From Reactive to Proactive: How Claremedica Rebuilt Its Approach to Dementia Detection in a Full-Risk Model

claremedica | creyos

Presented By:

Dr. Nehal Gheewala - Chief Medical Officer - Claremedica

Benjamin Todd - SVP Strategy and Analytics - Claremedica

RISE®

Webinar Participant Tips

All participant lines are muted. To protect your privacy, you will only see your name and the presenters names in the participant box.

- To submit a question to the presenters any time during the event:
  - In the Event window, in the Panels drop-down list, select “Q & A”
  - Type your question in the Q & A box
  - Click “Send”

Presenters

Dr. Nehal Gheewala
Chief Medical Officer
Claremedica

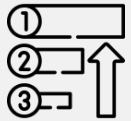
Benjamin Todd
SVP, Strategy and Analytics
Claremedica

TODAY'S SESSION

What You'll Walk Away With

Why the dementia gap exists

How traditional tools created a false sense of coverage.



How to build the case internally

The clinical, operational, and financial framing to make dementia detection a priority across every level of the organization.

How the shift actually happened

The specific implementation steps: evaluation criteria, rollout approach, workflow integration to maximize adoption and minimize pushback

What changed and what to measure

Early results and what to track at your organization to measure success.

About Claremedica

Care You Can Feel. **Redefining What American Medicine Feels Like** — a value-based primary care organization purpose-built to serve patients as they age, helping them live healthier, happier, and fuller lives.

30,000+	5	600+	Full-Risk
FLORIDIANS SERVED	FLORIDA MARKETS	TEAMMATES	MEDICARE ADVANTAGE

OUTCOMES & QUALITY

- 5-Star HEDIS Quality
- 40% fewer hospitalizations
- Advanced early detection and preventive medicine
- Best-in-class chronic disease management

EXPERIENCE & ACCESS

- 90+ Net Promoter Score
- All centers located in a medically underserved community
- High Touch Care: Longitudinal, Relationship-based
- SDoH Focus: Activity Centers, Community Partnerships

CLAREMEDICA PROMISE

- Build a Winning Culture focused on team achievement and improvement
- Equipping Our People with technology, analytics, and education
- Pride in Primary Care by expanding the role of the Care Team

Screening for Cognitive Decline and Missing It

Claremedica had been using the MMSE organization-wide for 2.5+ years. But clinicians could see cognitive decline affecting care everywhere — and knew the test wasn't capturing it.

Operator-Dependent

Results varied by who administered the test. Inconsistent administration across 35+ sites made organization-wide trending unreliable.

A Score Without Context

A single score wasn't helping to drive meaningful conversation with a patient or their family, or know what to do next.

No Structured Data

The MMSE does not capture what is happening in memory, attention, reasoning, or executive function. It only indicates whether a patient clears a threshold.

A Compounding Risk in a Full-Risk MA Contract

Clinical Harm Compounds

- Delayed detection
- No care planning
- No family prep.
- No intervention
- Faster decline
- Narrowing window for action

RAF Scores are Distorted

- Undiagnosed conditions
- Uncaptured HCC
- Understated member acuity
- Gap absorbed by organization
- Growing RADV risk

Avoidable Cost Accumulates

- Missed medications
- Missed appointments
- Crisis presentations
- Avoidable admissions
- Costly utilization
- Root cause unaddressed

THE RISK

The True Cost of Undetected Dementia

$3K - $5K per ED episode

Avoidable ED Visits

4X

ED visits peak to 4× baseline in the month before diagnosis. Behavioral crises, falls, and confusion drive emergency presentations preventable with earlier care planning.

Gettel CJ, Song Y, Rothenberg C, et al. Emergency Department Visits Among Patients With Dementia Before and After Diagnosis. JAMA Netw Open. 2024;7(10):e2439421. Published 2024 Oct 1. doi:10.1001/jamanetworkopen.2024.39421

$5.7K/yr per patient in avoidable ADE-costs

Medication Mismanagement

3X

Without a diagnosis, polypharmacy is unmanaged. People with dementia face nearly triple the odds of receiving potentially inappropriate medications, driving adverse drug events

Adapted from a systematic review on dementia polypharmacy (*Compr Psychiatry*, 2024), UCLA Alzheimer's Disease Research Center findings, and the Canadian Deprescribing Network medication safety guidelines.

$45K - $55K per hip fracture hospitalization

Injury and Fall Risk

3X

Fall-related hospital admissions are 3x higher in the year before Alzheimer’s diagnosis. Without a formal diagnosis, fall prevention protocols aren’t triggered

Wang J, Tsugawa Y, Bynum JPW. Association between injurious falls and subsequent diagnosis of Alzheimer disease and related dementias in older adults. *JAMA Network Open*. 2024;7(9):e2435222. doi:10.1001/jamanetworkopen.2024.35222

$86K - $130K/yr for memory care / nursing home placement

Accelerated Institutionalization

2X

Unmanaged dementia doubles the risk of nursing home admission. Without a care plan, safety crises accelerate this transition by years

(Aliberti et al., 2016; Tofforelli & Broad, 2014; Wang et al., 2024).

