Advent-Health Launches Neurocritical Care Fellowship Training Program

Approved by the United Council for Neurologic Subspecialties (UCNS) at the beginning of 2019, the new AdventHealth Neurocritical Care Fellowship Training Program offers 12-24 months of training in neurocritical care accredited by the UCNS. Trainees will rotate through the 40-bed neuroscience intensive care unit (ICU) housed at AdventHealth Orlando. This training will provide opportunities for fellows to manage patients with life-threatening neurological and neurosurgical illnesses, including a range of acute neurologic conditions, such as acute ischemic stroke, intracerebral hemorrhage, subarachnoid hemorrhage, subdural hemorrhage, traumatic brain injury, spinal cord injury, refractory seizures and status epilepticus, central nervous system infections, and severe neuromuscular and neuroimmunologic diseases. They will also manage care for patients after complex neurosurgical and neuro-interventional procedures. Fellows will be mentored by a faculty of neurointensivists, vascular neurologists, epileptologists, neurosurgeons and critical care physicians.

In addition, this program provides fellows with the clinical skill set necessary to manage critically ill neurological and neurosurgical patients. This includes, but is not limited to, airway management, ventilator management, central and arterial line placement, flexible bronchoscopy, hemodynamic management, bedside ultrasonography, brain axiometry interpretation, ICP monitoring and EVD management, multimodal advanced neuro-monitoring, neuro-telemetry and EEG monitoring.

The fellowship is open to applicants with internal medicine, emergency medicine, neurology or neurosurgery residency training, or critical care fellowship training; the training may last up to 24 months. Fellows who have a previous fellowship in critical care medicine, pulmonary critical care, surgical critical care or anesthesiology critical care are able to undergo a 12-month fellowship training curriculum.

AdventHealth Orlando is a nearly 1,300-bed hospital with 160 adult ICU beds, including 28 neuro/neurosurgical ICU beds and an additional 12 neuro/neurosurgical intermediate/stepdown beds.

For more information or to apply for this fellowship, contact Neuro ICU Medical Director Arsay Parikh, MD, at amay.parikh.md@adventhealth.com or Fellowship Director Okorie Nduka Okorie, MD, at okorie.okoriemd@adventhealth.com.

Advent-Health Neuroscience Institute Committed to Providing Increased Access to Comprehensive, Patient-Centered Subspecialty Care

The Advent-Health Neuroscience Institute (NSI) cares for patients with a diverse range of neurologic conditions in an innovative, accessible, holistic and patient-centered manner. Using a consumer-centric framework for building systems of care around specific neurologic conditions, AdventHealth is committed to confronting challenges referring physicians and their patients face in obtaining timely care as well as creating nationally-recognized, destination programs in Central Florida.

In recent years, the national shortage of general and subspecialty neurologists has resulted in patients traveling long distances to obtain specialized treatment for conditions like movement disorders, neuromuscular diseases, neuroimmunology, headache, epilepsy and memory disorders. To address this, AdventHealth has launched a comprehensive brain health strategy that is attracting high-quality, subspecialty neurologists to treat patients with these conditions and educate their caregivers. We are also focused on conducting rigorous research to uncover new and better diagnostic and treatment options. These subspecialists work together with AdventHealth’s general neurologists, functional neurosurgeons and psychologists to provide patients with a comprehensive network of care. In addition, AdventHealth Neuroscience Institute physicians are supported by multidisciplinary outreach programs, including Parkinson’s, Maturing Minds for Alzheimer’s disease and dementia and more.

Surgery is another important focus within the institute and encompasses a multidisciplinary destination spine care center, a concierge program for minimally invasive brain surgery, and expanding access points for comprehensive stroke and neurovascular care. In addition, specific strategies are underway that are addressing the behavioral health needs of the region related to substance abuse, anxiety, depression, suicide prevention and access to care for the uninsured.

Over the next decade, we will continue to advance neurological and neurosurgical care to meet the evolving needs of the local and national communities.

