



Launch & Webinar Topic: “Cognitive Health Assessment Basics”





UCSF



Launch & Webinar topic:
“Cognitive health assessment basics”

8/1/22

Agenda

dementiacareaware.org

12:00-12:05	General welcome and review of agenda	Dr. Anna Chodos , Dementia Care Aware (DCA) Executive Director
12:05-12:10	Welcome from the Office of California Governor Gavin Newsom	Kim McCoy Wade , Senior Advisor on Aging, Disability, and Alzheimer's, Office of California Governor Gavin Newsom
12:10-12:15	Welcome from CA Department of Aging	Susan DeMarois , Director, CA Department of Aging
12:15-12:25	Welcome from the CA Department of Health Care Services	Jacey Cooper , Chief Deputy Director for Health Care Programs and State Medicaid Director, Department of Health Care Services Dr. Karen Mark , Medical Director, Department of Health Care Services
12:25-12:59	Presentation "Cognitive Health Assessment Basics"	Dr. Anna Chodos , DCA Executive Director



Kim McCoy Wade

Senior Advisor on Aging, Disability, and
Alzheimer's, Office of California Governor
Gavin Newsom



Susan DeMarois

Director, California Department of Aging



Jacey Cooper

Chief Deputy Director for Health Care
Programs and State Medicaid Director,
Department of Health Care Services



Dr. Karen Mark

MEDICAL DIRECTOR, CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Dementia Care Aware Overview

> **Training opportunity for primary care teams for early detection and better care for our patients living with dementia.**

- Today is about our first and core training on the Cognitive Health Assessment.
- Additional trainings will be continuing to roll out to address the cognitive health needs of Medi-Cal beneficiaries.

> **Realizes a new benefit, effective July 1, 2022, for Medi-Cal-only beneficiaries 65 and older: a Cognitive Health Assessment.***

- Providers previously could only bill Medicare for a similar assessment.
- Includes the requirement for training and appropriate documentation to use the code, **1494F**.

> **As part of the Home and Community Based Services Spending Plan, also funds practice support activities.**

- Direct support for providers and practices to implement dementia care pathways.

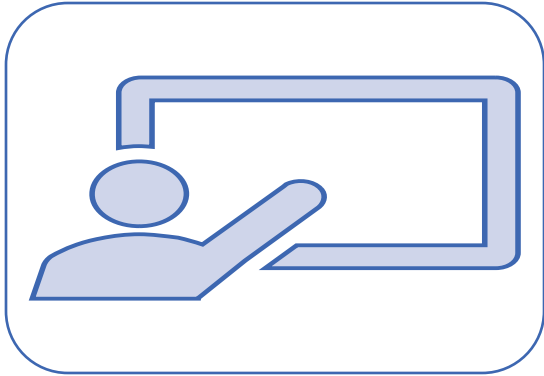
*Following passage of SB 48 in October 2021.

Dementia Care Aware Goals

1. Rapidly improve the ability of primary care teams serving Medi-Cal beneficiaries to detect dementia and create stage-appropriate care plans.
2. Tailor training and resources to Medi-Cal beneficiaries' needs, with special emphasis on populations (e.g., homeless individuals, non-English speakers, those with serious mental illness or multiple comorbidities, individuals with disabilities).
3. Improve care and quality of life for people living with dementia, especially those who are higher risk and from communities that have historically experienced dementia care-related disparities in California, specifically people who identify as Black, Latinx, or Asian.

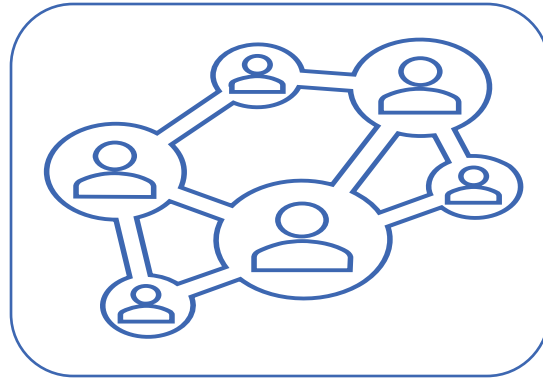
Dementia Care Aware

Activities March 2022 – March 2024



Training

- Cognitive Health Assessment
- Additional key topics relevant to Medi-Cal patients and providers: monthly webinars, additional modules for CME, podcasts.



