Cognition in Primary Care

CDC

Davos Alzheimer's Collaborative

# Cognition in Primary Care

## Efficient Accurate Improved care

Goal:  A practical, efficient model for primary care.

**Cognition** in **Primary Care**

- Is my patient maybe developing dementia?
- Making a diagnosis in primary care.
- An easy-lift intervention to improve care.

# DISCLOSURES

Barak Gaster, MD and Jaqueline Raetz, MD

Have **no financial relationships** with any commercial company which is relevant to this presentation to disclose.

We have no relevant financial relationships with any companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Grant Recipient: Davos Alzheimer's Collaborative (DAC)

Grant received from the DAC Healthcare System Preparedness program. 501(c)(3) advised by leaders in science, finance and healthcare to reduce barriers to detection of ADRD and care for an aging population.

US Govt Funding: Centers for Disease Control and Prevention.

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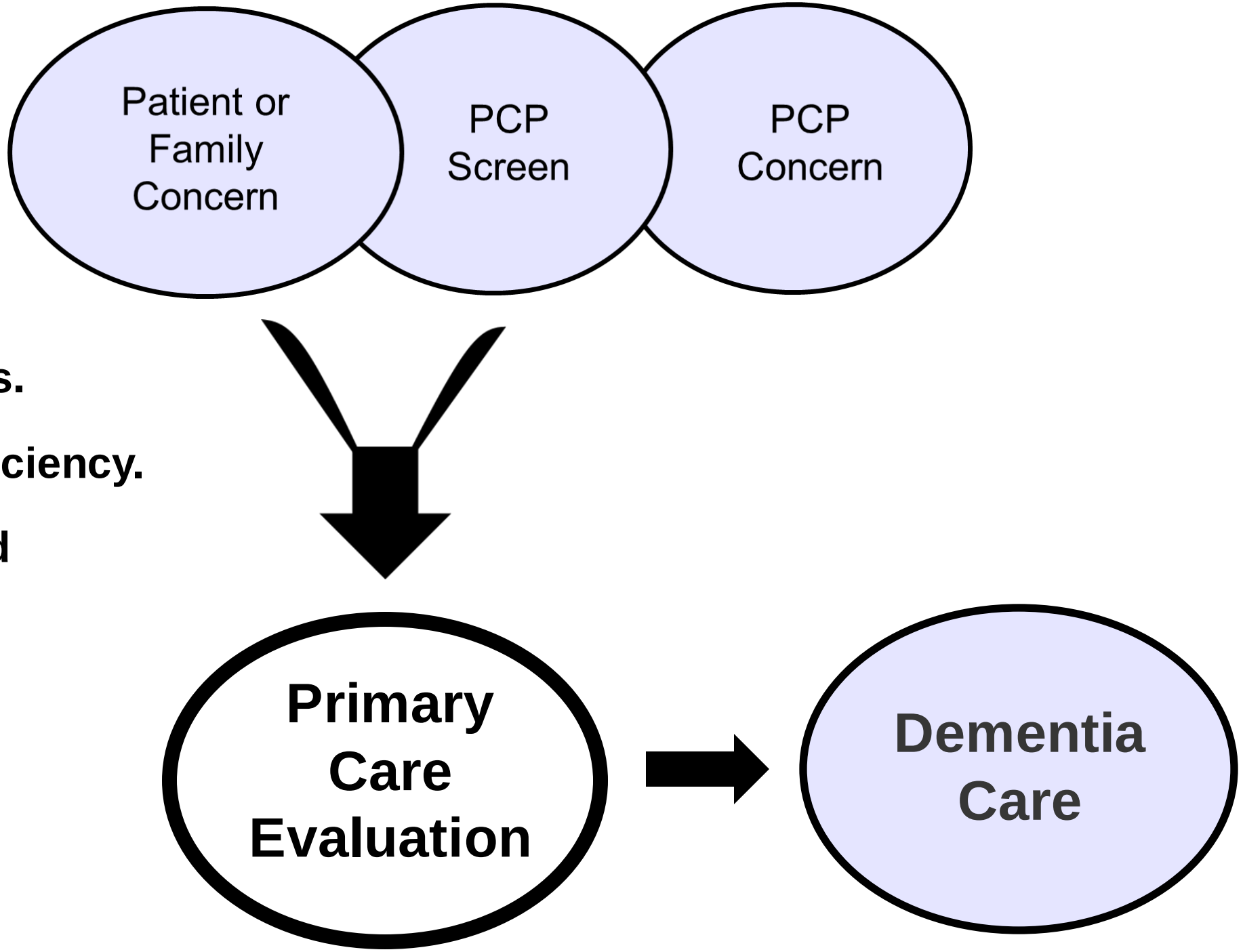
Cognition-PrimaryCare.org

