DETAILD: Improving the care of persons living with dementia

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Behavioral and Psychological Symptoms of Dementia: A Growing Challenge

Dementia in the U.S.

- About 6 million people living with dementia (PLWD)
- 90% experience behavioral and psychological symptoms (BPSD)

Impact of BPSD

- Reduces quality of life for PLWD and caregivers
- Raises potential safety concerns
- Common symptoms: apathy, aggression, agitation, psychosis, sleep disturbance

Bessey & Walaszek *Curr Psychiatry Rep* 2019; Pheister et al. *Acad Psychiatry* 2021; Weden et al. *Am J Prev Med* 2018; Jennings et al. *Int J Geriatr Psychiatry* 2018; Ballweg et al. *WMJ* 2025.

Role of Primary Care Providers (PCP)

- Most persons living with dementia receive care from PCPs
- PCPs may lack adequate knowledge/resources to manage BPSD
- Many PCPs express interest in improving care for BPSD

What is DETAILD?

Dementia **E**ducational **T**echniques: **A**cademic deta**IL**ing and **D**ICE (DETAILD)

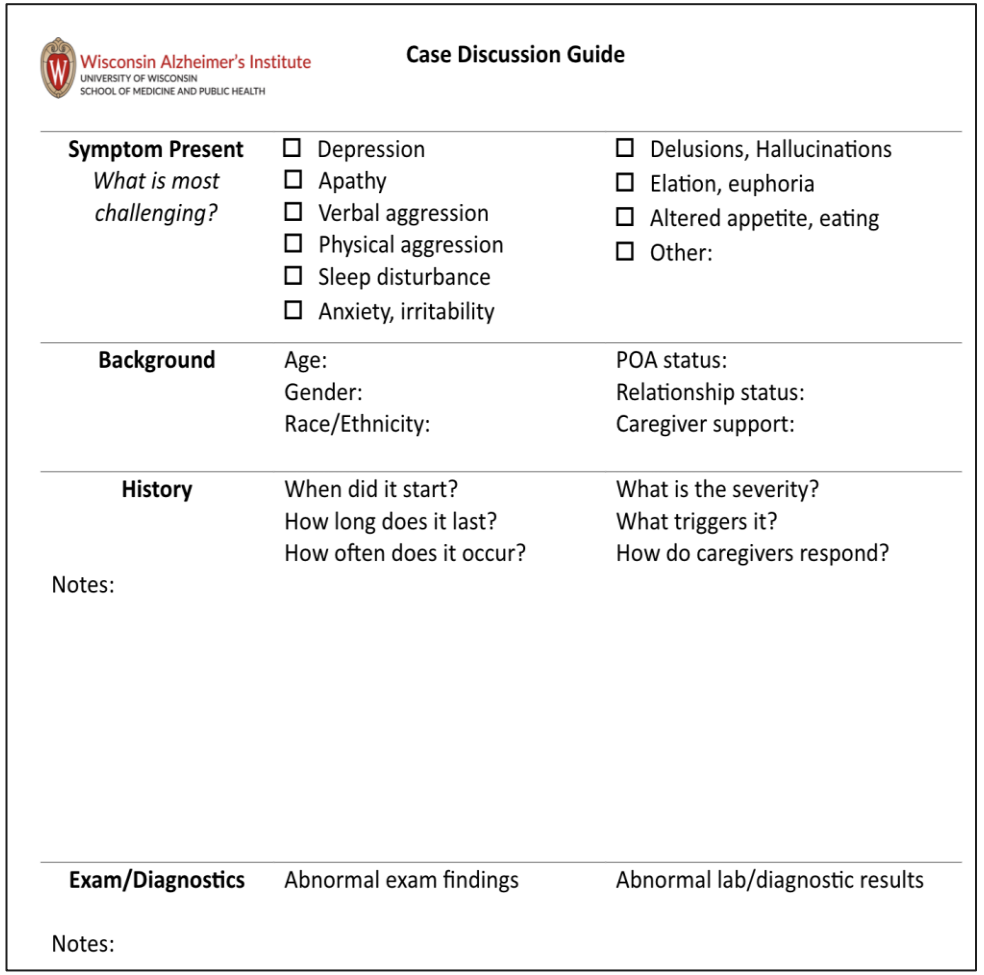
- Education for primary care providers (PCP) and staff
- Focus is on the assessment & holistic management of BPSD, including the DICE Approach™
- Provides clinical monitoring instruments and treatment algorithms

