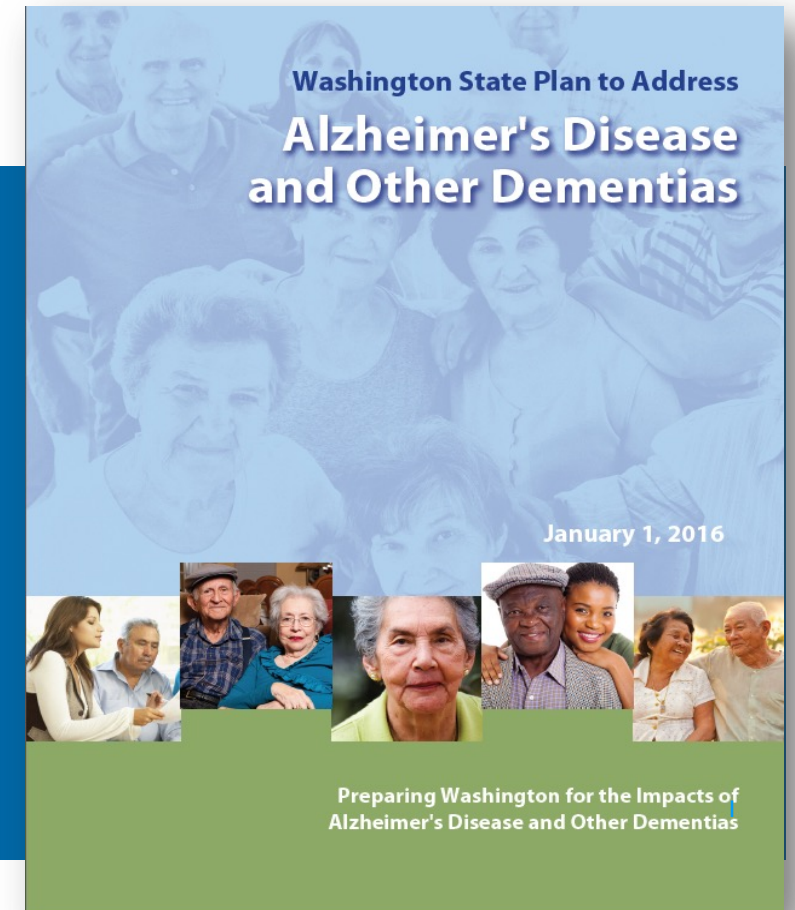


RESOURCES FOR PRACTITIONERS, INDIVIDUALS AND FAMILY CARE PARTNERS

LYNNE KORTE

AGING AND LONG -TERM SUPPORT ADMINISTRATION

OCTOBER 2021





TOOLS FOR
HEALTH
CARE
PROVIDERS



Working together to improve health care quality, outcomes, and affordability in Washington State.

Alzheimer's Disease and Other Dementias Report and
Recommendations

2017

BREE's **AD Report and Recommendations** address 6 categories for primary care practitioners

- Diagnosis
- Ongoing Care and Support/Management
- Advance Care Planning and Palliative Care
- Transitions to Higher Levels of Care
- Transitions between community and hospital
- Screening for Delirium Risk

CLINICAL GUIDANCE



Brief Cognitive Screening Tools for Primary Care Practice

Abstract

Early detection and diagnosis of Alzheimer's disease and other cognitive impairment presents as a critical issue facing primary and specialty care providers in Washington State. In order to address the gaps and challenges faced by providers, the Dementia Action Collaborative offers the current paper to provide information and guidance around early detection and diagnosis. At the conclusion of this paper, providers should be able to identify indications and opportunities for detection, appropriate tools, and care pathways for individuals and families with memory loss and dementia.