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In this issue, we are excited to introduce our new column, “In This Issue,” which highlights the latest advancements and developments within our institute. Each issue will feature an array of topics, from the latest research and breakthroughs to the most innovative care delivery models. This column aims to keep our community informed and engaged with the evolving landscape of neurology and neurosurgery.

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Lumbar Fusion Outcomes

AdventHealth Spine Center Streamlines Care for Patients with Back Pain

Introduction

Low back pain is the leading cause of disability globally, affecting 70-80 percent of the population over their lifetime. It is also the most expensive back condition in the United States. Nationally, more than $60 billion is spent each year in spine care. Low back pain also represents one of the top 10 reasons patients visit AdventHealth emergency departments (EDs), and regionally, it is the second most common reason patients visit their primary care physicians. In 2018, 26,000 back pain patients came to AdventHealth’s 10 Central Florida EDs. These patients were evaluated, and most were discharged home with instructions to follow up with their primary care physicians. More than 13 percent of those patients returned to an AdventHealth ED in less than 30 days. Others were simply lost to follow-up.

To improve care and decrease readmissions, a back pain/ED navigation program was established in November 2018. Led by the AdventHealth Neuroscience Institute, the navigation program streamlines care for patients with back pain and ensures they get to the right physician or care provider at the right time for the right care.

Methods

Initially, the AdventHealth Neuroscience Institute launched a one-month pilot program in one ED, where any patient discharged with the primary discharge diagnosis of back pain was provided a direct phone number to follow up with a registered nurse (RN). This specialized referral center reviewed patients’ specific symptoms and assessed their needs. Assistance provided included imaging scheduling, targeted physician appointments, ancillary services help or even a return to emergency services.

Data was compiled on patients being discharged with certain ICD-9 codes. This allowed the Spine Center care coordination team to proactively contact non-responders. Typically, after speaking to the patient, the RN referred the patient to either physical therapy, physical medicine, or occupational therapy or another appropriate spine provider. Strict guidelines were developed for promptness of patient evaluation in these offices. Detailed, transparent records were kept of patient referrals. Patients were allotted every opportunity to participate in a rotating schedule, promoting physician buy-in to the program.

Results

At the conclusion of the one-month trial, 379 discharged patients were triaged to the proper physician or provider to receive the appropriate follow-up care, and most importantly, none of them needed to return to the ED. In addition, one patient who required immediate surgery was promptly identified and treated. Based on this success, AdventHealth gradually rolled out the program to all 10 of its hospital-based EDs, four free-standing AdventHealth EDs and a number of urgent care centers throughout the remainder of 2018 and into 2019.

As of October 2019, 7,000 patients have come through the Spine Center, navigated by experienced, specially-trained, neuroscience critical care RNs to the appropriate follow-up care. This includes 77 patients who required and received surgery as well as additional patients headed in that direction. The program has reached 1700 patient Spine Center contacts per month (Figure 1). Figure 2 represents the referrals from the Spine Center based on specialty.

Referrals to Spine Center

Appointment from Spine Center

Data Sources: Cerner, Premier Quality Advisor

Patient Population: Adult Inpatient Encounters; MS-DRG 459-460

Conclusion

The creation of the back pain/ED navigation program has accomplished several goals:

• Decreased the number of unnecessary back pain admissions to the hospital.
• Improved patient satisfaction with the care-navigation process
• Provided physicians with appropriate high-yield referrals with the proper imaging
• Maintained network integrity through coordinated care for the AdventHealth System
• Established a database for care accountability and research
• Provided a much-needed human touch for these patients in need

AdventHealth Spine Center Goals

• Answer all phone calls on the same day and provide call-backs within 24 hours.
• Triage patients to the appropriate physician or care provider close to their home with three to five days.
• Make certain each patient receives the proper diagnosis and work-up.
• Ensure those patients who require surgery receive it in an expedited manner.
• Increase patient satisfaction, minimize the health care costs incurred and improve patients’ quality of life.
• Decrease readmissions to the ED.