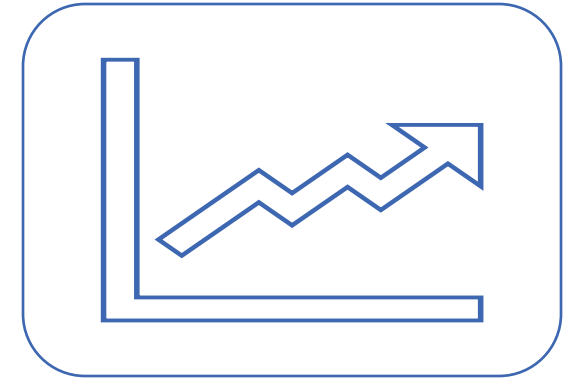
Outreach to providers in all 58 counties

- In-person
- Virtual outreach and media campaigns



Practice Support (starting Fall/Winter 2022)

- Website with practice management resources
- Resources for social and legal services connection
- Warmline for clinicians
- ECHO conferences (virtual teaching conferences)
- Hands-on coaching



Evaluation of Impact

- Uptake and usefulness of training
- Improved detection and diagnosis
- Improved care



Dr. Anna Chodos

EXECUTIVE DIRECTOR, DEMENTIA CARE AWARE



Welcome to Dementia Care Aware



Welcome!


Welcome to the Dementia Care Aware (DCA) learning management system. This site provides access to the training modules for the DCA program. When you registered, you were automatically enrolled in the "Dementia Care Aware: The Basics" course. Select Start in the "Dementia Care Aware: The Basics" block below to begin.



Inside the training course

Modules must be completed in order.

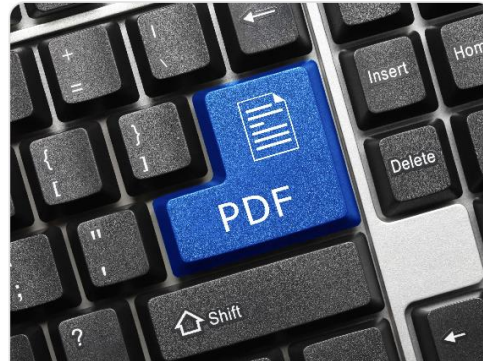
My courses Teaching 0 Enrolled 1



Dementia Care Aware: The Basics

66% Resume ▶

3 modules



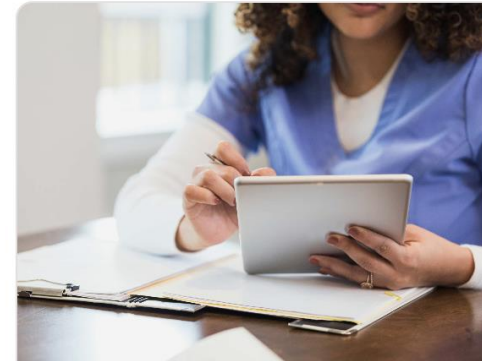
Introductory Information

🕒 1 min

This module includes information on the overall DCA program and learning objectives. It also includes the required disclaimers and disclosures along with UCSF contact information. Select Start to view this document. The training module will unlock after you open the pdf file.

Completed ✓

1 section



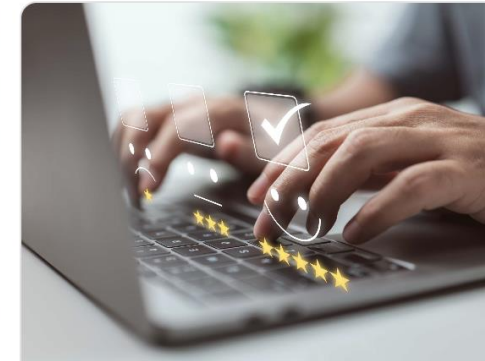
Dementia Care Aware: The Basics

🕒 1 hr, 30 min

This module teaches you how to conduct a brief, annual Cognitive Health Assessment (CHA) with your patients. It includes information on why the assessment is important, the three-step process for administering the CHA, and options for next steps if the screen is positive. Select Start to begin.

