

Reducing referral and access barriers to early cognitive screening and assessment

Contributors: Mitchel Erickson DNP, MS, BSN; Charles Windon MD; Ashley J. Jackson BA; Stephanie Pun MSW; Hannah Ruben MSN, RN, PNP

Background

By 2060 14 million older adults will have some type of dementia. Qualitative research by Elliott et al., (2018), identified six thematic challenges to referral. One was the lack of a standard pathway and follow-up. A 2010 Commonwealth Fund health policy survey authored by Schoen & Osborn describes many barriers to care which include accessibility, financial considerations, and complexity (Liddy et al., 2016).

Project Aim

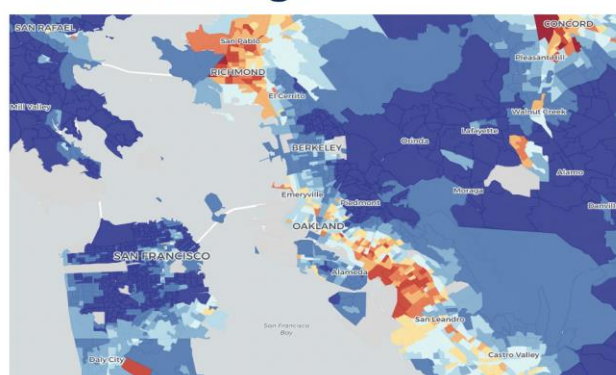
1. Identify barriers in the referral process.
2. Engage patients, caregivers and providers to improve early detection.
3. Ensure access equity.

Current state

1. A lack of diversity (ethnically, racially, and economically) in referrals.
2. Referrals can only be initiated by busy primary care providers.

Sample of 50 random MAC patients from Bay Area
Heat map zip code by ADI (area deprivation index 1-10)
66% of patients came from high advantage ADI <3
34% from red areas

Bay Area Neighborhood Disadvantage



MAC scale (data since 2002)

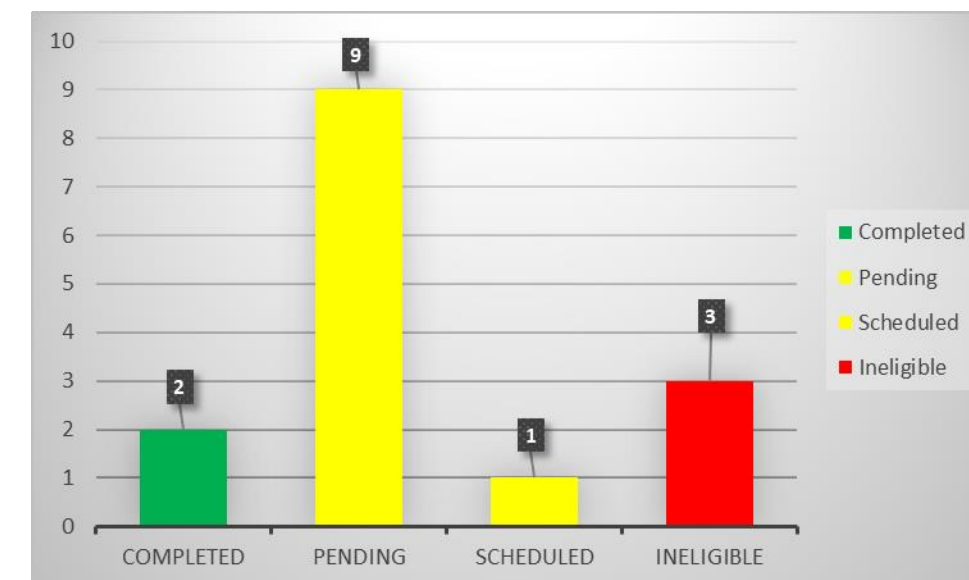
MAC Research Population

Census group	%
AIAN	0.03%
Asian	11.05%
Black	1.98%
Hispanic	7.24%
NH/OPI	92.76%
Other/Multiple	4.98%
White	81.78%

Bay Area Population

Census group	%
AIAN	0.3%
Asian	23.0%
Black	6.4%
Hispanic	23.5%
NH/OPI	0.6%
Other/Multiple	3.8%
White	42.4%

Community referral results



AFED referral results



Challenges

- Lack of comprehensive referral from PCP
- Insurance non-compatibility
- Patient-centered barriers
- Provider appointment slots

Solutions

- Accompaniment by caregivers, community partners, and families
- Same day reminder communication
- Pre-arranged transportation
- Timed outreach to community primary care providers
- Assisting with triage requirements
- Creative insurance approval solutions