The AdventHealth Spine Center care coordinators also provide the following personalized services:

• Education for their patients on their diagnosis, treatment and rehab options
• Coordination of scheduling of additional testing as needed
• Coordination of treatment plan
• Communication with referring physicians
• Education for their patients on their diagnosis, treatment and rehab options
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The Case for Value-Based Spine Care

According to the United States Bone and Joint Initiative, spine pathology is among the most common, most disabling and costliest disorders in the United States health care system. In fact, spine care is one of the top five expenses for most hospital systems, placing it under the microscope in today’s cost-conscious health care environment. The challenges are compounded by the fact that outcomes tend to vary widely for both surgical and non-surgical spine care.

A New Evidence-Based Approach

All of these factors, combined with the high volume of spine patients treated at AdventHealth, are driving development of a comprehensive, value-based model for spine care that aims to provide better coordinated care, improved outcomes, higher patient satisfaction rates and lower costs. About one year ago, our neuroscience team began applying an evidence-based approach to changing the way spine care is delivered, shipping away this large challenge one issue and care pathway at a time. Key initiatives include the following:

• Taking a multidisciplinary team approach to evaluate spine pathways and outcomes — This involves the neuroscience non-operative physicians, neurosurgeons, orthopedic spine surgeons, nurses, physical therapists, anesthesiologists and emergency room physicians all meeting regularly to continually improve the care provided to spine patients. This approach ensures that everyone involved in a patient’s care has a seat at the table, and, together, we focus on eliminating the separate work silos — taking a broader approach to care that incorporates all viewpoints.
• Providing access to the latest spine technology — Patients can benefit from computer-assisted surgery, intra-operative computed tomography (CT) navigation and the latest generation robotics systems.

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AdventHealth Spine Center Streamlines Care for Patients with Back Pain

Chetan K. Patel, MD
Executive Medical Director, Spine, AdventHealth Neuroscience Institute
Section Chair, Robotics & Navigation, North American Spine Society

Outcomes

These efforts have already paid off by achieving outcomes above the national average for both length-of-stay (LOS) and complication rates for our lumbar fusion patients.

Additional goals include lowering readmission rates, decreasing the number of patients who require post-surgical care in a skilled nursing facility, and facilitating a quicker return to work for the patient. Furthermore, we are focusing on establishing consistent standards to optimize the pre-operative process and encompass more than just surgical care. We are addressing initial spine patient work-ups to implement standards and care pathways that ensure surgery is only performed when necessary. If a patient is deemed to need surgery, a meticulous, multi-pronged process is implemented to optimize the patient’s care before surgery to achieve the best results possible.

Finally, our neuroscience team is providing continuing medical education (CME) programs for primary care, emergency room and urgent care physicians, informing them about our evidence-based spinal care guidelines and their role in the care process. In addition to providing the best possible care for our patients, our goal is to become one of a handful of leading Spine Centers of Excellence across the country, which would include offering an employer-direct model.

Data Sources: Cerner, Premier Quality Advisor

Patient Population: Adult Inpatient Encounters; MS-DRG 459-460

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Neuroscience Institute
AdventHealth
Brain Surgery
Minimally Invasive
Melvin Field, MD

looked at the outcomes using this approach for TN to see posterior fossa surgery is one such example in the treatment outcomes for various brain conditions. Endoscopic keyhole disruption lead to better outcomes. Since 2004, we have treating various skull-base and deep-seated brain pathologies. access approaches have gained wide acceptance as tools for trigeminal nerve injury causing facial paresthesias or numbness in alleviating trigeminal pain and has a low rate of resultant pain. Of the neurosurgical treatments, MVD is highly effective neurosurgeon in determining which treatment option to offer alleviates the pain. This neurovascular compression is now angle. Decompressing the nerve of this vascular conflict often alleviates the pain. This neurovascular compression is now commonly seen when observed on five-cut CT/ST/PA imaging of the posterior fossa and is used to help guide the neurosurgeon in determining which treatment option to offer the patient with medically intractable trigeminal pain. 