82-year-old woman is here for her annual wellness visit.

Generally, very healthy.

She happens to mention, “I‘ve been worried about my memory.”

- Specialists **access.**
- Health system **efficiency.**
- Patients **trust and convenience.**



# Clear framework for a visit to evaluate cognition

- Developed using the GSA K.A.E.R. Toolkit
- Streamlined, efficient, accurate.
- Guidance: when referral is urgent.
- Fewer referrals worried well who have normal MoCA and no red flags from an observer.

https://issuu.com/gsastrategicalliances/docs/gsa6247_kaer_toolkit

82-year-old woman comes in for an annual wellness visit.

Generally, very healthy.

She happens to mention, “I‘ve been worried about my memory.”

# Should you:

A. Reassure her? You might say "Don't worry, it's so common and normal to get more forgetful with age."

B. Automatically refer to a specialist ?

C. Drop everything, try to do a cognitive assessment then and there (and then run 35 minutes late?)

**D. Aim to schedule an efficient, follow-up visit with you, so you can evaluate this further.**

# A framework for care which is acceptable, efficient, and accurate.

# Key Principles

- **Efficient** – Includes tips on how to bill, how to work into typical primary care visits.
- **Tool support** – Concise and easy to use Epic-tools. Ready to be shared.
- **Better care** – Easy actions primary care can take now to maintain and improve brain health.

# Doing What PCPs - Do Best

- Patient-centered care.
- Continuity care.
- Managing chronic disease.
- Dementia, at its heart, really is – and should be – a primary care disease. Same ballpark as diabetes.

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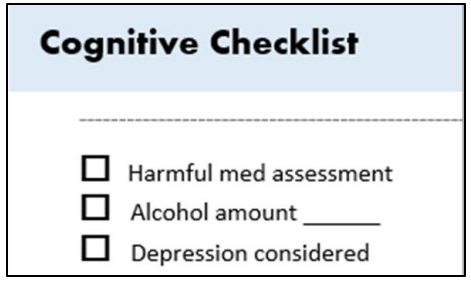
# The Cognition in Primary Care Program

- A high-quality continuing education series.
- Which is paired with Epic-tools to put the training into practice.
- Share our outcomes data:  Implemented across the 14-clinic UW Primary Care network.

# Cognition in Primary Care

A package for quality improvement in primary care.

Training




EHR Tools

Clinic Box Kit

Training

Cognition in Primary Care

# Education Series

Concise 3-part video series.  Practical, efficient.

- Evaluate cognition in primary care
- Set a plan for a newly diagnosed patient
- Tips for managing dementia

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# Evaluation Ratings

Relevant to Practice = 100% ("very much" 93%)

Quality Education = 100% ("excellent" 93%)

Expect to Use = 99% ("strongly agree" 94%)

<u>Six-months</u> later:

91% still report **Increased confidence assessing cognitive concerns**.

# PCP Comments

“I appreciate this simple, straightforward approach.”

“This was practice changing.”

“One of the most practical and helpful CME's I've ever attended.”

Training

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# Three Parts to a Dedicated Visit
# Evaluate Cognitive Concerns

1. **Cognitive Checklist**: Reversible causes.
   Factors you can fix.

2. **Assess cognitive function** e.g. with MoCA.

