



"Conducting the Cognitive Health Assessment with an Interprofessional Team"

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Financial Disclosure

Presenters have no financial disclosures to report.



Introduction

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The Cognitive Health Assessment Training

Sign up to take the Cognitive Health Assessment training (1.5 CME/CAMFT credit) at www.dementiacareaware.org.

Welcome to Dementia Care Aware!

Dementia Care Aware (DCA) is a state-wide program in California for primary care providers. It provides the information and tools needed for you to successfully administer cognitive health assessments and determine the appropriate next steps for your patients.

Select Register to get started. After you register, you'll be automatically enrolled in the free Cognitive Health Assessment eLearning course.

Register

Learning Objectives

1. Describe the roles different interprofessional team members can play in doing the cognitive health assessment
2. Review case examples of a team approach to the cognitive health assessment

Barriers to detecting cognitive impairment in primary care setting?

- Time limitations!
- Perceived lack of support
- Staffing can be challenging- different clinics have different resources with regard to staffing



A Review: What is the Cognitive Health Assessment (CHA)?

- Designed for primary care teams
- Allows different team members in clinic to administer the assessment
- It can be done on different days

CHA steps:

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



Utilize your team!

What does the interprofessional team look like in primary practice?

- Primary practices may have different interprofessional structures, examples:
 - Team: MD/DO, PA/NP, MA, RN/LVN
 - Team: MD/DO, MA, SW
 - Team: MD/DO, MA, care navigator or health coach
- Federally Qualified Health Centers:
 - Primary Care Providers: MD/DOs, NPs
 - Support Staff: LVNs/RNs, MAs, pharmacists, LCSWs, front desk staff, group medical visit staff



Federally Qualified Health Centers

Example of interprofessional CHA:

- Front Desk provides patients with questionnaires they can complete while waiting to be roomed, for example an ADL/IADL checklist
- MAs can be trained to perform GP-COG or Mini-COG during the intake process.
- RN helps with calling patients after appointments to follow up on the brain health plan or resources, e.g. advance directives to fill out.

Front Desk



Medical Assistants (MA)



Clinical Social Worker



Step 1: Taking the History



This can be done in very different ways and by different clinic team members

Examples:

- Front desk staff can take notice and mention to the provider that patient has been starting to miss appointments or coming to them confused.
- MA can collect information about new cognitive sign/symptom
- Patient noted to have positive response on self-administered annual screening questions, e.g. the Medi-Cal Staying Health Assessment for Seniors (Q20)

Step 2: Administering screening tools for Cognitive and Functional Impairment

	Cognitive Screening Tools	Estimated time needed to complete	Functional Screening Tools	Estimated time needed to complete
Patient	Mini-Cog	2-3 min	ADLs / IADLs *	5-10 mins
	GP-Cog part 1	4-5 min		
Informant <i>If no informant available, must document</i>	AD-8 *		FAQ *	3-5 mins
	Short IQCODE*	10-15 mins	GP-COG part 2*	2 mins

Examples:

- Front Desk can provide those screening tools that are patient questionnaires
- MA can be trained to administer these screening tools during rooming process and document results
- Social Worker or Behavioral Health Clinician can administer these screening tools with patients or an informant

*can be completed as patient questionnaires

Step 3: Establishing and Document Patient's Support

This information can be gathered by any team member using the following questions:

- *"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?"*
- *"Do you have someone—a family member, friend, or social worker—who helps you with tasks or coordinating your medical care?"*

Examples:

- Front desk can verify the person's health care surrogate at check-in
- MAs during rooming/discharging can gather this information
- Social worker or nursing staff can call the patient before or after an appointment and gather this information
- Patients can be reminded via email to go into their web portal and update health care surrogate information prior to an appointment

Starting the Brain Health Plan

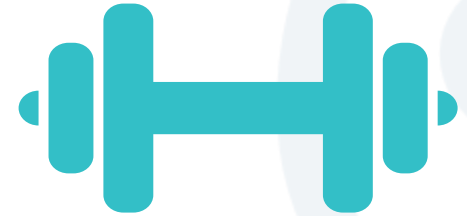
Brain Health Plan can be started with the help of your interprofessional team for every patient



MA can perform vision and hearing screening during rooming/discharge and send standing orders for a specialty assessment



Pharmacy team can help review medications



Social worker or care navigator can provide information about adult day centers, exercise classes

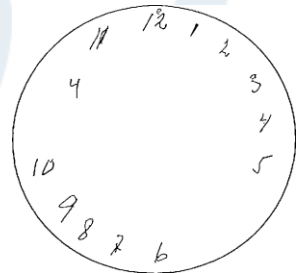
Case 1: Mr. Smith

Mr. Smith is an 85-year-old male with insulin-dependent type 2 diabetes, hypertension, atrial fibrillation and macular degeneration who was recently seen in the Emergency Department (ED) after a fall at home.



He is greeted by the Front Desk staff on arrival who provide him a questionnaire with questions about his ADLs/IADLs and a flyer about advance care planning.

On his chart his chief complaint is “ED follow up after fall at home.”



Case 1: Mr. Smith

- While he is waiting, he completes the questionnaire.
- The MA calls Mr. Smith's name and starts the rooming the patient.
- During MA's intake, it is noticed that Mr. Smith is repeating questions and cannot recall his medications. **(History positive.)** She asks patient about his memory, and he reports no issues.
- MA administers the Mini-Cog, score was 2/5 **(Cognitive tool abnormal)**.
- MA collects the ADLs/IADLs questionnaire and notices that patient is independent with all ADLs and IADLs **(Functional tool normal)**.
- MA finishes rooming the patient and comes to your desk to present her findings to you.

