

Preparing Clinicians to Provide Equitable Alzheimer's Disease (AD) Care: What Continuing Medical Education (CME) Can Achieve

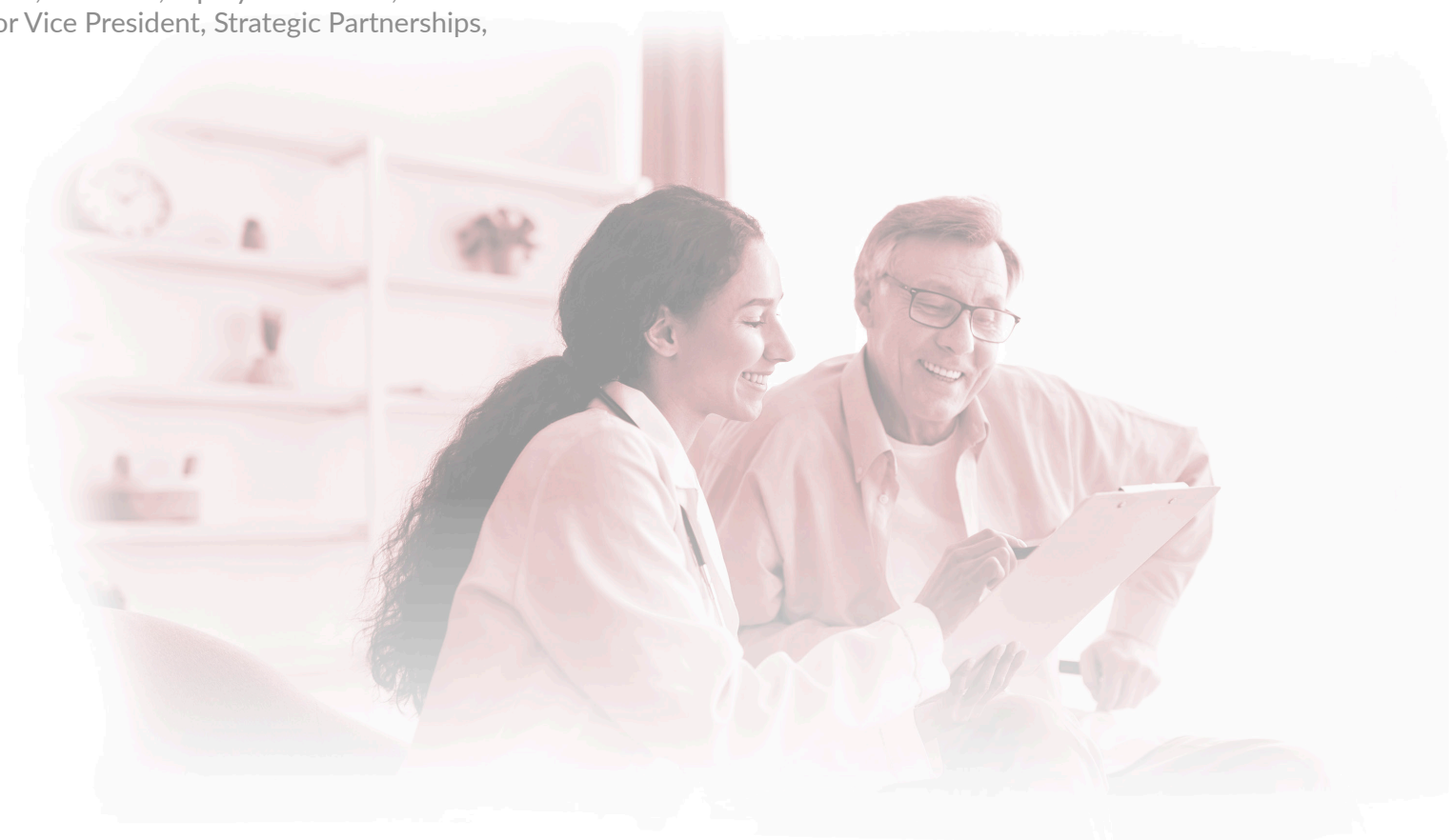
Authors: Carole Drexel, PhD¹; Eve Wilson, PhD¹; Goldie Smith Byrd, PhD²; Jessica Zwerling, MD, MS³; Angela Allen, PhD, MAT, EdS, BSN, CRRN, EA⁴; Stephanie Monroe⁵; Nancy Lynn⁶