3. **Get input** From family member (e.g. with AD8).

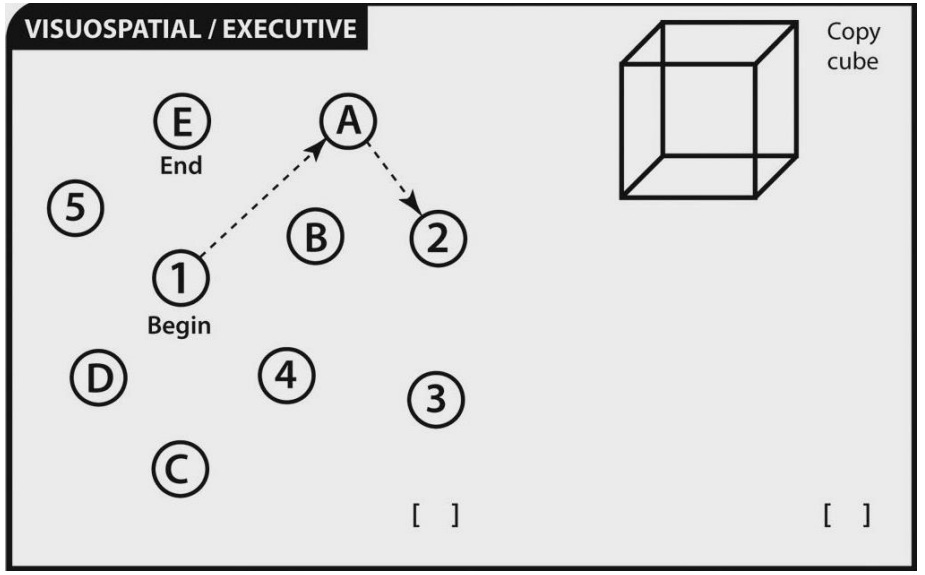
# Cognitive Checklist

- ❑ **Labs** B12 + thyroid
- ❑ **Med list** Sedating/ anticholinergic meds
  Oxybutynin, Tylenol PM, benzodiazepines, Ambien
- ❑ **Alcohol** Even mild-to-moderate drinking can impair cognition once people > age 70
- ❑ **Conditions**: Sleep apnea, hearing loss, depression

Simple EHR checklist: Happy to share so that you too can add to <u>your</u> EHR.

# MoCA Montreal Cognitive Assessment

The best validated tool for identifying mild cognitive impairment in the primary care setting.




JAMA Intern Med. 2015 Sep;175(9)

# Observer Input

## AD8

Validated tool to get input from family member or close friend.

| 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 |
|---|---|---|
| 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) | | |

Neurology 2005; 65(4) p. 559-64

EHR Tools

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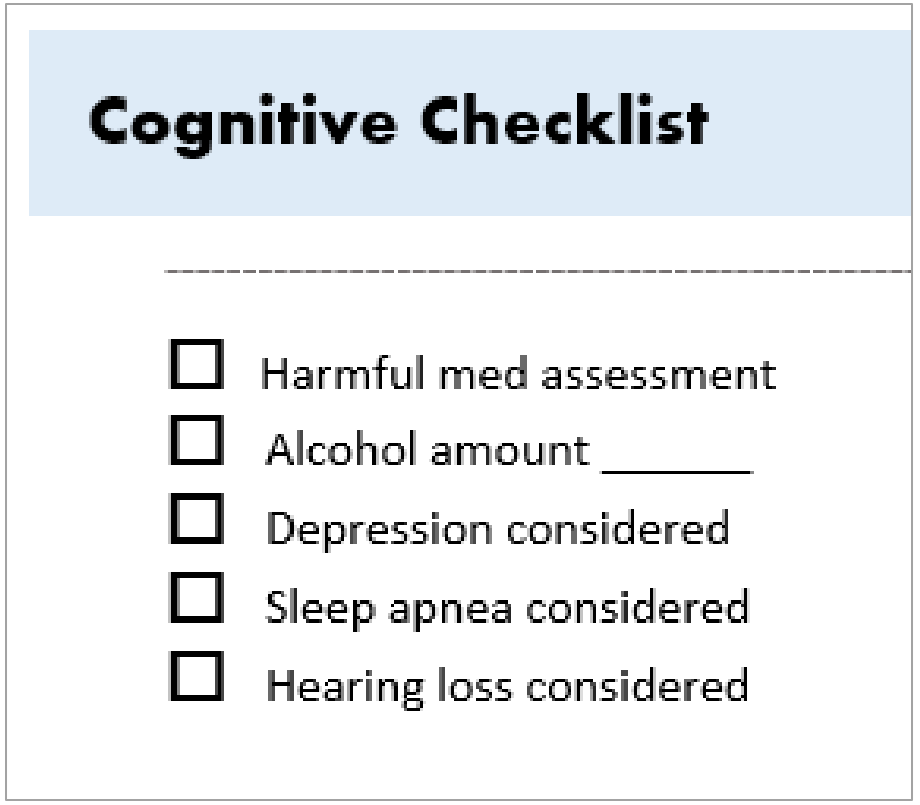
# Paired with EHR Implementation Guide

