

# Healthcare Disparity in the Assessment of Dementia in the Outpatient Setting

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## INTRODUCTION

Literature suggests racial implicit bias exists in patients' quality of care provided across healthcare. Most prevalence studies indicate that Blacks aged 65 years and above are twice as likely to have Alzheimer's or other dementias as their White counterparts (18.6% vs 10%).

Inappropriate methods of screening or differential screening could easily result in an over or under-estimation of the diagnosis of dementia. Both provider and patient bias or knowledge deficit could influence the rate of screening.

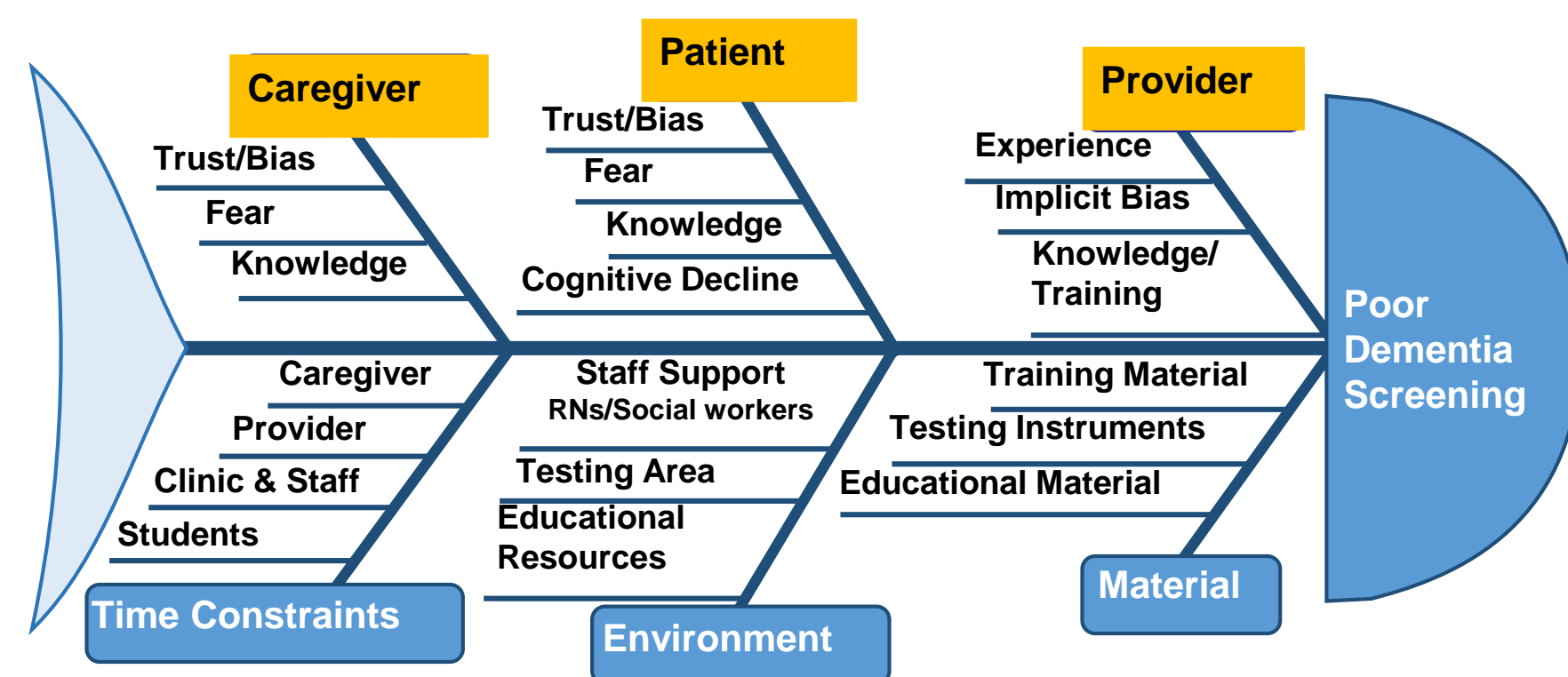
## SMART GOALS

To document racial disparity in the use of standardized screening methods for dementia at the Thomas and Lyon Longevity Clinic, UAMS and to implement interventions to improve screening for dementia and reduce racial disparity.

