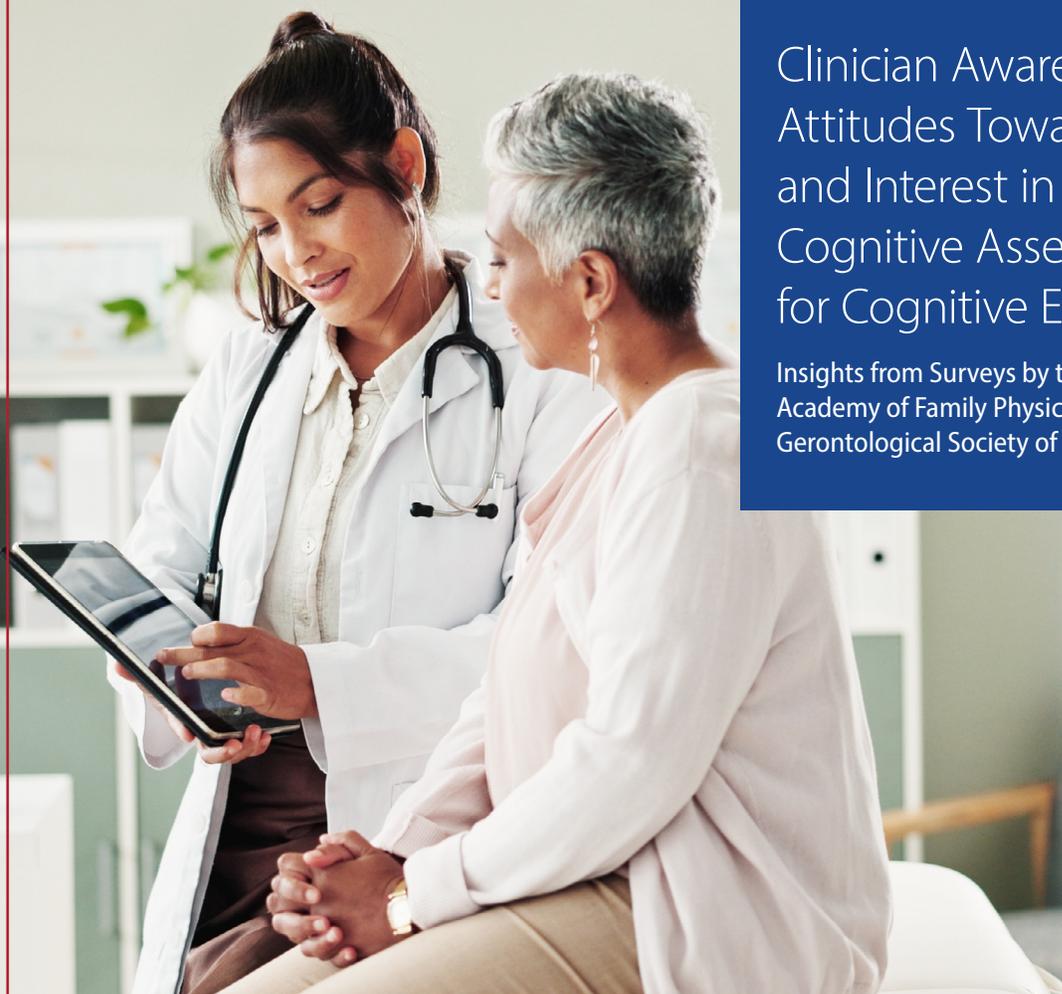


# Advancing Cognitive Care



## Clinician Awareness, Attitudes Toward, and Interest in Digital Cognitive Assessments for Cognitive Evaluation

Insights from Surveys by the American Academy of Family Physicians and the Gerontological Society of America

Clinical research continues to underscore the importance of early detection of cognitive decline, including conditions such as Alzheimer's disease and related dementias. Yet timely and accurate cognitive assessment in primary care remains challenging. Most clinicians rely on brief, paper-based screening tools that are limited in scope and may lack standardization.

Digital cognitive assessments (DCAs) represent a growing opportunity to strengthen early detection and management of cognitive decline. These technology-based tools offer standardized, efficient, and potentially scalable approaches to evaluating cognitive functioning, support-

ing earlier intervention, monitoring more consistently, and improving coordination of care.

To better understand clinicians' awareness of and experience and interest in using DCAs, the Global CEO Initiative on Alzheimer's Disease (CEOi) partnered with the American Academy of Family Physicians (AAFP) and the Gerontological Society of America (GSA) to conduct parallel surveys of their memberships. Insights from these surveys reveal both the promise and the practical challenges of integrating DCAs into everyday clinical practice and identify key priorities for enabling broader adoption.