Kales et al. *Am J Geriatr Psychiatry* 2020; Albrecht et al. *Geriatr Nurs* 2022; Mora Pinzon et al. *JAGS* 2022; Walaszek et al. *J Am Med Dir Assoc* 2024.

Case-Based Learning

Case Discussions

- Primary care providers present patient cases
- Academic detailer facilitates discussion reviewing history, work-up, differential diagnoses, and management
- Goal: Apply content presented to real life situations



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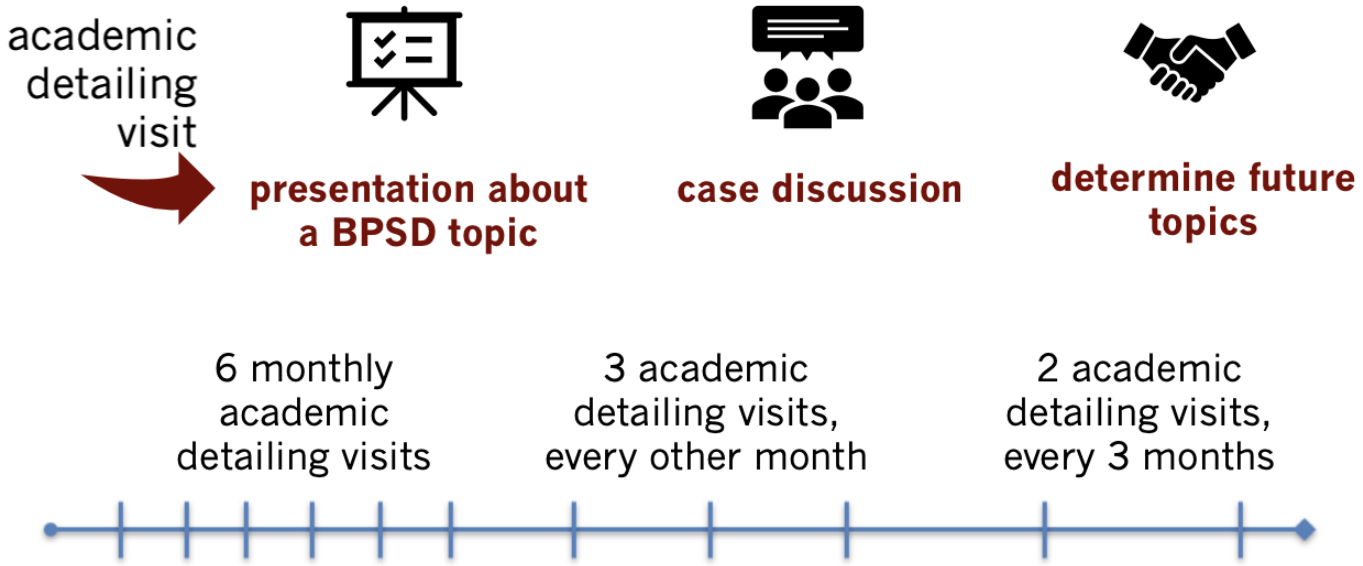
Case Discussion Guide

Symptom Present *What is most challenging?*	☐ Depression ☐ Apathy ☐ Verbal aggression ☐ Physical aggression ☐ Sleep disturbance ☐ Anxiety, irritability	☐ Delusions, Hallucinations ☐ Elation, euphoria ☐ Altered appetite, eating ☐ Other:
Background	Age: Gender: Race/Ethnicity:	POA status: Relationship status: Caregiver support:
History	When did it start? How long does it last? How often does it occur?	What is the severity? What triggers it? How do caregivers respond?
Notes:		
Exam/Diagnostics	Abnormal exam findings	Abnormal lab/diagnostic results
Notes:		

