Early intervention is the key. Because no drug has thus far been shown to reverse established Alzheimer’s dementia, halting progression in early stages of the disease is the most likely pathway for treatment. There is hope that one or more drug therapies, including infused drugs, may become available by 2020. At that point, a complex patient journey will start—sending those over the age of 55 on a four-part path—

1. Screen for mild cognitive impairment (MCI).
2. Evaluate for potential Alzheimer’s disease.
3. Test for signs of brain pathology.
4. Treat with intravenous (IV) infusion therapy.

Ideally, this process would happen as quickly as possible to prevent progression, but is the U.S. health care system ready? Projections based on a simulation model developed by RAND researchers suggest otherwise.

Wait times might be extensive. Millions of patients would need to be seen. Of the 88.4 million people 55 years and older who are eligible, 70.7 million would get screened in a doctor’s office. Of the 14.9 million who screen positive for MCI, 7.5 million would see a dementia specialist for evaluation. 6.7 million would get amyloid biomarker testing. 3.0 million might test positive for amyloid deposits and return to the specialist to learn about treatment. 2.4 million would receive treatment at infusion centers. It could take more than a dozen years to clear the backlog of cases. Patients could face more than a 14-month wait for their first appointment with a specialist. In the year of demand, visits for amyloid testing could exceed 11 million.

Delays in access to care could result in people getting sicker. With increased capacity, millions could be helped.

Action is needed to reduce capacity constraints. Want more providers in dementia care and develop tools to make them more efficient. Expand the range of diagnostic options. Allow all options for infusion therapy, including the home setting. Ensure appropriate coverage of services and tests.