¹PlatformQ Health, Needham, MA; ²Professor, Social Sciences and Health Policy, Wake Forest University School of Medicine, and Director, Maya Angelou Center for Health Equity, Winston-Salem, NC; ³Director, Montefiore Hudson Valley Center of Excellence for Alzheimer's Disease (CEAD); Associate Professor of Neurology; Program Director, UCNS Geriatric Neurology Fellowship; Director, Memory Disorders Center at Blondell; Associate Director, Center for the Aging Brain; Clinical Director, Einstein Aging Study, Montefiore Medical Center, Albert Einstein College of Medicine, Bronx, NY; ⁴Clinical Research Program Director, Banner Health; Clinical Professor, Arizona State University, Tempe, AZ; ⁵Director, Equity and Access, UsAgainstAlzheimer's, and Executive Director, AfricanAmericansAgainstAlzheimer's, Washington, DC; ⁶Senior Vice President, Strategic Partnerships, BrightFocus Foundation, Clarksburg, MD

INTRODUCTION

Government agencies and advocacy groups have prioritized the reduction of disparities in brain health. HCPs need to recognize the increased risks and burdens associated with AD in various ethno-racial groups and incorporate outreach strategies for diverse underrepresented communities. The objective of this initiative was to assess the influence of live online CME on clinicians' (HCPs') awareness of ethnic and racial differences in AD and on their ability to develop strategies to enhance care access for diverse patients.

Supporter statement: This activity was supported by an educational grant from Biogen.





Partners

Content development and dissemination
UsAgainstAlzheimer's
BrightFocus Foundation
BDO

Production
PlatformQ Health

Accreditation
Albert Einstein College of Medicine-
Montefiore Medical Center



Interventions

Two 60-min activities were launched on 12/16/2021 and 3/2/2022 and remained online for 1 year. Experts recorded videos outlining their community outreach strategy. In addition, HCPs could submit their outreach plans to be reviewed during the second CME activity.



Data Collected

Responses to test questions before, immediately post, and 2 months after an activity, along with outreach plans, were analyzed for insights and identification of remaining gaps.



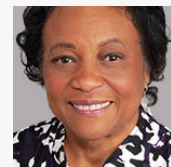
Measurements

Chi-square compared responses (pre/post and pre/2 mos, $P < 0.05$).

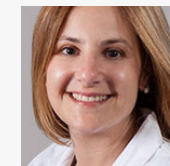
Topics of the education:

1. Early recognition and confirmation of mild cognitive impairment (MCI) and AD in people from underserved communities
2. Mechanisms of action and efficacy and safety profiles of treatment options for MCI and AD
3. Patient and caregiver journeys
4. Practical approaches to implement outreach programs for underserved populations

Faculty



Goldie Smith Byrd, PhD
Professor, Social Sciences and Health Policy
Wake Forest School of Medicine
Director, Maya Angelou Center for Health Equity



Jessica Zwerling, MD, MS
Director, Montefiore Hudson Valley Center of Excellence for Alzheimer's Disease (CEAD); Associate Professor of Neurology; Program Director, UCNS Geriatric Neurology Fellowship; Director, Memory Disorders Center at Blondell; Associate Director, Center for the Aging Brain; Clinical Director, Einstein Aging Study, Montefiore Medical Center, Albert Einstein College of Medicine



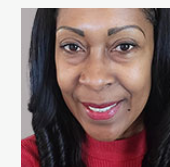
Angela Allen, PhD, MAT, EdS, BSN, CRRN, EA
Clinical Research Program Director
Banner Health
Clinical Professor
Arizona State University



