PROJECT BRIEF

Primary Care Workforce Capacity in Dementia Diagnosis and Care: A Qualitative Study of Project Alzheimer's Disease–ECHO

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Background

Primary care practitioners (PCPs) are often the first point of contact for patients with suspected Alzheimer's Disease and Related Dementias (ADRDs), but they face numerous challenges, including a lack of familiarity with evaluation tools, difficulties accessing specialists, difficulty connecting with service agencies and in getting reimbursed. These challenges contribute to delayed diagnoses and inadequate care of early-stage dementia in primary care settings.

The Project Echo model relies on a central group of specialists to support community practitioners through virtual meetings. It follows a hub-and-spoke model where a central team of dementia specialists provides education and consultation to PCPs through twice-monthly Zoom sessions over six months. The program has expanded to cover multiple disease areas, and studies show that it is cost-effective and can change practitioner behavior and patient outcomes.

Study Aims

This study aimed to evaluate the impact of the Alzheimer's Disease–Extension for Community Healthcare Outcomes (AD-ECHO) program, a Project ECHO initiative specifically designed to enhance PCPs' capacity to diagnose and manage dementia. Each session includes a brief didactic presentation followed by in-depth discussions of real, de-identified cases submitted by the PCPs. The program covers various topics, from dementia biology to care planning and management of neuropsychiatric symptoms. Researchers sought to assess how participation in AD-ECHO influenced PCPs' knowledge, confidence, and ability to provide dementia care. Additionally, the study sought to understand the experiences of PCPs involved in the program and identify potential areas for improvement.

Study Design

The study uses Moore et al.'s conceptual framework to assess learning in continuing education activities, focusing on outcomes such as participation, satisfaction, learning, competence, and performance in practice.

Researchers conducted 24 hours of direct observations during two AD-ECHO series comprising a total of 24 sessions that included 27 participating clinics and 149 participants (i.e., those who attended at least one session). Recruitment emails were sent by the Alzheimer's Association and Project AD-

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ECHO coordinators to all 149 participants in the AD-ECHO trainings. Following oral consent, researchers conducted semi-structured interviews (n = 14) of 30 to 60 min with primary care participants. Interviews explored participants' experiences, knowledge gained, impact on patient care, and challenges encountered. Data analysis involved deductive and inductive coding to identify themes related to the effectiveness of the AD-ECHO program.

Findings

Participants highly valued the supportive and collaborative environment of AD-ECHO. The program provided them with resources and knowledge, empowering them to take more proactive steps in dementia care. Results also showed that PCPs found ways to incorporate the knowledge gained from AD-ECHO into their practice settings despite time constraints being a significant barrier to participation. Additionally, many participants expressed a desire for ongoing engagement with AD-ECHO, indicating its ongoing potential to improve dementia care in primary settings.

Limitations and Future Directions

This study has several limitations. First, participants chose to participate in the AD-ECHO program and in the interviews, which may result in selection bias. This AD-ECHO program only served PCPs in California and, therefore, does not represent a diversity of experiences from across the United States. Additionally, the study did not measure the program's direct impact on patient health outcomes, focusing instead on the experiences and perceptions of the PCPs. Future AD-ECHO work could include structured recommendations for ways that PCP participants can circulate tools, resources, and lessons learned into their practices and beyond, as well as guidance for strengthening interprofessional teamwork around dementia care.

Policy Implications

The findings of this study suggest that programs like AD-ECHO can play a critical role in strengthening the capacity of primary care providers to manage the growing number of dementia cases. Policymakers should consider supporting the expansion of such programs, particularly in underserved areas where access to specialists is limited. Additionally, addressing the time constraints faced by PCPs through policy changes or program adjustments could enhance participation and, ultimately, the quality of dementia care provided. By investing in ongoing education and support for PCPs, healthcare systems can better meet the aging population's needs and improve outcomes for patients with ADRD.

Full Report

Sideman AB, Hernandez de Jesus A, Alagappan C, et al. Strengthening Primary Care Workforce Capacity in Dementia Diagnosis and Care: A Qualitative Study of Project Alzheimer's Disease–ECHO. *Medical Care Research and Review*. 2024;0(0). doi:10.1177/10775587241251868