0% Resume ▶

1 section



Course Evaluation

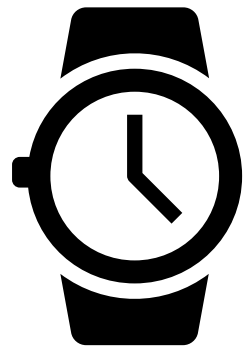
🕒 3 min

This is the course evaluation survey. If you'd like to receive continuing education credits for this training, this evaluation is required. Select Start to complete the survey.

Locked 🔒

1 section

The Cognitive Health Assessment



- Annual assessment.
- A quick check on **cognitive** and **functional** symptoms and an assessment of the person's support system.
 - **The start** of a diagnostic assessment.
- A jump start on brain health.

Dementia: DSM V definition

Acquired cognitive
decline in at least 1
domain

+

Acquired functional
decline

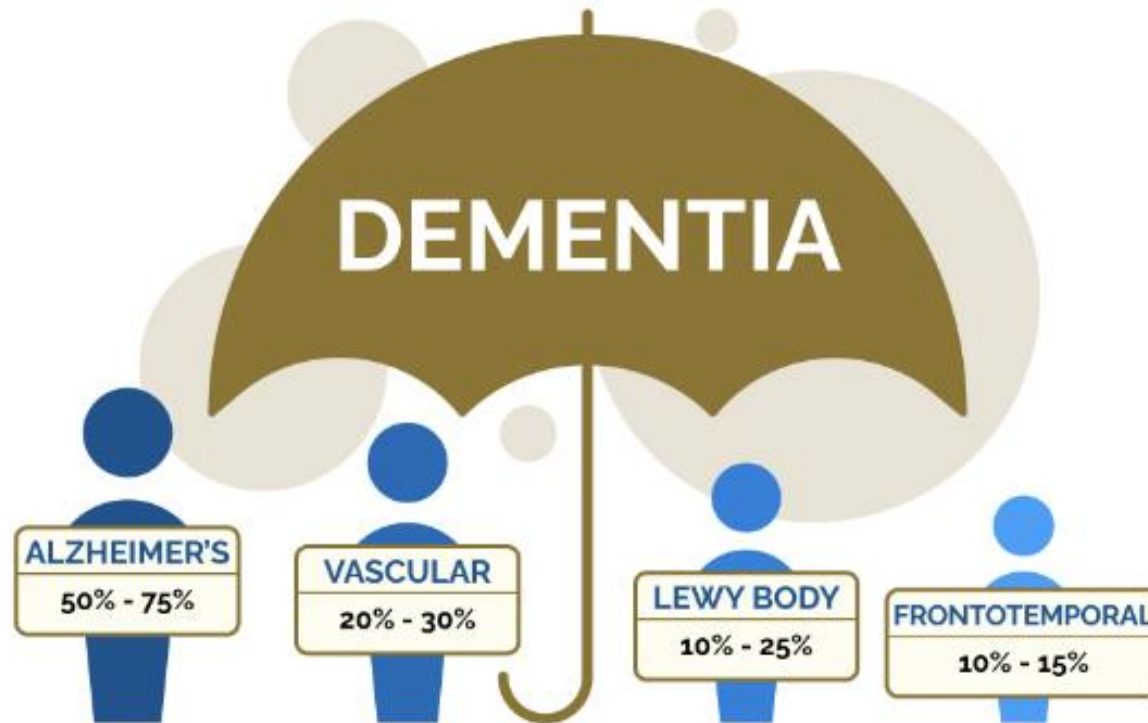
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No other causes, e.g. medical or psychiatric

Types of Cognitive Decline

Type of Cognitive Decline	Magnitude of decline	Affects Daily Function?
Age-related decline	"Normal" decline in cognitive functions for age	No
Mild Neurocognitive Disorder	Abnormal decline in cognitive functions for age	No. May be using compensatory strategies to accomplish activities of daily living.
Major Neurocognitive Disorder	Abnormal decline in cognitive functions for age	Yes. Unable to use compensatory strategies to accomplish activities of daily living.

