



# EARLY ALZHEIMER'S DISEASE PATIENT CARE PATHWAY

(INCLUDING ANTI-AMYLOID MONOCLONAL ANTIBODY TREATMENT)

A Health System Readiness and Implementation Guide

The *Early Alzheimer's Disease (AD) Patient Care Pathway* is a comprehensive interactive resource designed to guide healthcare providers through the evolving process of managing AD.

This tool is divided into two primary sections:

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## 1. OPERATIONS AND READINESS >

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This section focuses on the foundational aspects necessary for successful AD care program implementation and sustainability, offering strategies to address potential barriers. It includes these operational components to consider as you're developing/implementing an early AD care program:

- **Program & Business Planning**
- **Technology**
- **Education & Resources**
- **Access & Reimbursement**
- **Care Coordination**

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## 2. CARE PATHWAY >

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The Care Pathway section offers a structured approach to patient care, focusing on five main components, each with suggested action steps and decision points:

- **Patient Identification**
- **Assessment**
- **Diagnosis**
- **Treatment**
- **Management & Monitoring**

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The goal of the Pathway is to help healthcare organizations ensure that both the operational readiness and clinical management aspects of early Alzheimer's care are addressed comprehensively, facilitating an integrated approach to patient care that can be adapted to various healthcare settings. Healthcare providers can adapt the Pathway to facilitate the quality of care for patients living with AD, ensuring timely intervention, effective treatment and continuous support throughout the disease trajectory.

# OPERATIONAL STRATEGIES FOR READINESS AND IMPLEMENTATION

## PROGRAM & BUSINESS PLANNING

- Identify AD care champion
- Identify administration and clinical leaders
- Develop [Alzheimer's Disease Patient Care Pathway](#)
- Develop business plan
- Identify grants, federal assistance and other funding mechanisms
- Identify state funding or initiatives to support AD care or program implementation
- Identify advocacy groups or non-profits that may offer supportive services
- Establish quality metrics
- Identify appropriate billing and diagnostic codes
- Perform a program needs and feasibility analysis

## TECHNOLOGY

- Identify and evaluate existing hardware and software
- Optimize EHR compatibility across sites of care
- Optimize EHR workflows through implementation of:
  - BPAs or CDS alerts
  - Dotphrases/macros
  - E-prescribing
  - Patient portals
  - Other EHR features, as applicable
- Explore use of digital screening tools
- Explore AI tools to improve efficiency
- Determine MRI requirements for ARIA-monitoring scans

## EDUCATION & RESOURCES

- Develop referral checklists
- Develop/assemble patient-friendly educational materials
- Develop/assemble ARIA education for radiologists and ED providers
- Use care coordinators, infusion nurses and other non-provider staff to assist with patient education
- Develop medical cards or bracelets identifying patients undergoing mAb therapy
- Implement multidisciplinary or provider consensus meetings
- Identify resource partners such as advocacy groups, AD organizations and healthcare organizations

## ACCESS & REIMBURSEMENT

- Develop organization-wide referral workflow to funnel patients to appropriate care
- Assess for barriers and gaps in care in under-served populations
- Leverage telemedicine to improve access
- Use advanced practice providers and non-provider staff to support physicians
- Develop process to ensure registry requirements are met
- Collaborate with payers to streamline process by:
  - Working with payors to establish agreed-upon reimbursement requirements
  - Implementing a process for insurance confirmation and prior authorizations
  - Creating a list of standardized coding selections for common interventions and medications

