Supplementary Material

Nationally Informed Recommendations on Approaching the Detection, Assessment, and Management of Mild Cognitive Impairment

Generating the Recommendations

Objectives

1. Increase awareness and understanding of the conditions of MCI and Dementia in AD, amongst key Health Care Professionals (specialists, GPs, and Nurses); with a focus on brining the MDT (multi-disciplinary team) together to provide better, holistic care for patients.
2. Understand what causes MCI and the natural history of MCI.
3. Understand what is 'normal', what is a 'subjective' memory complaint versus MCI and how to know whether Dementia has emerged and the role of screening programs and how to utilize them in your day-to-day care.
4. Understand how to make a difference in MCI – using evidence-based guidelines, understanding where the evidence gaps are and what advice to give patients.
5. Understand key barriers preventing optimal implementation of the management options for MCI.

The single-minded objective of this workshop is to come up with a series of recommendations that can be the foundation for a practical, team approach for detecting, diagnosing, and managing MCI.

- There will be four focus groups the numbers will be up to 100 individuals.
- Each focus group will need 4 key people:
    1. **Table Captain (TC)** – introduce the purpose of the work group and lead the discussion.
    2. **Captain's Mate (CM)** – to help with the collation for the output from the discussion and assist the Table Captain to include as many of the participants as possible especially GP, nurses and allied health who are under-represented in the registrations.
    3. **Chat monitor** – to track the chat, reactions and themes that are emerging and alert the Table Captain intermittently either to invite commentary or to directly raise the chat theme to the group.
    4. **Scribe** – Will type recommendations as they are proposed by the group in a document that will be on a shared screen. With direction from the focus group identify by bolding up to 5 recommendations that will be put to the vote in the meeting. These 5 recommendations will need to be in the format as described below.
    5. **Recording** - The focus groups will be recorded, for future reference.

- All participants will be invited to review a body in open access literature related to the focus groups.

- TC and CM are encouraged to collect as many recommendations as the group thinks is required. From all the recommendations 5, that are thought to be more contentious will go to a vote. The TC/CM may what to pre-specify some recommendations for group ratification and this should be allowed.

- In the last 5 minutes of the focus group session the TC/scribe to provide a document with all the recommendations and the 5 contentious recommendations in **BOLD** to be set up for polling. Each recommendation will be followed by a multi-choice, e.g.,
  1. *All patients reporting any symptoms of memory change should have detailed neuropsychological assessment*
     a. Strongly Agree
     b. Agree
     c. Disagree
     d. Strongly disagree

Focus Group Outlines

Focus Group And Captains	Gathering information and introductions (10 minutes)	Opening discussion (25 minutes)	Targeted discussion moving towards limited option list (25 minutes)	Output – consensus list of key recommendations/ opinions (20 minutes)	Complete Word Document and email it to Arterial for polling (10 minutes)
1. Detection and diagnosis of MCI	Introductions and summarize focus group purpose, process, and plan	*What is/are the current evidence/resources on the topic of 'detection and diagnosis' of MCI?* Draw on the morning session for brief general comments. Encourage open discussion. Have a spotter to ensure broad engagement.	Development of a process for detection/screening and diagnosis of MCI. Broad list of suggested tools for cognitive, functional, and mood/behavioral assessment.	Focus up the recommendation list. Use "hands up" function to aid choices and reasons. Aim for 5 recommendations to be included in the word document.	Set the wording for the recommendations so it can be a stem for polling.
2. Sharing the diagnosis and Monitoring and follow up –	Introductions and summarize focus group purpose,	*What is the current evidence/resources for discussing the diagnosis of MCI and how it should be monitored?*	Discussion around giving the diagnosis and nomenclature. Discussion around the post diagnostic care. Referral indicators. Review frequency.	Focus up the recommendation list. Use "hands up" function to aid choices and reasons.	Set the wording for the recommendations so it can be a stem for polling.

		Draw on the morning session for brief general comments. Encourage open discussion. Have a spotter to ensure broad engagement.	Primary Care/Shared Care/Specialist Care models.	Aim for 5 recommendations to be included in the word document.	
3. Practical interventions to prevent progression	Introductions and summarize focus group purpose, process, and plan	*What is the current evidence/resources on the topic of 'Practical interventions to delay MCI progression with a focus on diet and lifestyle'?* Draw on the morning session for brief general comments. Encourage open discussion. Have a spotter to ensure broad engagement.	Development of a list of broad recommendations to mitigate cognitive decline in MCI.	Focus up the recommendation list. Use "hands up" function to aid choices and reasons. Aim for 5 recommendations to be included in the word document.	Set the wording for the recommendations so it can be a stem for polling.
4. Personalizing Care—Planning, engagement, and motivation for the long term	Introductions and summarize focus group purpose, process, and plan	*What evidence/resources inform the best team-based approach for patient centered care planning in MCI?* Draw on the morning session for brief general comments. Encourage open discussion. Have a spotter to ensure broad engagement.	Discussion around giving the diagnosis and nomenclature. KPIs – what is the minimum that should be done. What is the current funding model – MBS. How can the team work together – primary versus non-primary care. Facilitators/Aids Recommendations.	Focus up the recommendation list. Use "hands up" function to aid choices and reasons. Aim for 5 recommendations to be included in the word document.	Set the wording for the recommendations so it can be a stem for polling

Report Back and Polling

    15 minutes per working group – TC to summarize the focus group outcomes for 12 minutes, then 3 minutes for final polling.

Panel discussion
1. 'Captains call' – Captains to discuss the most highly voted recommendations – ideal versus reality.
2. Anything we have missed? Amnesty session/speak now or forever hold your peace.
3. Summary.
4. Final remarks and close.