Stephanie Monroe
Director, Equity and Access
UsAgainstAlzheimer's
Executive Director
AfricanAmericansAgainstAlzheimer's



Mirnova Ceïde, MD, MSc
Assistant Professor of Geriatric Psychiatry and Geriatrics
Montefiore Health System
Albert Einstein College of Medicine



Evelyn Galvez
Caregiver

Learner Demographics



1,893

Total learners



63%

MDs/NPs/PAs



11

Average # of AD patients seen each week

Learner Engagement



949

Certificates awarded



206

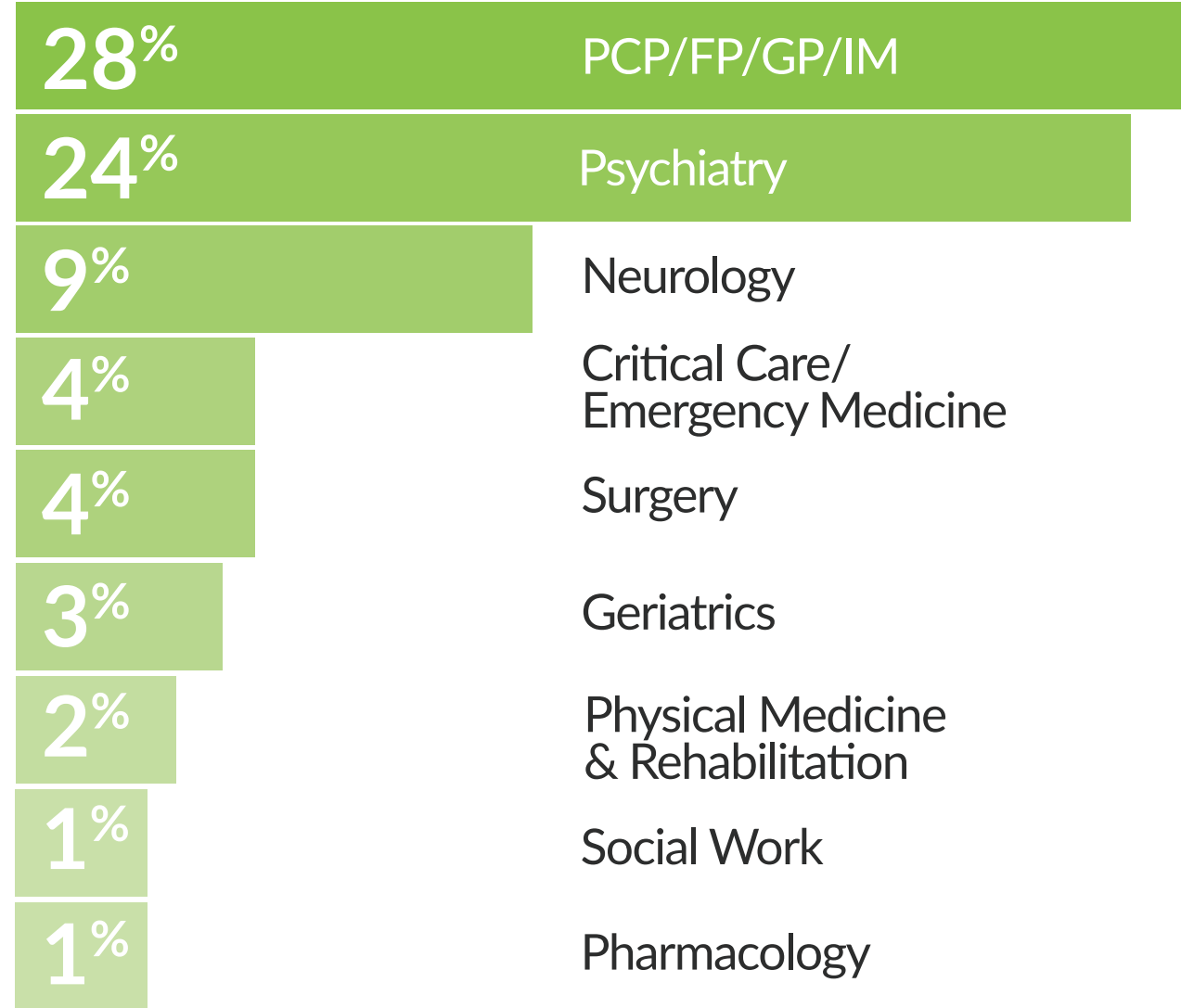
Slide downloads



7

Collected outreach plans

Specialty Breakdown

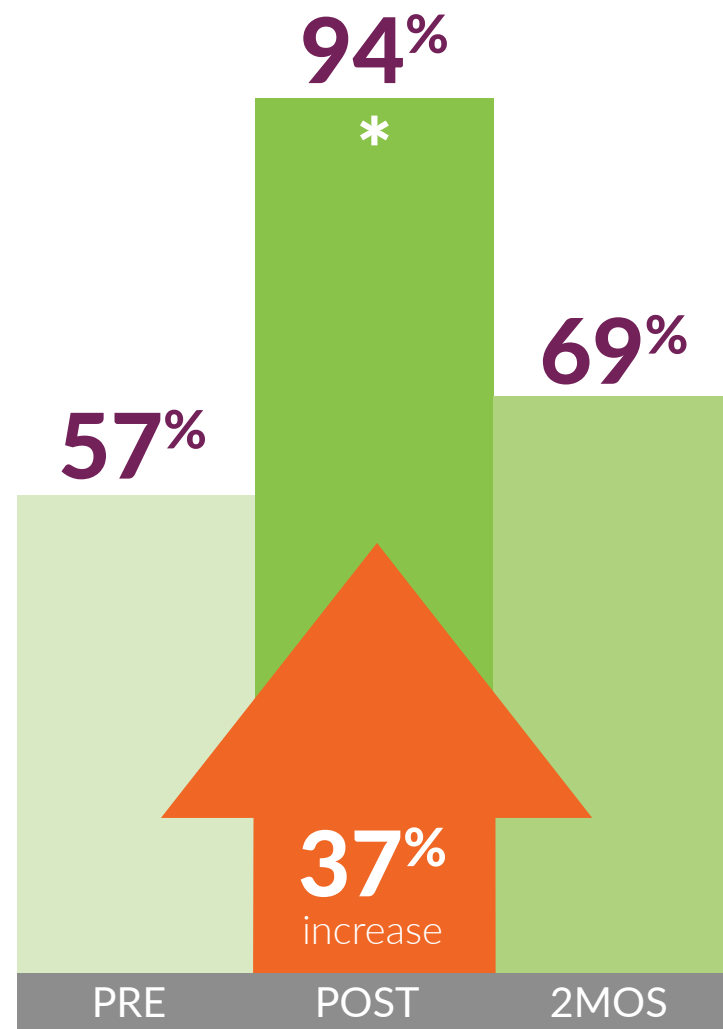


The majority of the remaining 24% of learners identify their specialty as cardiology, education/research, endocrinology, gastroenterology, oncology, orthopedics, pain medicine, and palliative medicine.

*Target Audience: neurologists, geriatricians, psychiatrists, PCPs, NPs, PAs, social workers, and nurses