## MEASURES

**Outcome measures:** To improve the screening rate for dementia using standardized tools in Black patients comparable to that of White patients

**Process measures:** Education of healthcare providers in appropriate approach towards patients and screening. Education of patients and caregivers about dementia



**Figure 1:** Ishikawa diagram showing the potential factors that led to poor dementia screenings as well as disparities in screenings for geriatric patients. We focused on patient/caregiver and provider factors as interventions (brown).

## METHODS

Two Plan-Study-Do-Act (PDSA) cycles guided our methods. We sought patients' caregivers' perspectives of care they receive from the longevity clinic. We reviewed patients' records and identified disparity in dementia screening, with reduced screening of Blacks vs Whites. To improve consistency in cognitive impairment screening across races, healthcare providers participated in the following educational interventions: Geriatric Grand Rounds, a special talk and short video clips on the diagnosis and management of dementia. Additionally, providers received one on one instructions on dementia screening and diagnosis. Providers completed a survey to explore the challenges and barriers faced when providing care in the longevity clinic.

### PDSA 1

**PLAN:** Determine racial disparity in screening methods for Alzheimer's & related dementia at the Thomas and Lyon Longevity Clinic at UAMS

- ACT:**
- Geriatric Grand Rounds on "dementia"
  - "Communicating the dx of dementia in difficult situations" special talk
  - Short video clips on "How to approach dx of dementia" via email to providers
  - One-on-one instruction of providers on dementia screening, approach & reducing implicit bias

**DO:** Reviewed random selection of EMRs of n=78 patients > age 60 who had a dx of dementia in 2020. Evaluated documentation of appropriate standardized tests; MoCA, SLUMS, MMSE

**STUDY:** Initial review indicated that Black patients were screened for dementia at a lower rate compared to their White counterparts using standardized tests.

### PDSA 2

**PLAN:** Determine the impact interventions had on screening disparity for dementia: Continue

**ACT:** to engage providers in dementia presentations and case discussions. Continue to educate patients and caregivers about all aspects of dementia

**DO:** Review of EMR of n=72 patients with a diagnosis of dementia between Nov 2020 and March 2021.

**STUDY:** Review of EMR data showed improved screening rates for dementia in Black patients to levels comparable to White patients. Review of provider surveys suggest greater overall confidence in approaching screening for dementia and managing patients with dementia over the past 4 months. Patients/caregivers surveyed reflect they value & appreciate the care received from providers.

## BARRIERS AND LESSONS LEARNED

**Barriers:** Surveying the cognitively impaired patients and stressed caregivers. Time constraints in Memory clinic & providers unaware of implicit bias in diagnosis. Provider burn-out from emotional toll of taking care of memory patients

**Lessons:** Need for education for memory care & training in implicit bias needed for Providers. Incentive payments for patient and caregiver education and support group. Greater need for an inter-professional team approach for the Memory Clinic

## RESULTS

- Fifteen healthcare providers were surveyed and 150 patient records reviewed
- Dementia screening rates improved in both races post-educational intervention.
- In Whites the screening increased from 68.5% to almost 90%. In Blacks the screening rate improved significantly from 43.4% to 82.3% (Fig 2)
- 95% of providers were more comfortable seeing memory patients and all were more experienced conducting memory tests after 4 months (Fig. 3)
- Overall, the educational interventions worked and improved the clinic providers' self-efficacy in managing cognitively impaired patients and improved their skills in conducting memory tests. Patients and their caregivers value the care received from the Longevity Clinic and appreciate compassionate providers who take their time to listen to and address all patient and caregiver questions and concerns.

**The improved self efficacy of providers regarding screening for dementia as well as patients & caregivers regarding dementia knowledge improved the screening rates for dementia in Black patients to levels comparable to those of White patients in our clinic.**

