

Tuba City
Regional Health
Care Corporation

Memory Clinic &
Model Care for
Leqembi Patients

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TCRHCC Alzheimer's Program

A COMPREHENSIVE, DATA-DRIVEN MODEL FOR TRIBAL DEMENTIA CARE

THE 'LIVING ALGORITHM': REAL-TIME COORDINATION AND QUALITY OUTCOMES

MISSION: IMPROVE COORDINATION OF CARE, PROVIDE CULTURALLY RELEVANT SERVICES, AND ENHANCE OUTCOMES FOR ALZHEIMER'S PATIENTS, FAMILIES AND CAREGIVERS.

FOUNDATION: A MEMORY FOCUSED NETWORK OF PROVIDERS ENSURING THE HIGHEST STANDARD OF CARE.

Program Goals & Quality Benchmarks

- Diagnostic Accuracy: Standardized screening to identify early signs
- Registry Excellence: $\geq 95\%$ compliance in annual assessments
- Medication Safety: Reduce high-risk medications (benzos/anticholinergics) to $\leq 10\%$
- Patient Well-being: $\geq 80\%$ compliance for semi-annual QOL-AD assessments

Phase 1: Network Education & Referral



Education Network: Trained providers across departments and chapters



Triage: Streamlined entry with preferred Wednesday scheduling



Community → Education Network → Triage pathway



SDOH Screening: 100% screening for housing, food, transport and patient safety

Phase 2: Engagement & Pre-Assessment

- Family First: Family and caregiver participation encouraged
- Pre-Assessment Form: Captures baseline symptoms (symptoms, memory, mood, life-balance)
- Record Coordination: Gather prior imaging, labs and medical history

Phase 3: Initial Assessment

- Registration in NeuroTrack activates the care pathway
- Real-Time Tracking of referrals and safety checks
- Baseline visit: H&P, Imaging, Lab work, MoCA, Functional Testing, ADLs/IADLs

- Disclaimer: NeuroTrack is not yet TCRHCC approved

NeuroTrack Activation



John Doe

Monitoring

MRN: 2284-8891

PRIMARY DX

Early Stage Alzheimer's Disease

BIRTH DATE

01/01/50 (76y)

LAST EVALUATION

Oct 14, 2023

ELIGIBILITY

mAb Eligible

AI INSIGHTS



- MoCA score of 22 indicates mild cognitive impairment, which is consistent with the patient's early-stage Alzheimer's diagnosis.
- The patient's age of 76 combined with a neurodegenerative diagnosis suggests an increased risk for functional decline and safety concerns.
- Regular longitudinal monitoring of cognitive status is required to track the rate of progression since the last assessment in October 2023.

MOCA Score Trend

BASELINE: 28



Infusion Tracking

LECANEMAB

Course Completion

Cycle 4 of 12



Safety & ARIA



Next Safety MRI

Scheduled for Dec 15 (2 weeks)



ARIA Status: CLEAR

Last MRI: Sept 20, 2023

Phase 4: Patient Monitoring

Living Algorithm

- Integrated Dynamic Dementia Care Pathway
- Real-time tracking and management.
- Incorporates new data at each encounter to improve follow through, guide longitudinal decision-making and interdisciplinary coordination.

NeuroTrack (menu)



NeuroTrack

CORE CLINICAL



Dashboard



Patient Registry



Schedules



Analytics



Settings

NeuroTrack (body)

Clinical Master Topics

Select a module for simplicity of use and detailed history.

All Clinical Treatment Diagnostics Social



Core Identity

Patient demographics, contact info, and identity verification.



Visits

History of previous encounters and future scheduled...



DX (Diagnosis)

Primary and secondary neuro-cognitive diagnoses.



MOCA Score

Montreal Cognitive Assessment tracking over time.



Functional Status

ADLs, IADLs, and clinical staging (CDR-SB, GDS).



Imaging

CT, MRI, and PET scan records and reports.



Labs (Biomarkers)

Blood work, CSF biomarkers (p-tau, Amyloid beta).