Case 1: Mr. Smith

- You start your encounter with Mr. Smith
- Mr. Smith is feeling fine. He can't fully recall the circumstances of the fall yesterday.
- You ask Mr. Smith about who he relies on if he needs support, and he says that his daughter, Carol, is there for him if he needs something and he sees her often. **(Surrogate noted.)**
- You plan on calling Carol to get more history of the fall and any collateral information about his cognitive status.
- By the end of the visit, you have collected all three parts of the CHA and determine that **Mr. Smith has a positive CHA and requires a follow-up visit, which you schedule.**
- You start the brain health plan by screening for vision and hearing while he is in the clinic. His visual acuity is noted to be abnormal, and you refer him to an optometrist.

Example Disclosure

You talk to Mr. Smith about your findings:

"Thank you for taking the time with me and my team today to review your fall and brain health. When we did that brief test on your memory, you had some difficulty. In the survey about how you are managing your day-to-day activities, it seems that you are managing fine. My plan next is to schedule a follow-up visit and to talk to Carol about how you are doing to be sure I'm doing all I can to support your brain health.

Today there are things we can do. Importantly we should make sure your vision is checked more thoroughly and I've referred you to the optometrist. And I appreciate that you also gave me information about how Carol supports you, and I have made sure her contact information is in the chart."

Case 2: Mr. Gomez

- Mr. Gomez is a 67-year-old male with type 2 diabetes complicated by diabetic ulcers resulting in right below the knee amputation, ESRD on hemodialysis, history of subdural hemorrhage and strokes with residual left sided hemiparesis who is homebound and is scheduled to establish care with you over a video appointment today.
- Mr. and Mrs. Gomez are on the video call. Mrs. Gomez is Mr. Gomez' health care agent according to his chart.
(Surrogate noted.)



Case 2: Mr. Gomez

During your visit, you ask about his memory, and he denies any issues and refuses to talk about this topic further. Mrs. Gomez appears uneasy by his response. With Mr. Gomez' permission, you speak with Mrs. Gomez separately.

She shares with you that Mr. Gomez has not been paying their bills on time and has been making unusual purchases online. **(History positive.)** You conduct an AD-8 which was positive for cognitive impairment. **(Cognitive tool positive.)**

Remember, "Yes, a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems.	YES, A change	NO, No change	N/A, Don't know
1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)	X		
2. Less interest in hobbies/activities			
3. Repeats the same things over and over (questions, stories, or statements)			
4. Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave, remote control)			
5. Forgets correct month or year			
6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)	X		
7. Trouble remembering appointments	X		
8. Daily problems with thinking and/or memory			
TOTAL AD8 SCORE	3		

Case 2: Mr. Gomez



While you are speaking with Mr. Gomez, you ask your RN who helps with your CHA to conduct the functional assessment with the ADLs/IADLs. His functional assessment suggests he needs help with all IADLs, and some ADLs (transferring, dressing and bathing). **(Functional tool positive.)**

By the end of the visit, you have all three parts of the CHA and determine that Mr. Gomez has a positive CHA that requires a follow-up visit.

Case 2: Mr. Gomez (example charting)

In your note

History: Wife reported forgetting to pay bills and behavioral change (different online activity).

Tools:

- Cognitive Tool: AD-8 score 2 (positive/abnormal)
- Functional Tool: needs help with all IADLs, several ADLs

Support system: Wife, Mrs. Gomez, who is his formal health care surrogate

Interpretation: Positive screen for cognitive impairment or dementia

Result was disclosed to the patient and his wife, plan for a follow-up appointment to conduct a more in-depth assessment

This meets criteria for billing if the patient is Medi-Cal only and 65 or older, AND the provider has done the CHA core training. For billing you can use code 1494F.



Case 3: Ms. Parker

Ms. Parker is a 91-year-old female with hypertension, hyperlipidemia, mild to moderate osteoarthritis of bilateral knees and hips and depression. She is scheduled to see you in clinic. While she waits, she speaks with the clinic's Social Worker regarding resources about adult day centers in the community.

Patient is a widow who lives alone in a house with 2 dogs. She has no children and no caregiver. She is very worried about her memory and feels like she needs to keep her brain as healthy as she can and heard that socializing is healthy for the brain. **(History taken.)**



Case 3: Ms. Parker

- LCSW obtains a history of Ms. Parker regarding her memory symptoms and conducts a GP-COG. Ms. Parker's score is 6, which indicates more information is needed about function. (**Cognitive tool borderline.**)
- LCSW documents and reports her findings to you in clinic.
- You let MA know that patient has memory concerns.
- Your MA gathers information about ADLs/IADLs while rooming patient, all intact. (**Functional tool normal.**)
- You ask Ms. Parker about any support person or health care agent. She reports that she has no one at the moment. (**Lack of surrogate noted.**)
- You reassure Ms. Parker that you will conduct this assessment again next year and encourage her to pursue brain health activities.



Work With Your Interprofessional Colleagues to Conduct the CHA



- Discuss with your clinic how you can incorporate the CHA into your workflow by using the interprofessional team
- Any team member can take the CHA training
- Engage your practice manager or nursing leadership to get your interprofessional team the necessary training to conduct the CHA
- Engage staff to have readily available information about advance care planning, community resources for dementia care and caregiver resources, healthy aging (e.g., Council on Aging), exercise and social activities, community services (e.g., Meals on Wheels), transportation, and senior centers.

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- **Title:** “The Cognitive Health Assessment via Video or Phone”
- **Date:** November 18, 2022, from 12-1 p.m.
- **Speakers:** Jennifer Schlesinger, Vice President of Healthcare Services & Community Education at Alzheimer’s Los Angeles, and Elena Tsoy, PhD, Clinical Neuropsychologist and Assistant Professor at UCSF

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Dementia Care Aware Website

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Thank You