Treating Trigeminal Neuropathy with MVD 

Most centers who routinely manage patients with medically intractable TN consider MVD the gold standard when medications are no longer a feasible option to control the pain. Of the neurosurgical treatments, MVD is highly effective in alleviating trigeminal neuralgia by decompressing the resultant trigeminal nerve injury causing facial paresthesias or numbness when compared to rhizotomy or radiosurgery. Released in April 2014, the European Academy of Neurology’s new guidelines for the management of TN recommend that MVD be considered as the initial treatment for all healthy individuals with medically intractable idiopathic TN unresponsive to medications. 

Evaluating the Endoscopic Approach for MVD 

Over the past 20 years, neuro-endoscopy and keyhole/minimal access approaches have been developed as tools for treating various skull-base and deep-seated brain pathologies. Proponents of endoscopic and keyhole approaches often argue that better visualization and less surrounding tissue disruption lead to better outcomes. Since 2004, we have been embarking on these tools in an attempt to improve patient outcomes for various brain conditions. Endoscopic keyhole posterior fossa surgery is one such example in the treatment of acoustic neuromas, rate and in others. In addition, some of these new treatments may offer potential advantages over traditional MVD. For example, MVD has been associated with a lower incidence of postoperative facial nerve weakness or hearing loss compared to traditional microvascular decompression (MVD). Although there is no universal agreement on how people develop trigeminal neuralgia, it is known that a majority of patients with classic signs and symptoms have a neurovascular compression of the trigeminal nerve as the cause of their facial pain. Decompressing the nerve of this vascular conflict often alleviates the pain. This neurovascular compression is now commonly seen when observed on five-cut CT/ST/PA imaging of the posterior fossa and is used to help guide the neurosurgeon in determining which treatment option to offer the patient with medically intractable trigeminal pain.

In our series, 22% did have partial resolution of TN pain with a mean follow-up of 5.6 years (range 1.25 - 13.7 years). This compares favorably to Jannett’s hallmark series published in the New England Journal of Medicine with over 1,100 patients undergoing MVD for TN with a recurrence rate of 30% and a mean follow-up of 6.2 years as well as Broggi’s series of 250 patients with TN recurrence rate of 26% at a mean follow-up of 5 years. In addition, no observed increased risks or complications related to use of an endoscope compared to traditional MVD were found. Specifically, there were: 

• No observed heat-related injuries 
• No proximal cerebral injuries 
• No vascular injuries 
• No increased neural deficits as a result of 2D versus 3D visualization 
• No increased risk of infections or cerebrospinal fluids (CSF) leaks

Conclusion 

In summary, eMVD is safe and effective as a primary neurosurgical treatment for idiopathic TN. Long-term follow-up suggests a low recurrence rate and good outcomes in treatment modalities, including traditional MVD, rhizotomies or radiosurgery. The risk of complication was also very low with this technique compared to other options. This new treatment has shown great promise in the treatment of idiopathic TN.

AdventHealth Neurovascular Team Enhances Patient Care with New Treatment Technologies and Technology 

Our neurovascular team provides management of all vascular disorders of the brain and spine. As the busiest comprehensive stroke center in Central Florida, more than 200 patients per year have been treated with our clot- retrieval techniques. In addition, our group has been involved in numerous research projects to advance the care of neurovascular diseases, such as stroke. These recent trials include the DAWN trial which helped to demonstrate a benefit to treating patients with clot- retrieval techniques beyond six hours, resulting in new EMS protocols to help more stroke patients.

AdventHealth Musculoskeletal Health 

Our orthopedic and musculoskeletal program offers a comprehensive range of orthopedic services for patients of all ages. This includes minimally invasive procedures, arthroscopic surgery, and joint replacement. We are committed to providing the highest quality care with the latest technology and techniques available.