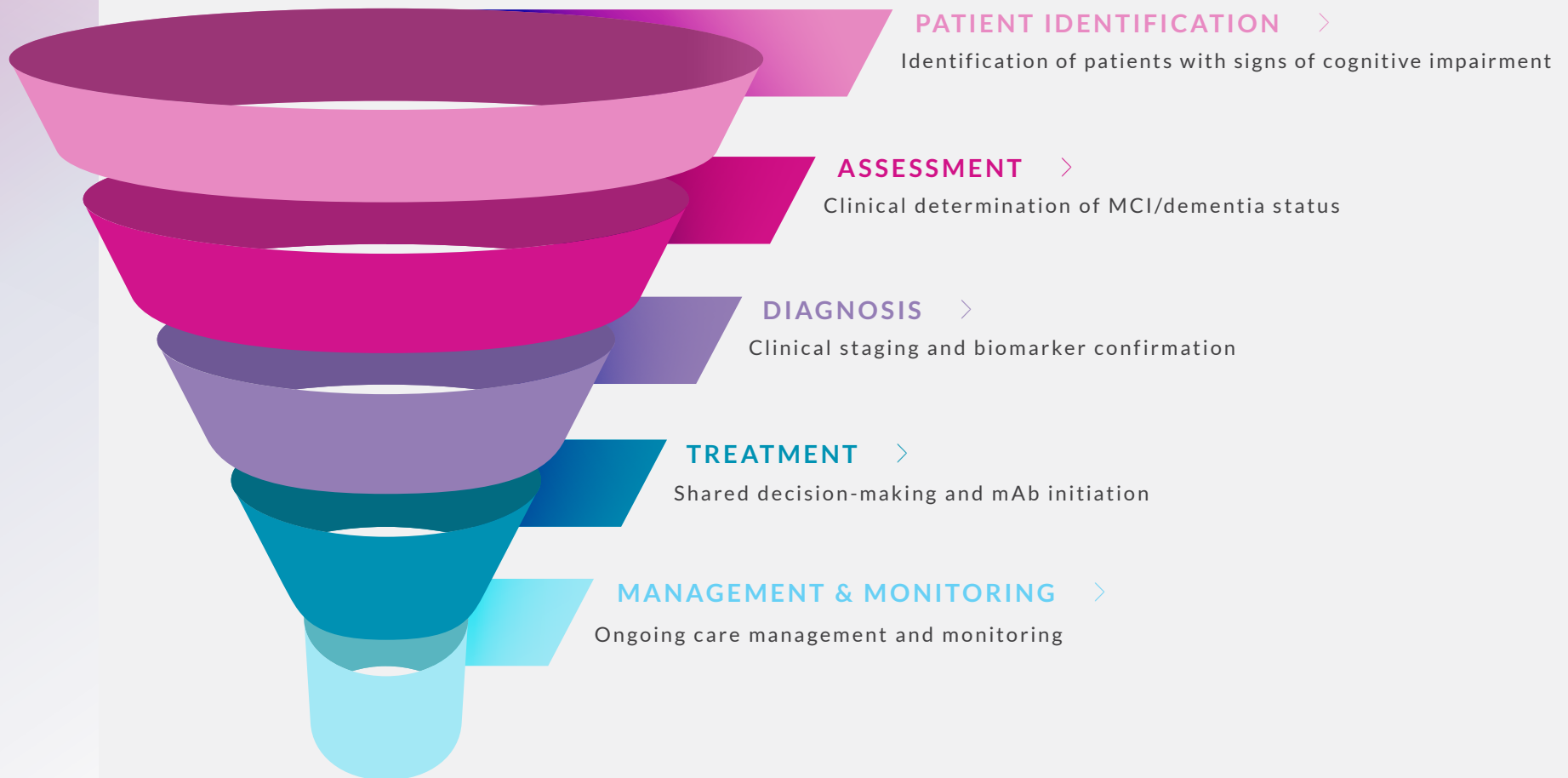
## CARE COORDINATION

- Implement care coordinators or navigators to assist with coordination
- Optimize staffing and resources by allocating referral screening activities to non-dementia HCPs to improve efficiency of referrals to dementia centers
- Use technology to streamline workflows and improve efficiency
- Develop relationships with external imaging and infusion centers
- Develop infusion center checklist to ensure site is infusion-ready
- Develop MRI site checklist to ensure site meets ARIA monitoring requirements
- Work with imaging and infusion sites/partners to streamline process
- Develop progression and referral plan
- Establish patient safety tracking protocol across care settings

