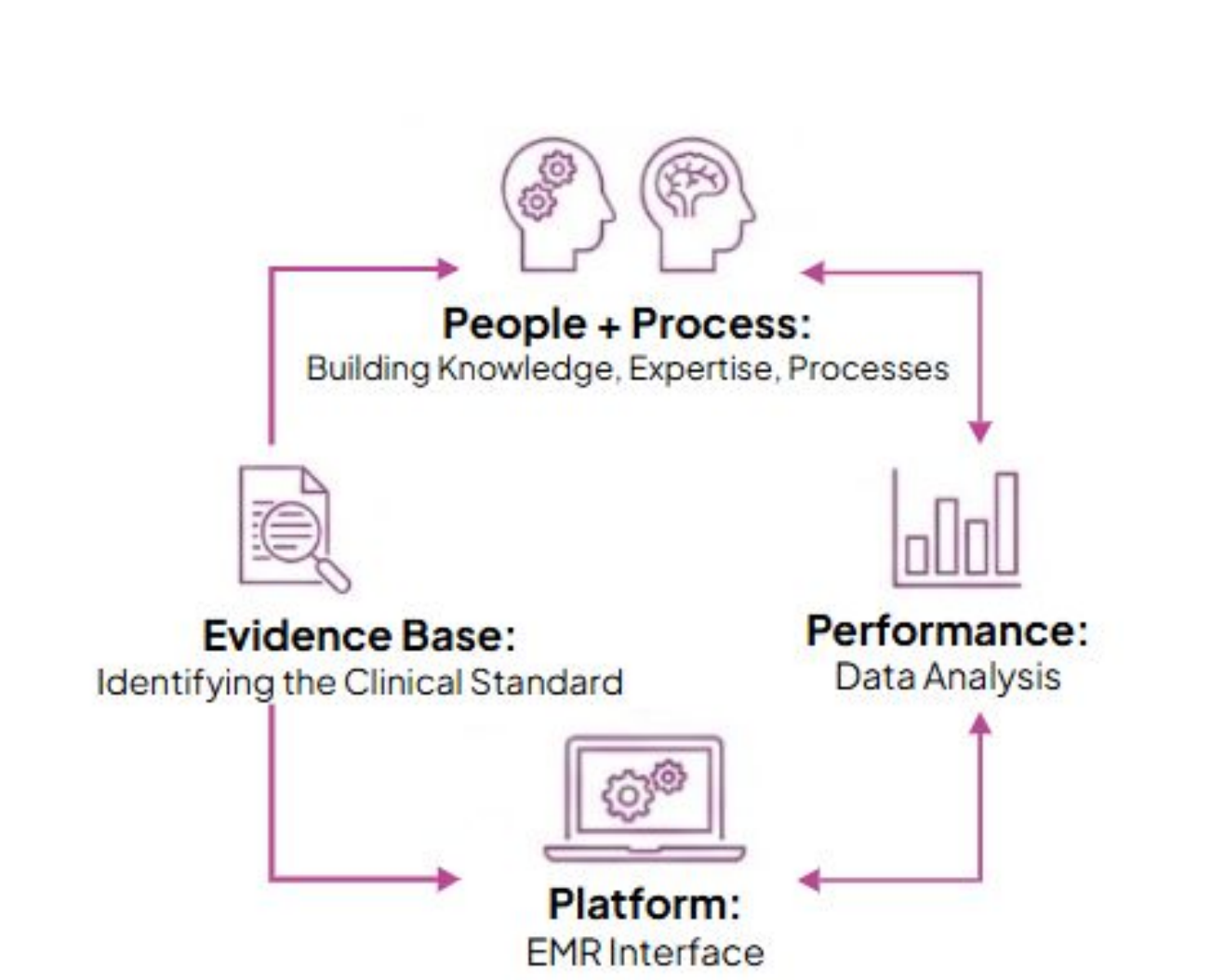
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KEY TAKEAWAYS: Early implementation showed the feasibility of a system-wide, consensus-based approach to cognitive screening that accommodates local variation. Survey findings guided iterative refinements, targeted technical assistance, and cross-regional learning. Key implementation lessons emphasized aligning screening workflows with existing operations, supporting clinician education to build confidence and self-efficacy, and using collaboration to speed adoption. Operational impacts included clearer roles, more consistent documentation, and streamlined diagnostic pathways. Persistent equity challenges included workforce constraints and variable follow-up access. This work was made possible by grant funding from the Davos Alzheimer’s Collaborative Healthcare System Preparedness program.