Etiology of dementia



Dementia is a syndrome that once identified will have us looking for evidence of a neurodegenerative disease.

Brain health is whole person health

- Knowing if there is a neurodegenerative condition steers your care for all other conditions.
- You can start a brain health plan at the very earliest signs, in addition to treating any medical or psychiatric causes of symptoms.



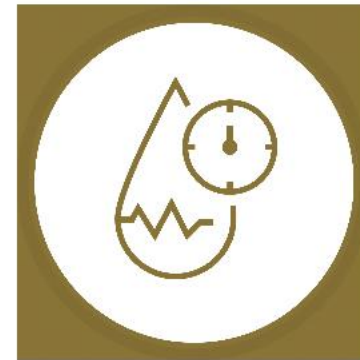
Hearing
and vision.



Review
medications.



Social and
physical activity



Manage BP and
diabetes.

3 Step Assessment

The Cognitive Health Assessment

- 1 Take the patient history.
- 2 Use tools to assess for cognitive and functional decline.
- 3 Establish and document a patient's support person and/or a health care agent.

Our definition of dementia

**1: Acquired
cognitive
decline**

**2: Acquired
functional
decline**

**3: Rule out
other causes**

1. Take the patient history

- This could be noticing a sign or symptom:
 - A patient, informant, or health or social service team member notes a new cognitive sign or symptom.
- This could be a simple question:
 - Do you or others think that you are having trouble remembering things?
 - During the past few years, have you or others noticed changes in your mental abilities?

In your documentation, note if there is a positive response to a question or if signs/symptoms have been noticed by others.

Cognitive domains: more than “memory”

- ❖ Learning and memory
- ❖ Language
- ❖ Executive function
- ❖ Attention (Complex attention)
- ❖ Motor (Perceptual-motor skills)
- ❖ Behavior (Social cognition)

2. Use a tool. You have a toolbox!

	Cognitive Screen Tools	Functional Screen Tools
Patient	GP-COG OR Mini-Cog	ADL/IADL
Informant	AD-8 OR Short IQ-CODE	GP-COG Informant Interview OR FAQ

Functional abilities: quick review

Activities of Daily Living		
Activities of Daily Living	Bathing Dressing Transferring from bed to chair	Toileting Grooming Feeding oneself
Instrumental Activities of Daily Living	Using the telephone Preparing meals Managing household finances Taking medications	Doing laundry Doing housework Shopping Managing transportation

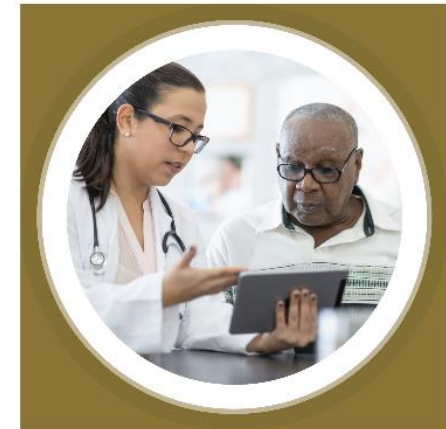
Using the tools: when you need an informant

- **If the patient screens negative**, then it is recommended to obtain additional information from an informant utilizing cognitive and functional screening tools.
- **If the patient screens positive**, *obtaining informant information may be helpful* at this point but not necessary to move on to the next steps of the evaluation.

3. Establish and document a patient's support person and/or a health care agent.

Many people may be involved in a person's care to different degrees and for different purposes. There are three roles to define that are involved in the CHA process:

- **an informant-** can give you information
- **a support person-** someone who helps with care
- **a health care agent-** someone who has legal authority if that person is unable to make their own decisions



"Do you have anyone who is available to speak with me and who knows you well?"