AdventHealth Orthopaedic Institute 

Osteoarthritis (OA) is a common condition that affects millions of people worldwide. It is a degenerative disease that causes joint pain and stiffness, particularly in the hips, knees, and spine. In recent years, there has been a growing interest in the role of genetics in OA.

The goal of this study was to investigate the genetic susceptibility of OA in a large cohort of patients from a single institution. We used a genome-wide association study (GWAS) approach to identify genetic variants associated with OA.

The GWAS analysis was performed on a cohort of 2,984 patients with OA and 2,984 controls. The results showed that there was an increased risk of OA for patients carrying certain genetic variants. These variants were located on several chromosomes, including 9p22.1, 16p11.2, and 12p12.1.

The findings of this study suggest that genetic factors play a significant role in the development of OA. Further research is needed to understand the biological mechanisms underlying these genetic associations. This knowledge can help to improve the diagnosis and treatment of OA and ultimately lead to improved patient outcomes.
AdventHealth Establishes Adult Neuromuscular Program to Provide Patients with Convenient Multidisciplinary Care and Support

We are honored to welcome Nivedita Jerath, MD, MS, to AdventHealth as the medical director for Neuromuscular Medicine. Dr. Jerath is a board-certified neurologist with outstanding credentials and a special interest in helping patients with hereditary motor and sensory neuropathies. A proud graduate of Harvard University, she earned her medical degree at the Mayo Clinic College of Medicine and returned to Harvard for her neurology residency. She completed consecutive fellowships in neuropharmacology and neuropathology, and earned a master’s degree in medical education before moving to Central Florida to serve as medical director. Dr. Jerath served as Director of the Charcot-Marie-Tooth Association Center of Excellence and as a clinical assistant professor at the University of Florida. The new AdventHealth Neuromuscular Medicine program takes a multidisciplinary approach to treating patients, allowing them not only to obtain their medical, physical therapy and occupational therapy appointments on the same day, but also to have treatment options, including electrodiagnostic testing and genetic testing coordinated at the time of that appointment. Our program has partnered with several organizations to further enhance care and support for patients. It includes working closely with the Muscular Dystrophy Association (MDA) as well as specialized patient groups, like the Charcot-Marie-Tooth Association (CMTA), the Hereditary Neuropathy Foundation (HNF), the Peripheral Nerve Society (PNS), the GBSS/CIDP Foundation International, the FSHD Society (facioscapulohumeral muscular dystrophy), and the ALS Association. Designated a Hereditary Neuropathy Foundation (HNF) Center of Excellence, the AdventHealth Neuromuscular Medicine program is in the early stages of research projects and clinical trials to become a renown neuromuscular program for patients around the world.

AdventHealth Welcomes Neurosurgeon Chandan Reddy, MD, MS, FAANS, to Grow Deep Brain Stimulation (DBS) Program in Celebration, FL

Board-certified neurosurgeon Chandan Reddy, MD, FAANS, recently moved to Orlando to enhance and grow the AdventHealth Neuroscience Institute DBS program. He has options for patients to undergo subspecialty training in functional neurosurgery and peripheral nerve as well as in general neurosurgery. Based primarily out of AdventHealth Celebration, he is currently welcoming new patients, including those with movement disorders, such as Parkinson’s disease, essential tremor and dystonia.

Dr. Reddy graduated magna cum laude in cognitive neuroscience from Harvard University prior to returning to his home state for medical school at the University of Michigan. He then completed residency training at the University of Iowa with one year of subspecialty training at the Mayo Clinic in peripheral nerve neurosurgery, which includes brachial plexus injury, peripheral nerve tumors and entrapments. Dr. Reddy then returned to the University of Iowa hospital system as an Assistant Professor of Neurosurgery for five years before moving to the University of Florida in 2017.

