
Bree Collaborative | Alzheimer's and Other Dementias Revision

March 9th 2026 | 2:30-4PM PST

Hybrid

MEMBERS PRESENT

Kris Rhoads, PhD, UW (chair)

Jamie Tueteberg, MS, HCA

Katina Rue, DO, FAAFP, FCOFP, Team Health

Carla Ainsworth, MD, KP

Allyson Schrier

Laura Cepoi, MA, Olympic AAA

LuPita Guitierrez-Parker

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

Marci Getz, MPH, DOH

Cathy McCaul, AARP

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative

Emily Nudelman, DNP, RN, Bree Collaborative

Karie Nicholas, MA, GDip, Bree Collaborative

INTRODUCTIONS

Kris welcomed everyone to the meeting, reviewed the agenda and asked for a motion to approve the minutes:

Action: Motion to approve February minutes

Outcome: February minutes approved

REVIEW: PRE-READS

Kris reviewed a few pre-reads to keep in mind as we plan our revisions to the report and guidelines, including: CDC Healthy Brain Initiative, WA DOH Implementing the Healthy Brain Initiative Road Map

- Discussion
 - CDC's partnership with Alzheimer's Association supported development of the HBI and toolkit specifically for AIAN communities – provides recommendations across the life course
 - WA state plan was informed by this initiative – broadens focus beyond clinical care
 - HBI focused also on equity – explicitly addressing inequities is critical

PRESENT& DISCUSS: WORKPLAN

Kris then transitioned the meeting to review the workplan and proposed focus areas again in more detail. The following changes were made to the focus areas:

- ~~Prevention~~ Risk Reduction
 - Aggressive prevention & treatment of chronic conditions (hypertension, diabetes, hyperlipidemia) in midlife and beyond
 - Routine screening and referral for hearing loss and visual impairment
 - Routine screening and treatment for depression and anxiety, substance use

- Closed-loop referral to community programs or organizations for whole-person health (physical activity, nutrition, community building)
- Caregiver role in risk reduction
- Quality measures to incent risk reduction
- Interventions for dementia risk reduction across the life-course
- **Early** Detection & Diagnosis
 - ~~Screening~~ Case detection & diagnostic tools in primary care
 - Strategies to improve case detection
 - Revising identification -> diagnosis pathway
 - Educate and provide support to caregivers
 - ~~Blood-based biomarker framework and use cases~~
 - Other minor revisions
- Ongoing Care, Support & Management
 - ~~APOE genotyping and anti-monoclonal antibodies eligibility and workflow~~ **Current and emerging diagnostics (biomarkers, genotyping, etc.)**
 - Anti-amyloid therapy
 - GUIDE model
 - ~~BOLD grant public health infrastructure~~
 - Integration of community supports
 - Health and support of the caregiver
 - Other minor revisions

- 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; guidelin

Discussion

- Teams have been struggling with there in the sequencing pathway do we put biomarkers and genotyping
- Idea of splitting into subgroups seems to be too difficult
- Risk reduction moved to a later month (not April)

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 begin discussing edits to the detection & diagnosis guidelines.

The workgroup's next meeting will be on Wednesday, April 20th from 2:30-4PM.