*AAFP issued a survey to its online research community, Member Insight Exchange, during September 2025 with 167 unique respondents. GSA issued a compatible online survey during August and September 2025 to its members in the Health Sciences section and Alzheimer's disease and related dementias and nursing care interest groups (e.g., physicians, nurse practitioners, physician associates, nurses, occupational therapists, psychologists, social workers). GSA received 62 unique responses.*

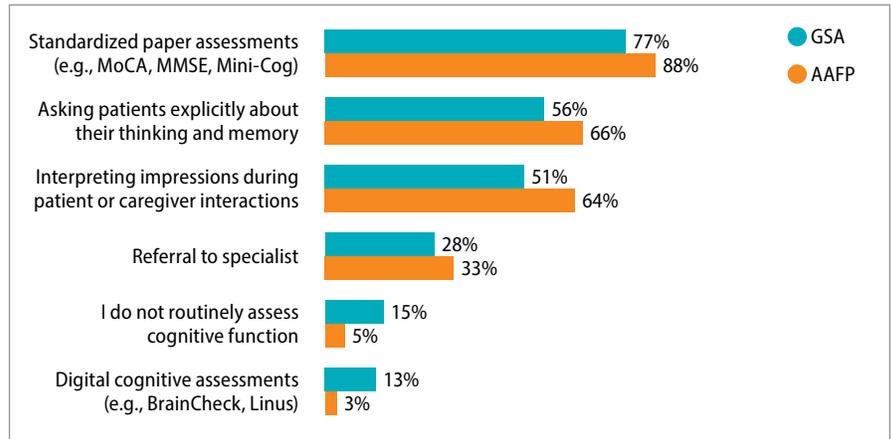
# Key Findings

1

## Reliance on Paper-Based Cognitive Assessment Tools

Despite growing attention to digital solutions, most clinicians continue to rely on traditional, paper-based tools for cognitive assessments. Nearly 9 in 10 AAFP respondents (88%) and nearly 8 in 10 (77%) GSA respondents report employing standardized paper assessments (e.g., Montreal Cognitive Assessment [MoCA], Mini-Mental State Examination [MMSE], or Mini-Cog). Only 3% of AAFP respondents and 13% of GSA respondents currently use DCAs to assess cognitive functioning.

### Typical Experience Assessing Cognitive Functioning



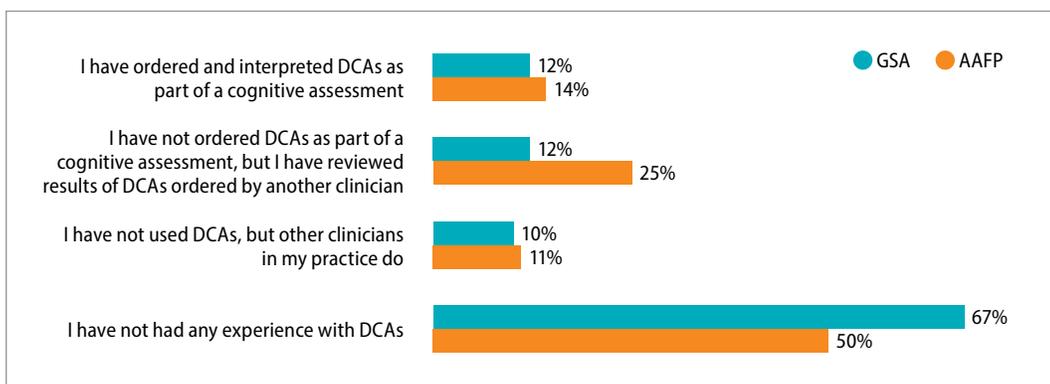
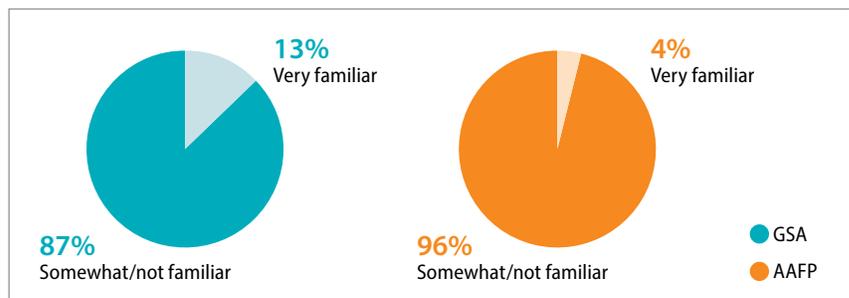
Respondents were permitted to select all that apply, so percentages do not sum to 100%.