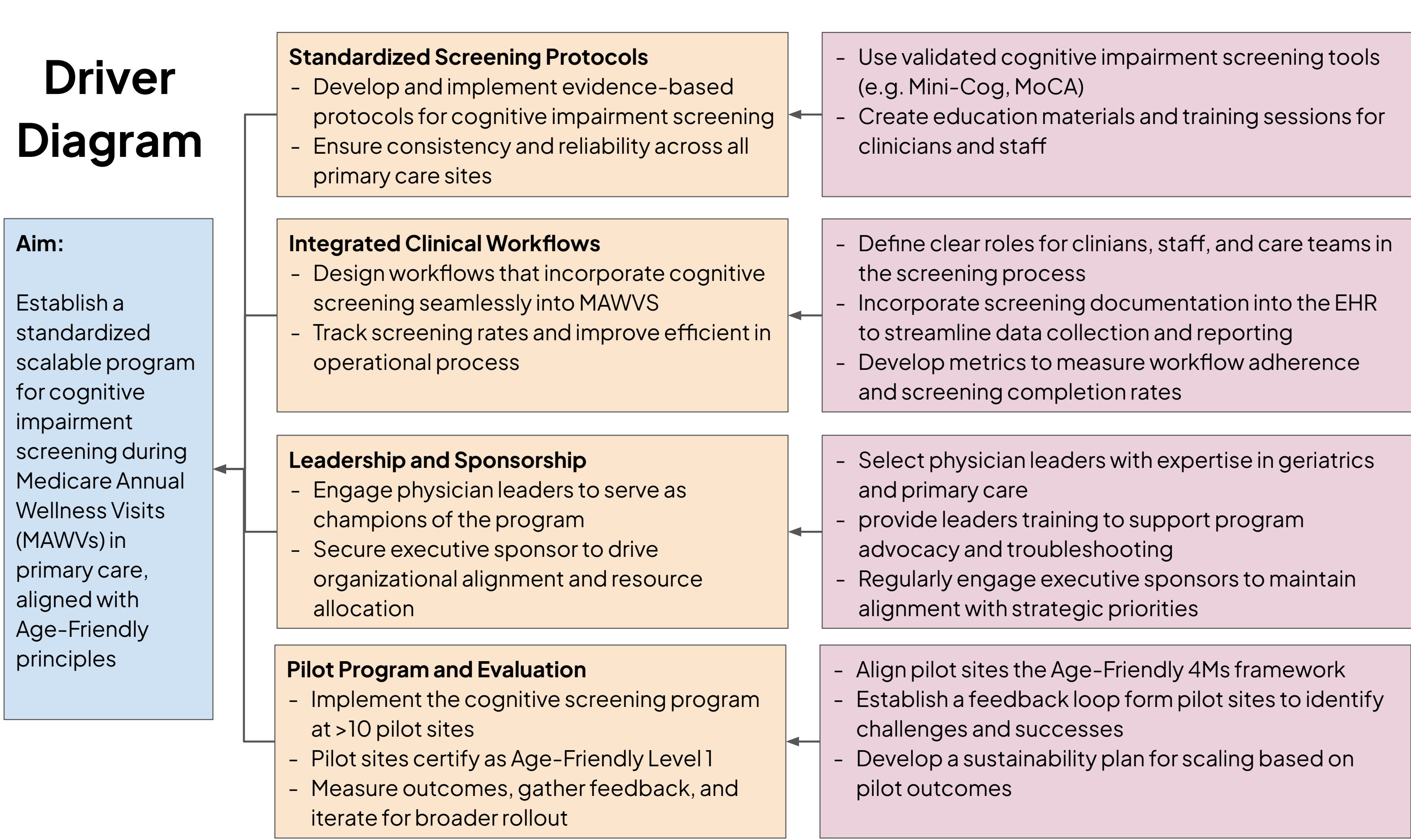
INTRODUCTION

CommonSpirit Health (CSH), a U.S. faith-based non-profit healthcare systems, serves over 20 million patients annually across 24 states through its 2,200+ care sites and 162 hospitals. While CSH has existing initiatives addressing the needs of aging populations, an unmet need persists for timely and accurate detection and diagnosis of Alzheimer’s disease and related cognitive impairments. Addressing this challenge is critical given the growing prevalence of cognitive disorders.

