Overview
Primary care physicians are the gatekeepers to assessment and treatment and a potential link/referral to community resources, which can provide support, services, and education for patients and family members. The information presented here is designed to provide tips and tools for Alzheimer’s Disease Demonstration Grants to States (ADDGS) grantees and project partners engaged in physician outreach programs. It presents information in four sections. These sections are:

- Creating collaborative relationships with primary care physicians
- General principles for establishing and sustaining physician outreach programs
- Additional examples of ADDGS project physician outreach tools and tactics
- Relevant publications for additional information

The tips and tools bring the reader key pieces of information about successful and replicable physician outreach activities. The information presented comes from the direct experience of ADDGS grantees.

Creating Collaborative Relationships with Primary Care Physicians

The primary goals of a physician outreach program are to:

- Increase knowledge
- Decrease obstacles
- Decrease uncertainties

In 2003, the Wisconsin Office of Continuing Medical Education and the Wisconsin Alzheimer’s Institute at the University of Wisconsin School of Medicine and Public Health completed a statewide needs assessment that included identifying the learning and practice needs of primary care physicians. The study found that knowledge and practice obstacles, identified by the physicians, led to uncertainties about the ability to diagnose dementia related disorders, manage complications of dementia and deal with the multiple needs of patients and families. The Wisconsin Alzheimer’s Institute is an ADDGS grantee partner organization.

Further description of the Wisconsin needs assessment can be found at: [http://www.medsch.wisc.edu/wai/profed/medsch.html](http://www.medsch.wisc.edu/wai/profed/medsch.html).

Contact information: For additional information, contact Barbara Lawrence BSN, MS, Wisconsin Alzheimer’s Institute Senior Outreach Specialist at 608-829-3302 or blawrence@wisc.edu.
ADDGS Example: In 2005, the state of North Dakota’s Department of Human Services also completed a Physician Educational Needs Assessment using a postcard surveying tool. The survey was developed to determine the educational needs of medical providers related to recognizing the early signs of dementia and understanding treatment options. The survey was used to determine the curriculum for physician education at two major medical centers and several rural hospitals.

- Survey form

Contact information: For further information, contact the ADDGS Program Administrator Sheryl Pfliger at the North Dakota Department of Human Services (701) 328-4645 or sopflsl@state.nd.us.

General Principles for Establishing and Sustaining Physician Outreach Programs

In March 2006, ADDGS grantees and partners from five states (IA, MI, MN, ND, and WI) participated in a physician outreach workgroup designed to share best practices for physician education. This section describes the workgroup’s general principles for establishing and sustaining physician outreach programs.

A. Physician Outreach programs must be designed with, for and by physicians. Successful programs:

1. Identify a Physician Champion. A peer mentor who is:
   1. Recognized and respected by their peers
   2. Motivating and enthusiastic
   3. Good working knowledge of Alzheimer’s disease
   4. Able to articulate the specific benefits that the physician education will provide

2. Utilize adult teaching methods accepted by physicians including:
   1. Web-based / e-medicine
   2. Didactic – traditional
   3. Peer mentor
   4. Written literature (evidence based)
   5. Case Study

3. Address identified physician issues
   1. Use needs assessment, focus groups or other survey methods
   2. Provide answers to common questions about diagnosis and treatment
iv. Provide Continuing Medical Education (CMEs) accredited by the Accreditation Council for Continuing Medical Education, when possible

B. Successful programs use state and local partnerships and existing networks to develop programs and spread the word. Tactics used achieve this goal are to:

i. Incorporate physician outreach project activities into regular work of community agencies (such as Alzheimer’s Association and Area Agency on Aging)

ii. Partner with other organizations/groups with pre-existing connections to physicians you would like to reach. These could include:
   1. Medical professionals, centers, and community
   2. Related community services and resources (aging, Alzheimer’s, health)
   3. Educational institutions
   4. Other community network of services

C. Identify essential education components

i. Restrict presentations to a small number of specific points or goals. For example:
   1. The importance of early diagnosis
   2. The availability of community resources: You don’t have to do it alone
   3. Introduction to the 10 Warning Signs

ii. Introduce recommendations that can be immediately and easily incorporated into the physician’s daily routine. Include easy-to-use tools (e.g. checklists)

iii. Focus on direct contact with physicians, when possible

iv. Build in evaluation measures to track changes in practice

Additional examples of ADDGS project physician outreach tools and tactics

This section describes three specific outreach tools and tactics used by ADDGS grantees to educate physicians on the diagnosis and treatment of Alzheimer’s disease.
A. Academic Detailing

Academic detailing is an educational approach which has been used by pharmaceutical companies to conduct physician outreach. This approach involves brief visits to staff at physician offices. In 2004, Michigan designed six 15-minute academic detailing modules. Each module has a visit agenda and script, training for representatives making visits, and evaluation tool. The development of materials included input from the Michigan Public Health Institute, Alzheimer’s Association, Michigan State University, University of Michigan, and Office of Services to the Aging and Mental Health & Substance Abuse from the Department of Community Health. Each visit is made by a team made up of a retired physician, a representative from the local Alzheimer’s Association chapter, and a representative from the local Area Agency on Aging.

- Sample letter of introduction to academic detailing for physicians
  - Introduction - AcD packet May 06.pdf

- Sample detail team modules
  - MI MD Education Modules.pdf

Contact Information: For additional information contact Marci Cameron, ADDGS Project Director, Division of Community Services, Bureau of Mental Health and Substance Abuse Services at (571) 335-0226 or email: cameronm@michigan.gov.

