



✓ **NATIONAL ALZHEIMER'S
PROJECT ACT**



Alzheimer's Disease 2026

Current State, Gaps & Solutions



USF Health
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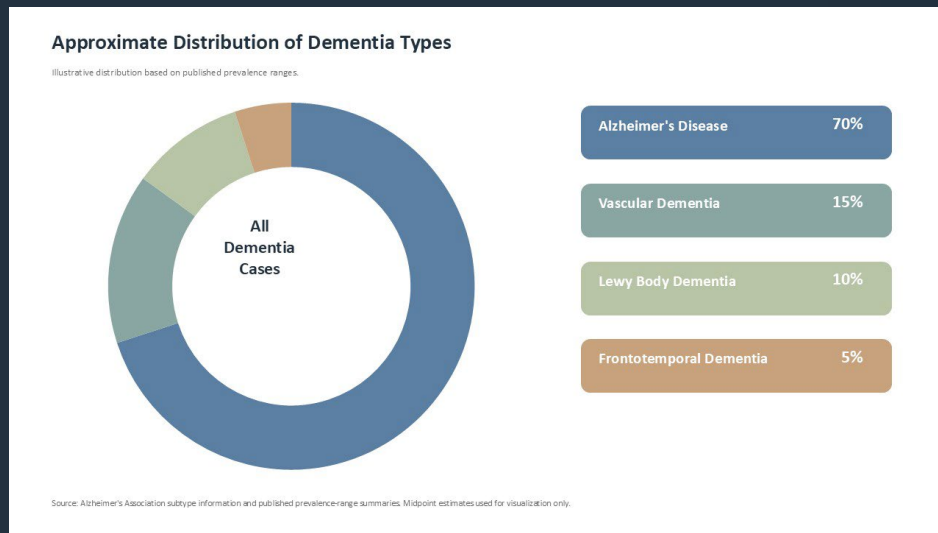
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Alzheimer's Disease in the U.S. - Current State

- **Prevalence** 7.4 million over 65 years (11%) vs. 5.4 in 2016
- **Annual Direct and Indirect Costs** 781 billion/year
- **Median Survival after Dx** 8.3 years
- **Projected Increase** 13.8 million by 2050 (Ageing Population; Increased Lifespans)
- **AD Percent of Total Dementia Patients** 70%

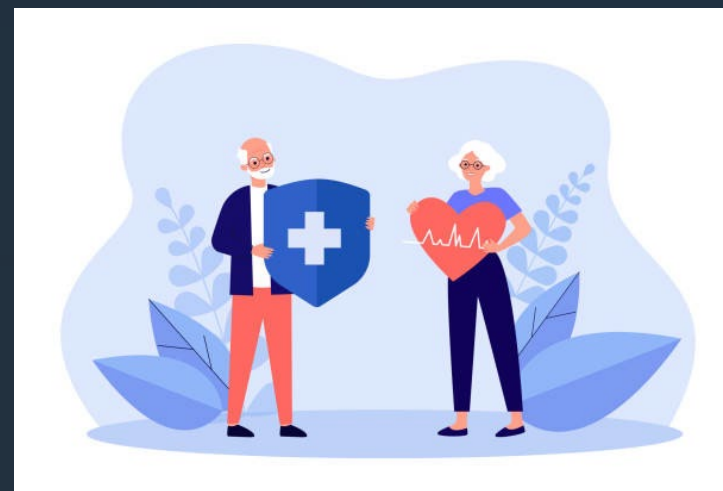
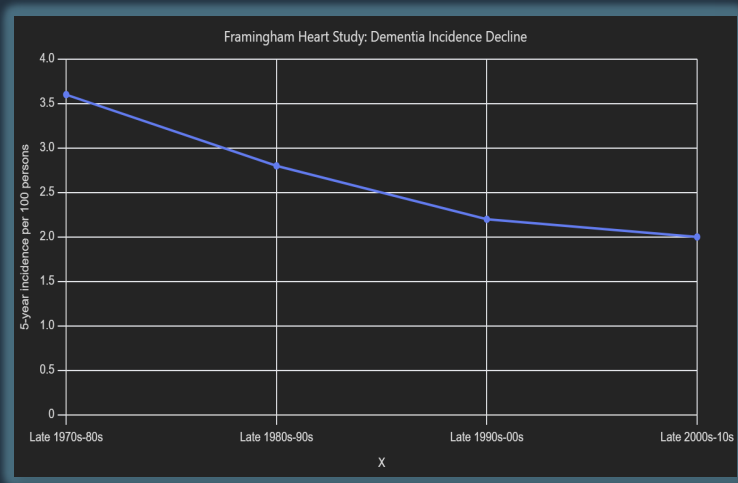


