



State of South Carolina
Department on Aging

Henry McMaster
Governor

Connie D. Munn
Director

Alzheimer's Resource Coordination Center Advisory Council
Tuesday, September 2, 2025
Meeting Minutes

The Alzheimer's Resource Coordination Center Advisory Council met on Tuesday, September 2, 2025, at 10:00 am via Zoom.

This meeting was in compliance with the Freedom of Information Act's mandate that the public be notified when the public's business is being done and that furthermore, the public has been notified that this meeting is accessible to individuals with disabilities, and special accommodations can be arranged if requested in advance.

<u>Present:</u>	
Ms. Margaret Alewine	SC Department of Health and Human Services
Ms. Jessica Benson	SC Department of Behavioral Health and Developmental Disabilities, Office of Intellectual and Developmental Disabilities
Dr. Jessica Broadway	VAMC, Charleston
Ms. Jennifer Brewton	SC Department on Aging
Ms. Kelly Cordell	SC Department of Social Services
Dr. Miroslav Cuturic	SC Department of Behavioral Health and Developmental Disabilities, Office of Mental Health
Ms. Dana Daniel	SC Department on Aging
Dr. Sara English	National Association of Social Workers, SC Chapter
Dr. Miriam Evans	South Carolina State University
Dr. Jennifer Nicholson Hall	Clemson University
Ms. Sarah Johnson	SC Hospital Association
Ms. Emma Kennedy	SC Department of Public Health
Ms. Megan Byers	South Carolina Alzheimer's Disease Registry
Ms. Janae Stowe	SC Association of Area Agencies on Aging
Ms. Carla White	SC Home Care and Hospice Association
Ms. Taylor Wilson	Alzheimer's Association, SC Chapter
<u>Absent:</u>	Mr. Andrew Boozer, Dr. Maggi Miller, Dr. Steve Carroll, Dr. Scott Habakus, Mr. Joseph Meyers, Dr. Cynthia Port, Ms. Kassie South
<u>Guests:</u>	SC Department of Public Health - Ms. Emily Ash, Ms. Karilyn Tremblay, Ms. Jillian Catoe, Ms. Jessica Plair Medical University of SC - Dr. Andreana Benitez



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Call to Order

Ms. Wilson called the meeting to order at 10:02 am, read the FOI statement/Americans with Disabilities Compliance Pledge, and welcomed all council members and guests to the meeting.

Approval of Minutes

Dr. English motioned to approve the June 2025 minutes, and Ms. Cordell seconded the approval. Minutes passed.

PREPARE Participant Registry

Dr. Benitez of MUSC spoke about the PREPARE Participant Registry Study, an MCI Registry under development. She shares that she is here representing the principal investigator for this study, Dr. Stephanie Aghamoosa. The registry is called PREPARE, which stands for Participant Registry for Prevention-Focused Aging/dementia Research. It is a research registry to encourage participants, particularly those diagnosed with Mild Cognitive Impairment, to engage with non-medication research studies. The hope is that by getting individuals to engage in research studies while their disease is still in the stage of MCI, before it progresses to dementia, it will help supplement the anti-amyloid therapies currently available but also allow for interventions for those who may not qualify for the new medications available. The registry has a four-step process: (1) participants would go to <http://www.bridge-lab.org/prepare> or call 843-608-1674 to learn more about the registry and complete an online survey; (2) research staff would then facilitate enrollment into the registry via telehealth; (3) enrolled participants are kept informed of new research happening in South Carolina, particularly non-medication based research; (4) enrolled participants are connected with research studies that they meet the criteria for. She shared that obtaining participants has proven to be difficult in some cases because MCI is a "boutique diagnosis," that many providers do not feel comfortable giving. Discussion was held on the PREPARE Registry's connection to the SC Alzheimer's Disease Research Center, and ways in which the ARCC may be able to help the PREPARE Registry obtain participants. Ms. Daniel was asked to share the SC Department on Aging Dementia Toolkit with Dr. Benitez, and Ms. Plair was asked to share the information on the DPH Take Brain Health to Heart campaign.

PCP Survey Results Update

Ms. Catoe and Ms. Ash shared the results of the PCP Survey. The survey was sent out last year, targeting PCPs in SC who diagnose and treat individuals living with ADRD. The aim was to assess current views on the treatment and diagnosis of dementia among these providers to guide future training and education for SC PCPs. The survey had 22 questions, a mix of multiple-choice, select-all-that-apply, Likert-scale, and free-response questions. The main question categories were practice demographics, current views of ADRD diagnosis and treatment, diagnosis process, treatment process, barriers to diagnosis and treatment, and ADRD education and training program interest. A total of 73 responses were received, 68 of which provided services to patients living with ADRD. Of the 68 who served those with dementia, the most common provider was an attending physician. The majority of respondents worked in hospitals or health systems, with other practice



