Case study

Scaling Trusted, High-Impact **AI Care Navigation**

Taking cognitive screening on the road: A screener that works outside the clinic

TOPICS: AI-Enabled Care Navigation | Early Detection & Screening | Care Gap Identification | Health Equity

About the organizations

The Garrison Institute on Aging Memory Clinic, part of Texas Tech University Health Sciences Center, provides comprehensive dementia evaluations across more than 40 counties and 4 states, a service area of roughly 1.5 million people. Much of it is rural West Texas, largely Hispanic, often below the poverty line, and federally designated as medically underserved.

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Creyos is a digital cognitive assessment platform built on 30+ years of peer-reviewed research. Its validated cognitive tasks and behavioral health questionnaires are used in primary care, neurology, and psychiatry to support earlier detection of cognitive impairment and clinical decision-making.

creyos

The opportunity

Cognitive screening was largely absent across these communities. Primary care was the only realistic point of access, but clinicians were already juggling multiple priorities within a 30-minute visit, making population-wide screening impractical. As a result, patients often didn't reach a memory clinic until they were in crisis, frequently without a diagnosis or treatment plan in place.

The challenge

Conventional screeners often required a trained administrator and manual scoring. Using machine learning, a support vector classifier was trained on ~4,700 cases labeled as impaired or unimpaired, then searched all 12 Creyos tasks to find the 2 that best separated the impaired cases from the healthy ones.[1] A 2-task screener with automated scoring reduces the need for specialized test training: 6 minutes on an iPad, run by whoever is there.

The approach

Texas Tech University Health Sciences Center has moved cognitive screening out of traditional clinical settings and into the communities it serves, meeting people where they already gather: public libraries, senior centers, community halls, and even bingo nights. With doctoral students, undergraduates, and program coordinators administering assessments, a three-person team can screen 40–50 people in a single session. Those who screen positive are consented for follow-up at one and three months, allowing the team to track whether they accessed care, identify barriers, and help close the gap between screening and diagnosis.

The impact

- ✔ **600+ people screened in under a year** across rural communities with no prior screening infrastructure, at events ranging from 10 people in a town of 900 to more than 100 in a single day.
- ✔ **80% to 90% of attendees at community events sit down to be screened**, in towns the team has returned to over several years.
- ✔ **Roughly 1 in 4 flagged for cognitive impairment**, most at an early stage, in a population that had never been screened before.

> “Most of the people who take this are in the early stages. The screening is surfacing cognitive decline while the signs are still subtle.”
>
> **— Dr. Jonathan Singer**
> *Director, Comprehensive Memory Clinic, Garrison Institute on Aging*

[1] Urian et al. Early cognitive screening for individuals on the dementia continuum: a novel approach amid current trends. *J Alzheimers Dis*. 2026;1-13. doi:10.1177/13872877261424289