Introduction

Alzheimer's disease (AD) is a neurodegenerative disorder that poses one of the most formidable healthcare challenges of the 21st century. Of the 5.3 million Americans currently diagnosed with AD, 5.1M are over the age of 65, a population expanding by 10,000 people every day (1). The financial burden of AD on the U.S. economy in 2015 alone is estimated to be \$226 billion, a cost predicted to significantly swell in upcoming decades (2). A recent study by Kelley and colleagues (3) indicates the average total cost per descendent with dementia exceeds that of all other conditions, including heart disease and cancer. Emerging evidence also highlights the importance of early detection and accurate diagnosis in terms of improving management of comorbid conditions, reducing preventable hospitalizations and emergency room visits (4).

Fewer than half of all patients with dementia carry a diagnosis in their medical record.

Alzheimer's & Dementia: The Journal of the Alzheimer's Association, March 2015

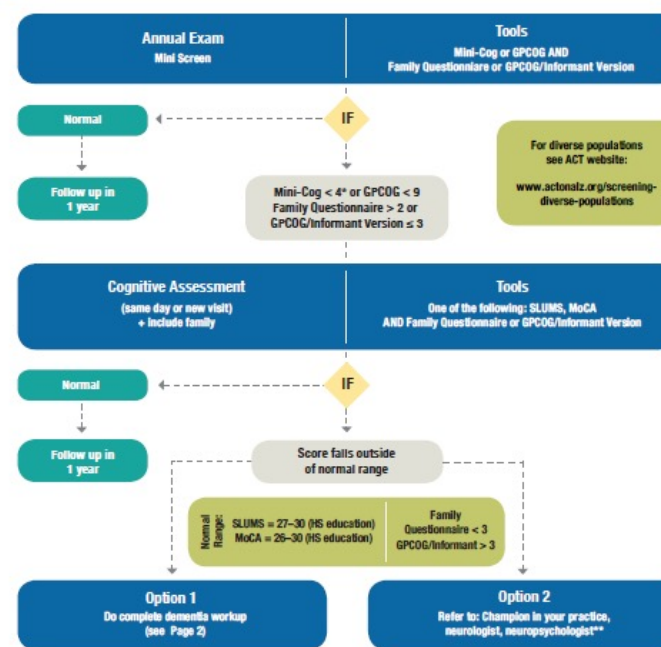
Early detection is a critical issue for treating Mild Cognitive Impairment (MCI) and dementia, including AD. Emerging research suggests that MCI may be slowed or reversed via modifying cardiovascular and other risk factors through interventions addressing diet, exercise, sleep and alcohol consumption (5-7). Additionally, treating depression and monitoring and treating metabolic, vitamin and endocrine abnormalities (i.e., preventing hyperhomocysteinemia) has also been shown to decrease risk of developing AD as well as cerebrovascular disease (5-6, 8). The Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability (FINGER), a two year randomized controlled trial, found a positive effect of the multicomponent intervention on change in cognitive function reinforcing the importance of a shift towards holistic, multimodal



CLINICAL PROVIDER PRACTICE TOOL

NOVEMBER 2017

COGNITIVE IMPAIRMENT IDENTIFICATION



* 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.

**Neuropsychological evaluation is typically most helpful for differential diagnosis, determining nature and severity of cognitive functioning, and the development of an appropriate treatment plan. Testing is typically not beneficial in severe impairment (i.e., MoCA < 12)

Dementia Action Collaborative of Washington State Adapted from ACT on Alzheimer's® tools and resources

CLINICAL PROVIDER PRACTICE TOOL | NOVEMBER 2017

DEMENTIA WORK-UP

Follow these diagnostic guidelines in response to patient failure on cognitive screening (e.g., Mini-Cog) or other signs of possible cognitive impairment.

