

Exploring risk reduction, screening, and treatment of cognitive decline by clinicians: a qualitative study based on CFIR

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BACKGROUND	METHODS	DEMOGRAPHICS	KEY TAKEAWAYS																												
An estimated 55 to 57 million people are living with dementia globally. These numbers are rising globally, and annual diagnoses are projected to double by 2060. Primary care physicians (PCPs) are at the forefront of Alzheimer’s Disease and Related Dementia (ADRD) care. However, many PCPs experience significant knowledge gaps and face barriers to effective prevention, diagnosis, and treatment. It is imperative to identify and address these gaps with relevant continuing medical education.	As part of a larger project on brain health and ADRD, we conducted semi-structured interviews with PCPs, specialists, and ancillary health providers in the United States. The methods described here represent a portion of the overall study, focusing on N=9 PCPs' barriers and facilitators to effective prevention, screening, and treatment of ADRD. Qualitative analysis was conducted in NVivo 14 and guided by Damschroer's Updated CFIR, enabling systematic identification of key implementation constructs.	<table><tr><th colspan="2">Specialty</th></tr><tr><td>Internal Medicine</td><td>4 (44%)</td></tr><tr><td>Family Medicine</td><td>2 (22%)</td></tr><tr><td>Primary Care</td><td>3 (33%)</td></tr><tr><th colspan="2">Region</th></tr><tr><td>West</td><td>4 (44%)</td></tr><tr><td>South</td><td>4 (44%)</td></tr><tr><td>Mid-west</td><td>1 (11%)</td></tr><tr><th colspan="2">Gender</th></tr><tr><td>Male</td><td>6 (67%)</td></tr><tr><td>Female</td><td>3 (33%)</td></tr></table>	Specialty		Internal Medicine	4 (44%)	Family Medicine	2 (22%)	Primary Care	3 (33%)	Region		West	4 (44%)	South	4 (44%)	Mid-west	1 (11%)	Gender		Male	6 (67%)	Female	3 (33%)	Our initial analysis identified the following CFIR constructs as the primary determinants in physician screening, risk reduction, and ADRD Treatment: <table><tr><th>Relative advantage (Innovation Domain)</th><th>Partnerships and Connections (Outer Setting)</th></tr><tr><td>Access to knowledge and resources (Inner setting)</td><td>Perception of Need (Individuals Domain)</td></tr><tr><td colspan="2">Teaming (Implementation Process)</td></tr></table> PCPs emphasized practical prevention strategies and highlighted early diagnosis and risk reduction as beneficial but noted uncertainties about novel biologic treatments. Community partnerships and connections were vital for accessing support, navigating long waitlists, and sharing knowledge among specialists. Clinics' access to diagnostic tools, education, and caregiver resources varied, impacting confidence and care quality. Identifying patient and community needs as priorities and utilizing effective teaming—with clear roles and care coordination—were central to improving ADRD screening and treatment.	Relative advantage (Innovation Domain)	Partnerships and Connections (Outer Setting)	Access to knowledge and resources (Inner setting)	Perception of Need (Individuals Domain)	Teaming (Implementation Process)	
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CONSOLIDATED FRAMEWORK FOR IMPLEMENTATION RESEARCH (CFIR) DETERMINANTS

