

The Bree Collaborative
Draft Alzheimer's and Other Dementias Revision Charter and Roster

Problem Statement

As the population continues to age quickly, the risk Alzheimer's disease and other dementias increases. In 2020, there were around 125,116 people living with dementia, including Alzheimer's disease, in Washington state. By 2040, this number is expected to exceed 270,000 people.¹ Individuals living with dementia are hospitalized 2-3 times as often as people of the similar age who do not live with dementia, and estimated cost of medical care for people living with dementia in 2019 was around \$50,000.² Washington Medicare beneficiaries living with dementia are significantly more costly than beneficiaries without dementia (\$2,229 Per Member Per Month (PMPM) versus \$803 PMPM). Early diagnosis is associated with a per-person savings of on average \$64,000. People who identify with historically underserved or minoritized populations are less likely than those who identify as White to be diagnosed, are usually diagnosed at a later stage, are less likely to use hospice care, and have a higher risk of hospitalization.³ Many people also experience mild cognitive impairment (MCI) that can progress to dementia, which when identified provides opportunity for early intervention and management.⁴ Also, new biomarker testing strategies can indicate people at higher risk with and without mild cognitive impairment.⁵ Since the original Bree Collaborative report, more evidence has emerged around modifiable risk factors, testing and diagnosis, treatments, care strategies, and payment methodologies, as well as a new Washington State Plan to Address Alzheimer's Disease and Other Dementias. Updating and aligning recommendations could enhance practices in preventing, diagnosing, and treating dementia to improve outcomes and save cost for all Washingtonians.

Aim

To update and standardize evidence-based prevention, early detection, and treatment for those living with and at risk for Alzheimer's Disease and other dementias to prevent and delay progression of these conditions for our community.

Purpose

To propose evidence-informed collective action guidelines to the full Bree Collaborative on practical methods for implementation of prevention, early detection, treatment and payment for high quality dementia care, including:

- Defining topic area and scope
- Align with the WA Alzheimer's State Plan and the Dementia Action Collaborative Working Group
- Update report with recent evidence on risk reduction across the life span, biomarker testing, nonpharmacological and new drug therapies for Alzheimer's and dementias
- Develop an implementation plan for age-friendly health systems and geriatric emergency departments to improve cognitive impairment care through team-based approaches and clarify roles across healthcare services and specialties
- Align payor coverage for early detection and intervention, such as through team-based care
- Standardize quality measures for Alzheimer's and dementias
- Identify ways to expand service access in underserved areas and enhance long-term support for patients, families, and caregivers
- Add other focus areas as necessary

Out of Scope:

- Other conditions that cause cognitive dysfunction (e.g., TBI)
- Other conditions commonly associated with aging

Duties & Functions

The workgroup will:

- Revise originally published report for accuracy and timeliness
- Research evidence-informed and expert-opinion informed guidelines and best practices (emerging and established).
- Identify current barriers and future opportunities for implementing interventions.
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine-twelve months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies including metrics or a process for measurement.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative. The Bree Collaborative director and program coordinator will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve guidelines to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. Bree Collaborative staff will conduct meetings, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the Bree Collaborative director.

Name	Title	Organization
Kristoffer Rhoads, PhD (chair)	Professor of Neurology Neuropsychologist Co-Lead, Project ECHO Dementia	University of Washington Memory and Brain Wellness Center UW ADRC Clinical Core
Jamie Tueteberg, MS	Director of Healthy Aging Initiatives Health and Aging Policy Fellow	Washington Health Care Authority
Barak Gaster, MD	Professor of Medicine	University of Washington Memory and Brain Wellness Center
Katina Rue, DO, FAAFP, FACOFP	Medical Director	Team Health

Carla Ainsworth, MD	Family Medicine Residency Program Director	Kaiser Permanente
Allyson Schrier	Caregiver Advocate	
Carroll Haymon, MD	Physician Faculty Clinical Advisor and Consultant	Providence Swedish AC Haymon Consulting
Rodney Anderson, MD	President/Chief Executive Officer	Family Care Network
Cathy McCaul	Advocacy Director	American Association of Retired Persons (AARP) Washington
Laura Cepoi, MA	Executive Director	Olympic Area Agency on Aging
Cathy Cooper, MSW, LICSW	Palliative Care Social Worker	Multicare
LuPita Guitierrez-Parker	Patient Advocate	
Vicki McNealley, PhD, MN, RN	Director of Assisted Living	Washington Health Care Association
Lynne Korte, MPH	Dementia Care Policy and Program Analyst/Manager	Washington Department of Social and Health Services
Nancy Isenberg, MD, MPH	Medical Director Center for Healthy Aging, Co-Lead, Project ECHO Dementia	Swedish Neuroscience Institute
Maureen Schmitter-Edgecombe, PhD	Regents Professor	Washington State University
Martin Levine, MD, MBA	Chief Medical Officer	Optum Care Network Pacific Northwest
Michelle Graham, MD, MME, FAAFP	Chief Medical Officer, Pacific Northwest - WA, OR, HI, AK	UnitedHealthcare Medicare & Retirement

¹ Washington State Department of Social and Health Services. (2023). Washington State Plan to Address Alzheimer's Disease and Other Dementias 2023-2028.

<https://www.dshs.wa.gov/sites/default/files/AL TSA/stakeholders/documents/AD/Washington%20State%20Plan%20to%20Address%20Alzheimer%E2%80%99s%20Disease%20and%20Other%20Dementias%202023-28.pdf>

² Lastuka A, Breshock MR, Taylor KV, Dieleman JL. The costs of dementia care by US state: Medical spending and the cost of unpaid caregiving. *Journal of Alzheimer's Disease*. 2025;105(1):186-196. doi:10.1177/13872877251326231

³ Hinton, L., Tran, D., Peak, K., Meyer, O. L., & Quiñones, A. R. (2024). Mapping racial and ethnic healthcare disparities for persons living with dementia: A scoping review. *Alzheimer's and Dementia*, 20(4), 3000–3020. <https://doi.org/10.1002/alz.13612>

⁴ Salemm S, Lombardo FL, Lacorte E, Sciancalepore F, Remoli G, Bacigalupo I, Piscopo P, Zamboni G, Rossini PM, Cappa SF, Perani D, Spadin P, Tagliavini F, Vanacore N, Ancidoni A. The prognosis of mild cognitive impairment: A systematic review and meta-analysis. *Alzheimers Dement (Amst)*. 2025 Mar 12;17(1):e70074. doi: 10.1002/dad2.70074. Erratum in: *Alzheimers Dement (Amst)*. 2025 Jul 18;17(3):e70150. doi: 10.1002/dad2.70150. PMID: 40078377; PMCID: PMC11898010.

⁵ Huszár, Z., Engh, M., Pavlekovich, M. et al. Risk of conversion to mild cognitive impairment or dementia among subjects with amyloid and tau pathology: a systematic review and meta-analysis. *Alz Res Therapy* 16, 81 (2024). <https://doi.org/10.1186/s13195-024-01455-2>