Alzheimer's Disease: Current State

Age-Adjusted Declines in Dementia over the last 50 years

- Total AD Cases rapidly increasing
 - Ageing of Population (demographic bulge)
 - Longer Life Spans
- **HOWEVER**, adjusted for age, rates are declining decade over decade
 - Improved vascular health
 - Better management of diabetes

The Power of Prevention



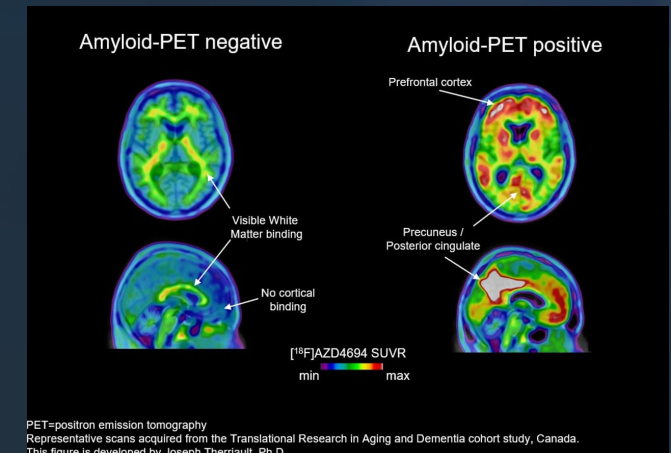
Alzheimer's Disease: Screening & Diagnosis

Primary Care – Annual Wellness Visit (AWV)

- Cognitive Assessment
 - Screening Tools
- Mandated by Medicare during AWV
Mini-Cog (3 of 15 minutes; 20% of visit) or MOCA or MMSE

Cognitive Impairment = Medical Evaluation

- History and Physical Exam
- MRI of the Brain
- Alzheimer's Serum Studies
 - Amyloid and/or Tau blood tests (e.g. pTau217/ β -Amyloid 1-42 Plasma Ratio)
 - APO E Profile
 - Hereditary AD genetic testing – Younger patients with clear family history
- Serum studies to assess for other causes/contributors to dementia
- EEG
- Neuropsychological Testing in select cases
- Lumbar Puncture in select cases
- If AD serum studies positive for amyloid, then confirm with Amyloid PET or LP (CSF)
- If AD negative: Workup for other causes



Full Workup by Neurologist or Memory Disorders Specialist preferred, but can be PCP

Alzheimer's Disease: Shortage of Specialists = Long Waits for Referrals

The Growing Shortage of Neurologists

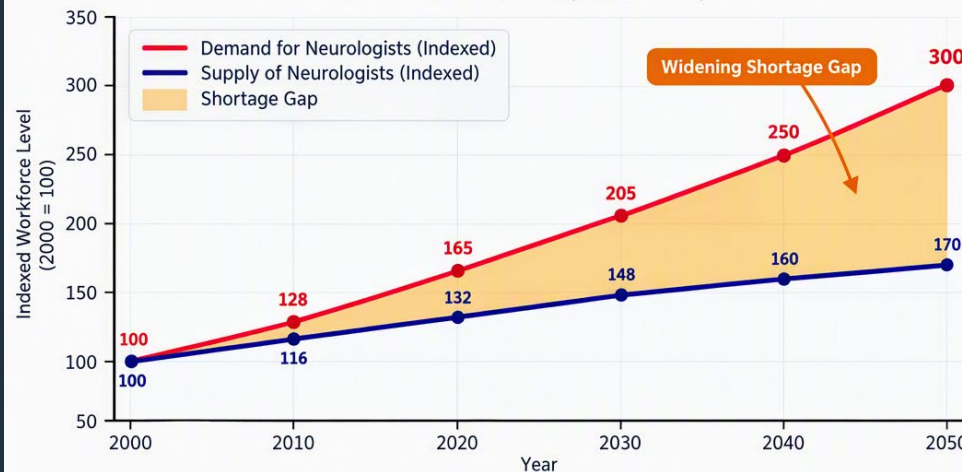
Rising demand. Limited supply. A widening gap from 2000 to 2050.



HEALTHIER
BRAINS.
BRIGHTER
TOMORROWS.

Neurologist Supply vs. Demand (2000–2050)

Indexed workforce level (2000 = 100)



Key Takeaways



Demand is tripling

The need for neurologists is projected to be 3x higher in 2050 compared to 2000, driven by an aging population and increasing neurologic disease burden.



Supply is not keeping pace

The neurologist workforce is projected to grow by only ~70% by 2050.



The shortage will widen

The gap between demand and supply is expected to more than double by 2050.



Greater impact on patients

Without action, longer wait times, reduced access to specialty care, and worse outcomes for neurological conditions are likely.



Aging Population

42%

Increase in Americans ages 65+ from 2022 to 2050 (Population Reference Bureau)



Demand Increase

3x

Projected need for neurologists by 2050 (vs. 2000)



Supply Increase

~70%

Projected growth in neurologist workforce by 2050 (vs. 2000)



Widening Gap

2x+

The shortage gap is expected to more than double by 2050

Sources: AAN workforce reports, HRSA health workforce projections (2023–2038), Population Reference Bureau.
Note: Indexed values (2000 = 100) illustrate relative trends based on published workforce projections and demographic data.

PEOPLE | PROGRESS | BETTER BRAIN HEALTH

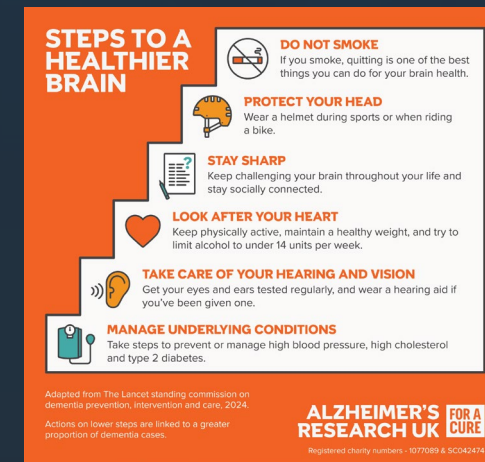
Alzheimer's Disease: Medical Management

Anticholinesterase Inhibitors/NMDA Receptor Antagonists

- Rivastigmine, Donepezil, Galantamine
- Memantine

General Medical Strategies

- **Manage Vascular Risk Factors**
 - Hypertension, Cholesterol, Stop smoking
- **Correct vision & hearing loss**
- Manage fall risk, prevent head injury
- Maximize sleep quality
- Stay socially & cognitively active
- Exercise
- Minimize use of Rx drugs with cognitive side effects
- Optimally manage concurrent illnesses (e.g. diabetes)



If Preventative Measures are Maximized = 45% REDUCTION IN TOTAL DEMENTIA CASES

Alzheimer's Disease: Anti-Amyloid Therapy

Anti-Amyloid Therapy- Features

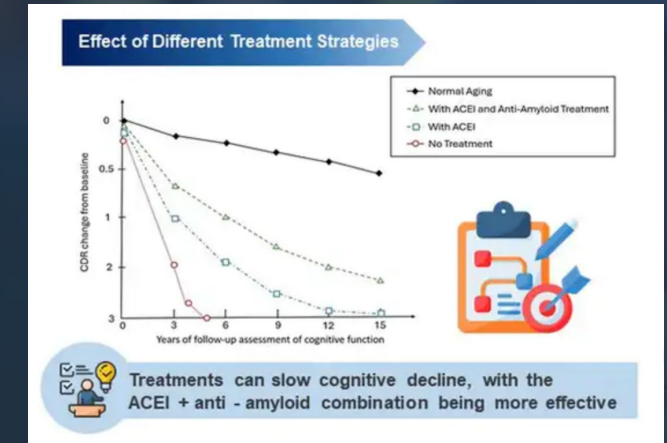
- IV Humanized monoclonal antibodies against amyloid
- Lecanembi (lecanemab) & Kisunla (donanemab)
- FDA Approved for Mild Dementia from AD Only
- 30% slowing of disease progression
- 15-25% risk of brain bleed and swelling (1-3% severe)
- **Expensive:** Total Cost approximately \$80,000/patient

Indications & Contraindications

- REQUIRED: Positive PET Imaging or CSF Amyloid (Confirmation of Dx)
- Exclusion Criteria: Vascular/bleeding risk, anticoagulation, unable to undergo MRI, etc.