B. Memory Care Folder

Minnesota’s ADDGS grant helped to create a Memory Loss folder for physicians to give to their patients. The folder serves a dual purpose. It provides educational material for local physicians on the resources available to their patients and includes all the materials that a family needs to help them decide if there is an issue with significant memory loss (family questionnaire, 10 warning signs etc.), how to get help, and other helpful materials to answer care related questions. The Memory Loss folder has provided an entrée with physicians/clinics to begin the discussion of working together. The folders have been very well received by physicians, clinic staff and their patients and have led to a number of referrals and further opportunities to work together. Of note, the grantee and its partners identified that the use of non-threatening language, using the term “memory loss” versus Alzheimer’s, has significantly helped open door with both physicians and families.

- Folder cover (includes list of community partners)
  - Alzheimers folder FINAL.pdf
Sample cover letter for physicians

• Sample cover letter for patients

• List of Folder Contents

Contact Information: For additional information contact Donna Walberg, ADDGS Project Coordinator, Minnesota Board on Aging at (320) 230-3040 or email: ddwalberg@msn.com.

C. Virtual Grand Rounds

Grand rounds are a recognized method of formal continuing medical education for physicians, presenting clinical problems in medicine by focusing on current or interesting cases. In 2005, North Dakota’s ADDGS grantee and partners conducted a “virtual grand rounds” specifically aimed at dementia diagnosis and treatment using statewide telehealth resources.

The “virtual grand rounds” was made available via North Dakota’s BTWAN (Bioterrorism Wide Area Network) or BT1 system, a high-tech videoconferencing system. The BTWAN system, supported by a grant to the North Dakota Department of Health and the ND Health Care Association, can connect up to 41 locations throughout the state. Along with emergency information, it is available for daily communications and educational uses.

• Sample Letter of introduction for physician
Contact Information: For additional information contact Sheryl Pfliger, ADDGS Program Administrator, North Dakota Department of Human Services (701) 328-4645 or sopflis@state.nd.us.

There are more than 200 local and statewide telehealth/telemedicine networks in the United States, for more information on your state’s telemedicine network, contact your state Department of Health.

For additional background information on “virtual grand rounds”, see: http://tie.telemed.org/articles/article.asp?path=telemed101&article=virtualGroundRounds_swetal_tpr04.xml

Relevant Publications for Additional Information


This study aims to develop an in-depth understanding of the issues important to primary care physicians in providing care to cognitively impaired elders.

You may be able to access this article free of charge through your state agency library or information service. Free access to the abstract and a link to purchase the full text is also available at: http://gerontologist.gerontologyjournals.org/cgi/content/full/45/2/231.


You may be able to access these articles free of charge through your state agency library or information service. Free access to the abstract and a link to purchase the full text is also available at: http://www.haworthpressinc.com/store/product.asp?sku=J018.


Although clinical practice guidelines provide evidence-based recommendations for diagnosing and managing dementia, a number of barriers prevent their implementation in the primary care setting.

Two models were used to provide ongoing education about Alzheimer's disease for primary care physicians in a Veterans Health Administration (VHA) network including 8 facilities. The train the trainer model developed by the John A. Hartford Foundation and the American Geriatrics Society was used to prepare physician leaders to conduct Memory Loss Tool Kit sessions for colleagues in their VHA settings. Includes Videoconference Grand Rounds Program.


The design and testing of new models for improving the quality of dementia care should draw on the broader literature on changing physician’s behavior in health care and other settings. Knowledge about different types of strategies is likely to be effective in changing physician and health care organizational practices around care for dementia.


The essential components of the integrated program are: 1) a comprehensive screening and diagnosis protocol; 2) a multidisciplinary team approach coordinated by a geriatric advance practice nurse; and 3) a proactive longitudinal tracking system. The key role of the geriatric nurse practitioner is emphasized.


The growing aging population and concerns about quality health care for people with dementia and other chronic illnesses have stimulated numerous efforts targeting health care providers. The “Partnering with Your Doctor” program is the first to explore the efficacy of a consumer “self-management” approach to improving dementia health care.


Evidence from other chronic diseases suggests that the overall impacts of dementia care education programs will be limited: significant, lasting improvements in healthcare quality and outcomes appear to require intensive, multi-level, multifaceted approaches comprising coordinated efforts by a broad spectrum of stakeholders. This Commentary examines the quality improvement programs presented relative to current thinking and insights regarding requirements for successful improvement.
The purpose of this toolkit is to guide a physician champion in educating his/her colleagues about the benefits and practicalities of collaborating with community-based organizations that serve older adults. The helps physicians champion learn more about community organizations and share what s/he knows with others. It is not a how-to guide for building linkages between physicians and local organizations; however, it does include some suggestions for fostering such linkages.

Promising Practices is designed to help Area Agencies on Aging (AAAs) and Title VI-Native American aging programs share success stories about an innovative physician outreach program, Making the Link: Connecting Caregivers with Services through Physicians. Promising Practices includes tips on physician outreach strategies that work and how to engage primary care providers to care for caregivers. The project is a partnership between National Association of Area Agencies on Aging (n4a) and the Administration on Aging (AoA) designed to help health providers identify caregivers at risk and refer them to services provided by AAAs.

AoA’s ADDGS National Resource Center is operated by RTI and the Alzheimer’s Association.

- For additional information about physician outreach tips and tools please contact Kate Gordon at (202) 638-8669 or Diane Braunstein at (202) 638-8664.

- For further information about the ADDGS program, please contact Lori Stalbaum, AoA Project Officer for the ADDGS program at (202) 357-3452.

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