

# The US healthcare system may be unprepared to identify and treat patients with Alzheimer's disease<sup>1</sup>

Current management of Alzheimer's disease focuses on supportive care and treatment of symptoms; the potential for a disease-modifying therapy in the future could shift resource needs toward:



Screening



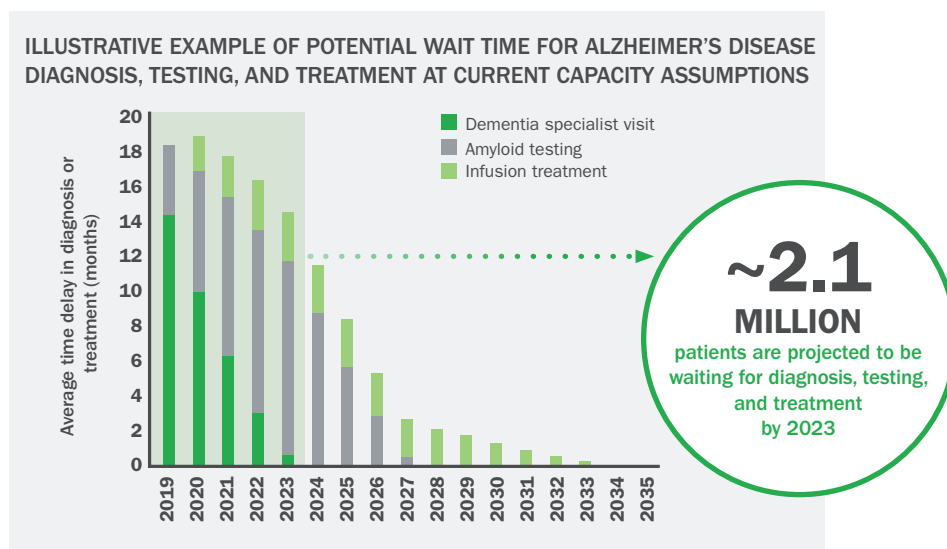
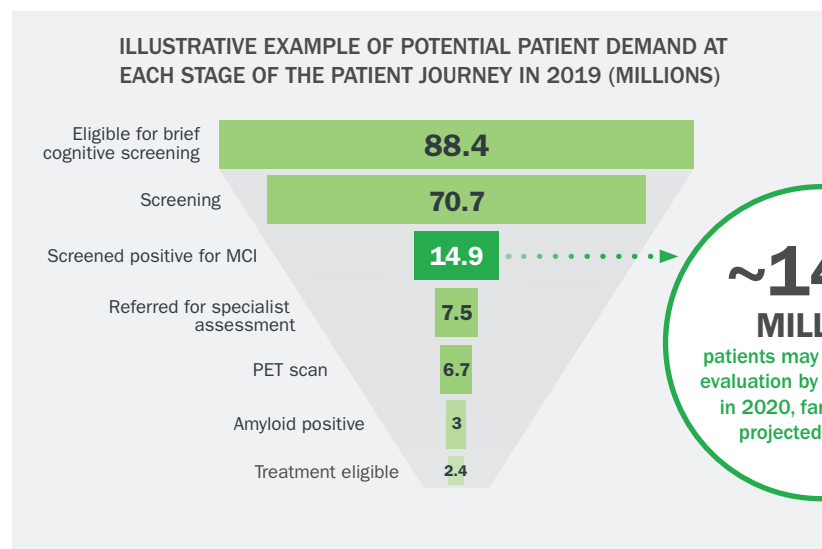
Diagnosis



Treatment  
(during MCI stage)

## Existing infrastructure limitations may prevent timely diagnosis and management<sup>b</sup>

In the United States, it is estimated that 5.5 million people are living with Alzheimer's-related dementia. Current capacity for specialist evaluation by trained HCPs, biomarker testing, and infusion-treatment delivery may limit the ability to address Alzheimer's disease during the earlier MCI stage. Under current capacity constraints, it is estimated that a potential patient-management backlog could span decades. Based on assumptions in this report, the illustrations below show possible patient demand and wait times at each stage of the patient journey.



Reused with permission from RAND Corporation. Jodi L. Liu, Jakub P. Hlávka, Richard Hillestad, and Soeren Mattke, *Assessing the Preparedness of the U.S. Health Care System Infrastructure for an Alzheimer's Treatment*. Santa Monica, CA: RAND Corporation, 2017. [https://www.rand.org/pubs/research\\_reports/RR2272.html](https://www.rand.org/pubs/research_reports/RR2272.html).

HCP=healthcare professional; MCI=mild cognitive impairment;  
PET=positron emission tomography.

<sup>a</sup>Based on historical and projected infrastructure estimates.

<sup>b</sup>Reported in millions for each stage of clinical diagnosis.

The numbers and dates used in the illustrations above are intended to highlight the magnitude of the misalignment between capacity and demand, rather than a precise calculation of such misalignment.

# Strategies at the national and local levels will be critical to addressing capacity constraints in screening, diagnosing, and treating patients with Alzheimer's disease<sup>1</sup>

Resolution of infrastructural deficits, including workforce considerations, biomarker testing, and treatment delivery could potentially expand capacity to diagnose and treat patients with Alzheimer's disease. Examples of potential strategies include:



## Specialist capacity

- Qualify more specialists for dementia care and increase productivity of existing specialist workforce—automating and/or delegating more tasks in the evaluation process
- Enable mid-level providers to perform biomarker assessment and screening prior to referring for specialist care



## Diagnostic capacity

- Streamline mobile scanner usage to share between facilities
- In the future, utilize brain-only scanners and alternate diagnostic tools (eg, cerebrospinal fluid, blood)



## Treatment capacity

- Consider approaches to alleviate capacity constraints related to new treatments that may become available in the future

Is your organization ready to address capacity constraints that may limit future patient care in Alzheimer's disease?

**Reference: 1.** Liu JL, Hlávka JP, Hillestad R, Mattke S. *Assessing the Preparedness of the U.S. Health Care System Infrastructure for an Alzheimer's Treatment*. [https://www.rand.org/pubs/research\\_reports/RR2272.html](https://www.rand.org/pubs/research_reports/RR2272.html). Published 2017. Accessed August 21, 2020.