

NYU BOLD PARTNER SPOTLIGHT:



Please include a brief bio here.

Patrick J. Zook, MD completed his MD degree and family medicine residency at Creighton University School of Medicine in Omaha, Nebraska. Did Family Practice for 40 years in St. Cloud, Minnesota until retiring in 2017 and switching to dementia care and founding the nonprofit Central Minnesota Dementia Community Action Network (D-CAN) in 2019 and seeing clients since April 2021. D-CAN is funded in part by donations, Medicare “reimbursement” and by grants from Minnesota Board on Aging, United Way Minnesota, and Minnesota Medical Association. Dr. Zook was president of the Stearns Benton Medical Society for several years until it and many others disbanded. He was a Board of Trustees member of the Minnesota Medical Association for 9 years and active on several MMA committees.

Please start by telling everyone a little bit about the work that you’re doing.

D-CAN was created to address the significant gaps in our community’s dementia care system originally revealed by our Medical Society’s study with Central Minnesota Council on Aging to find out why clinicians were not referring to dementia resources in our community. Most troublesome were the 6-month wait times to see a neurologist for dementia evaluations. Patients and families wanted and needed so much more than just diagnosis and Rx (or not). We follow Dr. Dale Bredesen’s care model that asks “Why?” (...does this person have dementia symptoms), improves on controllable dementia risk factors, and maintains patient, caregiver, and family support with regular ongoing visits guiding them to improved health span and hopefully to fewer dementia symptoms. We also see clients without dementia symptoms for prevention evaluations and care plan strategic planning.

What’s the story behind why you’re doing what you’re doing?

Front-line dementia workers rarely have the agency or endurance needed to get the policy and reimbursement changes accomplished that they know are necessary to enable them to provide real “best practice” care for their patients, caregivers, and families. Families and caregivers are overwhelmed. Grassroots organizations dedicated to the mission to “improve access to quality dementia care in our community” will need to step up with pilot programs working to find what works best for global and particular dementia care, then figure out a way to adequately sustain it financially.

Tell us about some parts of your projects that you're working on now that you are really excited about.

As we work to formulate our evaluation process and after seeing our first 100+ clients/families, we have come to recognize the huge problem of painful marital/partnership discord that dementia throws between them even after 50 or 60 years together. If we do not find a way to help this specific problem, then we know our results treating dementia will suffer – no matter what else we measure. Accordingly, we have embarked on the creation of a counselor training program to encourage new student counselors to learn how to counsel such couples dealing with dementia-related conflict. We are working with a St. Cloud State University professor to lead this program partially funded by a United Way grant.

For people who want to know more about your current work and programs, what are 1-2 pieces of information that you think is important for them to know?

We are NOT just a referral service. We do thorough medical analysis of clients' complex medical issues and medications and make recommendations to their clinicians with whom we work collaboratively leaving them in charge of their patients, but who thus are more inclined to do full-spectrum dementia care themselves.

What would you tell someone who wanted to start a similar program like yours in their own setting (e.g., another state, county, or city)?

Call Dr. Zook at 320-492-8207 first. There is so much we could tell you to make it easier and save you time. We hope Minnesota develops a network of 20-25 Dementia Resource Centers (like ours) similar to what Wisconsin has done but using our preferred care model.

Where else can people look to find out more about all the great work that you're doing?

[\(17\) Central MN Dementia Community Action Network | Facebook](#)

What is one thing that you wish people knew more about early detection of dementia?

Don't let denial get in your way. Early detection only helps if you act to intervene to thwart any modifiable dementia risk factors before irreparable neuronal damage is done. Thorough medication review and adjustment are very important since many (especially anticholinergic) medications can have dementia-like side effects or promote earlier dementia symptom onset. Several of our D-CAN clients have been through major medical center neurology evaluations without hearing any mention of the significance of the anticholinergic burden of several of their meds.