
Bree Collaborative | Alzheimer's and Other Dementias Revision

February 9th, 2026 | 2:30-4PM PST

Hybrid

MEMBERS PRESENT

Kris Rhoads, PhD, UW (chair)

Jamie Tueteberg, MS, HCA

Barak Gaster, MD, UW

Katina Rue, DO, FAAFP, FACOFP, Team Health

Carla Ainsworth, MD, KP

Allyson Schrier

Carroll Haymon, MD, Haymon Consulting

Laura Cepoi, MA, Olympic AAA

LuPita Guitierrez-Parker

Vicki McNealley, PhD, MN, RN, Home Care Association

Lynne Korte, MPH, DSHS

Nancy Isenberg, MD, MPH, Swedish

Maureen Schmitter-Edgecombe, PhD, WSU

Michelle Graham, MD, MME, FAAFP, UHC

Richard Furlong, MD, Virginia Mason Franciscan Health

Emily Trittschuh, PhD, VA Puget Sound

Nina Sanderson, Midwest QIN-QIO

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative

Ashby Wolfe, CMS

Emily Nudelman, DNP, RN, Bree Collaborative

Karie Nicholas, MA, GDip, Bree Collaborative

INTRODUCTIONS

Kris invited new members to introduce themselves:

- Dr. Emily Trittschuh, VA Puget Sound
- Dr. Richard Furlong, Virginia Mason
- Nina Sanderson, Midwest QIN-QIO (Washington is one of 14 states supported)

PRESENT: 2017 ALZHEIMERS AND OTHER DEMENTIAS REPORT AND RECOMMENDATIONS

Beth reviewed the 2017 Alzheimer's and Other Dementias Report and Recommendations purpose, focus areas and stakeholder specific recommendations. The following was reviewed:

- Purpose: The goal of the recommendations are to support patients, their family members, and other caregivers across the disease process.
- The workgroup developed a roadmap for implementation:
 - Outlining patient perspective for optimal care across 6 focus areas
 - Operational details for each area from current state -> intermediate steps -> optimal care
- Following are specific steps for stakeholder groups including:
 - Patients and family members
 - Primary care practices and systems (including primary care providers)
 - Health plans
 - Hospitals
 - Skilled nursing facilities
 - Washington Health Care Authority
- Focus Areas (see full details in report)
 - Diagnosis
 - Ongoing Care and Support/Management

- Advance Care Planning and Palliative Care
- Need for Increased Support/Higher Level of Care
- Preparing for Hospitalization
- Screening for Delirium Risk
- Summary of Recommendations:
 - Patients and Caregivers
 - Discuss concerns early with your care team
 - Confirm who your primary care provider is
 - Use available guides and community resources for Alzheimer's and other Dementias
 - Talk with your care team about safety, managing other health conditions, mood changes, sleep, driving, medications, and lifestyle changes or supportive services
 - Plan ahead for future care needs
 - Advance care planning documents
 - Hospitalization preferences
 - Identify red flags
 - Consider when higher levels of care, palliative care, or hospice needed
 - Primary Care Practices and Systems (including providers)
 - Identify the primary care provider
 - Interdisciplinary, culturally informed team
 - Assess and address hearing loss
 - Principles for Dignified Diagnosis during conversations
 - Two step diagnostic process
 - Early advance care planning
 - Integrate dementia considerations into routine care
 - Prepare for higher level of care needs
 - Connect to resources
 - Residential Care Facilities
 - Regular dementia-specific and hearing-loss communication training
 - Empathetic, patient- and family-centered advance care planning conversations
 - Advance care documents are completed, recorded, and shared
 - Promote palliative care/hospice awareness
 - Hospitals
 - Educate staff on dementia progression, care needs, communication strategies, family involvement, and hearing-loss awareness
 - Screen at-risk patients for delirium on admission
 - Targeted prevention strategies when delirium detected
 - Support safe, informed discharge
 - Promote strong advance care planning
 - Health Plans
 - Increase awareness of healthy aging, heart–brain health, the difference between normal aging and dementia warning signs, and the value of timely diagnosis.
 - Encourage adherence to advance directives/POLST
 - Measure patient and family satisfaction
 - Support smoother transitions of care across settings
 - Expand supportive benefits and resources (e.g., access to palliative care before hospice eligibility)