In medicine, we're trained to look at vital signs: like temperature, blood pressure, heart rate, oxygen saturation, respiratory rates. But not cognition, which changes just as subtly over time.

What would happen if we could?

This question reframed cognition from a reactive concern into a trackable vital sign — and set the direction for everything that followed.

THE SOLUTION

Enter Digital Cognitive Assessment (DCA)

TRADITIONAL TOOLS (e.g., MMSE)	DIGITAL ASSESSMENT (e.g., Creyos)
✗ Single pass/fail score	✓ Domain-level cognitive profile
✗ Operator-dependent	✓ Standardized & repeatable
✗ Clinician time required	✓ MA-supervision
✗ No structured data output	✓ Structured data, fully integrated

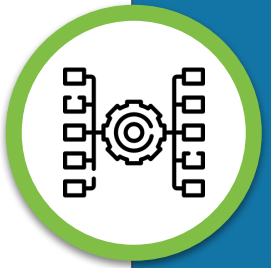
Mandatory Solution Requirements

There were four non-negotiable criteria a digital cognitive assessment tool needed to have.

Clinical validity above all else

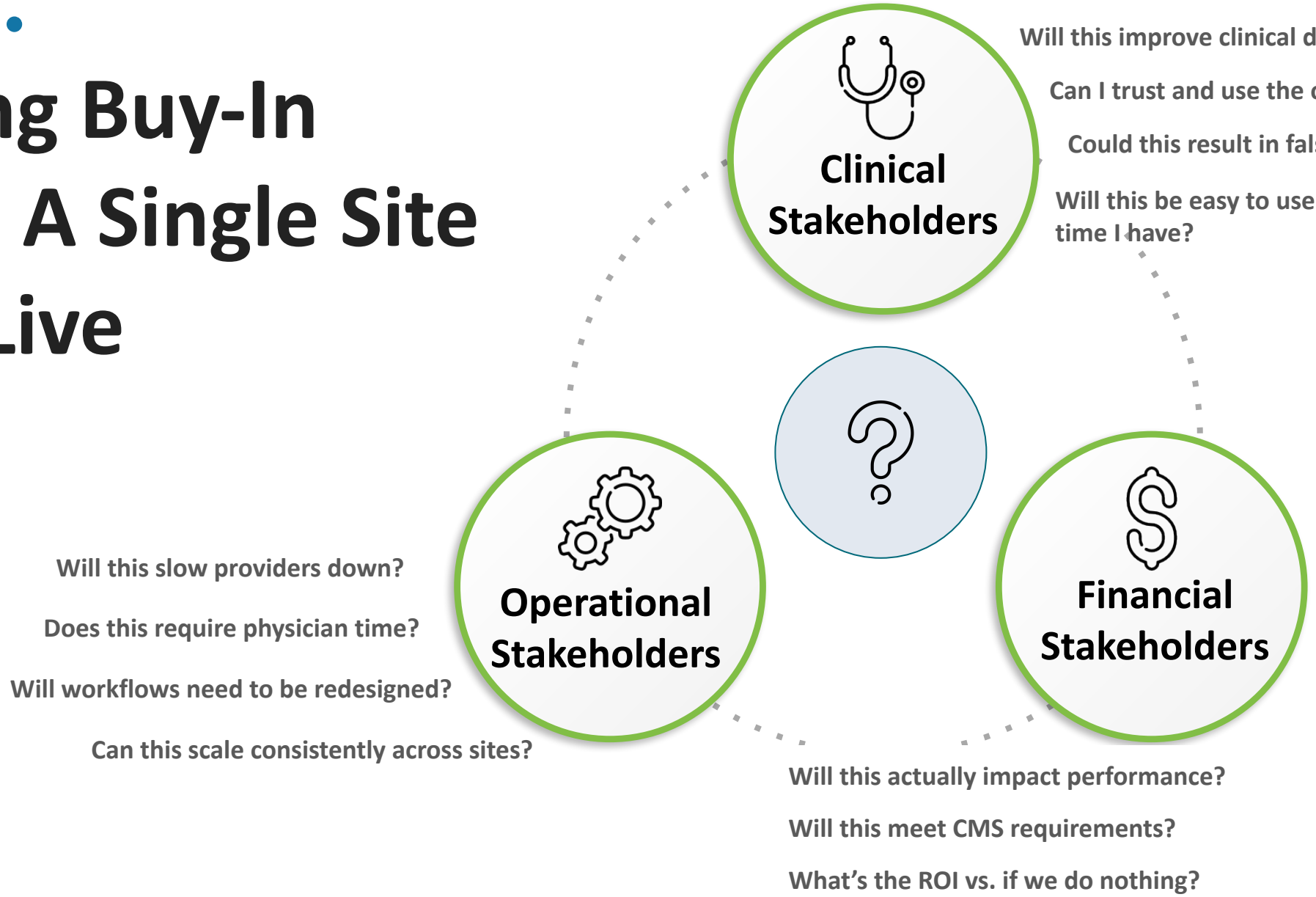
Operational scalability across all sites