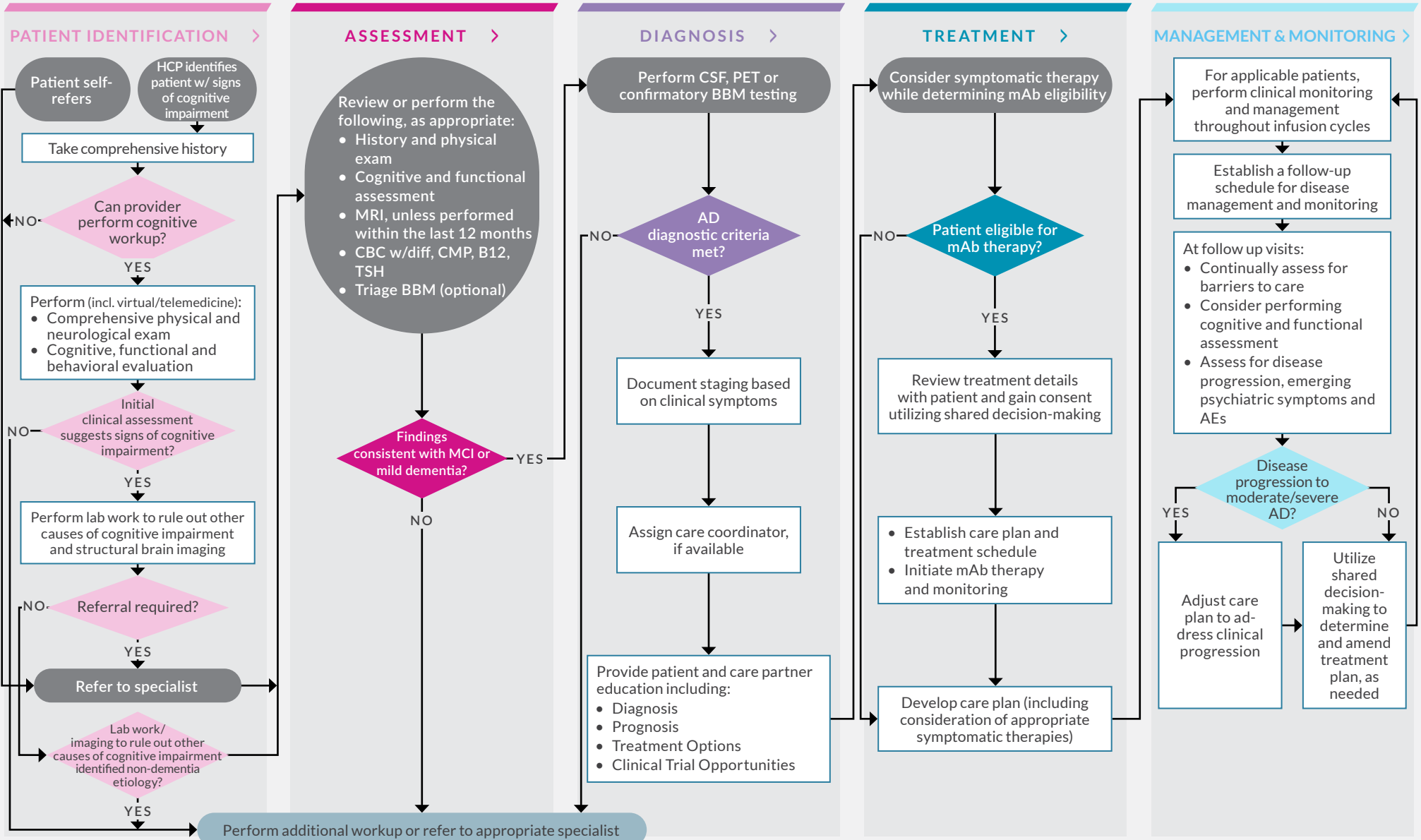
# EARLY AD PATIENT CARE PATHWAY

## A Health System Readiness and Implementation Guide

The Early AD Patient Care Pathway functions as a funnel, systematically narrowing the patient population at each stage to ensure appropriate and timely referrals as well as treatment with symptomatic and monoclonal antibody agents (mAb) along the Pathway.



# EARLY AD PATIENT CARE PATHWAY OVERVIEW



AD = Alzheimer's Disease  
HCP = healthcare provider  
MRI = magnetic resonance imaging

CBC = complete blood count  
CMP = comprehensive metabolic panel  
TSH = thyroid stimulating hormone

BBM = blood-based biomarker  
MCI = mild cognitive impairment  
CSF = cerebrospinal fluid

PET = positron emission tomography  
mAb = anti-amyloid monoclonal antibody  
AE = adverse event

