



**CLOSING THE DEMENTIA CARE GAP**

Expert Insights and Proven  
Strategies for Healthcare Providers

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# Understanding the Systemic Gap in Dementia Screening

By current standards, only about 40% percent of the individuals in the United States with dementia receive a formal diagnosis.

This major gap in detection means a greater gap in care delivery. How can physicians better support patient quality of life?

The solution begins with better screening tools for dementia detection. We spoke to research and healthcare experts, both in private practice and large-scale health systems, about how they experience this systemic gap. And, more importantly, what they are doing to close it.

This guide presents perspectives on why the gap in dementia care exists, the shortfalls of traditional tools, the emerging solutions, and practical guidance on implementing new tools.

# Meet Our Experts

*This guide was created in collaboration with neuroscience and healthcare experts, Prof. Adrian Owen, Dr. Justin Hunt and Melissa Picchione.*



## **Professor Adrian Owen**

Professor of Cognitive Neuroscience and Imaging at the University of Western Ontario. And Chief Scientific Officer (CSO) and Co-Founder at Creyos. The neuroscientist responsible for designing the Creyos Health suite of cognitive assessments.



## **Dr. Justin Hunt**

Senior Medical Director for Behavioral Health at Oak Street Health. Oak Street is a collection of over 200 primary care centers across 26 states. Dr. Hunt provides medical leadership for the implementation of the collaborative care model across all those centers, which is a model of integrated behavioral health and primary care.



## **Melissa Picchione**

Registered Nurse working at Yukon Neurology under Dr. David McCoy. A private neurology practice using Creyos for over 5 years for patients with various needs, including dementia screening and testing.

# Why Does the Dementia Care Gap Exist?



## The Neuroscience Perspective

*Excerpt from our interview with Professor Adrian Owen (Creyos)*

The gap exists because, until recently, **we lacked the tools to accurately measure small changes in cognitive performance.**

The most widely used tools like the Mini-Mental State Exam (MMSE) and Montreal Cognitive Assessment (MoCA) are effective at the extremes. If a patient performs poorly, it's clear there's an issue; if they score perfectly, their cognitive health is likely good. However, most patients fall between these extremes, making it difficult to determine impairment, especially near the cutoff scores.

Traditional assessments also weren't designed for longitudinal tracking and aren't sensitive to small changes. Detecting such changes often requires long-term monitoring, which may delay further assessment or intervention.



## The Provider Perspective

*Excerpt from our interview with Dr. Justin Hunt (Oak Street Health)*

Dementia capture is a significant challenge in primary care, where **about 50% of patients with cognitive impairment go undiagnosed**, and this number is likely higher in community health centers at Oak Street Health. We view this as a health equity issue, especially since people of color have higher rates of dementia and are often undiagnosed in the U.S. healthcare system.

Professor Owen highlighted the challenges with current tools. We've traditionally used the Mini-Cog and SLUMS for screening. However, these methods had high variability, so we needed a more rigorous, structured approach for our Medicare-required annual wellness visits.

It's clear that several factors are at play, including tools that only detect severe cases and aren't suited for longitudinal testing, as well as health equity issues that affect different populations differently and create barriers to accessing care.



## The Patient Perspective

*Excerpt from our interview with Melissa Picchione (Yukon Neurology)*

Many patients think, "What can be done about cognitive issues?" Often, when they see us for memory issues, they don't believe anything can help. **Patients often fear being told there's something wrong without a solution**, or that they'll lose their independence.

# Friction in the Healthcare System

*Within the current healthcare system, many friction points still exist, for both patient and provider, that contribute to gaps in dementia detection. According to healthcare experts, the following challenges to dementia screening occur in both private practice and health system settings.*

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In the primary care setting, particularly in the U.S., **chronic underfunding often leaves us with insufficient resources and time** to do everything as thoroughly as we should. Creyos has been invaluable to building trust, gaining provider buy-in, and addressing patient needs.



**Dr. Justin Hunt**  
Medical Director of  
Behavioral Health at  
Oak Street Health



**Time constraints:** Especially in primary care, providers have limited time during patient visits. This limits the thoroughness of clinical interviews and cognitive assessments.



**Resource limitations:** Chronic underfunding in primary care leads to a lack of necessary resources and support to conduct comprehensive screenings.



**Sensitivity of traditional tools:** Traditional assessment tools are not sensitive to small cognitive changes and are not designed for longitudinal monitoring.



**Variability in screening quality:** Time constraints can also lead to inconsistent quality of screenings due to rushed assessments by medical staff or factors affecting patient's ability to perform in the clinic, such as stress.



**Complexity and ease of use:** Traditional tools can introduce complexity, such as paper tests requiring manual upload into patient records. A lack of user friendly experience can also reduce patient compliance.



**Cost and accessibility:** Ensuring that screening tools are cost-effective and accessible, both for providers to administer and for patients to undergo, can be a challenge.



**Trust and patient communication:** Building and maintaining trust with patients, and effectively communicating the importance and benefits of screening is essential to the success of cognitive screening—and difficult to do in a short primary care appointment.



**Implementation of new tools:** Integrating new, scientifically validated tools like Creyos into existing workflows requires effort and provider buy-in.