Learning Health System Framework

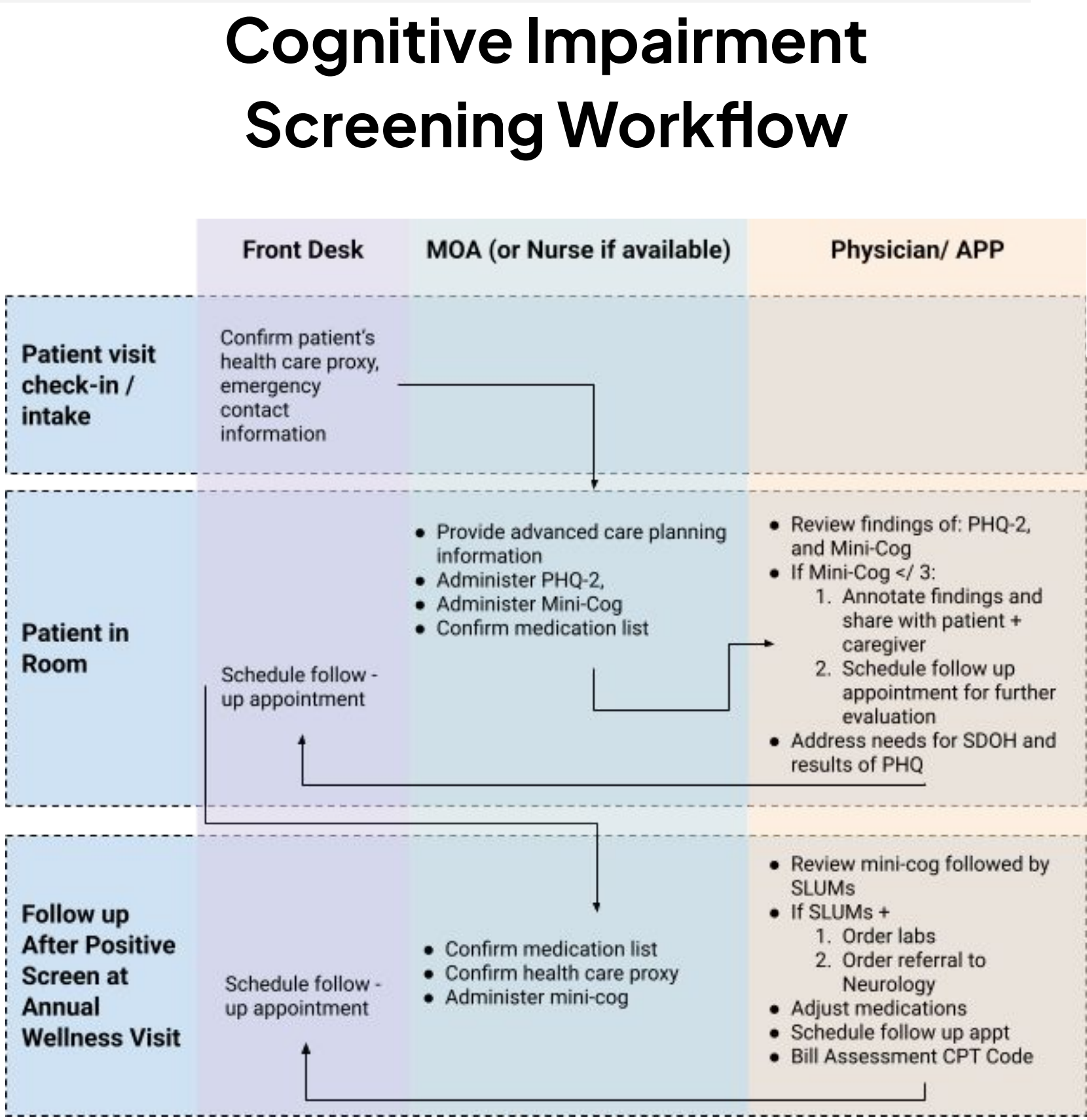


METHODS

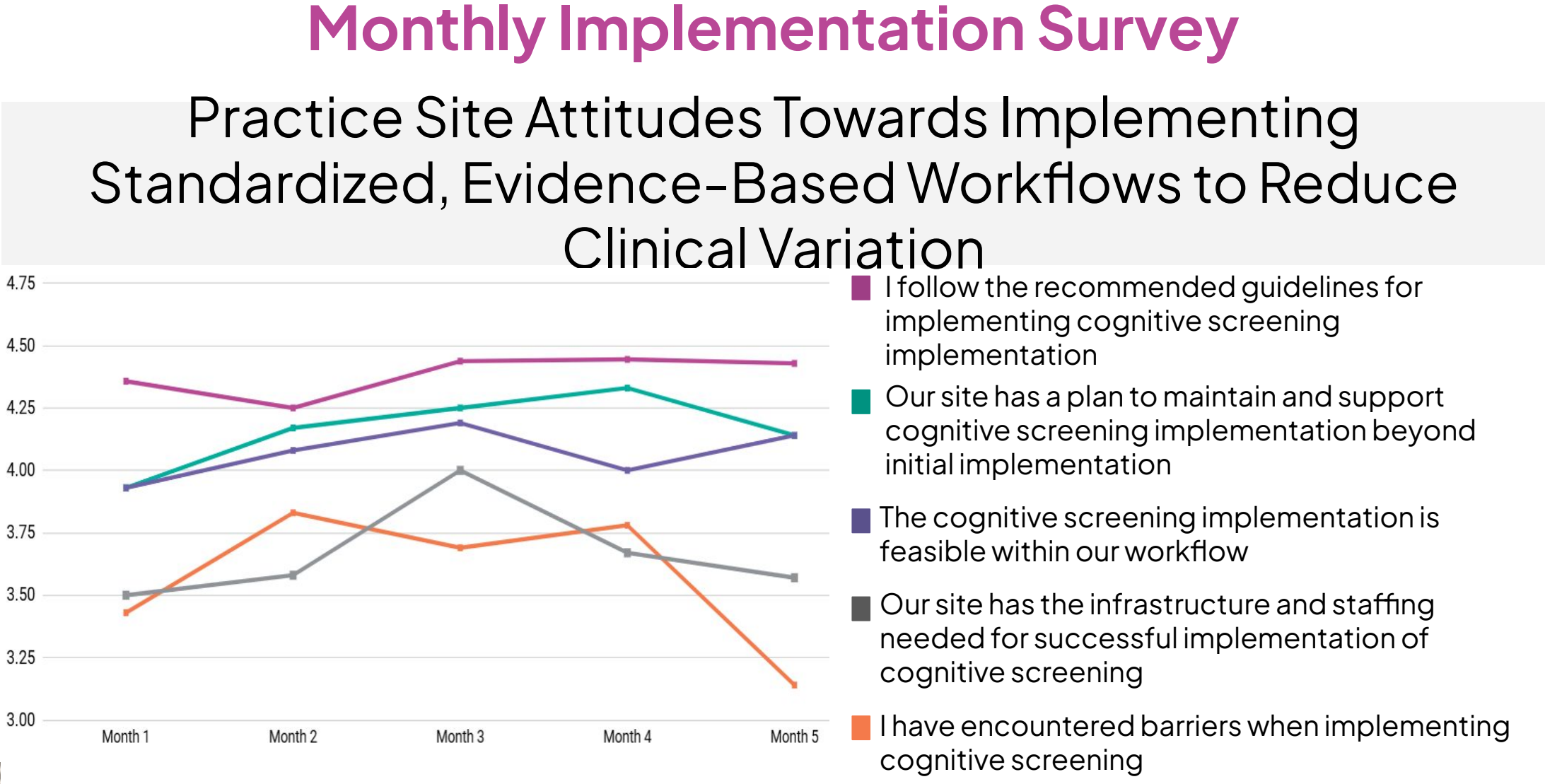
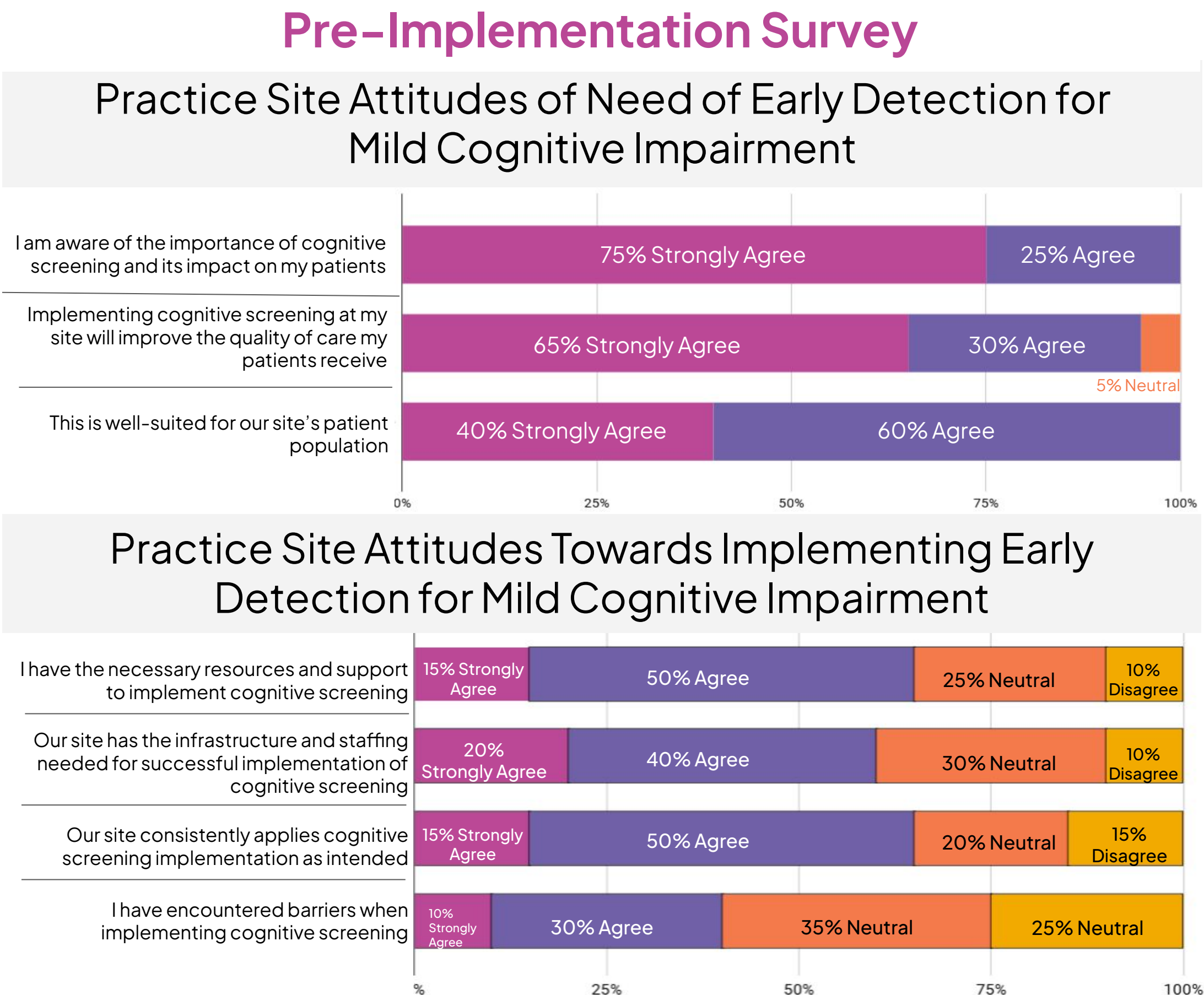


CSH is participating in the Davos Alzheimer's Collaborative Healthcare System Preparedness (DAC-SP) U.S. Early Detection Project to strengthen system-wide CI screening and early detection.

Early implementation of the DAC-SP Early Detection Blueprint convened clinical leaders across multiple states to assess baseline practices and organizational readiness. Structured readiness assessments identified substantial variation across regions and practice settings, highlighting the need for standardized, yet adaptable screening and follow-up approaches reflecting local resources, patient populations, and Age Ffriendly care principles.



RESULTS



CONCLUSIONS

Embedding standardized screening pathways within routine care, streamlining EHR, and establishing continuous feedback and performance mechanisms may support sustainable, equitable early detection of CI across a large, diverse healthcare system, while maintain age-friendly, patient-centered standards.