

Role of a Cognitive Nurse Practitioner in Tele-Triage to Optimize Evaluation and Address Care Gaps for Memory-Related Neurology Referral

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Implementing a cognitive NP triage model for memory referrals from primary care to neurology successfully reduced median time from referral to treatment with amyloid targeted therapy from 10 months down to 3.5 months.

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	PATIENT PATHWAY
Sutter Health is a not-for-profit integrated healthcare delivery network in the northern region of California. With over 234,337 patients 65 and over, MCI and dementia remain under detected and underdiagnosed. In a systemwide PCP survey, over 80% indicated that a triage specialist before neurology evaluation would be beneficial to address gaps in primary care work up and specialist referral. We piloted a tele-triage cognitive nurse practitioner (NP) model to improve workup completeness and referral appropriateness for patients with memory concerns.	A cognitive NP embedded in a memory clinic remotely triaged memory-related referrals for five neurology clinics. The NP performed chart reviews to assess completeness of diagnostic workup and appropriateness of referral, resulting in one of four actions: 1. No intervention; 2. Requesting PCPs order missing laboratory studies and neuroimaging; 3. Scheduling a video visit for cognitive assessment; or 4. Redirecting the referral to a more appropriate service (i.e. geriatrics, neuropsychology, etc.)	Between August 2025 and March 2026, the cognitive NP received 116 referrals and intervened in 76 cases (66%). The NP completed video visits for 14 patients (18%) and contacted PCPs to complete missing work-up elements for 35 patients (46%). Twelve patients (16%) were redirected to geriatrics due to moderate or severe dementia, and 3 patients (4%) were referred for neuropsychological testing. Fifteen patients (20%) were identified as potential ATT candidates; nine had biomarkers ordered. This intervention produced an improvement in efficiency for ATT workup, reducing referral to treatment time from median of 299 days (min 29, max 1200) down to a median of 107 days (min 87, max 224) months.	A cognitive NP in a tele-triage role was effective in: 1. Initiating and expediting diagnostic workups for neurology appointments; 2. Identifying ATT candidates, initiating biomarker testing, and directing them to providers for expedited evaluation; 3. Reducing specialty burden by redirecting patients with moderate to advanced dementia to geriatrics for longitudinal management; 4. Decreasing referral attrition by providing interim clinical contact; and 5. Improving the patient and family experience through a coordinated, multidisciplinary model facilitating the right care, with the right provider, at the right time.	Standard Pathway Referral to Neurology Evaluation by Neurologist Lab and Biomarker Testing Ordered Diagnosis Confirmation and Discussion of Treatment Options Referral to ATAD Review Board Follow Up Visit with Neurology to Discuss ATT Infusions Scheduled Median Time from Referral to Treatment 10 Months NP Tele-Triage Model Referral to Neurology Case Triage by NP NP Video Visit and Evaluation Lab and Biomarker Testing Ordered Evaluation by Neurologist Diagnosis Confirmation and Discussion of Treatment Options Referral to ATAD Review Board Follow Up Visit with Neurology to Discuss ATT Infusions Scheduled Median Time from Referral to Treatment 3.5 Months  ALZHEIMER'S ASSOCIATION AAIC 26