Recently, there has been an advent of genetic testing and treatments for neuromuscular disorders, and we offer many of the latest options, including treatment for amyotrophic lateral sclerosis (ALS)/motor neuron disease, Pompe disease, amyloid neuropathy, Duchenne Muscular Dystrophy (DMD), spinal muscular atrophy, Lambert-Eaton myasthenic syndrome (LEMS), periodic paralysis and myasthenia gravis – just to name a few. Our program also offers intravenous immunoglobulin (IVIG) treatment options, including subcutaneous IVIG. A specialized team of experts assists patients with their treatment-related needs at the time of their appointment and works to help patients with specific neuromuscular-related needs, including mobility-related issues. We also offer a spiritual counseling service to help patients through difficult times on their journey.

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According to the Alzheimer’s Association, more than five million people are currently living with Alzheimer’s disease, and this number is projected to triple to as many as 16 million by 2050. This epidemic is a tragedy in the making, not only for affected patients but for the 16 million+ family members who will be involved in their care as this neurodegenerative illness slowly robs patients of the ability to think and do for themselves. While this disease remains incurable, there are many ways to improve the quality of life for patients and their caregivers.

To address the needs of affected citizens, the Florida Legislature authorized the creation of 17 Memory Disorder Clinics (MDCs) throughout the state. These clinics provide comprehensive diagnostic and referral services for Alzheimer’s disease and dementia patients, conduct research, and develop caregiver training and education. In 2017, the AdventHealth Maturing Minds program was designated as a Memory Disorder Clinic and began serving a multicounty area that includes the counties of Orange, Seminole, Polk, Lake, and Sumter and Hernando. The program is dedicated to promoting lifelong brain health. It offers those who are experiencing memory concerns and need a diagnostic evaluation as well as those who have received a diagnosis and are seeking help for their next step and clinical support over the course of the illness. The program also links families to community resources and conducts educational and screening programs promoting brain health to groups of all ages.

Maturing Minds Program’s Memory Disorder Clinic Provides Diagnostic Care, Evaluation, Planning and Caregiver Support and Training

Taking a Multidisciplinary Approach to Provide Individualized Support for Patients and Caregivers

With the Maturing Minds program, a multidisciplinary team, including a registered nurse, physician, advanced nurse practitioners and licensed clinical social workers, works together and collaborates with the patient’s primary care physician to fully evaluate concerns. A full history and physical exam along with cognitive testing are conducted to allow decisions about the need for brain imaging or blood tests. The team is focused on ensuring a careful review for conditions that can mimic dementia, such as medication side effects, sleep disorders, depression and anxiety. Our medical team also consults other clinicians as needed, including neurologists, speech pathologists, physical therapists and pharmacists. This holistic approach leads the program to a proper evidence-based diagnosis and results in highly-individualized, targeted support for the patient and their caregivers.

If a diagnosis of Alzheimer’s disease or an associated disorder is reached, we develop a customized care plan for the ongoing medical and day-to-day care of the patients. We also provide family caregivers with ongoing support, training and connections to community resources often needed over the course of these challenging illnesses.

Coordinating with Primary Care Physicians and Increasing Awareness

The Maturing Minds program’s Memory Disorder Clinic works closely with primary care physicians to enhance the region’s ability to help their patients receive a proper diagnosis and support. Medicare patients can make an appointment with no referral required. Those under 65 years of age (or those who do not have Medicare) should check with their insurance company as they typically need a physician referral.

Beyond the clinic and in an effort to increase awareness, prevention and knowledge about the availability of screening to assess cognitive health, the Maturing Minds program also conducts community outreach to non-clinical groups as well as the professional health care community, including those working in nursing homes and assisted living facilities. At AdventHealth, we launched the Maturing Minds program for those working with patients experiencing memory issues in the health care setting, to date, more than 5,000 have completed it.

Maturing Minds Program

- Diagnostic evaluation for patients with memory loss or early cognitive complaints
- Care plan development and caregiver training and support for patients with Alzheimer’s disease and related issues
- Education and counseling services for patients and their caregivers
- Support groups for patients and caregivers