- Structured framework for the evaluation.
- Easy-to-use EHR-tools: quick checklists, simple reminders.



Clinic Box Kit

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# Starter Box-Kit

- Mailed to each clinic.
- Contains concise set of exam room tools.
- Opened at a 30-minute meeting with clinic director and clinic manager.
- Puts the training into practice.

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Jaqueline Raetz, MD

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Training

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# Education Series

Concise 3-part video series.  Practical, efficient.

Evaluate cognition in primary care

Set a plan for a newly diagnosed patient

Tips for managing dementia

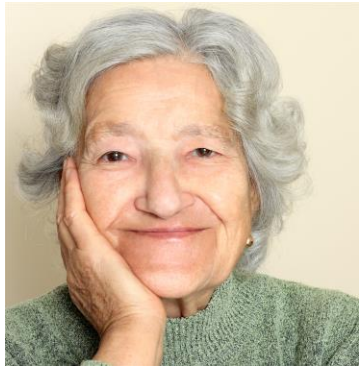
**Three weeks later**

Patient and husband return.

At last visit:  clearly had MCI.

MoCA was 22. Husband reported she was asking the same questions 30 minutes later.  But still fully independent with ADLs.

“How much time have I got?”



# First: Set the Stage

- First, ask: "**Is it OK if I share what I think is going on?**"
- Acknowledge fear. But also share some hope, some optimism. "**This is good to know, to be more ready**."
- Make it clear you will be providing ongoing support. "We will have follow-up visits to maintain your health."

Int Psychogeriatr. 2021. PMID: 33726880.

# Setting up the next steps:
# A plan if you identify cognitive impairment

- Tips using model from clinician-conversation communication (“discussing serious-news”).
- Quick overview of what PCPs should know about newest anti-amyloid drugs.
- Interventions to maintain Brain Health.

JAMA Intern Med 2014;174:1994-2003

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# Brain Health Checklist

- ❑ **Alcohol**: Reducing alcohol will help your thinking.
- ❑ **Medications**: Avoid sedating and anticholinergic meds.
- ❑ **Contributing Conditions**: Sleep apnea, hearing loss.
- ❑ **Exercise and socialization**: Daily walks with a friend.
- ❑ **Connect to Care Resources:** Community resources.

**Cognition-PrimaryCare.org**

# Synergy: Engaged Knowledgeable Primary Care Workforce

**Cognition** in **Primary Care**

**Primary Care Evaluation**

**Dementia GUIDE Model**

Training

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Concise 3-part video series.  Practical, efficient.

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# Patient and Caregiver Resources

- Alzheimer's Association National Helpline:  800.272.3900
- 24/7  staffed by social workers, can give urgent advice.
- Free service.  Translators available.

alzheimer's association®

# Patient and Caregiver Resources

**Be familiar with your local Area Agency on Aging**

*Networks that help patients and families facing aging and disability issues get the information and support they need.*

**https://eldercare.acl.gov**

**1-800-677-1116**

eldercare locator

# Powerful Tools for Caregivers

Free 6-week classes.
"Take care of yourself while you take care of a loved one."

- Self-Care Behaviors
- Increased Confidence, Coping
- Use of Community Resources

www.powerfultoolsforcaregivers.org

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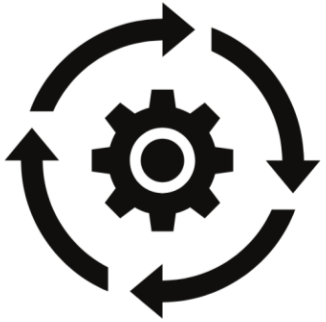

# Measured Outcomes

- Analysis of Electronic Health Record Data

  **Use of tools** created in electronic health record.

  **Cognition Evaluations done** # of MoCA tests

  **New diagnoses** early-stage cognitive impairment

- Before-and-after survey: self-reported effects on PCPs **Knowledge and Attitudes** related to dementia.

Journal of Alzheimer's Disease. 2024; 99 (2): pages 493-501

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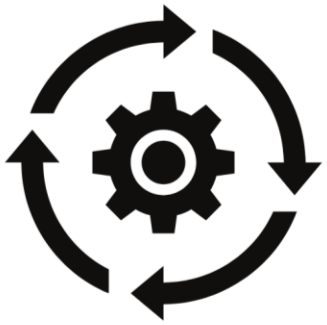
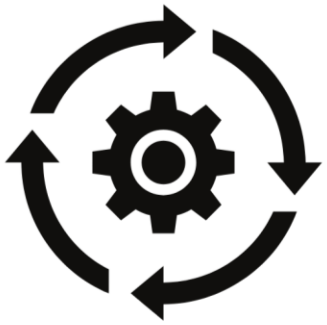


# Integrated across a large health system

- Implemented across a network of 14 community-based primary care clinics across Western Washington: UW Medicine.
- More than 125 PCPs trained.

Journal of Alzheimer's Disease. 2024; 99 (2): pages 493-501



# Integrated across a large health system

- Community-based PCPs, who spend less than 5% of their time dedicated to teaching or doing research.
- Patients in network self-identify as being from diverse backgrounds,  41% non-white.

# Change in PCP Confidence and Attitudes

| GPACS-D | | Pre-Training | Post-Training | p-value |
|---|---|---|---|---|
| Attitude to Care | Mean (SD) | 4.19 (0.58) | 4.72 (0.34) | <0.01 |
| Engagement | Mean (SD) | 3.18 (0.73) | 3.53 (0.77) | <0.01 |
| Clinical Ability Confidence | | 2.54 (0.75) | 3.74 (0.64) | <0.01 |
| **Total Score** | | **3.33 (0.45)** | **4.09 (0.40)** | **<0.01** |

GPACS-D General practitioners attitude and confidence scale for dementia.

BMC Fam Pract. 2019 Jan 8;20(1):6

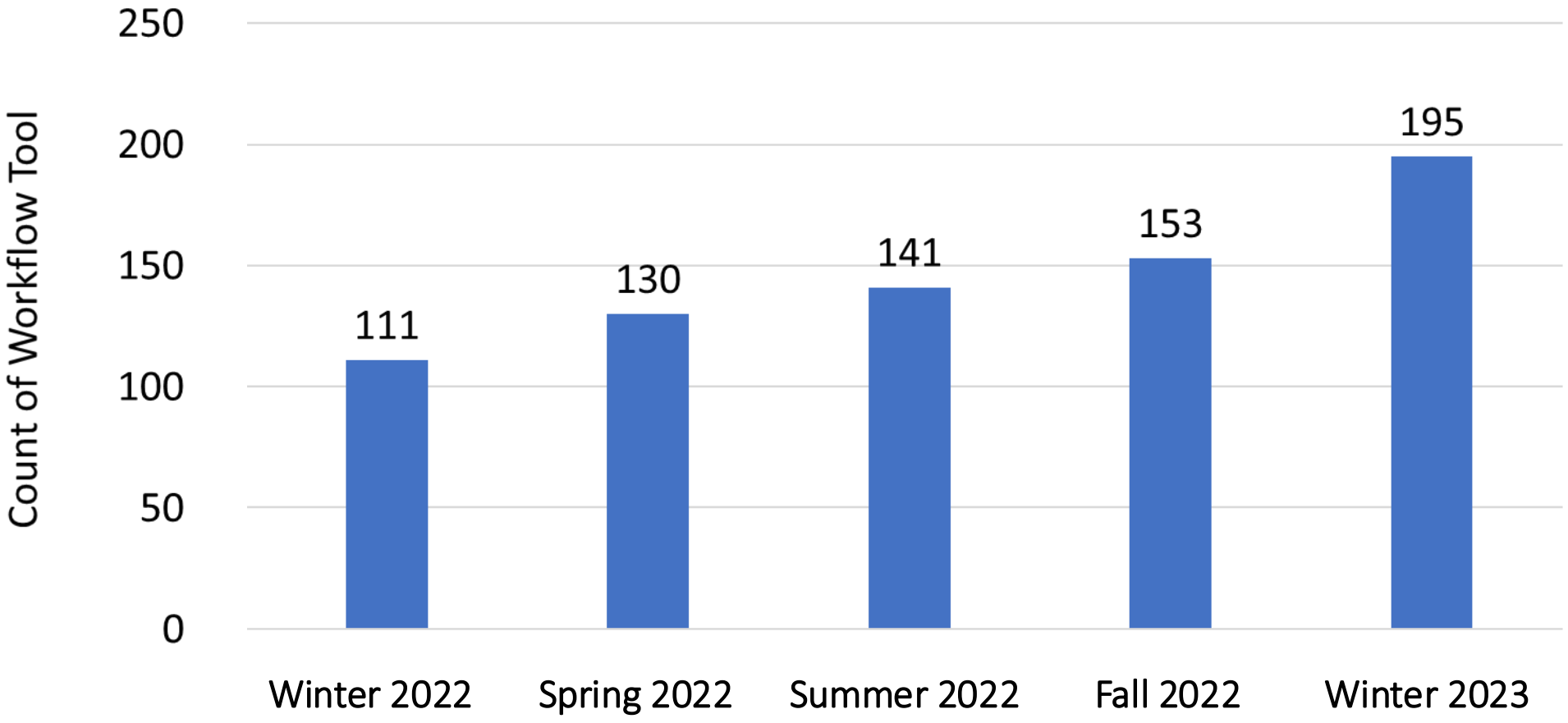
# PCP Comments

“I appreciate this simple, straightforward approach.”

“This was practice changing.”

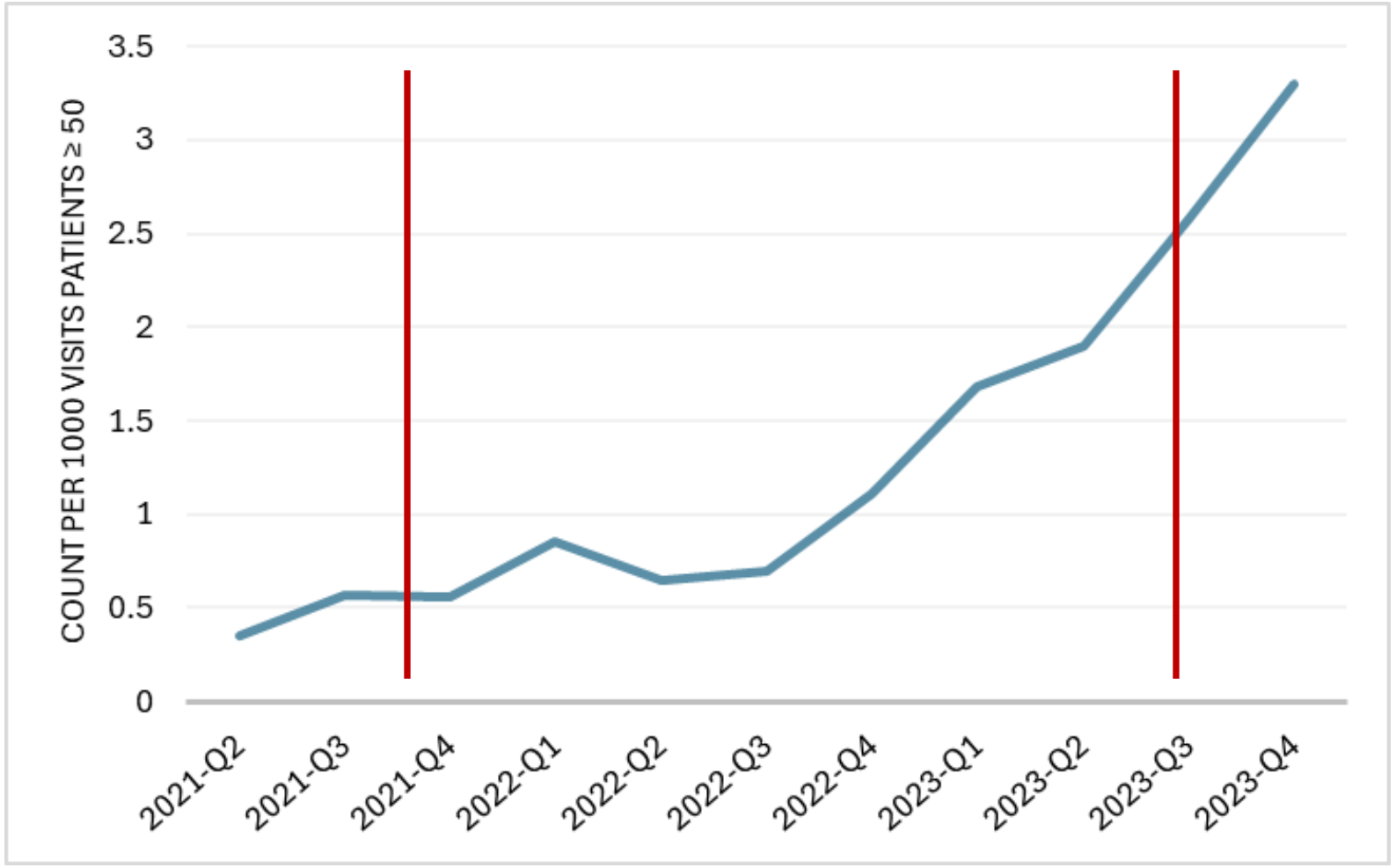
“One of the most practical and helpful CME's I've ever attended.”