## EARLY AD PATIENT CARE PATHWAY

### PATIENT IDENTIFICATION

**PROCESS MAP KEY:**

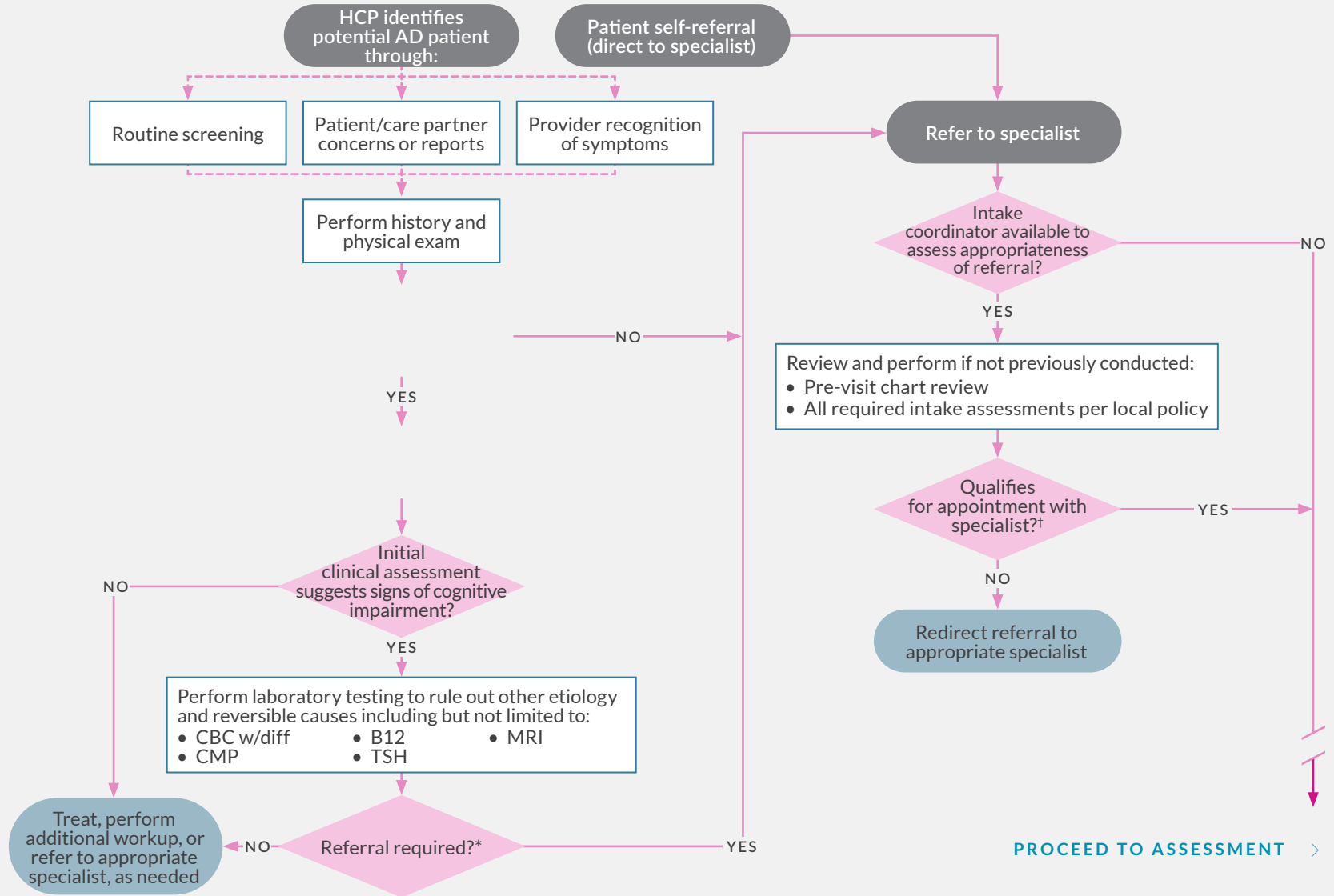
	Start/End
	Decision
	Action/Process
	Alternate

**\* SUGGESTED SPECIALIST REFERRAL CHECKLIST:**

- Documented cognitive assessment indicating impairment
- History and physical exam results
- Baseline blood work results

**† SUGGESTED REFERRAL EXCLUSION CHECKLIST:**

- Non-neurologic etiology identified, such as psychiatric, autoimmune, or nutritional deficiency causes
- Any referral criteria as defined by organization policy