Treatment Protocol

- Neurologist or Memory Disorders Physician
- Lecanemab: Average 18 months initial treatment course + once/month thereafter
- Donanemab: Continue 12-18 months (Follow up Amyloid PET scan – Stop Rx if Negative)
- Serial MRIs: Baseline + 4-5 more
- Extensive coordination by physician's offices (infusions, imaging, authorizations, etc.)



Alzheimer's Disease: Management Challenges

Anti-Amyloid Therapy - Management

- REQUIRES Neurologist or Memory Disorders Specialist
 - Shortage of specialists = Delays in initiation of therapy
- May miss window of opportunity (FDA Approval for Mild Dementia Only)
- Care Coordination: Doctor & Care Team needs management infrastructure
 - Changes in 340b will likely impact infrastructure support
- Expense means this therapy is not accessible to all



Primary vs. Specialty Care

- Ideally, all management with specialist in AD/Memory Disorders Center
- However, specialty shortages & geographic challenges require PCP & Health System Roles
- PCP can handle many aspects of chronic management
 - Resource intensive
 - Multi-disciplinary Care: It Takes a Village

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alz.org/napa

NAPA Advisory Counsel: Key Focus Areas 2026

Prevention

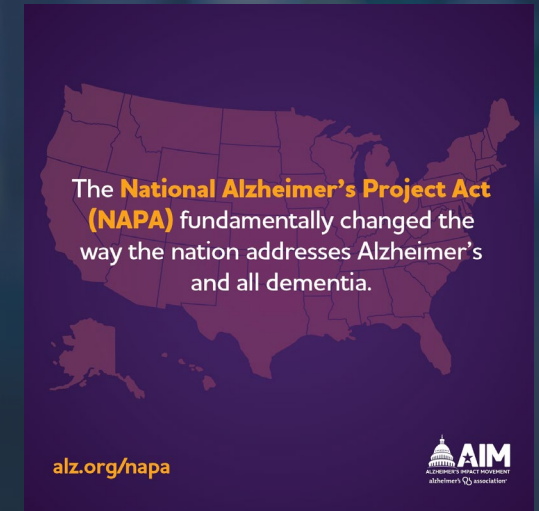
- Focus on Vascular Health
- Physician & Patient education on dementia prevention

Screening & Diagnosis

- Mandate AWW cognitive screening
- Establish a uniform Screening Pathway
- Establish uniform Diagnostic Algorithms
- Provide Education on Roles & Resources: Providers, Team, Community

Medical and Patient Management

- Establish a navigable, consistent pathway from screening → diagnosis → care planning
- Enhance Care Coordination & Counseling for patients and families
- Improve Long Term Support (Patient & Caregiver)



Progress & Future Directions: PREVENTION

- Major Focus on Vascular Health ✓

- Vascular Health already emphasized across primary care practice guidelines
- Education models should also emphasize role in prevention of dementia