HISTORY AND PHYSICAL

on-centered care includes understanding cultural context in which people are living (see actalz.org/culturally-responsive-resources) as for hearing and other sensory loss, new onset, course, and nature of memory and cognitive impairment (Family Questionnaire may assist) and any associated physical, medical, sleep disorder or psychosocial issues, as ADLs and IADLs, including driving and possible medication and financial mismanagement (Functional Status Questionnaire and/or OT evaluation may assist)

- Conduct structured mental status exam (e.g., MoCA, SLUMS)
- Assess mental health (consider depression, anxiety)
- Assess alcohol and other substance use
- Perform neurological exam focusing on focal/lateralizing signs, vision, including visual fields, and extracranial movements, hearing, speech, gait, coordination, and evidence of involuntary or impaired movements
- The diagnosis conversation and any subsequent conversation follow the *Alzheimer's Association Principles for a Dignified Diagnosis*

LABORATORICS

Tests: CBC, lytes, BUN, Cr, Ca, LFTs, glucose, uric acid, screening labs: TSH, B12, Vit. D, recent labs (per patient history): RPR or MHA-TP, heavy metals

Neuropsychological Testing

- Indicated in cases of early or mild symptom presentation, for differential diagnosis, determination of nature and severity of cognitive functioning, and/or development of appropriate treatment plan
- Typically not beneficial in severe impairment (e.g., MoCA < 12)

IMAGING

or MRI (with volumetric analysis if possible) when clinically indicated

DIAGNOSIS*

Cognitive Impairment

deficit in one cognitive function: memory, executive, spatial, language, attention, ADLs and IADLs; does not meet criteria for dementia

Alzheimer's Disease

most common type of dementia (60-80% of cases) memory loss, confusion, disorientation, dysnomia, impaired judgment/behavior, apathy/depression

Dementia With Lewy Bodies/Parkinson's Dementia

second most common type of dementia (up to 30% of cases) risk symptoms include visual hallucinations, REM sleep disorder, parkinsonism, and significant fluctuations in cognition

*The DSM-5 manual uses the term "Major Neurocognitive Disorder" for dementia and "Mild Neurocognitive Disorder" for mild cognitive impairment. This ACT on Alzheimer's resource uses the more familiar terminology, as the new terms have yet to be universally adopted.

WORK-UP DIAGNOSTIC VISIT

family member or care partner at this and subsequent visits
to Alzheimer's Association Washington 24/7 line at 800-272-3900 or visit www.alzwa.org
to Community Living Connections (Area Agencies on Aging) at 855-567-0252 or www.waclc.org/connect

- Offer the following:
 - *Living Well: A Guide for Persons with Mild Cognitive Impairment (MCI) & Early Dementia*
 - *Living with Memory Loss: A Basic Guide [UW Medicine]*
 - *Dementia Road Map: A Guide for Family and Care Partners*

Dementia Action Collaborative of Washington State Adapted from ACT on Alzheimer's® tools and resources
Page 2

View at - <https://www.dshs.wa.gov/altsa/dementia-action-collaborative>

COMPILATION OF ACCESSIBLE EDUCATION OPPORTUNITIES

View at - <https://www.dshs.wa.gov/altsa/dementia-action-collaborative>



Health Care Provider Education Opportunities

Educational opportunities listed below are intended for clinical teams, first responders, and interested professionals that are free and/or low cost. This is not an all-inclusive list of opportunities.