AD = Alzheimer's Disease  
HCP = healthcare provider

CBC = complete blood count  
CMP = comprehensive metabolic panel

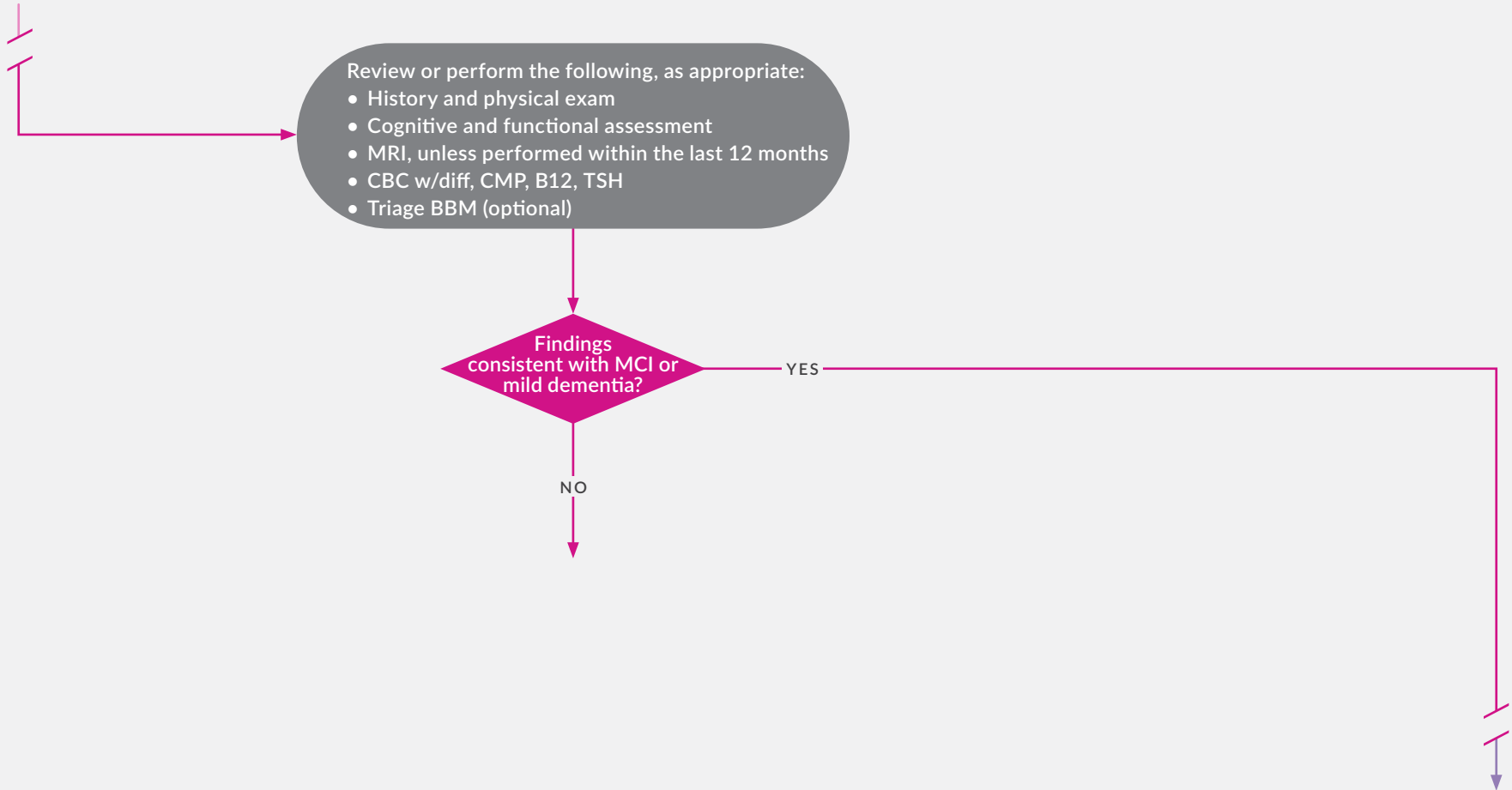
TSH = thyroid stimulating hormone  
MRI = magnetic resonance imaging

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## EARLY AD PATIENT CARE PATHWAY

# ASSESSMENT

< [SEE PATIENT IDENTIFICATION](#)



