HOW DO CLINICIANS DIAGNOSE AND MANAGE DEMENTIA? EVIDENCE FROM A NATIONAL WORKFORCE SURVEY

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KEY POINTS

Question

Do clinician credential, specialty, and practice setting influence diagnostic confidence and care practices in dementia care?

Findings

In this cross-sectional study of 4,699 U.S. community-based clinicians, physician specialists reported significantly higher confidence in diagnosing dementia compared with primary care physicians and advanced practice providers (APPs). APPs were also less likely to perform cognitive assessments or use advanced diagnostic tools, such as neuropsychological testing and CT/MRI scans.

Meaning

These findings suggest that as APPs take on a growing role in dementia care, targeted training and system-level supports may ensure consistent diagnostic practices and care approaches across clinician types.

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Abstract

IMPORTANCE

As Alzheimer's disease and related dementias (ADRD) become more prevalent, ensuring that the U.S. clinical workforce, especially advanced practice providers (APPs), is well prepared to deliver high-quality dementia care is a critical public health priority. Understanding differences in diagnostic confidence, diagnostic/assessments practices, and care provision across clinician types is essential to inform workforce training and policy.

OBJECTIVE

To examine differences in diagnostic confidence, use of diagnostic/assessment tools, and care practices across three types of community-based clinicians -- neurology/psychiatry physician specialists, primary care physicians, and APPs -- using novel nationally representative survey data.

DESIGN, SETTING, AND PARTICIPANTS

This cross-sectional study analyzed responses from 4,699 U.S. clinicians participating in the 2025 Community Clinician Survey of the National Dementia Workforce Study. Eligible respondents included physicians, nurse practitioners, and physician assistants who have billed Medicare for dementia care, across various outpatient and hospital-based settings.

MAIN OUTCOMES AND MEASURES

Main outcomes included self-reported confidence in diagnosing dementia, mild cognitive impairment and ADRD; use of diagnostic tools (e.g., neuropsychological testing, imaging,

plasma biomarkers); provision of cognitive assessments (directly or through delegation); and frequency of providing dementia-related care services (e.g., family education, behavioral symptom management).

RESULTS

Diagnostic confidence was highest among physician specialists, followed by primary care physicians, and lowest among APPs. Confidence was especially low among APPs diagnosing dementia in patients under 65 (41.3%) compared to specialists (79.2%). APPs were also less likely to conduct or order cognitive assessments, including neuropsychological testing and CT scans. Dementia-related care priorities differed by clinician type: specialists focused on family education, PCPs on advanced care planning and home needs, and APPs, though less involved overall, contributed to screening for abuse, functional assessments, and referrals. Patterns held across care settings.

CONCLUSIONS AND RELEVANCE

Substantial variation exists in dementia diagnostic confidence and care practices across clinician types. Findings highlight the scope for tailored workforce development and clearer care models to address rising dementia care demands. As APPs increasingly provide frontline dementia care, particularly in the wake of pandemic-era workforce shifts, ensuring adequate training and clinical support is critical.