

Confidence in Diagnosing Dementia: A National Study Comparing Providers Serving Under-Resourced Vs. Well-Resourced Areas

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Clinician type, access to diagnostic tests and specialist referrals largely contributed to the differences between providers serving under-resourced vs. well-resourced areas in their confidence diagnosing dementia.

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES																												
• Most cognitive evaluations begin in primary care, yet many clinicians report limited confidence diagnosing Alzheimer's disease and related dementias (ADRD).¹ • Healthcare providers in underserved areas may face unique challenges that may influence their confidence in diagnosing dementia. • We assessed: • (1) whether providers in underserved communities had different levels of confidence in making dementia diagnoses compared to providers serving well-resourced areas, and • (2) what factors contributed to the differences in level of confidence making dementia diagnoses.	• Cross-sectional analysis of the NDWS Community Clinician Survey, restricted to providers with ≥1% of their patient panel diagnosed with dementia.² • Exposure: Social Vulnerability Index (SVI) linked to each clinician's primary practice location, dichotomized at the 80th percentile (high vs. lower resource areas).³ • Outcomes: clinician-reported confidence (dichotomized as high vs. low) in diagnosing dementia (Primary), MCI, and AD (Secondary) in adults ≥65. • Adjusted, survey-weighted logistic regression models with Karlson-Holm-Breen (KHB) decomposition.	• Of 5,960 providers (45.1% physicians, 43.3% in practice <10 years), 21.3% served in low-resource communities. • Overall, 26.5% of providers reported low confidence in diagnosing dementia. • Clinicians in low-resource communities had significantly more confidence diagnosing both dementia (OR=1.24) and AD (OR=1.23) • Associations were no longer significant after adjustment. <table><tr><th>Factor</th><th>% of original reduced-model association</th></tr><tr><td>Clinician type: MD/DO (vs APP)</td><td>-100%</td></tr><tr><td>Community resources available</td><td>-90%</td></tr><tr><td>Patients per day</td><td>-10%</td></tr><tr><td>Years in practice</td><td>-5%</td></tr><tr><td>% time in direct patient care</td><td>-5%</td></tr><tr><td>Family often present</td><td>-5%</td></tr><tr><td>Hospital (vs. clinic)</td><td>-5%</td></tr><tr><td>Routine neuropsychological testing</td><td>-5%</td></tr><tr><td>Dementia specialty training</td><td>-5%</td></tr><tr><td>Weekly burnout</td><td>-5%</td></tr><tr><td>Other (vs. clinic)</td><td>-5%</td></tr><tr><td>Routine specialist referral</td><td>10%</td></tr><tr><td>Routine biomarker/imaging testing</td><td>20%</td></tr></table>	Factor	% of original reduced-model association	Clinician type: MD/DO (vs APP)	-100%	Community resources available	-90%	Patients per day	-10%	Years in practice	-5%	% time in direct patient care	-5%	Family often present	-5%	Hospital (vs. clinic)	-5%	Routine neuropsychological testing	-5%	Dementia specialty training	-5%	Weekly burnout	-5%	Other (vs. clinic)	-5%	Routine specialist referral	10%	Routine biomarker/imaging testing	20%	• There are significant differences in confidence diagnosing dementia between providers serving high vs. low resourced communities • Routine access to neuroimaging and CSF testing, as well as specialist referral collectively mediated over 55% of this total association • Clinician type and community, however, acted as suppressors: providers in under-resourced areas were more likely to be APPs, reported fewer available community resources, APPs and lower resource availability independently associated with lower confidence. • Additional efforts are needed to invest in diagnostic infrastructure and referral pathways.	1. 2020 Alzheimer's disease facts and figures: SPECIAL REPORT On the Front Lines: Primary Care Physicians and Alzheimer's Care in America. <i>Alzheimers Dement.</i> 2020;16(3):391-460. doi:10.1002/alz.12068 2. White EM, Wagner J, Stewart K, et al. The National Dementia Workforce Study: Methods for Surveying Community Clinicians Who Provide Care to People With Dementia. <i>J Am Geriatr Soc.</i> 2025;73(11):3327-3335. doi:10.1111/jgs.70037 3. Desai P, Bond J, Dhana A, et al. The Social Vulnerability Index and Incidence of Alzheimer Disease in a Population-Based Sample of Older Adults. <i>Neurology.</i> 2025;104(8):e213464. doi:10.1212/WNL.000000000000213464 CONTACT  hanzhang.xu@duke.edu wenhan.zhang@duke.edu 
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