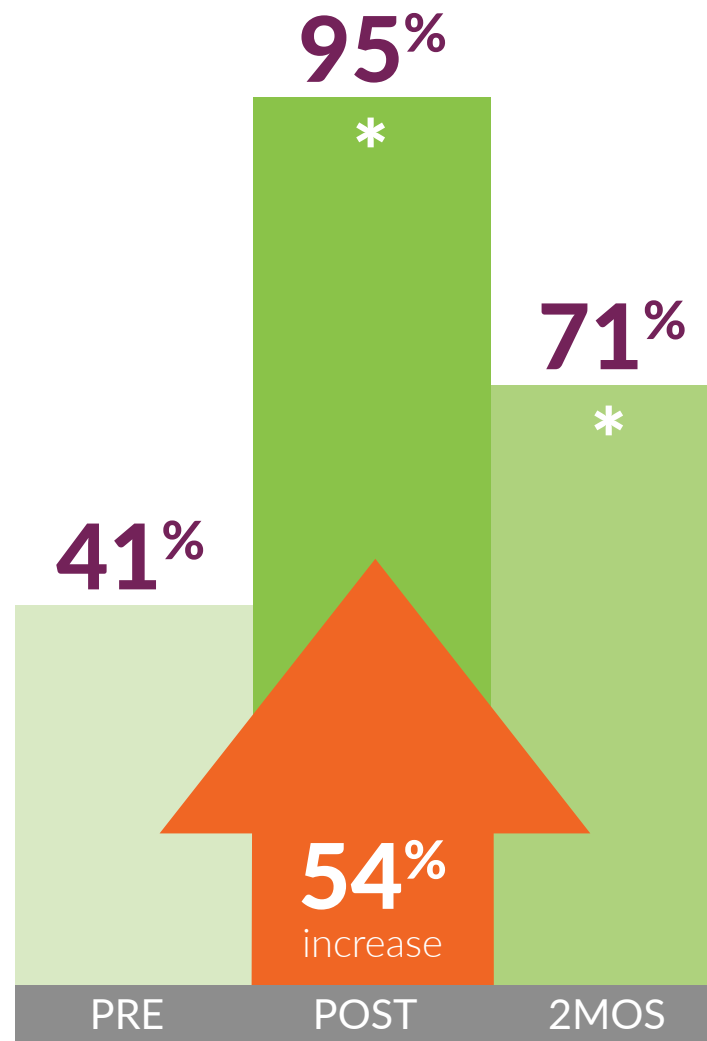
Changes in Knowledge/Competence

Patient population who reported feeling “not listened to” by their HCPs



n = 811 pre, n = 570 post, n = 62 follow-up *p<0.05 (significant)

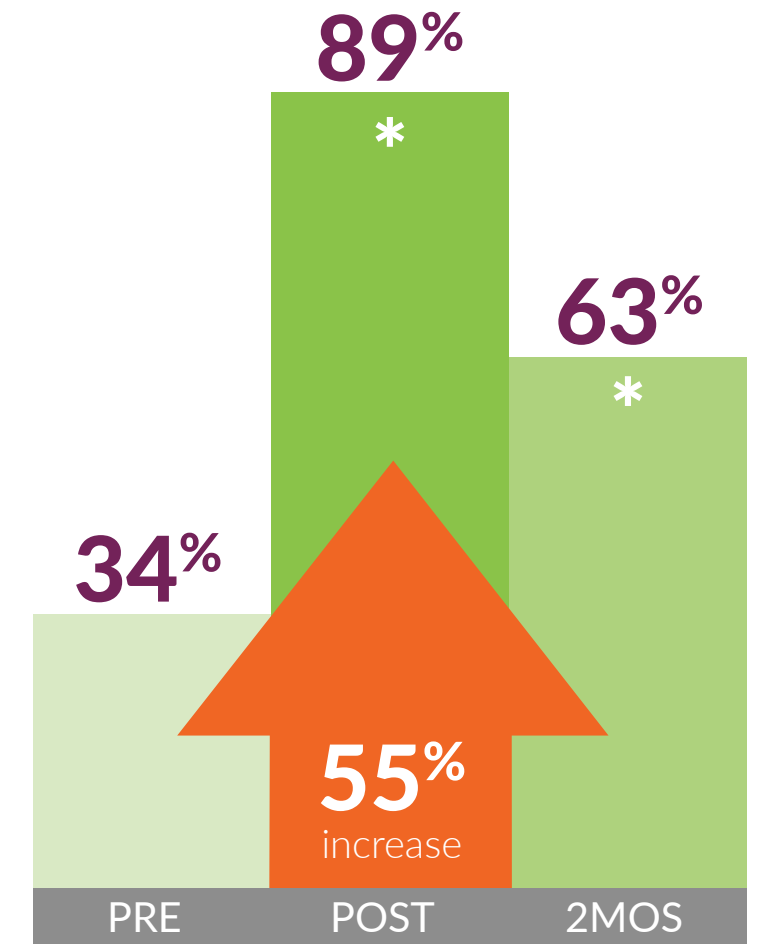
AD genetic predisposition in African Americans



