

The “Wan Ai Xi” Medical and Care Alliance for Cognitive Impairment: A Report on Its Establishment and Contributions

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Highlights:

- China’s “Wan Ai Xi” Alliance is building a full-cycle dementia care model that integrates community screening, specialist diagnosis, acute treatment, and long-term management to address major gaps in early detection and care continuity.
- Through the SHAPE screening framework and an innovative “BPSD Traffic Light” referral system, the Alliance enables rapid triage, bidirectional referral, and seamless transitions between hospital and long-term care settings.
- With 56 member institutions and more than 700 trained professionals, the Alliance advances a coordinated “medical + care + social work” approach aligned with Healthy China 2030.

Introduction

China faces a rapidly growing population of older adults living with dementia, driven by accelerating population aging and rising life expectancy. This trend presents profound challenges for individuals, families, and health and social care systems, and has become a major public health priority ^[1].

According to the China Alzheimer’s Disease Report 2025, memory clinics—the primary platform for early diagnosis and standardized management of cognitive disorders—numbered only 273 across the country as of 2022, reflecting inadequate public health service capacity ^[2]. Data from the China Alzheimer’s Disease Report 2023 further underscore discontinuities in the care continuum: while 80% of patients and caregivers recognize early symptoms of cognitive impairment, the one-year healthcare utilization rate stands at just 32.6%, rising to 71.6% after two years. More than 60% of community-dwelling older adults have never received early cognitive screening ^[3].

Globally, China accounted for 23.6% of the total disease burden attributable to Alzheimer’s disease and related dementias (ADRD) in 2021 ^[4]. Its large population base and rapid demographic shift have resulted in a dementia burden greater than that of most other nations. Together, these

figures reveal critical gaps in early detection, timely diagnosis, standardized treatment, and ongoing long-term management, alongside a rapidly growing demand for dementia care services. Dementia care in China currently faces multiple systemic and operational challenges.

1. Weak Primary Prevention

Primary prevention systems remain underdeveloped, with low population-level screening coverage and limited early identification of high-risk individuals. Consequently, many people with early cognitive impairment miss the optimal window for early intervention.

2. Fragmented Referral Pathways

Suspected cases identified in the community often experience long delays in accessing specialist diagnostic services. Residents of long-term care facilities who develop acute Behavioral and Psychological Symptoms of Dementia (BPSD) frequently lack timely specialist support. Meanwhile, families of hospital patients ready for discharge struggle to secure appropriate dementia care placements.

3. Insufficient Resource Integration

Medical and care services operate in isolation, with a lack of unified, standardized protocols.

4. Context-Specific Gaps

China lacks a widely established professional medical social work force. This critical bottleneck further intensifies service fragmentation and coordination challenges in dementia care.

In line with the Healthy China 2030 initiative^[5], the National Action Plan for Addressing Alzheimer's Disease (2024–2030)^[6], and national strategies for proactive aging, the Department of Geriatric Psychiatry at Shanghai Mental Health Center (SMHC) and the Shanghai Jiao Tong University Alzheimer's Disease Diagnosis and Treatment Center jointly established the “Ai Xi Medical and Care Alliance” in 2019. The alliance was renamed the “Wan Ai Xi” Alliance in March 2024, representing progress toward building a full-cycle care and referral system for cognitive impairment tailored to the Chinese context.

1. Community-Based Primary Prevention: Standardized Screening and Intervention

Leveraging the “SHAPE” model, the Alliance conducts large-scale, standardized cognitive screening and preventive interventions in communities. Technical support and training on screening consistency and intervention protocols are provided by the SMHC geriatric psychiatry team led by Dr. Li Xia^[7]. The network includes not only medical institutions such as district mental health centers and community health service centers, but also nursing homes, social organizations, community volunteers, and dementia-friendly community builders.

The “SHAPE” model supports stratified management of community-dwelling populations^[8]. This begins with a three-minute electronic screening performed by non-medical members of the Alliance^[9]. Based on initial results, general practitioners or district psychiatrists carry out comprehensive evaluations to identify high-risk individuals and early-stage patients.

Based on screening results, the Alliance has implemented an efficient two-tiered referral system. For individuals needing further diagnostic evaluation, suspected cases are directly referred to SMHC, where the geriatric psychiatry team conducts comprehensive assessments—including neuropsychological testing, neuroimaging, and laboratory investigations—to promptly determine the type and severity of cognitive impairment. For high-risk individuals, early non-pharmacological interventions are provided by community volunteers, long-term care facility staff, or social organizations.

2. “BPSD Traffic Light Referral”: Integrated Tracking and Bidirectional Referral

To ensure care continuity across different settings, the “Wan Ai Xi” Alliance has developed a two-way referral system that integrates medical and long-term care resources across the full care continuum—from long-term care and acute treatment to rehabilitation.

- **Red Light (Emergency):** To manage risks during the acute phase, the Alliance has implemented an emergency referral protocol for long-term care residents who reach the “red light” stage due to severe BPSD or acute medical conditions. Through a dedicated pathway, patients are quickly admitted to the SMHC geriatric ward, with professional staff ensuring seamless clinical handover.

- **Green Light (Post-Acute Care):** Once acute hospital treatment is finished and patients are ready to return to long-term care, the Alliance acts as a care coordination hub. It matches families with suitable facilities or home-care providers within its network, oversees the transfer, and shares care information—addressing the longstanding challenge of difficulty with discharge placement.
- **Yellow Light (Stable Management):** Patients in the “yellow light” phase are those whose symptoms can be effectively managed through outpatient medication adjustments, whether they reside in a long-term care facility or at home.

