

Memory and Aging Center

THE ALZHEIMER'S AND DEMENTIA CARE ECHO® PROGRAM Primary Care Practices Registration Form Every other Thursday from 12:00-1:00 p.m. PST beginning March 7, 2024 Please submit form to HSDCA@alz.org

Primary Care Practice Name:

Primary Care Practice Address:

Please list the information below for care team members who will join for this series. We request at least one prescriber and at least one member of your care team, with a maximum of five participants.

Name	Job Function (*indicate Lead ECHO Clinician)	Email	Estimated Clinic Panel Size (#)*	Estimated % of Patients 65+*

*These numbers are only applicable for prescribers such as MD, DO, NP, PA, APP, DNP.

Please confirm that you are able to meet the following criteria:

Weh	nave acc	ess to a	a web	cam	era a	nd an	establish	ed interne	et c	connection t	to j	oin t	he vid	eo	conference.

At least one additional member from our team, along with the team lead, will attend regularly.

We will be able to submit at least one patient case presentation during the program.

Select all that apply:

We manage the care of patients living with ADRD or with mild cognitive impairment (MCI).

We refer to a neurologist in our area when we are unsure of a patient's diagnosis		We refer to a neu	rologist in our	area when we	are unsure of a	patient's diagnosis.
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We would like guidance on cognitive assessment tools (type, administration, interpretation) and next steps if we
suspect cognitive issues in a patient (e.g., opening dialogue, using an informant).

Care coordination for patients with ADRD and/or MCI is a challenge at our practice.

 $\bar{\nabla}$ We would like guidance on navigating family dynamics and/or challenging conversations about ADRD (e.g,

 $\frac{1}{2}$ driving, retirement, transitioning to assisted living, disclosing a diagnosis, involving family in care).

We would like guidance on behavioral issues and psychological symptoms for ourselves and/or family members of our patients.

ldentifying community resources for patients with ADRD and their families is of interest.

Let us know anything else that is relevant to your practice joining the ECHO program: