



# The Cognitive Health Assessment via Video or Phone

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**DEPARTMENT OF  
HEALTH CARE SERVICES**

# Introduction



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# Financial Disclosure

No presenters have financial relationships to disclose.



# The Cognitive Health Assessment (CHA) Training

Sign up to take the CHA training (1.5 CME/CAMFT credit) at [www.dementiacareaware.org](http://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



# A Review: What is the CHA?

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



# Step 1: Taking the History



**This information can be obtained in different ways and by different clinic team members**

## Examples:

- Patient noted to have positive response on self-administered annual screening questions, e.g., the Medical Staying Healthy Assessment for Seniors (Q20)
- Patient's care partner reports concerns about new cognitive symptoms
- Front desk staff notice and mention to provider that the patient is starting to miss or confuse appointment times

## Step 2: Screen the Patient for Cognitive and Functional Decline

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

\*can be completed as patient questionnaires

## Step 3: Establish 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?"*





# Tips for Conducting Cognitive Assessments via Video

Elena Tsoy, PhD  
Assistant Professor of Neurology  
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# Learning Objectives

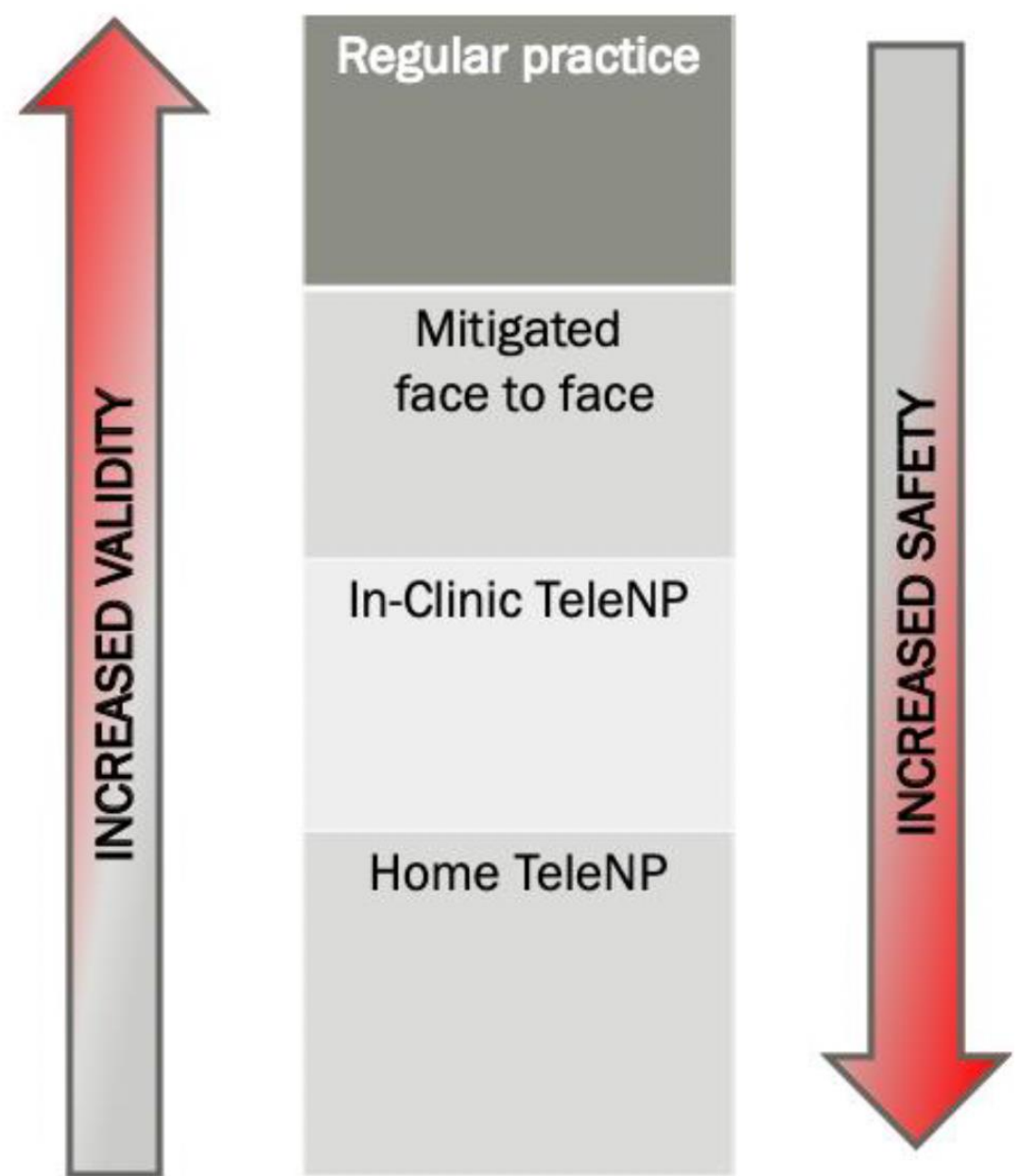
## **By the end of the webinar, participants will be able to:**

1. Describe logistical and practical considerations when conducting cognitive assessments via video technology.
2. Apply learned skills and tips to conducting cognitive assessments via video technology within your clinical settings.

# Balancing Safety and Validity

Standardized cognitive assessments/screens are typically developed and validated for in-person administration.

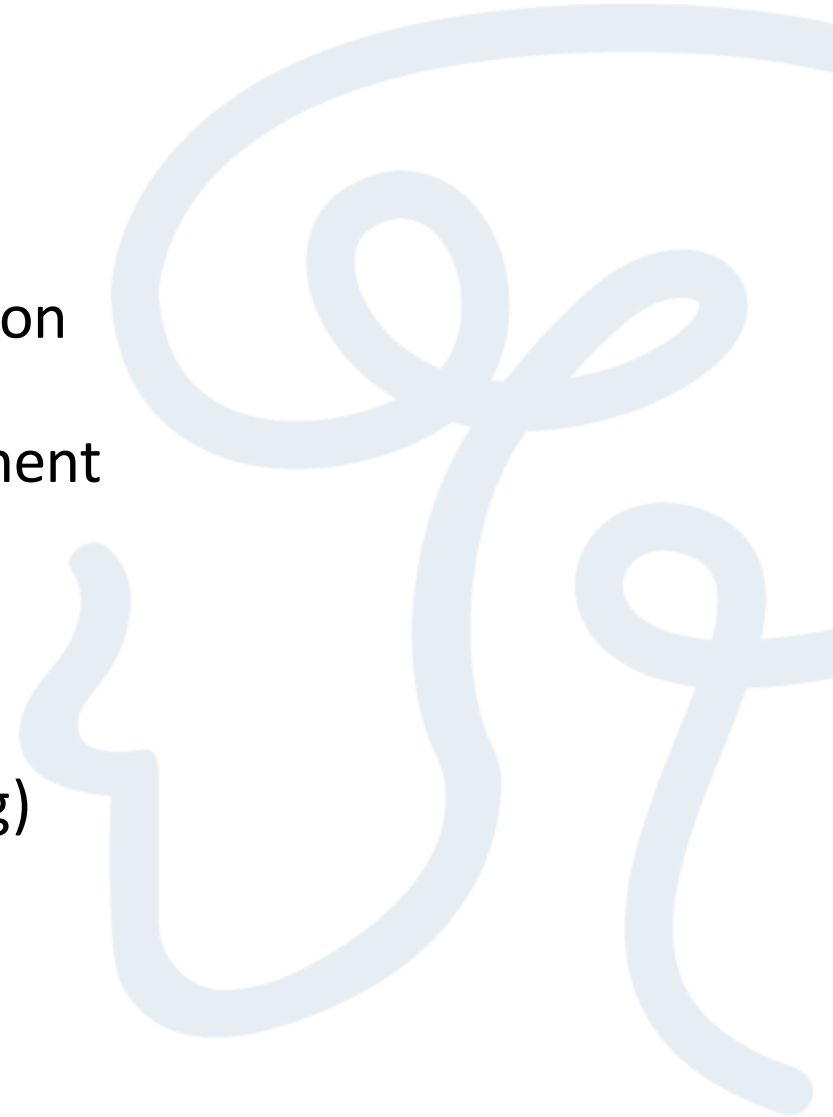
Balancing standardization and access is key.



InterOrganizational Practice Committee 2020

# Existing Evidence

- There is prior empirical support for the video administration of **cognitive screeners**, such as the Mini Mental Status Examination (MMSE) and the Montreal Cognitive Assessment (MoCA) in older adults.
- Existing literature also suggests that **tests that use only verbal information** (i.e., do not involve drawing or writing) generate similar results in video versus in-person administration.



Marra et al 2020, Kitaigorodsky et al 2021

# Examples of Cognitive Assessment Tools

## Mini-Cog™

### Instructions for Administration & Scoring

ID: \_\_\_\_\_ Date: \_\_\_\_\_

#### Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.<sup>1-3</sup> For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

#### Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

#### Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: \_\_\_\_\_ Person's Answers: \_\_\_\_\_

#### Scoring

Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

Patient name: \_\_\_\_\_

Testing date: \_\_\_\_\_



### STEP 1 – PATIENT EXAMINATION

Unless specified, each question should only be asked once.

#### Name and address for subsequent recall test

I am going to give you a name and address. After I have said it, I want you to repeat it. Remember this name and address because I am going to ask you to tell it to me again in a few minutes: John Brown, 42 West Street, Kensington. (Allow a maximum of 4 attempts.)

#### Time orientation

1. What is the date? (exact only)

Correct Incorrect

#### Clock drawing (use blank page)

2. Please mark in all the numbers to indicate the hours of a clock. (correct spacing required)

3. Please mark in hands to show 10 minutes past eleven o'clock. (11.10)

#### Information

4. Can you tell me something that happened in the news recently? (Recently = in the last week. If a general answer is given, e.g. "war", "lot of rain", ask for details. Only specific answer scores.)

#### Recall

5. What was the name and address I asked you to remember?

John  
Brown  
42  
West (St)  
Kensington

Add the number of items answered correctly:

Total score:  out of 9

- 9 **No significant cognitive impairment**  
Further testing is not necessary
- 5 – 8 **More information required**  
Proceed with informant interview in step 2 on next page
- 0 – 4 **Cognitive impairment is indicated**  
Conduct standard investigations



# Practical Considerations: Patient Characteristics

- Clinical and cognitive status – can the patient effectively participate? (e.g., hearing issues)
- Does the patient have appropriate video technology? (e.g., a laptop, not a smartphone)
- Can the patient log in and effectively use the technology?
- Is there a family member that can help set up the session?
- Does the patient have physical space for a private, confidential session?

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# Practical Considerations: Technology

- Is your technology platform consistent with HIPAA-compliant practices?
- Do you and the patient have adequate internet connectivity for teleconferencing?
- Are you using a password-protected, secure internet connection (e.g., not public/unsecured WiFi)?
- Does the patient have access to a secure internet connection?



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# Practical Considerations: Settings

- Is the patient's location private and quiet? (e.g., no running children, pets)
- Are there significant distractions or items that may impact the validity? (e.g., sitting in front of a busy window)
- Can you see and hear each other well?
- Are all apps and notifications on your and the patient's device turned off and is the phone on do not disturb?
- Does the patient have one piece of unlined blank paper and a pen?

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# Practical Considerations: Pre-Session Checklist

- Verify the patient's identity, if needed
- Discuss the backup plan in case of technical difficulties (e.g., caregiver within “yelling distance”)
- Discuss the plan in case of a crisis situation (contact information, local emergency department)
- Review the importance of privacy at your and the patient's locations
- Confirm that no one will record the session without permission



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# Practical Considerations: GPCOG and Mini-Cog

## 1. Registration

- Ensure that the patient is not writing down the words

## 2. Clock Drawing

- Ensure that there is no clock in front of the patient
- Be prepared to take a screenshot

## 3. Orientation to date and recent events

- Ask the patient to close their eyes when answering to minimize the potential of looking these up on their screen



# Practical Considerations: Informant Interview

- Informant interview questions can be completed by sharing your screen with the document (e.g., GPCOG informant part) with the informant.
- Similar to patient-facing evaluations, ensure confidentiality and privacy of the settings in which these instruments are being completed with the informant.



# Thank You





# Tips on Conducting Cognitive Symptoms Surveys via Phone

Jennifer Schlesinger, MPH, CHES  
Vice President, Healthcare Services and Professional Training  
Alzheimer's Los Angeles



# Learning Objectives

1. Describe tips for administering the AD8 via telephone.
2. Recognize ways health plans can support cognitive health assessments in your clinic.

The AD8 is....

- Validated screening tool
- Telephonic
- No cost
- Available in multiple languages
- Best used with “informant”
- Can also use with member/patient

AD8 Dementia Screening Interview

Patient ID#: \_\_\_\_\_

CS ID#: \_\_\_\_\_

Date: \_\_\_\_\_

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)			
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)			
7. Trouble remembering appointments			
8. Daily problems with thinking and/or memory			
<b>TOTAL AD8 SCORE</b>			

Adapted from Galvin JE et al, The AD8, a brief informant interview to detect dementia, Neurology 2005;65:559-564. Copyright 2005. The AD8 is a copyrighted instrument of the Alzheimer's Disease Research Center, Washington University, St. Louis, Missouri. All Rights Reserved.