The Alliance has set up a regular two-way referral system between long-term care facilities and the geriatric ward at SMHC, allowing for a seamless transition from acute care to ongoing long-term support. This forms a continuous feedback loop in which clinical expertise guides care delivery, while frontline care experiences, in turn, help refine treatment strategies.

3. Resource Integration and Capacity Building: Enhancing Collaborative Effectiveness

To address workforce shortages, service fragmentation, and gaps in care continuity for dementia, the "Wan Ai Xi" Alliance runs annual continuing education programs focused on prevention, screening, non-pharmacological interventions, specialized care, and clinical management. Led by leading experts in the field, these programs cover cognitive assessment, differential diagnosis, BPSD management, and person-centered care. All participants—including medical personnel, formal caregivers, and social work volunteers—must complete rigorous assessments to ensure meaningful improvements in professional skills.

Annual performance evaluations are used to recognize and retain high-quality service providers, helping to develop a well-trained dementia care workforce within the Alliance. In response to the limited supply of medical social workers in China, dedicated care coordinators have been assigned to oversee referrals and family communications, supporting consistent and continuous care throughout the system.

4. Practical Innovations: Addressing Context-Specific Gaps

The “Wan Ai Xi” Alliance has implemented several innovative solutions across home, community, and institutional settings:

- **Extended Home Support:** A family caregiver support program run by an NGO provides free monthly online consultations with geriatric psychiatrists, bringing professional guidance directly to families in their homes.
- **Bridging Workforce Gaps:** Using its care coordination framework and multidisciplinary teams, the Alliance effectively compensates for the shortage of medical social workers and enables smooth integration between medical and long-term care services.
- **Systemic Solutions:** The Alliance is among the first initiatives to systematically connect the full care continuum—from diagnosis and referral to appropriate placement—improving access and quality of care while reducing family burden and system-level inefficiencies.
- **Preventive Focus:** By strengthening community-based primary prevention, the Alliance shifts intervention to earlier stages, laying a foundation for reducing dementia incidence and slowing disease progression.

Preliminary Outcomes

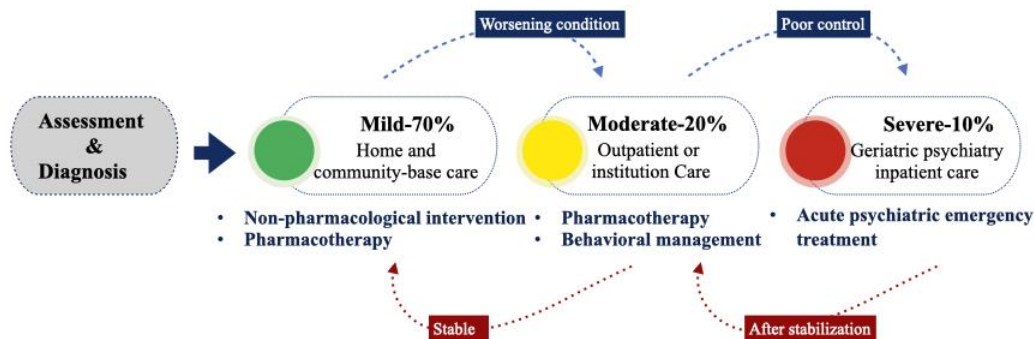
Over the past six years, the "Wan Ai Xi" Alliance has grown significantly, with 56 member institutions across China as of December 2024. The refined "Traffic Light Referral" system has supported post-discharge care for more than 600 patients and facilitated over 2,500 referral consultations for long-term care residents.

To date, accredited training programs have certified more than 700 professionals in relevant cognitive assessment skills. Collaborative work across the Alliance has led to more than 10 patents and academic publications, while also supporting the development of industry-wide standards. Community outreach and cognitive screening services have reached tens of thousands of older adults.

The "SHAPE" model represents a stratified, full-cycle management framework for cognitive impairment in Shanghai, helping to advance public awareness and understanding throughout the Yangtze River Delta region.

Staying true to its person-centered and elderly-focused mission, the Alliance will continue to refine and strengthen its dementia care and referral system. Key priorities include expanding national coverage, enhancing digital and smart infrastructure, and developing an integrated “medical + care + social work” service model to further improve the quality and continuity of care.

Figure1 BPSD Traffic Light Referral



For further reading:

[1] <https://www.nhc.gov.cn/wjw/c100375/202501/521ab3ce974c48a989e0b976ecf8f767.shtml>

[2] Zhi, Nan et al. “The China Alzheimer Report 2025.” *General psychiatry* vol. 38,4 e102020. 7 Aug. 2025, doi:10.1136/gpsych-2024-102020

[3] Xiao, Jinwen et al. “2023 China Alzheimer’s disease: facts and figures.” *Human Brain* (2023): n. pag.

[4] Ren R J, Yin P, Wang Z H, et al. Report on Alzheimer's Disease in China 2021[J]. Journal of Diagnostics Concepts & Practice, 2021, 20(4): 317-337. DOI:10.16150/j.1671-2870.2021.04.001.

[5] https://www.gov.cn/zhengce/2016-10/25/content_5124174.htm

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[8] Chen, Y. and X. Li, SHAPE MODEL: INNOVATING COGNITIVE IMPAIRMENT MANAGEMENT IN CHINA'S AGING POPULATION, in IPA Bulletin. 2025. p. 13-16.

[9] Nie J, Yang Y, Gao Y, et.al. Newly self-administered two-step tool for screening cognitive function in an ageing Chinese population: an exploratory cross-sectional study. Gen Psychiatr. 2023 Feb 3;36(1):e100837. doi: 10.1136/gpsych-2022-100837



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