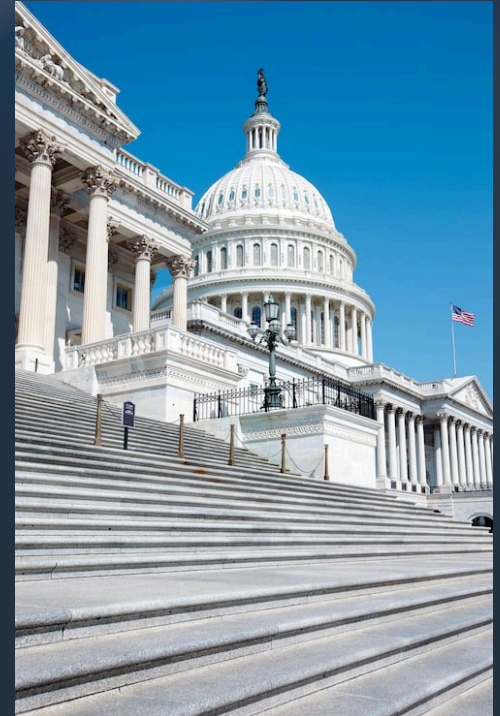


- Physician & Patient Education on Prevention X

- Many resources available, but none are mandated
- Consider standardized, mandatory CMS provider module on dementia prevention & care
- Partner with Alzheimer's Association & others to enhance patient/caregiver education via grants

Progress & Future Directions: SCREENING & Dx

- **AWV mandates for cognitive screening** ✓ X
 - Mandatory CMS Medicare AWS requirement in place
 - Subjective Impression OR Formal Tools
 - Support **CHANGE ACT** (Concentrating on High-Value Alzheimer's Needs to Get to an End)
 - Mandates Formal Tools for Screening (Pending)
- **Uniform Screening Pathway** ✓ X
 - Support **ASAP Act** (Alzheimer's Screening & Prevention Act)
 - CMS coverage for Amyloid biomarker blood test (Pending)
 - Educate Primary Care Providers on Screening & Dx



Progress & Future Directions: SCREENING & Dx

- Uniform Diagnostic Algorithms X

- Competing Algorithms published in 2024

- IWG Working Group on AD (JAMA Neurology 2024)
- AA Workgroup (Alzheimer's & Dementia, 2024)

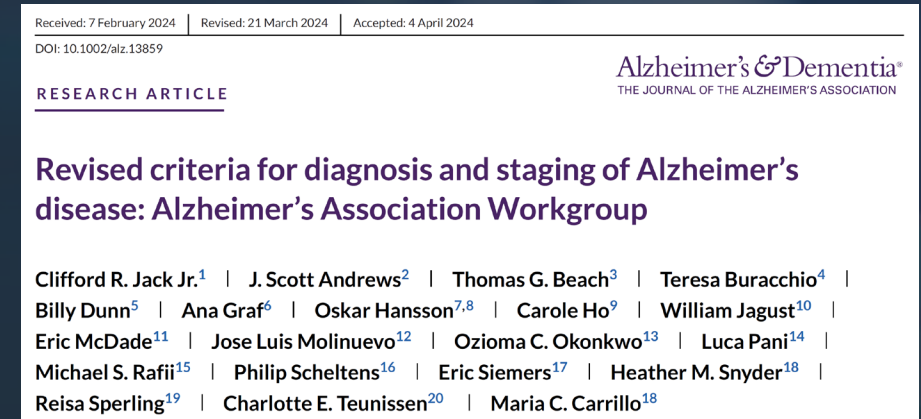
- ACTIVE AD Dx (European) vs. PRE-CLINICAL Dx (US)

- Develop Universal Diagnostic Algorithms

- Mediate with Alzheimer's Association, AAN, AMA etc.