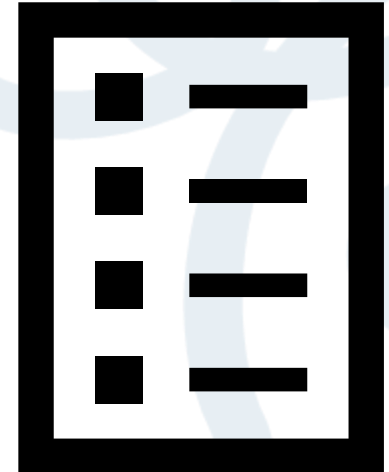
If someone has cognitive decline, it often becomes crucial to understand their support system and navigating the designation of a health care agent.

Documentation and Billing

What Documentation Is Required?

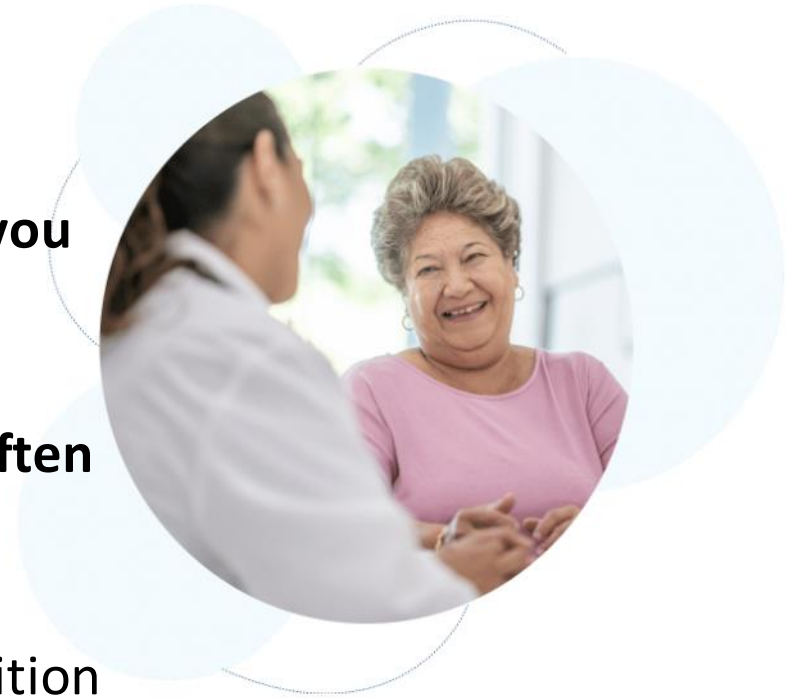
Billing can occur for **1494F** if the provider documents all of the following:

1. The screening tool or tools that were used **(at least one cognitive screening tool is required in order to bill this code).**
 2. That the completed assessments were reviewed by the provider.
 3. The results of the assessment(s).
 4. The interpretation of the results.
 5. That the results were discussed with the member, family, or informant, and any appropriate actions were taken.
- Documentation must remain in the patient's medical record and be available upon request.



Mrs. Pérez: A quick example

- Mrs. Pérez is 72 years old and came to her appointment with her daughter who lives with her, Ana.
- You discuss the agenda for the appointment together and you add that you'd like to review her brain health. You ask, **“Do you think you are having more trouble remembering things?”**
- **She notes that she has forgotten to pick up her grandson more often as she loses track of time.**
- **You document a positive symptom** and move on to a test of cognition and function.



Mrs. Pérez: A quick example

RESULTS OF THE GPCOG TEST

Testing date: 3 June 2022

Patient name: Mrs. Perez

Date of birth: 1 March 1950

Score = 4 (**positive screen**)

Part 1: Cognitive assessment of the patient.

For Mrs. Pérez, it was not normal. Continue...

INFORMANT INTERVIEW

The score for this section is: 4

ASSESSMENT

Score = 4 (**negative screen**)

No significant cognitive impairment. Further testing not necessary. Follow-up in 12 months.

Part 2: Functional information from an informant.