n = 811 pre, n = 570 post, n = 62 follow-up *p<0.05 (significant)

(Pre-test n = 4,012; Post-test n = 2,611)

Interpretation of cognition assessment testing in people who do not speak English



n = 811 pre, n = 570 post, n = 62 follow-up *p<0.05 (significant)

Provider Insights (collected from polling)



indicated lack of time was a barrier to screening people from diverse populations for cognition



indicated that more than a quarter of their elderly patients were from diverse populations

Insights from Outreach Plans

Examples of HCP-related barriers to outreach efforts:

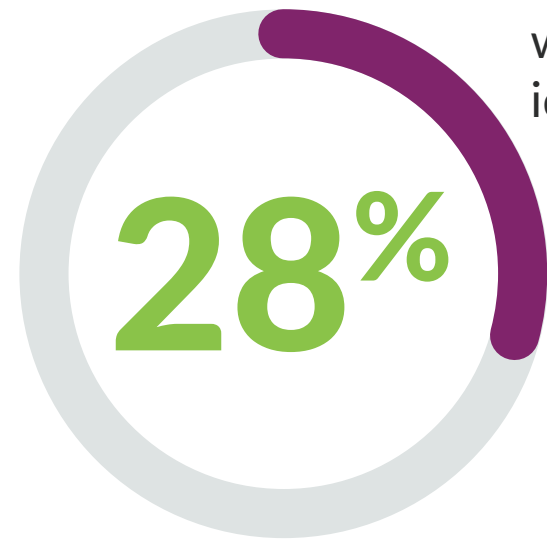
- Lack of time, staff members, and finances
- Lack of culturally competent staff
- Lack of routine, robust, culturally-appropriate screening strategies
- Lack of education
- Uncertainty regarding next steps for individuals with a diagnosis



HCPs' perceived patient-related challenges to outreach efforts:

- Transportation, language barriers, and socioeconomic status
- Lack of knowledge/awareness about dementia care and research opportunities
- Lack of trust, financial resources, or language skills

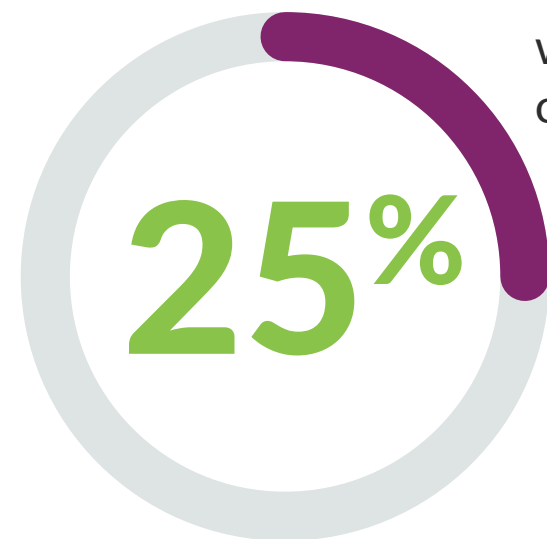
Positive Impact on Clinical Practice and Patient Experience (collected from polling)



will develop a working group to identify community needs



will identify and contact community leaders



will train/hire culturally competent staff



will utilize telemedicine to reach diverse populations

Data support the positive impact of live-online CME in preparing HCPs to provide equitable AD care through increased recognition of critical differences in risk among races and ethnic groups, and development of outreach strategies to build trust and address barriers to access.