Pilot Program

Clinic Sites: 1 urban, 1 rural primary care clinic
Resources: 12 presentations, 6 handouts, case discussion guide



Pilot Program Data Collection & Outcomes

Data Collection

- Surveys at baseline, 6 months
- **Clinicians:** 19 participated; 13 completed the 6 month survey
- **Knowledge:** 10 item multiple choice assessment
- **Acceptability**: 3 item assessment
- **Attitude, Fears, and Confidence**: General Practitioners Attitude and Confidence Scale for Dementia (GPACS-D)

Acceptability Assessment

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The academic detailing approach is an acceptable way of improving my knowledge, skills, and comfort in the care of patients with BPSD.	1	2	3	4	5
I will apply what I learned from the academic detailing model to the care of my patients with BPSD.	1	2	3	4	5
I will recommend the academic detailing model to my colleagues who care for patients with dementia.	1	2	3	4	5

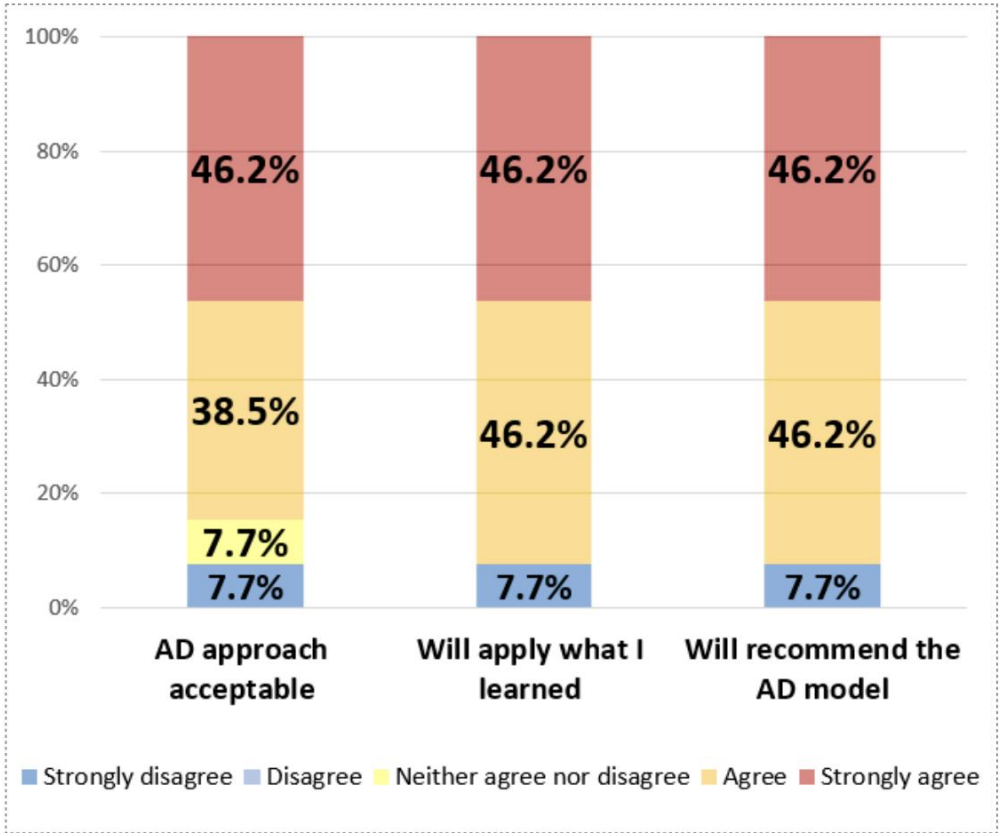
Pilot Program Outcomes

Knowledge and Attitudes

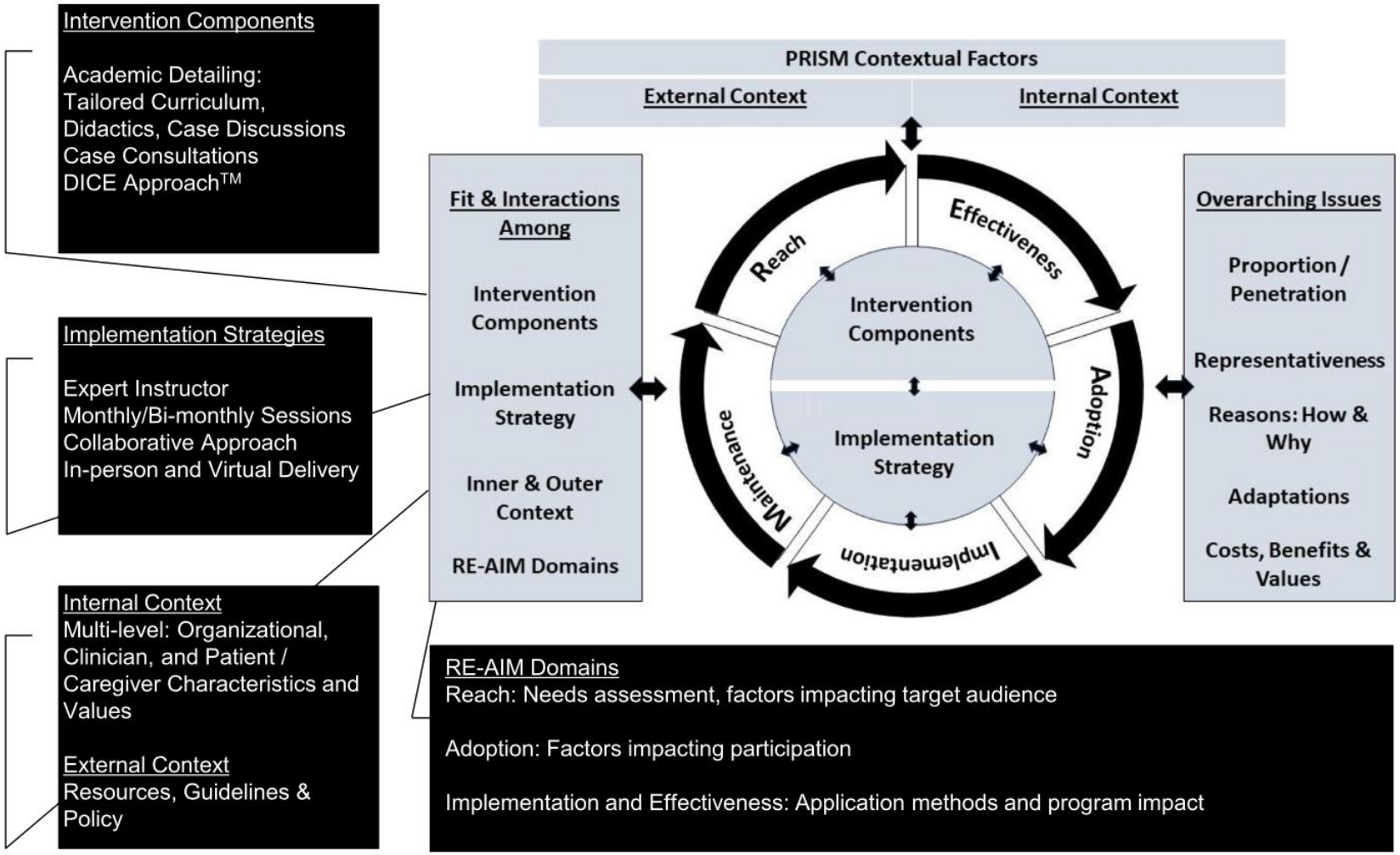
	N	Baseline Mean (SD)	6-Months Mean (SD)	p-value
Knowledge Assessment, Total correct (max score = 10)	13	5.2 (1.9)	7.2 (1.9)	0.011
GPACS-D, Total (max score = 75)	10	55.4 (4.2)	57.3 (5.6)	0.212
Confidence (max score = 25)	10	15.3 (4.8)	17.4 (2.9)	0.016
Attitude to Care (max score = 30)	13	26.5 (1.9)	26.4 (2.4)	0.915
Fears and Frustrations (max score = 20)	13	14.5 (2.0)	14.4 (2.6)	0.866

Key: GPACS-D, General Practitioners Attitude and Confidence Scale for Dementia

Acceptability



A Deeper Dive: The RE-AIM/PRISM Model



RE-AIM: Reach, Effectiveness, Adoption, Implementation & Effectiveness. PRISM: Practical, Robust, Implementation and Sustainability Model.
LeCaire et al. *Implementation Science Communications* 2025.