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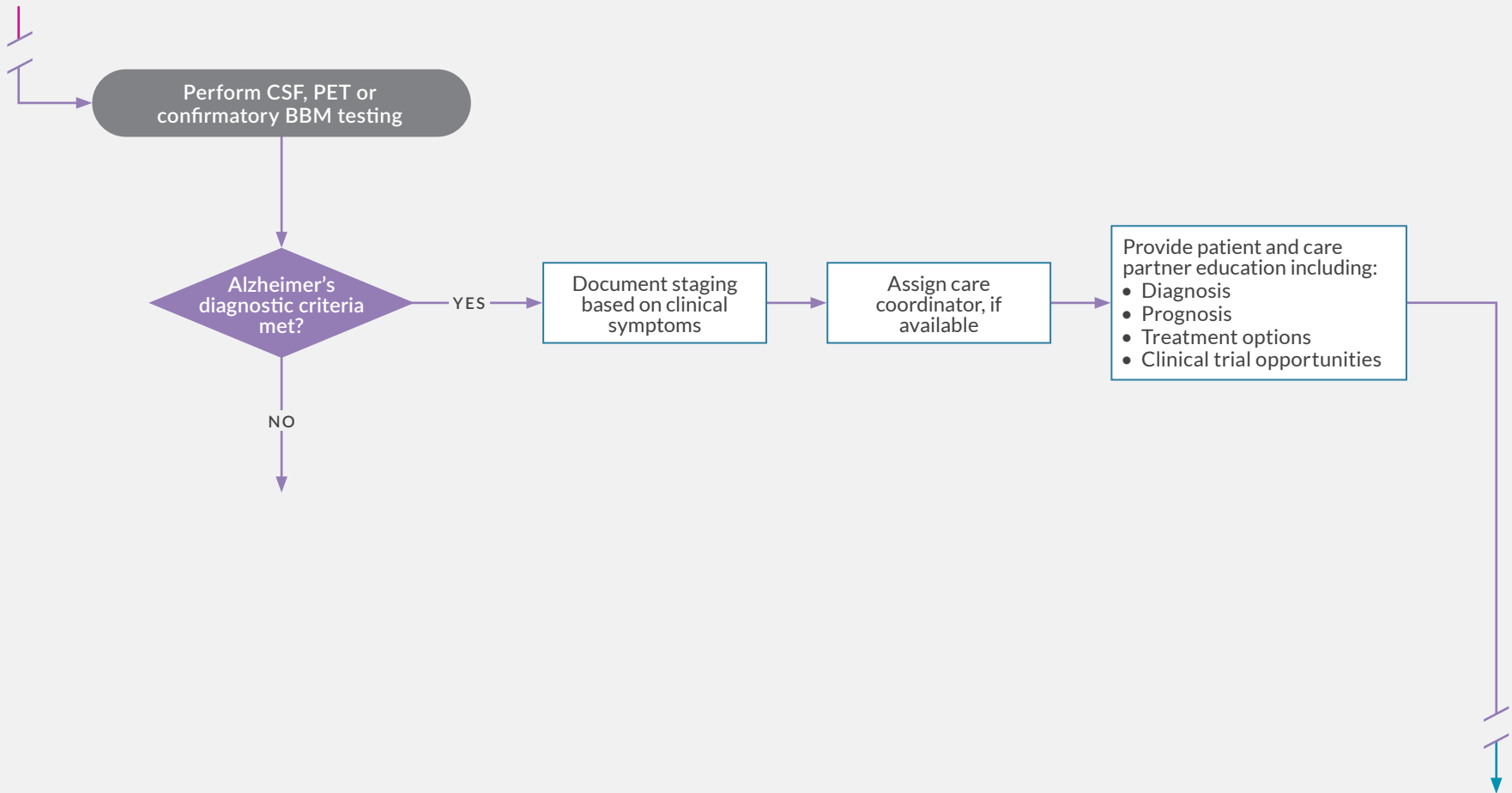
MCI = mild cognitive impairment

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## EARLY AD PATIENT CARE PATHWAY

### DIAGNOSIS

< [SEE ASSESSMENT](#)