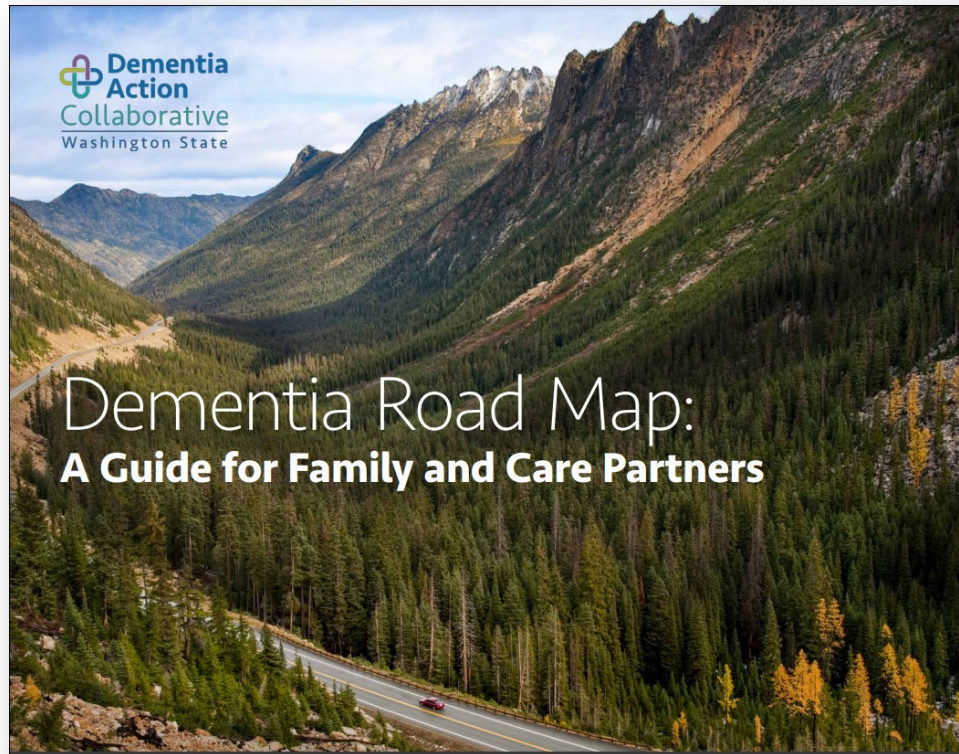
Resource	Source	Description / Topics covered	Focused Audience	CEs / Certificate	Comments
Project ECHO Dementia	https://depts.washington.edu/mbwc/resources/echo	Project ECHO Dementia is a learning model in which front-line care providers from around WA state meet in a web-based virtual conference room with an interdisciplinary panel of experts in memory loss and dementia. A brief 15 minute didactic is followed by an hour case-based learning where everyone at the table is both a teacher and a learner.	Primary Care Providers and care teams	Yes, free CME/CNE if a full Project ECHO Dementia participant; No, if only watching 15 minute didactic	For more information on how to become a Project ECHO Dementia participant, contact allysons@uw.edu
Project ECHO Geriatrics	https://www.nwgewec.org/activities/project-echo-geriatrics/	Project ECHO Geriatrics is a guided practice model in which primary care trainees and providers receive innovative telementoring. The ECHO model uses a hub-and-spoke knowledge-sharing approach where expert teams lead virtual clinics, amplifying the capacity for providers to deliver best-in-practice care. A brief 15 minute didactic is followed by case-based consultation and discussion.	Primary Care trainees (such as family medicine residents, nurse practitioner students, etc.) Primary Care Providers	Coming in 2021	For more information on how to become a Project ECHO – Geriatrics participant, contact nwgewec@uw.edu Didactics are recorded and maintained online and are freely available: https://www.nwgewec.org/activities/our-didactics/ Serves the WWAMI region

HELPING INDIVIDUALS AND FAMILIES



DEMENTIA ROAD MAP & SAFETY CONCERNS INFO KIT

Find
ordering
instructions
on the DAC
webpage
below!



Info Kit

Safety Concerns for People with Dementia

Not all memory loss is due to dementia. Memory loss and/or confusion may be a result of many conditions, some of which are reversible. If you or someone you know has memory loss or confusion that's getting worse, it's important to talk with a health care professional about it. If it does turn out to be dementia, there are steps you can take to live well, and plan for a future with it.

Dementia affects each person differently, but symptoms typically include increasing memory loss, confusion, and disorientation. Changes in the brain can also impact how individuals interpret what they see, hear, feel, taste or smell, and their sense of time, place and judgment – each of which can impact safety.

The best environment for a person with memory loss or dementia is one that helps them feel as independent and supported as possible. For people with dementia wanting to stay at home, it's key to find the right balance between independence and safety - and to anticipate changes. With creativity and flexibility, it's possible to make adaptations that make the home safer and less stressful for all.