Interviews

- **Semi-structured qualitative interview**
  - Guided by PRISM/REAIM framework
  - Interviews were recorded and transcribed via Zoom
- **Participants**
  - **Novices:** No experience
  - **Champions:** Participated in pilot program
- **Thematic analysis**
  - Four team members reviewed interview content, identified themes, and discussed themes to reach agreement

Interview Guide

RE-AIM	**Champion topics**
Reach	What are the greatest barriers or challenges you face to caring for patients with behavioral and psychological symptoms of dementia (BPSD)?
Adoption	Considering your organization, clinic, and team, what factors influenced your participation in AD?
Implementation	How has AD helped you manage BPSD in your patient?
Effectiveness	What features of discussions/consultations were most effective for your learning?
RE-AIM	**Novice topics**
Reach	Please start by telling me about your approach to caring for patients with dementia and behavioral and psychological symptoms of dementia or BPSD. What challenges do you face when managing patients with dementia and BPSD?
Adoption	How can we address the challenges you have described?
Implementation	Describe ways you utilize or integrate clinical expertise, expert opinion, or evidence-based practices into your approach to caring for patients with dementia and BPSD.
Implementation	What motivates you to change practice? What factors are most likely to encourage you to alter the way in which you approach your practice?

Clinician Demographics

Participants: 14 clinicians

Novice: 7 clinicians

Champion: 7 clinicians

Setting: 2 primary care clinic sites (pilot program)

Characteristic	N (%) or Mean (SD)*
Professional Role	
Advanced Practice Provider	3 (21%)
Physician	10 (71%)
Psychologist	1 (7%)
Years in Professional Role*	19 years (median 16) (range 2-42)
Academic Detailing Program Status	
Champion	7 (50%)
Novice	7 (50%)
Race and Ethnicity	
Black or African American	1 (7%)
Non-Hispanic	14 (100%)
White	13 (93%)
Gender Identity	
Female	9 (64%)
Male	5 (36%)

Themes

- Self-efficacy in BPSD management
- Learning culture and values
- Educational intervention philosophy
- Educational session format and structure
- Time and scheduling constraints
- Personalized care approaches
- Healthcare team buy-in
- Care planning and communication
- Benefits of using DICE with families
- Access to training materials
- Incentivization of training

Themes: Self Efficacy in Management of BPSD

Gaps in Confidence & Knowledge

- Clinicians reported **low self-efficacy** in:
  - Identifying **BPSD triggers**
  - Managing complex symptoms (e.g., **agitation**)
  - Confidently **prescribing medications**

Perspective on DETAILD: Building Competence

- Per Champions, DETAILD was effective in:
  - Increasing **recognition of BPSD**
  - Strengthening **non-pharmacological strategies**
  - Supporting safe and effective **medication use**

Quotations

- *"I think it makes me feel less frustrated and it gives me a sense of how to negotiate with the family and the supports…“*

- *"getting that comfort level was important to me...I'm a little bit more comfortable with the medications that I previously wasn't. And I've been able to incorporate those a little bit more into practice when needed."*

- *"I think I've been able to employ everything that we learned”*

- To avoid reactionary use of medications and balance expectations for quick fix (nursing staff and families *"exhausted …want to try anything")*

Theme: Educational Intervention Philosophy

- **Tailored, Relevant Learning**
  - Topics driven by clinical relevance and learner need.
  - **Champions valued** modeling by academic detailers in real communication scenarios.
- **Interdisciplinary Training**
  - Inclusion of nurses and medical assistants was emphasized.
  - **Champions & Novices highlighted** team-based learning benefits.
  - Reinforced collaboration across roles in dementia care.
- **Co-Learning & Group Discussions**
  - Clinicians valued learning **with colleagues**.
  - Group discussions promoted sharing of diverse experiences and ideas.
  - **Novices preferred group settings**, especially if not actively treating dementia patients.