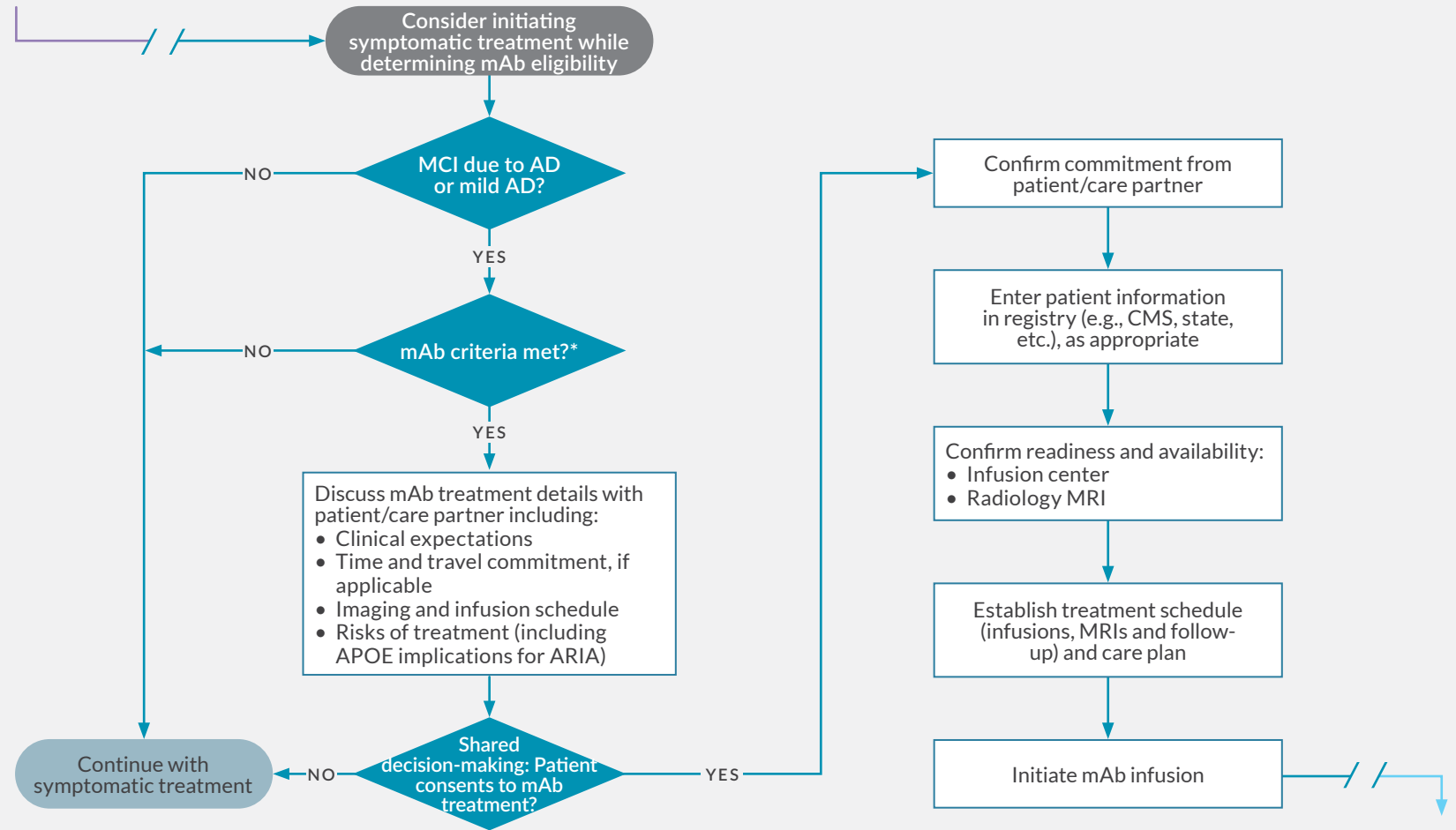


[PROCEED TO TREATMENT](#) >



## EARLY AD PATIENT CARE PATHWAY TREATMENT

< [SEE DIAGNOSIS](#)



\* CONSIDERATIONS FOR mAb PATIENT SELECTION:

- MCI due to AD or mild AD
- PET/CSF confirmation
- Baseline MRI
- Any additional site or label recommendations, provider judgment

AD = Alzheimer's Disease  
MCI = mild cognitive impairment  
mAb = anti-amyloid monoclonal antibody