Comorbidities

OSA, HTN, Diabetes, and other concurrent conditions.



Referrals

Interdisciplinary referrals (PT/OT, Psych, Social Work).



Driving Status

Legal driving status, family concerns, and testing results.



POA & Legal

Power of Attorney status, Advanced Directives, and legac...



Caregiver Info

Primary contact, caregiver burden assessment, and resources.



Medication Safety

Polypharmacy review, anticholinergic burden,...



SDOH/Barriers

Social Determinants of Health: housing, food, transportation.



mAb Eligibility

Criteria verification for monoclonal antibody therapies.



Amyloid Confirm

PET or CSF confirmation of amyloid pathology.



Baseline MRI

Detailed findings from baseline MRI prior to treatment.



ARIA Monitoring

Scheduled MRI safety checks for amyloid-related imaging...



Infusion Tracking

Real-time tracking of treatment cycles and side effects.



6-mo Registry

Mandatory documentation for long-term safety registries.

Phase 5: Education, Handouts, & Sleep Screening

Tailored diagnostic education for family

MIND Diet guide and Behavioral Strategies toolkit

Other handouts per patient assessed need

Sleep screening for memory consolidation

Phase 6: Diagnostic Workup



MR BRAIN AND PET SCANS



LABORATORY WKUP,
BIOMARKERS AND LUMBAR
PUNCTURE (P-TAU/AB RATIOS)



RULE OUT ALTERNATIVE
CAUSES OF COGNITIVE
DECLINE

Genetic Testing (ApoE ϵ 4)

Genotyping before
monoclonal
antibody therapy

ARIA risk
evaluation for
ApoE ϵ 4 carriers

Informed
prescriber-family
decision making

Phase 7: Holistic Risk Assessment

- Safety & Environmental Risks: Driving safety, home hazards, nutrition access, fall risk, wandering
- Clinical & Health Risks: Medication management, nutritional intake, hygiene/dressing ability, urinary incontinence

Holistic Risk Assessment (2)

Social & Financial Risks: Financial management, social withdrawal, advance care planning

Behavioral & Sensory Risks: Suspicion/paranoia, vision and depth perception changes

Baseline Assessment

Family / Patient concerns and goals

MoCA – certified

Functional testing

Phase 8: Intradisciplinary Network (A)



- Case management for resource coordination
- Dietary implementation of the MIND diet
- Behavioral health support for anxiety, depression, withdrawal, isolation and caregiver stress
- Traditional counseling

Phase 8: Intradisciplinary Network (B)

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- Vision / Audiology / hearing evaluation
 - Rehabilitation: PT, OT, Speech Therapy
 - Cardio-pulmonary / Sleep optimization
 - Pharmacy and infusion coordination
 - Registration and PRC support

Phase 9: Initiating Treatment

Cognitive symptoms
(memory, executive
function, attention)

Neuropsychiatric
symptoms
(depression, anxiety,
agitation, psychosis)

Sleep and circadian
rhythm disruption

Initiating Treatment (2)

Appetite loss and weight decline

Mobility impairment and fall risk

Autonomic symptoms
(urinary dysfunction,
orthostasis)

Monoclonal Antibody Qualification

MCI or early dementia - required

Patient & family choice - required

Amyloid confirmation via PET or lumbar puncture

High-risk medication review

Phase 10: Real-Time Safety & ARIA Monitoring



- Safety MRIs at infusion milestones (5th, 7th, 14th)
- Real-time monitoring status
- Automated alerts to prevent unsafe infusions

Real-Time Coordination

WORK STAGE

(no one gets lost with long awaited follow ups)

- Real-time tracking of goals and referrals
- Shared status updates across disciplines
- Interactive coordination dashboard
- Follow up and compliance

Phase 11: Summary & Clinical Prognosis

Definitive diagnosis and differential

Family meeting and expectation setting

Benchmarks

Advance care planning

Established Follow-Up & Evaluation

3–12 month follow-up cycle



MoCA and functional baseline comparison



Registry-driven quality improvement



Self-sustaining coordinated care model