A Patient’s Journey through the Alzheimer’s Disease Treatment Clinic - *Lecanemab*

**SCHEDULING**
- 1-3 days
- Patient contacts Mayo Clinic or Provider refers to ADTC
- Patient is scheduled for appointments, tests and procedures & meets with Social Work for support before Evaluation Week

**EVALUATION**
- 4-5 days
- Patient receives evaluation with:
  - Cognitive/Behavioral Neurology
  - Neuropsychology
  - Blood Work Panel
  - Genetic Testing (APOE)
  - Radiology (MRI)
  - Lumbar Puncture or Amyloid PET
  - Social Work
- Multi-disciplinary case conference and shared decision-making

**TREATMENT/MONITORING**
- 40 weeks
- Eligible local patients proceed with lecanemab treatment in Rochester:
  - Infusions every 2 weeks
  - Planned treatment for 18 months
  - High Risk vs. Standard Risk Pathways
  - Regular RN visits/touchpoints
  - Scheduled safety MRIs
  - Neurology follow-up
  - Repeat biomarker and cognitive testing
- Other possible outcomes:
  - Patient is not eligible for lecanemab → proceed with other indicated options
  - Patient from outside the local region is eligible for lecanemab → patient to identify local providers to partner with on receiving prescriptions, infusions, follow-up

**LONG-TERM**
- As needed
- Continued support & follow-up post treatment
  - Tracking in an internal and external Registry

©2022 Mayo Foundation for Medical Education and Research | Strategy Department | slide-2
Projecting Patient Volumes

**Input for simulation:**

- Patient journey details – by week (including department, activity and time to complete activity)
- Necessary data that would sway volumes. Examples:
  - Start date of patient journey
  - Number of patients evaluated each week (what can we handle?)
  - Enrollment rate (how many enrolled in the treatment?)
  - Attrition rate (how many patients would we expect to discontinue treatment?)
- Mayo Clinic’s simulation is developed using Python

**Highlights**

- Gives an idea of number of patients attending by week
- Provides anticipated FTE need by department
- Gives details and guidance on anticipating staffing needs across departments

**Example of graph pulled from simulation data**
ADTC Project Team

Dr. Jonathan Graff-Radford, MD
Division Chair – Behavioral Neurology

Dr. Vijay Ramanan, MD, PhD
Director - ADTC

Dale Hardin, MPH, MBA
Operations Manager

Tim Weister, MS, RN
Informatics Nurse Specialist

Megan Albarado, MS
Health Systems Engineer

Carolyn Rhegness
Project Manager