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settings more evenly spread out. There was a relatively even distribution across urban and rural areas, and 50 respondents worked in suburban areas. The majority of PCP respondents reported that ADRD patients made up 0-25% of their patient population. The comorbidities that PCPs found most challenging to co-manage with ADRD were behavioral conditions such as agitation and depression. 57% of PCPs provided telemedicine/telehealth services to patients with ADRD; with these services provided most commonly by attending physicians who worked in the private sector. The most common diagnosis tools used by PCPs were the Mini-Mental State Examination (MMSE), the Montreal Cognitive Assessment (MoCA), and the Mini-cog. 33% of providers said they used both the MMSE and the MoCA. The MMSE was most commonly used across most PCP types and practice settings, while the MoCA was most commonly used by attending physicians and resident physicians. Discussion was had about the differences between the MoCA and the MMSE, with the MMSE being described as broader and the MoCA being described as being more sensitive in identifying more subtle cognitive changes. ADRD patients were most commonly prescribed Acetylcholinesterase Inhibitors (Donepezil, Rivastigmine, and Galantamine) and NMDA Receptor Antagonists (Memantine). Patients were most commonly referred to home support services, followed by respite facilities. All providers commonly referred patients to respite except for nurse practitioners and those who worked in the VA, whereas home support services were referred to by all PCPs in all practice settings. Providers reported the most common barriers to their patients accessing services as being financial barriers and lack of awareness, followed by geographical barriers, lack of compliance, family declining services, and lack of time. PCPs reported most commonly referred their ADRD patients to a geriatrician, followed by a general neurologist. Resident physicians were most likely to refer patients to any specialist. 95.6% of respondents agreed that the initial evaluation and diagnosis of symptoms in patients was important, and 82.3% agreed that having training on early detection and diagnosis of ADRD for PCPs is important. 70.5% of respondents agreed that being involved in decision-making about medical services after referrals was important. 94.1% agreed that having advance care planning conversations with patients/families was important. 88.2% agreed that monitoring patients' ongoing care progress and management after diagnosis was important. Among all providers, lack of testing available, lack of time, lack of knowledge regarding support services, difficulties disclosing diagnosis, and racial/cultural barriers were listed as the top reasons for a late diagnosis of ADRD being given. Providers reported several barriers to being able to diagnose ADRD in their patients with 71% reporting that patients failing to disclose symptoms to their PCPs, followed by 57% reporting that patients/families think symptoms are indicative of normal aging. For clinical related barriers to diagnosis, 81% of respondents reported a lack of definitive biomarker tests, 75% reported limited treatment options, which limit reaching a diagnosis. 66% report ADRD symptoms first present as normal aging or another condition. Among PCP related barriers to diagnosis, most PCPs (81%) reported not feeling they had sufficient knowledge of available ADRD services/resources, followed by 72% who reporting struggling to identify when cognitive impairment is not due to normal aging or other conditions. 68% reported being concerned about the impact of an ADRD diagnosis on the patient, 68% reported being worried about the consequences of making an inaccurate diagnosis, and 52% reported not having adequate training to diagnosis ADRD. Setting-related barriers included long waitlists (84%), lack of support for PCPs (82%), insufficient time to assess for ADRD (74%), lack of available



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tools for diagnosis (53%), and lack of reimbursement for ADRD (49%). Respondents reported being most interested in receiving training on early detection and diagnosis, screening procedures, caregiver support services, and developing community partnerships. While most providers reported an interest in receiving future ADRD training, the type of training varied by practice setting: providers in hospital/health systems, FQHC, VA & the private sector preferred trainings that offered CMEs; hospital/health systems, FQHC, VA and community health centers were interested in virtual trainings/presentations; hospital/health systems, FQHC, and VA were interested in in-person trainings/presentations; hospital/health systems and VA interested in hosting conference on ADRD early detection and diagnosis topics; hospital/health system, FQHC and VA interested in PCP training platform created to house training and resources; and the private sector was interested in holding trainings/presentations at local community or senior centers. Ms. Wilson shared that one of the statutes of the ARCC is to provide education to medical providers across the state on ADRD, and that this survey was conducted to help meet that goal. Next steps from the ARCC and the Council should be how to use this information to target PCPs and get education on ADRD to them. Ms. Wilson suggested that one of the goals of the ARCC this year should be to do a presentation to the physicians' association and the nurses association with information from this survey to start a conversation about treating and diagnosing individuals with ADRD and how to better provide training and education.

Alzheimer's Association International Conference (AAIC) Update

Ms. Wilson shared that US Pointer topline reports came out. It should be noted that both the self-guided and independent models of lifestyle interventions for participants reduced the risk of MCI and early-stage dementia. All participants in the study had to have a direct family member who had a diagnosis of dementia to show a strong family link. The study showed that lifestyle interventions can change the trajectory of someone who is predisposed to having dementia. Dr. Carroll from MUSC presented an ISTAART presentation at AAIC.

SC Alzheimer's Disease Research Center Update

This discussion was postponed to the December 2025 meeting.

SC Alzheimer's Disease Registry Update

This discussion was postponed to the December 2025 meeting.

Implementation Plan Update/Subcommittee Meetings Update

Ms. Tremblay shared that the full draft of the 2025 Implementation Plan detailing subcommittee meetings and all work completed across the state, has been completed and is currently under review. The plan had been to consolidate the State Plan objectives from 53 to 35 objectives, but that did not work out. There were 77 tangible activities across the 53 objectives. These activities focused more on expanding, implementing, and presenting. The subcommittee meetings will focus on activities and areas that still need to be strategized for specific activities associated with Statewide objectives.



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Adjournment/Closing

There being no other business, Ms. Wilson adjourned the meeting at 11:30 am.

Next Meeting:

Friday, December 5, 2025 via Zoom

Tuesday, March 3, 2026 via Zoom