Fig. 2

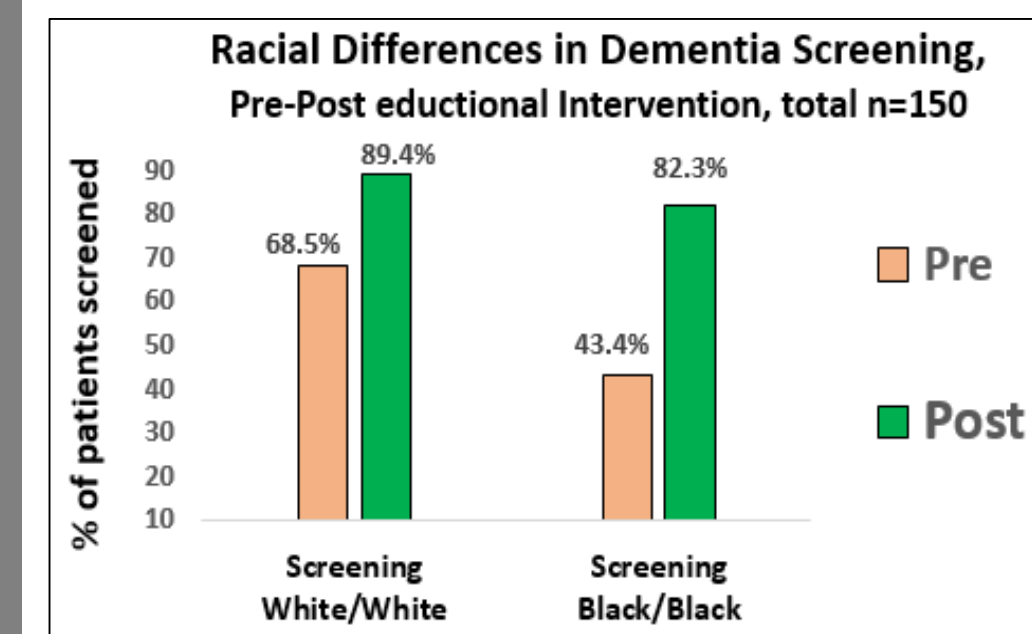
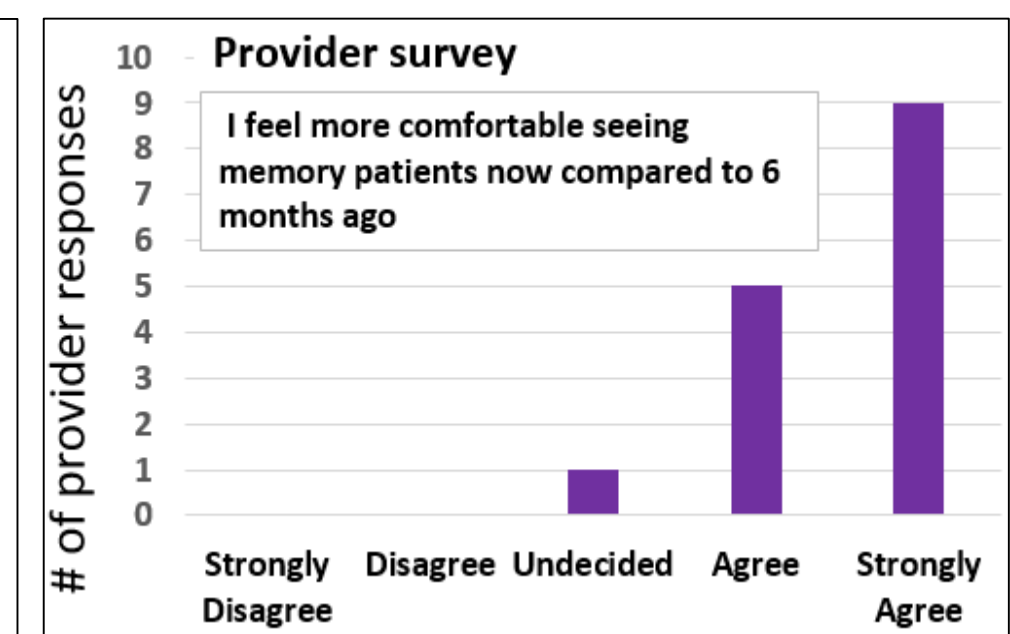


Fig. 3



## NEXT STEPS

- Managing patients with memory problems remains a challenge for most providers. Main challenges include the significant time commitment and lack of adequate training of providers and education of patients and caregivers about dementia.
- Education & training of providers using a variety of different convenient modalities & incorporation of presentations spaced throughout the year.
- Training to reduce implicit bias and improve cultural sensitivity of providers.
- Continue reviewing feedback from patients, caregivers and providers for continuous quality improvement,
- Funding for a robust patient and caregiver support group for Alzheimer's disease and dementia will also assist in enhancing understanding of memory disorders and improve screening rates. There is an opportunity to pursue avenues to bill for memory patients' care administered in the outpatient settings.
- An inter-professional team approach for the Memory Clinic with education of nurses, advanced care nurse providers, social workers and pharmacists and trainees (geriatric fellows) incorporating diversity, will further broaden the scope of care provided to patients & caregivers.