For Mrs. Pérez, Ana's answers indicated she was normal.
Finished.

Mrs. Pérez: A quick example

- You have a conversation about her support:
 - "It's really nice that I had the chance to meet Ana today. Are there ways in which she supports you in your day-to-day life?"
 - *We support each other, go grocery shopping together and she helps me keep track of our bills.*
 - "Does she help with coordinating your medical care?"
 - *She comes to appointments to support me, but I make my appointments and follow-up on my own.*
 - "Is there anyone else who helps you any of these things?"
 - *Not really.*
 - "Do you have a health care agent—someone you have designated to make health care decisions for you if you can't speak for yourself, like on an advance directive?"
 - *No, I haven't appointed anyone like that.*
 - May I document Ana's information in the chart as a contact for you?
 - *Yes.*

Disclosure

“Thank you for taking the time with me today to review your brain health and involving Ana in this visit.

You mentioned that you have been forgetting to pick up your grandson more often. When we did that brief test, you had some difficulty, though Ana’s report of how you are doing day to day does not suggest you have a serious problem at this time.

I will make note of this and I have some suggestions to support your brain health. I appreciate that you also gave me information about how you and Ana support each other and I have made sure her contact information is in the chart.

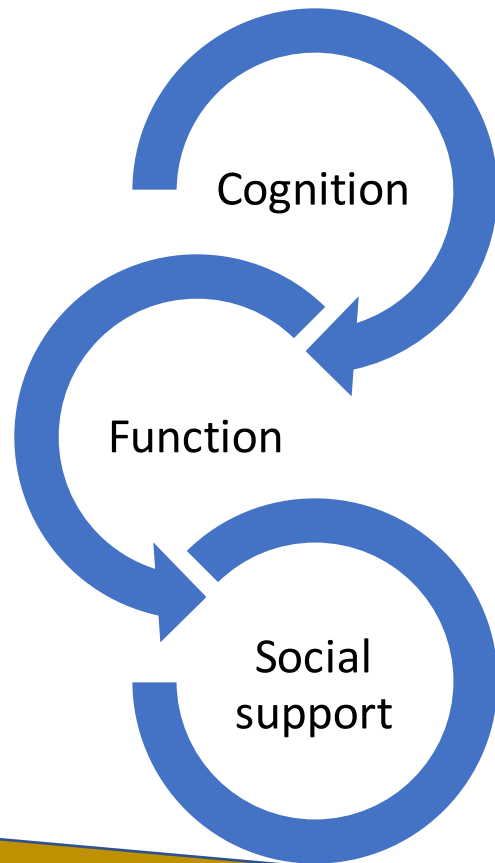
We will also follow-up on this every year or whenever you notice any new symptoms”.

Mrs. Pérez: Documentation

In your note:

- History: Reported more forgetting to pick up her grandson
- Exam: GP-COG part 1 4/9 (positive) and part 2 4/6 (negative)
 - Informant: daughter, Ana
 - Interpretation: negative screen for dementia at this time
- Support system: *Ana last name, daughter, contact information*
 - Does not have health care agent designated
- GP-COG result disclosed to patient, plan for annual screening and brain health plan

Evaluating cognitive and functional decline often takes repeat assessments and updating over time.



The CHA

1. Take the patient history.
2. Use tools.
3. Establish and document support person and/or agent.

The definition of dementia

1: Acquired cognitive decline

2: Acquired functional decline

3: Support system

More training and support coming this year!

- Trainings
 - Considerations for patient evaluation and interpretation.
 - E.g. other disabilities, communication challenges, behavioral symptoms, other conditions such as serious mental illness or substance use disorders.
 - Next steps in the evaluation and patient care.
 - E.g. including next parts of the clinical evaluation, connecting to resources, etc.
- Practice support activities
- Please reach out at any time to learn more or provide feedback and information.
 - DCA@ucsf.edu

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Step 1. Please complete out evaluation survey using the link that we provide in the chat and a follow-up email after webinar.

- For this activity, we provide CME and CAMFT credits. Please select the correct link based on the credit type you are planning to claim.
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Thank You