2

## Limited Familiarity and Experience with DCAs

Awareness of and hands-on experience with DCAs remain limited among clinicians. Only a small minority of AAFP and GSA respondents report being familiar with DCAs. Of those familiar, just 14% of AAFP respondents and 12% of GSA respondents have ordered and interpreted DCAs as part of a patient assessment.

### Familiarity and Experience with DCAs



Due to rounding, the sum of percentages may differ from 100%.

# 3

## Perceived Challenges and Barriers to DCA Adoption

Clinicians report several challenges to implementing DCAs in routine practice. Both AAFP and GSA respondents rank several common issues highly, including lack of integration into electronic health records (EHRs), lack of clinical guidelines related to DCAs, and patient difficulty with technology.

### Top Five Barriers to Using DCAs in Practice

GSA		AAFP		
Lack of training or confidence in interpreting results	38%	1	Lack of integration into EHR	50%
Lack of clinical guidelines related to DCAs	31%	2	Time constraints	46%
Lack of integration into EHR	30%	3	Lack of clinical guidelines related to DCAs	29%
Patient difficulty with technology	25%	4	Patient difficulty with technology	29%
I didn't know these tools were available	23%	5	Lack of integration into workflow	21%

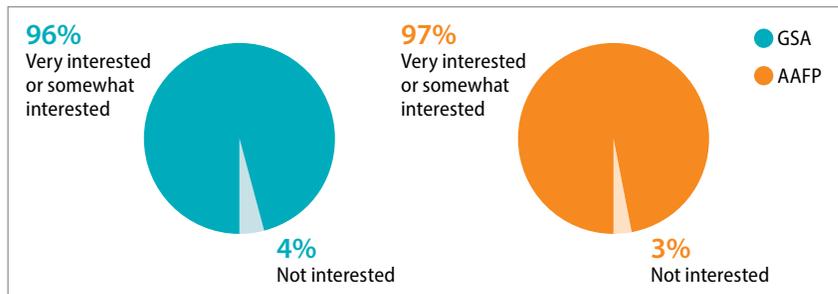
Respondents were permitted to select up to 3 of 11 available response options, so percentages do not sum to 100%. The 5 most frequently selected options in each survey are summarized here.

# 4

## Opportunities to Enhance Patient Care

Despite the barriers, clinicians recognize meaningful cases in which DCAs can be used to enhance patient care. Most respondents (97% for AAFP and 96% for GSA) say they would consider using DCAs when patients or caregivers report cognitive concerns, to support a diagnosis of mild cognitive impairment (MCI) or dementia, or for ongoing monitoring of cognitive function in patients with cognitive decline.

### Interest in Using DCAs



Interest in using DCAs was assessed among respondents indicating they had ordered or reviewed results of DCAs or others in their practice use DCAs.

### Top Three Opportunities for DCA Use in Practice



Respondents were permitted to check all that apply of 6 available response options, so percentages do not sum to 100%. The 3 most frequently selected options in each survey are summarized here.

# 5

## Clinical Advantages of Using DCAs

Using DCAs offers a number of advantages. Respondents highlighted the value of having quantifiable data to guide decision making and enabling earlier detection of cognitive decline as benefits of using DCAs.

### Top Benefits of Using DCAs in Clinical Practice

GSA		AAFP		
Generates quantifiable data to guide decision making	50%	1	Generates quantifiable data to guide decision making	55%
Enhances patient-clinician conversations	41%	2	Enables earlier detection of cognitive decline	36%
Enables earlier detection of cognitive decline	37%	3	Streamlines clinical workflow	31%
Creates more accurate documentation in patient record	33%	4	Creates more accurate documentation in patient record	24%
Streamlines clinical workflow	24%	5	Enhances patient-clinician conversations	19%

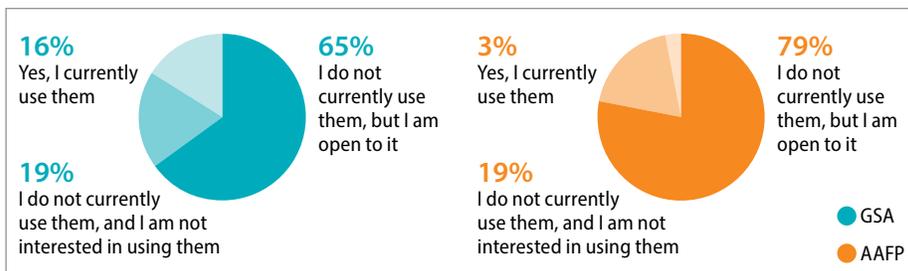
Respondents were permitted to select up to 3 of 8 available response options, so percentages do not sum to 100%. The 5 most frequently selected options in each survey are summarized here.

