

Identification and Management of Dementia in Primary Care: Lessons learned in a safety-net healthcare system in Minneapolis, MN, USA

#10472

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Our results suggest dementia and cognitive impairment (CI) are being identified, but diagnoses are non-specific and there are multiple quality improvement opportunities. Our early quality improvement efforts are focused on provider education and standardizing care pathways for dementia diagnosis and treatment including development of a brain health clinic.

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS																																										
- Primary care is the initial point of contact for many older adults with memory complaints - Dementia care patterns vary widely and are understudied in safety net health systems - Our objectives were to 1) determine the prevalence of diagnosed dementia and, 2) characterize barriers and facilitators to dementia identification and management in a safety net health system	Prevalence of diagnosed dementia - ICD-10 codes in the electronic health record - Adults 65 years and older with ≥1 primary care visit in the health system from 8/1/2021-7/31/24 Barriers and facilitators - Interviews with providers and staff in a primary care clinic - Data coded with a combination of a deductive and inductive approach to identify barriers and facilitators	10.6% (640/6009) had ≥1 ICD-10 code for dementia Only 110 of 640 had a diagnosis of Alzheimer's Disease 11.8% (706/6009) had ≥ 1 ICD-10 code for dementia or CI <table><tr><th>Level</th><th>Facilitators</th><th>Quotations</th></tr><tr><td>Patient</td><td>Engaged families</td><td>"I can talk to the patient, but then also talk to the other person, the family members, so we can get a clear picture...of what's going on in the household."</td></tr><tr><td>Provider</td><td>Longitudinal relationships</td><td>"So sort of you use the longitudinal relationship and then you notice a change." 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