Compatibility with diverse patient population



Direct integration into existing infrastructure

Building Buy-In Before A Single Site Went Live



The Bold Move. Pause Everything.

Before a single site went live, Claremedica paused operations organization-wide for one hour — every PCP, every front desk team, every analyst — to hear from Creyos' Chief Scientific Officer on dementia detection.

1 Hour

Org-wide pause, before a single site went live

All Staff

PCPs, front desk, analysts — every role, one room

WHY IT MATTERED

- **The speaker:** Professor Adrian Owen, Creyos CSO and world renowned neuroscientist— the science, straight from a highly reputable and respected source.
- **The topic:** The importance of accurate dementia detection and the real impact of better screening.
- **The message it sent:** Cognitive health isn't a feature. It's a strategic priority for every person in this organization.

IMPLEMENTATION

Reclaiming Time for What Matters Most

BEFORE CREYOS Traditional Appointment w. MMSE

Assess & Review *Discuss & Act*

Most of the appointment is consumed by paper-based testing, manual scoring, and interpreting results — leaving little time for meaningful clinical conversation.

WITH CREYOS Creyos-Powered Assessment

Assess & Review *Discuss, Plan & Act*

01 ASSESS	02 REVIEW	03 DISCUSS	04 ACT
MA supervised	Domain-level detail	Majority of time can be spent here	Inputs for care plan
During rooming	Objective, front-loaded	Initial actions based on outcomes	Lifestyle changes
Before appointment	Initial actions recommended based on results	Patient + family friendly report	Pharmacological interventions
On tablet	Easily and quickly interpretable	Able to track change over time	Bette referrals with more data
Immediate results, just like other vitals			Reduction in avoidable utilization

IMPLEMENTATION

Actionable Reporting to Improve Care Quality

Easy to interpret, clear reporting that empowers PCPs to have meaningful conversations with their patients.

EARLY OUTCOMES

Reflections from the First Year

30K+

assessments in year one

Including repeat assessments to track individual patient trends over time

>2x

greater dementia detection rate vs. MMSE

80% of newly identified patients had already been assessed with traditional tools — and missed

90%+

identified at early/mild stage

"Early stage is very subtle, easy to miss. That's what Creyos excels in." — Dr. Gheewala

6 min

avg screening vs. ~12 min MMSE

~90 minutes returned to each clinician daily across a typical 15–16 patient caseload

Better Patient Care Experiences

Beyond time saving and increased detection, improved cognitive assessment has also set the stage for better clinical outcomes and preserved quality of life.

Hospice enrollment

Reduced hospitalizations

Patient satisfaction & engagement

95%+

clinical adoption
on day one

Highest of 10 go-lives

Zero clinician push back

YOUR ROADMAP

A Change Management Plan Your Team Can Act On Now

PHASE 1	**Diagnose Your Gap**		Audit your last 2+ years: How many patients screened? How many flagged? How many resulted in a documented action? If you can't answer these, you have a gap.
PHASE 2	**Evaluate the Right Tool**		Define your evaluation framework first. Clinical validity, operational fit, population compatibility, data integration — in that order.
PHASE 3	**Build the Urgency Case Internally**		Identify which stakeholder is your biggest barrier and which argument reaches them — clinical, operational, or financial. Lead with that.
PHASE 4	**Front-Load the Alignment**		Who needs to see the evidence before you launch — and have they? Front-load alignment; don't manage resistance after rollout.
PHASE 5	**Measure from Day One**		Set baselines before launch: screening rate, % at early/mild stage, RAF capture, avoidable utilization. Define success at months 1, 6, and 12.

No one is saying, 'I wish I didn't know that.'

They're saying, 'I'm so glad I was able to catch it in that intervention window.'

The dementia wave is not coming — it is already here. The window for proactive action is narrowing. Every month of delayed detection compounds clinical harm and financial exposure in a full-risk contract.

Q & A

RISE

Thank you

For more information on how the Creyos dementia protocol can help support your organization visit **www.creyos.com** and to learn more about Claremedica visit **www.claremedica.com**

RISE

creyos

claremedica