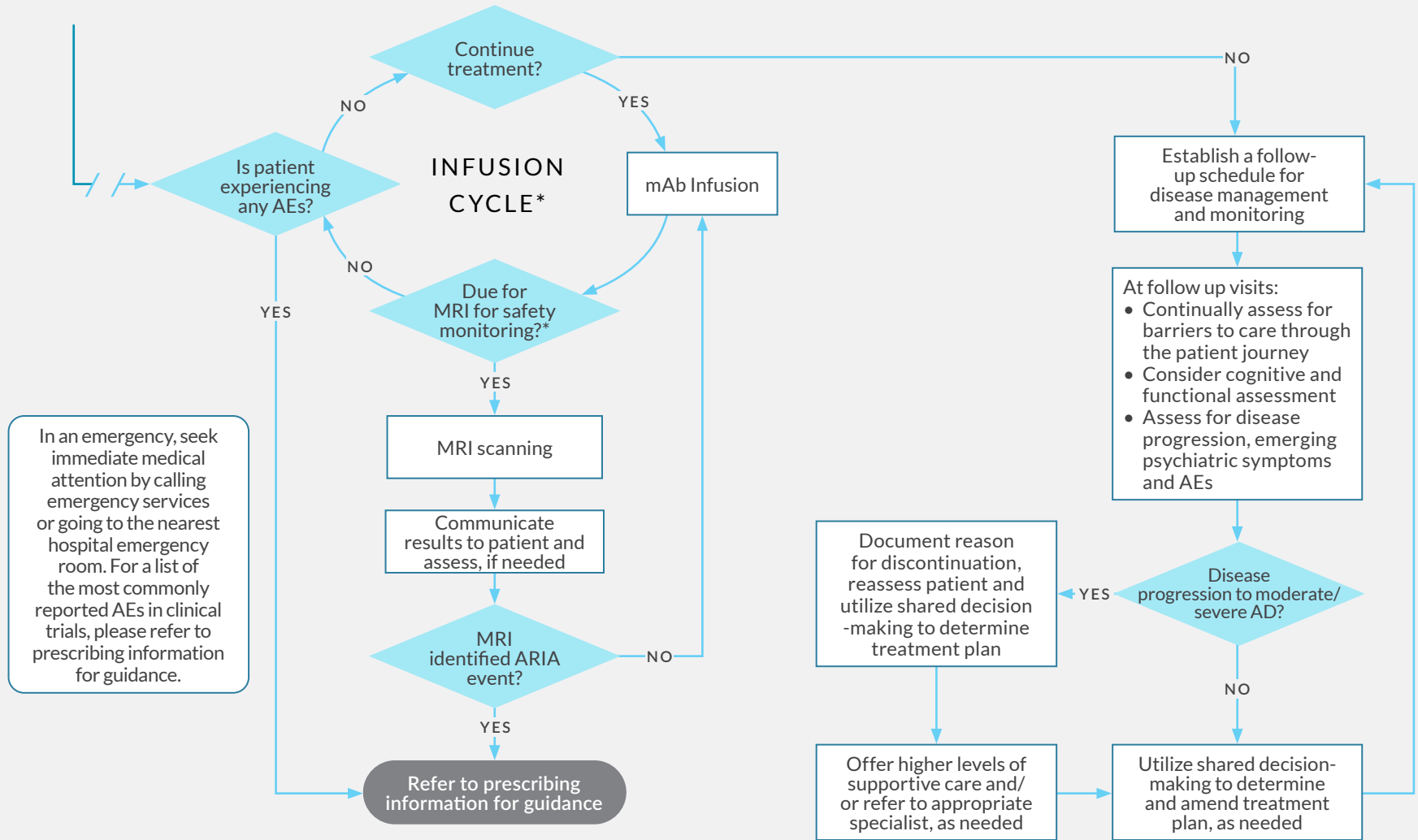
APOE = Apolipoprotein E  
ARIA = amyloid-related imaging abnormalities

CMS = Centers for Medicare & Medicaid Services  
MRI = magnetic resonance imaging

**PROCEED TO MANAGEMENT & MONITORING** >

# EARLY AD PATIENT CARE PATHWAY MANAGEMENT & MONITORING

< SEE TREATMENT



In an emergency, seek immediate medical attention by calling emergency services or going to the nearest hospital emergency room. For a list of the most commonly reported AEs in clinical trials, please refer to prescribing information for guidance.

\* Refer to prescribing information

AD = Alzheimer's Disease  
AE = adverse event  
MRI = magnetic resonance imaging

mAb = anti-amyloid monoclonal antibody  
ARIA = amyloid-related imaging abnormalities

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