# Administration of the AD8/Tips and Tricks

- Build rapport first
- Introduce screen
  - **“I am going to ask you some questions to help better plan for your care/your relative’s care.”**
  - **“I’d like to do a quick screening with you about your memory.”**
- Read each statement aloud
- Try to maintain fidelity to language; however, some language may be outdated (such as VCR)

# Scoring the AD8

- Add up the sum of the number of items marked:  
“Yes, a change”
- Based on clinical findings, use the following cut points:
  - **0-1: Normal cognition**
  - **2 or greater: Cognitive impairment is likely to be present**

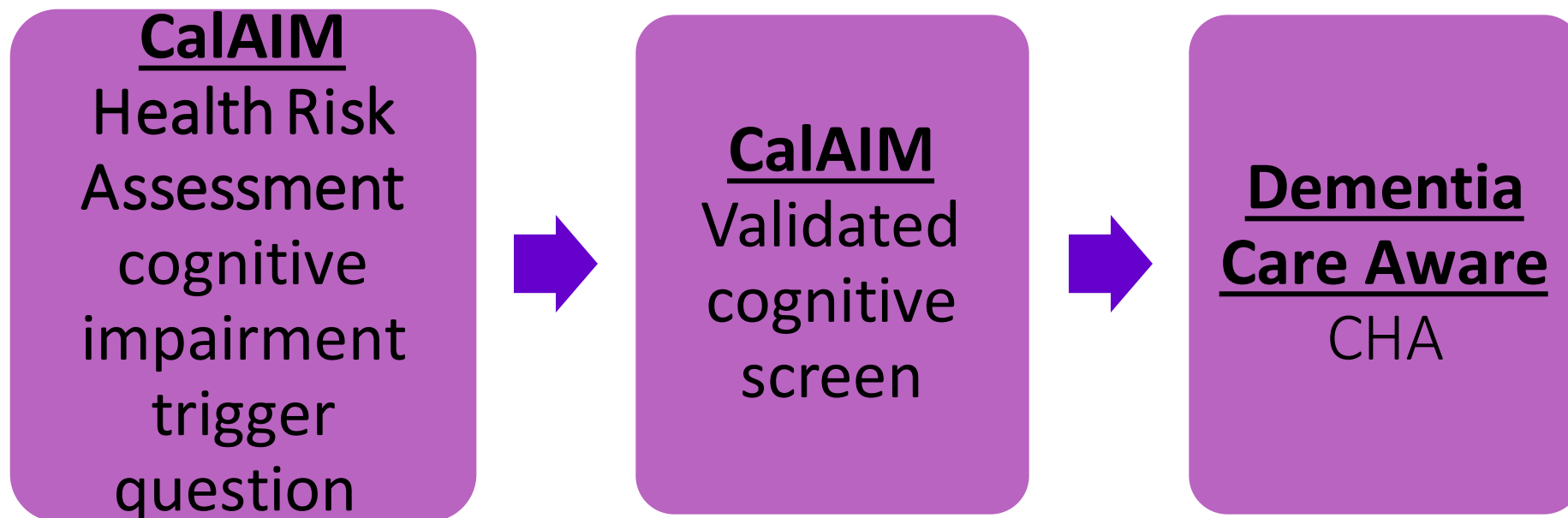
## Who Has Been Using the AD8 In California?

- Care managers and dementia care specialists (nurses & social workers)
- 10 Cal MediConnect health plans + provider groups + California Advancing and Innovating Medi-Cal (CalAIM)/Dual Eligible Special Needs Plans (D-SNPs)
- More than 890 trained in administering the AD8 via telephone

# What Is the Experience of Care Managers/Dementia Care Specialists Who Use the AD8?

- Lower income, diverse, and older communities find a *telephonic* tool acceptable and accessible
- Simple and quick, but sometimes leads to more in-depth conversations
  - Which can be helpful when determining care plans
- With basic training,
  - Easy to administer
  - Easy to score

# Consider synergistic opportunities between CalAIM D-SNP health plans/dementia care specialists and the work you are doing in the clinic





# Thank You





# How to Claim Continuing Medical Education (CME) Credit?

**Step 1.** Please complete our evaluation survey using the link provided in the chat and a follow-up email after the webinar. For this activity, we provide CME and California Association of Marriage and Family Therapists (CAMFT) credits. Please select the correct link based on the credit type you are claiming.

- Link to CME evaluation survey: [https://ucsf.co1.qualtrics.com/jfe/form/SV\\_aVkORIYt5rWKKge](https://ucsf.co1.qualtrics.com/jfe/form/SV_aVkORIYt5rWKKge)
- Link to CAMFT evaluation survey: [https://ucsf.co1.qualtrics.com/jfe/form/SV\\_5aM1QUNPoEE9ftY](https://ucsf.co1.qualtrics.com/jfe/form/SV_5aM1QUNPoEE9ftY)

**Step 2.** Upon completing the evaluation survey, please scan a QR code or link to claim credit:

- Use your phone camera to scan a QR code and tap the notification to open the link associated with the CME portal.
- Enter you first name, last name, profession, and claim 1 CE credit for the webinar.

# Thank You