- Employers
 - Incorporate caregiver resources into employee assistance programs.
 - Educate staff on end-of-life conversations and advance care planning documents
 - Increase awareness of heart–brain health, normal vs. concerning memory changes, and the importance of timely dementia diagnosis
- HCA
 - Promote awareness and utilization of advance care planning at multiple levels of health care delivery systems.
- Discussion
 - Biggest change from this set of recommendations and updates to the evidence is the opportunity to prevent or delay progression of Alzheimer’s and other dementias, so want the updates in the report to reflect that
 - Opportunity to address intergenerational risk of child caregivers who want support understanding how to prevent developing dementia later in life
 - Highlight need for nonpharmacological lifestyle interventions such as socialization, cognitive stimulation, sleep, and physical activity, and practical guidance around these interventions
 - Public health recent funding and national attention has provided opportunity to increase early detection, framing brain health as heart health

PRESENT& DISCUSS: PRE-READS

Kris then transitioned the meeting to discussing the pre-reads with relevancy to what the workgroup plans to update in the focus areas.

- Alzheimer’s Association CPG for Blood-Based Biomarkers
 - Increasing use of blood based biomarkers in primary care due to patient demand and limited specialist access; guidelines currently focus on specialized settings, not primary care
 - Need clear guidance on ordering and interpretation of biomarkers and APOE genotyping
○ how to address positive results without cognitive complaint
 - Emphasis on framework to approach biomarker testing without getting into specifics of tests as the field is changing rapidly
 - Rule-out versus rule-in testing: blood-based biomarkers should not be utilized as rule-out tests for cognitive impairment, inform treatment decisions after diagnosis of MCI or dementia to guide treatment (Anti-amyloid monoclonal antibody therapy)
- DAC resources are being updated as we speak
- Appropriate Use of Anti-Amyloid Monoclonal Antibodies
 - Need stringent risk assessment and adherence to appropriate use criteria, including APOE genotyping and imaging
 - Limited likelihood of primary care as prescribing these therapies, due to complexity and toxicity, but potentially with adequate support and training primary care could play a role in rural and underserved communities
 - Again, use a framework approach, to anticipate changes as the evidence evolves

DRAFT FOCUS AREAS

Kris then transitioned to reviewing a draft focus areas document. Beth reviewed the general timeline again with the workgroup members, highlighting that we have a total of 5 months worth of evidence

review and drafting of guidelines before needing to post a first draft of the report for public comment. The following changes were made to the focus areas (changes/additions are in red)

Focus Area	Details
Risk Reduction	<ul style="list-style-type: none"> - Assessing and addressing modifiable Risk Factors in Primary Care (e.g., heart health as brain health) - Nonpharmacological interventions
Early Detection & Diagnosis	<ul style="list-style-type: none"> - Screening & case detection - Blood based biomarkers use case and framework - APOE genotyping
Ongoing Care Support & Management	<ul style="list-style-type: none"> - Integration of Community Supports Early (specific timepoints?) - Anti-Amyloid monoclonal antibodies framework for primary care & specialty care - Team-based care model with caregiver support (e.g., GUIDE model, BOLD model) - Nonpharmacological interventions and rehabilitation
Advance Care Planning and Palliative Care	<ul style="list-style-type: none"> - Minor updates
Higher levels of Care Needs	<ul style="list-style-type: none"> - Minor updates
Preparing for Hospitalization	<ul style="list-style-type: none"> - Minor updates
Screening for Delirium	<ul style="list-style-type: none"> - Minor Updates

EVALUATION SUBCOMMITTEE

Karie Nicholas, MA, GC, GDip, introduced the evaluation subcommittee whose purpose is the drive the development of evaluation tools and resources for the Bree Collaborative workgroups. The subcommittee will meet monthly, focus on creating a theory of change and evaluation framework to guide organizations as they evaluate the implementation and impact of Bree Collaborative guidelines. Volunteers will be recruiting further into the year.

PUBLIC COMMENT AND GOOD OF THE ORDER

Kris invited final comments or public comments, then thanked all for attending. At the next workgroup meeting, the team will review a detailed workplan and focus areas as determined by the group. The workgroup's next meeting will be on Wednesday, March 9th from 2:30-4PM.