# Epic Smart Tool use at 14 primary care clinics



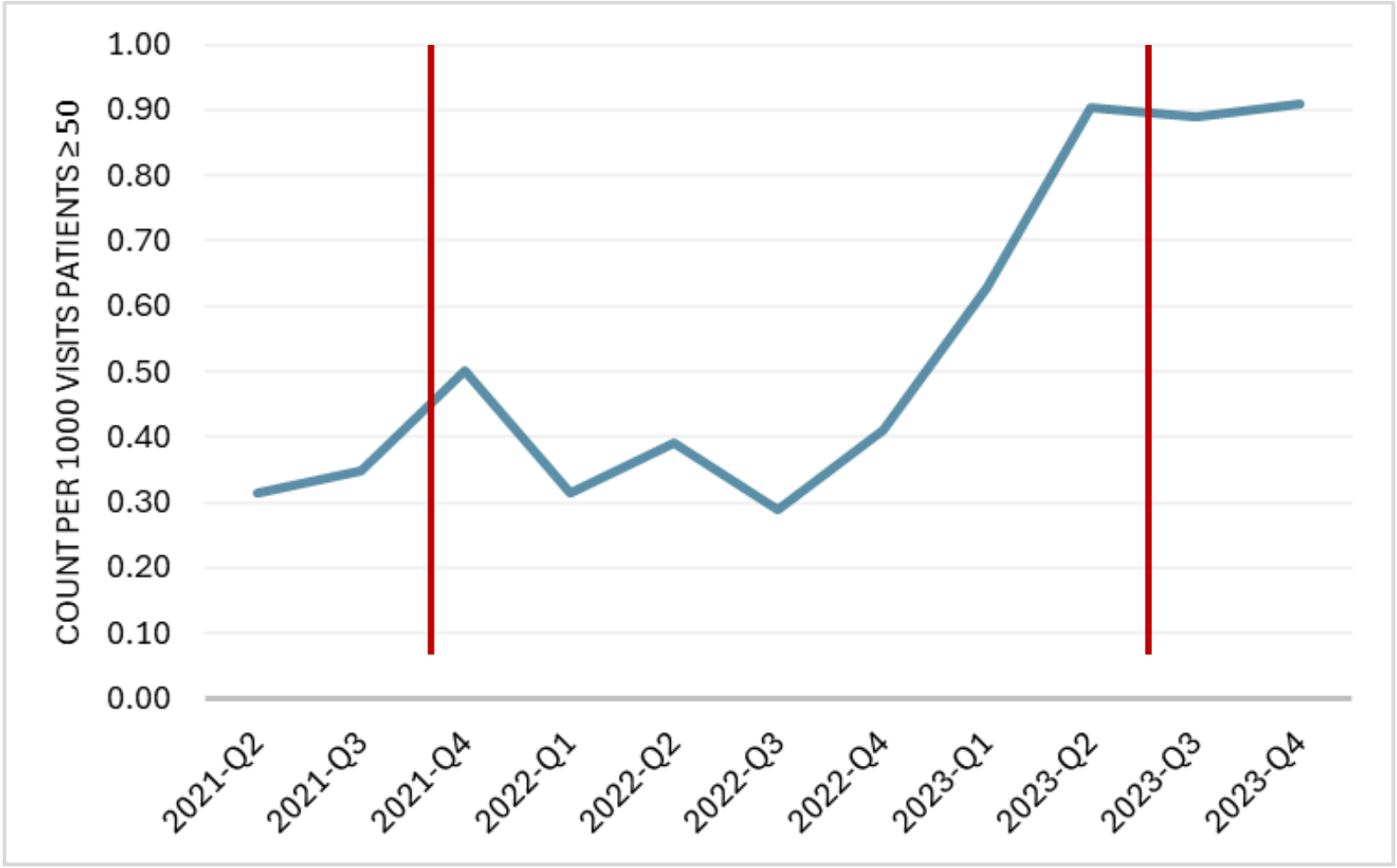

Note: Time periods show total for 3-month quarters: January-March, April-June, July-September, October-December.

# Number of Montreal Cognitive Assessment Results Entered into Health Record




Vertical lines show start and end of intervention

# Patients newly diagnosed with Mild Cognitive Impairment




Vertical lines show start and end of intervention

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# Next Steps

- High-quality training videos which can be viewed on demand.
- Package for implementation, dozens of health systems.
- Special focus on FQHC’s.
- Synergy with GUIDE sites.

# Packaged Dissemination

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- **Recorded CME** – High-quality video. Live webinar. E-learning module.
- **EHR implementation guide** – Instructions for adding 3 checklists + needed EHR field to track MoCA scores.
- **Starter box-kit** – Mailed to clinics, open at 15-minute meeting with clinic manager. Put folders into place, make it easy to put the training into practice.

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# Path Forward

- **Scalable**: Recorded trainings to reach thousands of PCPs.
- **Modular**: Structure allows quick updates as care advances.
- **Sustainable**: Low cost strategy, facilitates rapid up take
  Systems don't need to hire new staff.

Ready to enable PCPs to engage their patients and improve their brain health now.

# Cognition in Primary Care

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**Cognition-PrimaryCare.org**