Value of multi-disciplinary team

- Nurse practitioner/doctoral student
- Neurologist
- Social worker
- Clinical research coordinator
- Patient care coordinator (insurance approval)
- Clinical nurse specialist
- Community church and agency partners

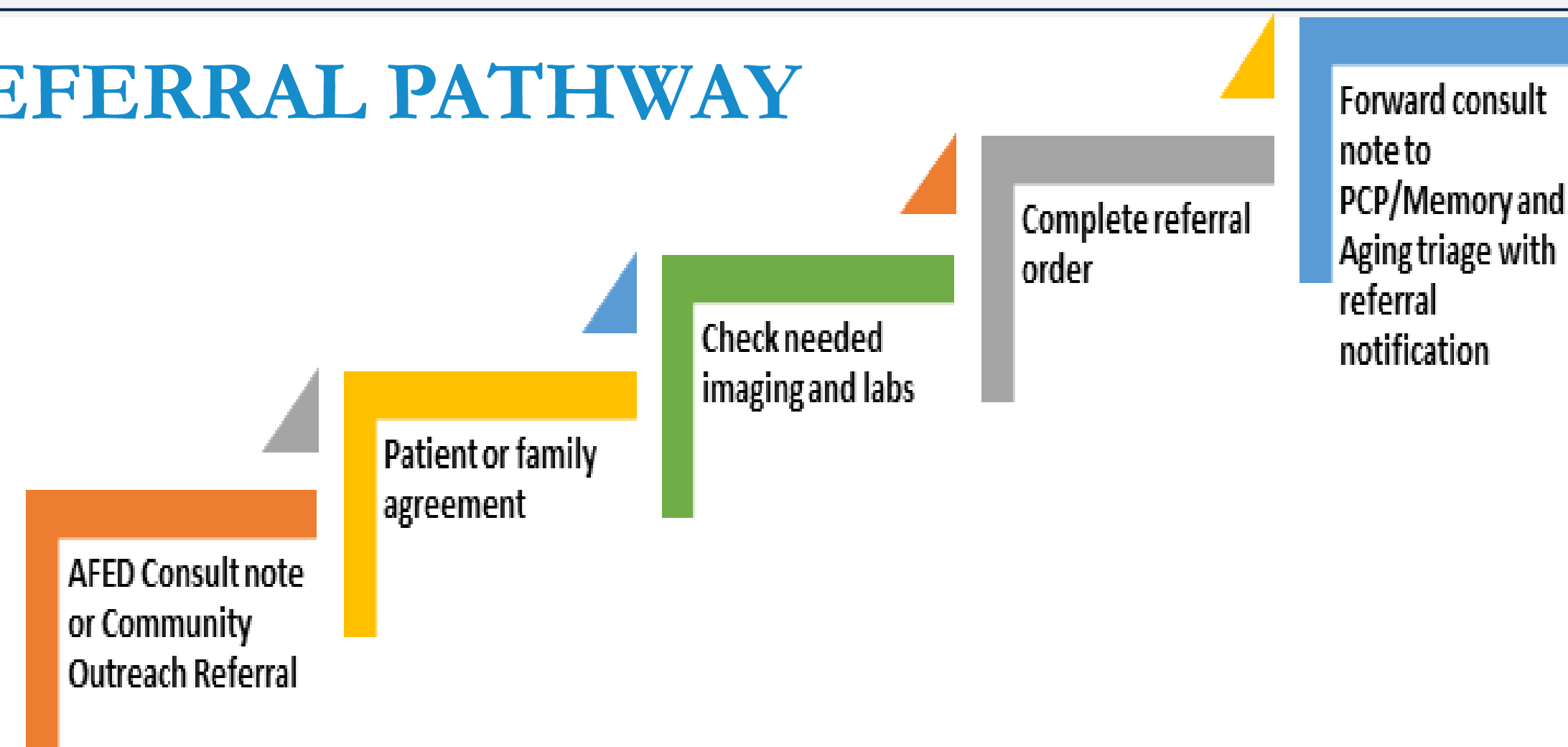
Community referral partners

- Community organizations within Bayview Hunter's Point
- Filmore area partners San Francisco
- Northern California partners such as Alzheimer's Association of Northern California

Internal partner pathway

- UCSF Age-friendly Emergency Department direct referral

REFERRAL PATHWAY



Team meets every 2 weeks for data monitoring using REDCaps

CONCLUSION

Strategies addressing access disparities will be essential to ensure privilege and resources are not the determinants of access to neuro-cognitive evaluation and individualized planning for future care.

References: QR Code