- Education on Roles & Resources ✓ X

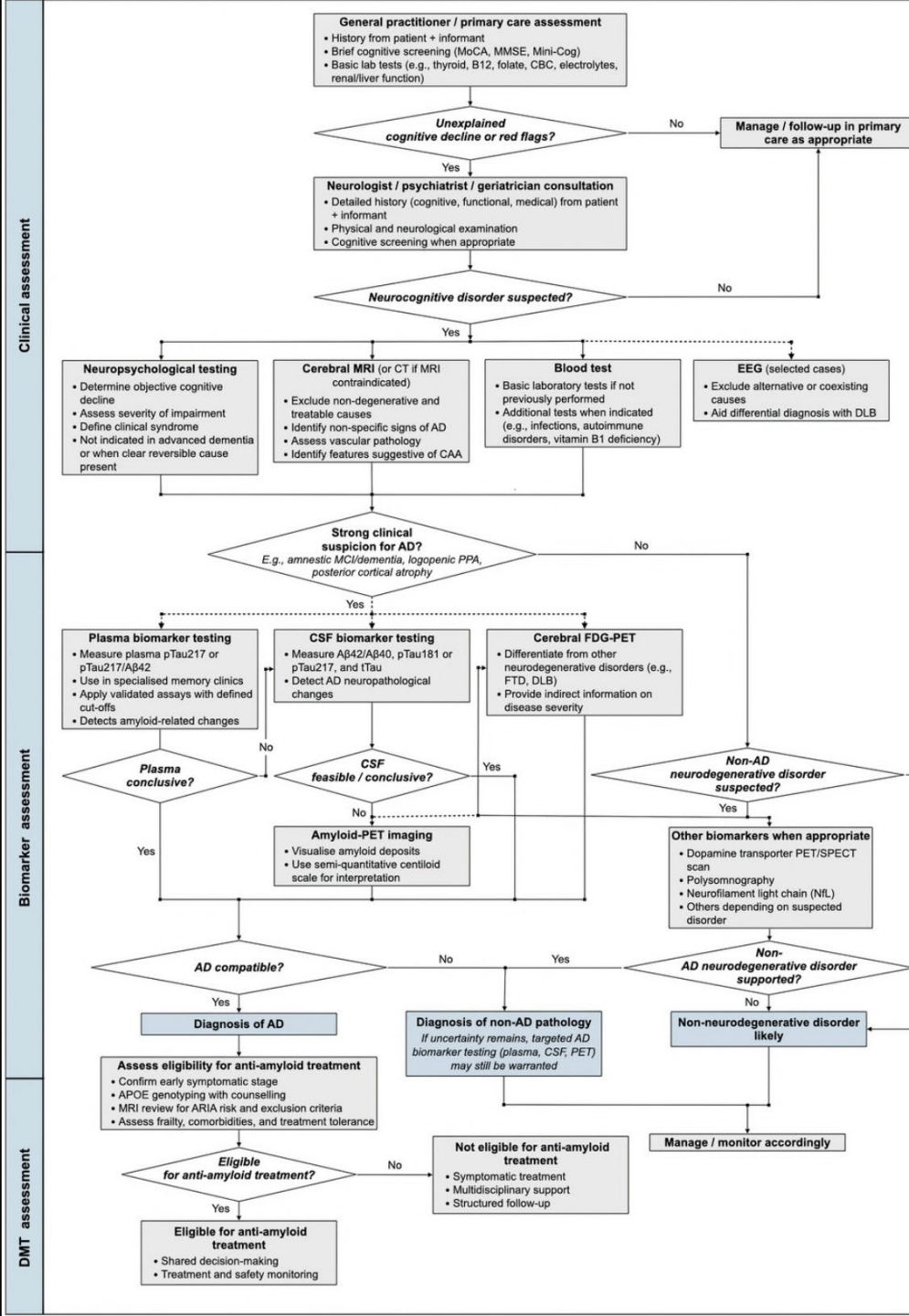
- Providers & Team (Nursing, Allied Professionals, etc.)
- **Establish required physician and team member CMS Modules for participating health care organizations**



Sample Dx Algorithm

Figure 2. Stepwise diagnostic workflow for suspected Alzheimer's disease, with post-diagnostic assessment of treatment eligibility.

[Biomarker-Based Diagnosis and Care Pathways for Alzheimer's Disease in the Era of Disease-Modifying Treatments: A Consensus Statement by Belgian Experts.](#) Eur J Neurol. August 1, 2026.



Progress & Future Directions: MANAGEMENT

Care Coordination & Long-Term Support ✓ ✗

Guiding an Improved Dementia Experience Program (GUIDE)

- Medicare Part B (no additional cost to patient) with dementia
- Comprehensive package of care coordination and management
- Support for qualifying caregivers, including education and respite services
- **Helps patients remain in their homes while supporting caregiver health and wellbeing**
- **Reduce hospitalization, emergency department use, post-acute care needs**
- **Limited Availability:** Now at 400 approved healthcare organizations/providers
 - Some adopters have opted out due to paperwork burden and inadequate reimbursement
- **Expires in 2032** (Launched on July 1, 2024)



Progress & Future Directions: MANAGEMENT

GUIDE – Key Features

- Care navigators
- 24/7 access to a support line
- Caregiver training and education
- Respite services up to \$2,500 annually
- Connections/referrals to community resources
- **DOES NOT COVER:** MCI, Medicare Advantage or Patients in Nursing Homes