# 6

## Using DCAs in Remote Settings, Including at Home

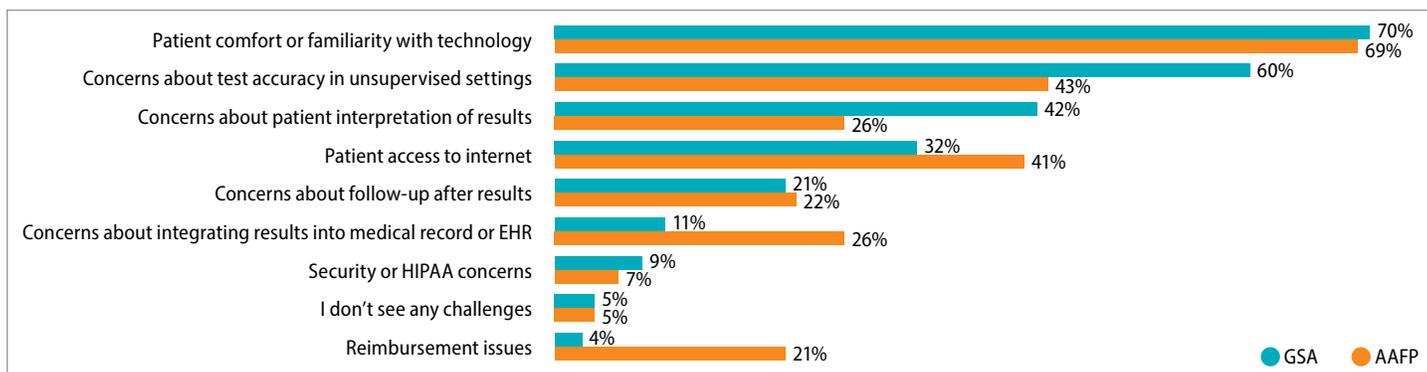
Clinicians are open to using DCAs that can be completed remotely, in settings such as the home. Among survey respondents, 79% of those from AAFP and 65% of those from GSA report that they have not prescribed or recommended that patients complete DCAs in nonclinical settings but are open to it. The main concerns with remote completion relate to technology access, test accuracy, and how results integrate into clinical systems.

### Use of Remote or At-Home Administration of DCAs



Respondents indicating currently use includes those reporting occasionally or regularly use. Due to rounding, the sum of percentages may differ from 100%.

### Top Anticipated or Encountered Challenges in Remote or At-Home Administration of DCAs



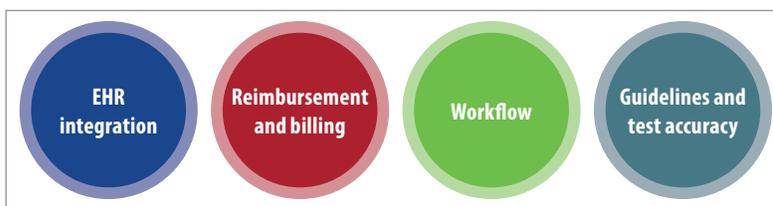
Note: HIPAA = Health Insurance Portability and Accountability Act. Respondents were permitted to select up to 3 of 9 available response options, so percentages do not sum to 100%.

# 7

## Information about DCAs That Clinicians Want to Have

Clinicians are eager for clear, practical guidance on how to integrate DCAs into patient care. The most common requests from respondents are for information on how DCAs integrate with EHR systems and current workflows, guidance on reimbursement and billing, and basic comparative information on available tools and evidence.

### Most Common Requests for Information



## Conclusions

Clinicians are ready and willing to adopt DCAs and need more support to do so. Key priorities for accelerating adoption include the following:

- Seamless incorporation into existing EHR and workflow systems.
- Guidance and consistency around coding, billing, and payer coverage.
- Practical training, continuing medical education (CME), and clinical guidelines to strengthen confidence in selecting and interpreting DCAs.

## Additional Resources

For more information and resources on DCAs and how they can be integrated into clinical practice, visit [www.alzdiagnostichub.org](http://www.alzdiagnostichub.org).



The GSA KAER Toolkit for Brain Health and other resources to support care teams to improve brain health care are available at [geron.org/brainhealth](http://geron.org/brainhealth).



Learn more about GSA at [geron.org](http://geron.org)



Developed by GSA with support from CEOi and in collaboration with AAFP.