Quotations

- *"Good review from knowledge gained in medical school; reminder of importance to get the right diagnosis. "*
- *"I think that is probably one of the most beneficial parts of the lecture portion is remembering that everything starts with a proper diagnosis, in terms of choosing the right intervention."*
- Importance of coaching clinic team on (gathering) patient story, *"EMR doesn't tell the whole story"*
- Tailored curriculum, *"…totally hit on topics that you…see every day"*
- Tailored medication prescribing to patient *needs-"no magic medicine"'* that treats everyone

Theme: Learning Culture & Values

- **Desire to Improve Quality of Care**
  - Novices emphasized a **readiness to learn**:
    - Stay current with the **latest evidence**.
    - Understand **management goals**.
    - Provide the **best possible care** even if dementia isn't their specialty.
- **Commitment to Patient & Community Needs**
  - Champions driven by the need to:
    - **Address complex needs** of aging patients with chronic conditions.
    - Support patients showing **early cognitive decline**.
    - **Help families** avoid facility placement due to behavioral issues
- **Internal Motivation**
  - Both **Champions and Novices** were motivated by:
    - Treating patients across the lifespan.
    - Desire to **expand dementia care knowledge**.
  - **Novices noted** some lack of motivation when dementia wasn't seen as a primary focus.
- **Culture of Learning**
  - Clinicians identified a shared **value in continuous learning**, especially around BPSD.
  - Learning culture supported **greater adoption** of academic detailing.
  - **Champions felt motivated** by seeing their peers engaged and invested.

Quotations

- AD sessions provide tools ***"every day is a learning experience"***

- *"I think personally that I felt it was just invaluable. I really enjoyed the sharing of the cases and case loads."*

- *"It's such a non-obtrusive way of asking things, but in such a way that, 'it's okay if you see something. It's not unusual,' but not to be afraid to ask the question and just matter of fact, (put) people at ease.* I was able to put so much of that in my practice and found that to be much easier as well."

Theme: Timing, Scheduling & Format

Time & Scheduling Constraints

- **Universal concern** across Champions and Novices
- Participation requires:
  - **Consistent, predictable session schedules**
  - **Designated time** within clinical schedules
- Time is also a barrier to:
  - **Identifying BPSD triggers**
  - Developing and evaluating **care plans**
  - **Educating patients & families**

Session Format & Flexibility

- **Virtual sessions** seen as highly beneficial:
  - Offer flexibility and reduce travel time
  - Help overcome scheduling conflicts

Quotations

- *“The case presentation, that was just tremendously beneficial for me because that just kind of makes it real life."*
- *“I really enjoyed probably the combination of little lecture and then the case studies the most.“*
- *"It was a really good learning experience….I think the team approach was very good."*

Key Take-Aways

- Improving **self-efficacy** through **tailored, applied education** is central to DETAILD's impact on clinical practice, especially for managing complex BPSD cases.
- DETAILD's success is rooted in **interactive, practical, and interdisciplinary learning**, aligned with real-world clinical needs and team dynamics.
- A strong **internal drive, peer influence,** and **commitment** to patient-centered care are core to clinician engagement in academic detailing on BPSD.
- Effective DETAILD implementation requires **built-in time** and **flexible delivery formats**—tailored to clinician experience and comfort.

Next Steps

- **Tailor Program**
  - Develop flexible training options to meet the needs of the clinicians
  - Create additional guides, which include assessment and management recommendations, for specific types of BPSD
  - Develop electronic health record (EHR) tools to support assessment and management of BPSD
- **Expand Program**
  - Collaborating with two new clinic sites as part of a Geriatric Workforce Education Program grant
  - Identifying two additional clinic sites as part of an NIA R21 grant proposal

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