GUIDE – Additional Features

- Ongoing payments to participating providers
 - Standardized care delivery
 - Interdisciplinary care teams
 - Social Needs
 - Economic Access
 - Rural Access
- Clinicians, navigators, direct care workers
- Connect community organizations to address financial needs, meals, transportation
- Medicare + Dually eligible (Medicare & Medicaid)
- Financial & technical support for rural communities with limited access

Progress & Future Directions: MANAGEMENT

Care Coordination & Long-Term Support ✓ ✗

- **PROJECT ECHO**: Connects remote Primary Care to Specialty Care
 - Relies on private funding through the Alzheimer's Association



Project ECHO® is a telementoring model that expands workforce capacity — especially in rural and underserved communities — by creating dynamic virtual learning communities that share best practices and elevate the quality of care. Since 2018, the Alzheimer's Association has delivered the Alzheimer's and Dementia Care ECHO program nationwide.



How Project ECHO cases support real-world practice change



Case Presentation:

A participating team shares a real-world challenge to identify opportunities for improvement with peers and experts.



Faculty and Peer Recommendations:

Interdisciplinary experts and peers collaborate to offer practical, evidence-informed recommendations tailored to the team's specific challenge.



Implementation of Recommendations:

The team applies the recommendations in their care settings, integrating them into daily practice to improve outcomes.



Improved Outcomes:

The team reports the changes made, showing improved care practices and early positive results among those they serve.

Progress & Future Directions: MANAGEMENT Recommendations

Care Coordination & Long-Term Support

GUIDE Program

- Increase funding and make permanent
- Expand to include all providers/health systems
- Expand to include options for Medicare Advantage patients



ECHO Program

- Partner with Alzheimer's Association to transition to a federal program
- Expand to include options for all major rural areas
- Leverage as an educational tool for providers as well

WHAT'S NEXT FOR PROJECT ECHO



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

The Alzheimer's Association earned Joint Accreditation for Interprofessional Continuing Education™ enabling us to train entire care teams using nationally recognized standards. Project ECHO is central to this strategy, delivering practical, case-based, collaborative learning that supports culturally competent care nationwide.



Launching in Spring 2026 – Alzheimer's and Dementia Care ECHO Program for Brain Health

This biweekly, 5-session series is designed to support primary care teams in promoting brain health across the lifespan. The series focuses on practical, evidence-based approaches that can be integrated into routine primary care workflows.

New Key Focus Areas for Consideration, 2026

Anti-Amyloid Therapy Ecosystem

- Increase qualified provider supply
- Enhance pharma/govt. cooperation on access (e.g. patient assistance programs)
- Support research on creating competing therapies to bring costs down
- Support research on improving safety, screening and monitoring profile
- Consider expansion of GUIDE patient navigator to assist in this area of treatment

Addressing Specialist Supply Shortages

- Increasing number of Neurology residency positions
- Incentivizing Memory Disorder Fellowship Residency positions
- Develop APP Memory Disorders specialist training pathways
- Improve reimbursement to physicians and systems for dementia care

Patient Education Program on Dementia Prevention

- Consider nationwide media campaign to the general public on dementia prevention
- Consider federal program to develop Institutes for Dementia Prevention
 - Evidence-based efficacy proven at select institutions
 - Comprehensive testing for at risk, but asymptomatic patients
 - Highly structured prevention program: Nutrition consultants, exercise guidance, structured lifestyle changes, patient education groups

Strategic Gains: Implementation of NAPA Recommendations

Dementia Prevention

- Potential 45% reduction in dementia cases

Earlier Detection and More Effective Treatment of Disease

Improved Patient & Caregiver Mental and Physical Health, QOL

Cost Savings

- Decreased hospitalizations
- Delayed Nursing Home Placement (possibly substantial)
- Reduction in ED visits
- Decrease in Clinic utilization
- Decrease in Drug utilization
- Continued economic contribution of Caregiver to society



TGH-USF Neurosciences

Best in Class Neurology & Neurosurgery Care

Patient Encounters	94,843
Surgeries	>3,000

Neuroscience Research

127 million	NIH funded research
>35 million	Other research