This "info kit" is a resource for family members and caregivers to assist in evaluating the home and taking steps to promote safety over the course of dementia. Materials highlight information and tips related to the following:

1. Home Safety
2. Falls Prevention
3. Driving
4. Wandering
5. Emergency Preparedness
6. Elder Abuse & Financial Exploitation

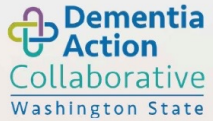
You may click on the links provided below each resource to view or print the information yourself. When a computer icon appears, the information is intended to be viewed online, and not in a printable format.



IT'S HELPFUL TO PLAN AHEAD, AND PUT SAFETY MEASURES IN PLACE BEFORE

THEY'RE REALLY NEEDED

<https://www.dshs.wa.gov/altsa/dementia-action-collaborative>



Dementia Legal Planning Toolkit

**View online at
Washingtonlawhelp.org**

DEMENTIA LEGAL PLANNING TOOLKIT

**To order
free hard
copies:**



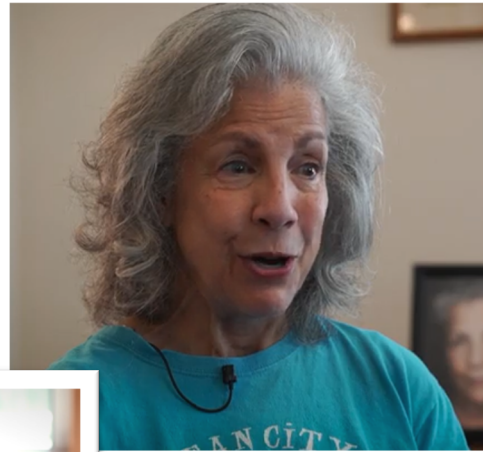
Google Forms

<https://forms.gle/FEmTG3gGwXdjHRaA7>



Northwest Justice Project

LET'S TALK DEMENTIA MINI-VIDEOS – CHALLENGE PERCEPTIONS!



How does
early
diagnosis
help?

Brief videos featuring Washingtonians with dementia and their care partners, talking about the value of early diagnosis and what they suggest for living well with dementia.

- *I'm still me*

<https://www.youtube.com/watch?v=0sAUXEbxMO4>

- *No regrets*

<https://www.youtube.com/watch?v=0d35CZYSvSQ>

- *What is the harm in finding out?*

<https://www.youtube.com/watch?v=JNX7DEczFXk>

- *Tips from Washingtonians who are living well with dementia*

<https://www.youtube.com/watch?v=XYMJU5cMCxI>

- *Tips for family and care partners*

<https://www.youtube.com/watch?v=AYThPmp3Yw4>

ALL DAC RESOURCES RECOMMEND 2 PRIMARY REFERRALS

Alzheimer's Association

800-272-3900

www.alzwa.org

Community Living Connections (Area Agencies on Aging)

855-567-0252

www.waclc.org/connect

WA COMMUNITY LIVING CONNECTIONS (CLC) WEBPAGE

Online information and resources in WA state – wacalc.org or call 855-567-0252

Page for - Alzheimer's, Dementia, Memory Loss - Memorylossinfo.org

The screenshot shows the WA Community Living Connections (CLC) homepage. At the top, there is a navigation bar with the CLC logo, a site search bar, and a language selector. Below the navigation bar, there is a banner for the COVID-19 information page. The main content area is divided into several sections: 'Explore your options' with a photo of a family, 'Search for resources' with a photo of a woman hugging an elderly woman, 'Benefits Check Up' (A SERVICE OF THE NATIONAL COUNCIL ON AGING), 'Learn About and Report Potential Abuse or Neglect of a Vulnerable Adult', 'Area Agencies on Aging', 'Centers for Independent Living', 'Resources for: People with Developmental Disabilities', 'Caregivers', 'Veterans', 'Alzheimer's and Dementia', 'CLC Self-Service Portal' (Manage your own healthcare information and share with others, Save searches, Request assistance, Already have a care record? Log in Here, Create your own care record), 'Connect with your community' with a photo of a man, and 'Plan and prepare' with a photo of a family.

The screenshot shows the Alzheimer's Disease, Dementia and Memory Loss page on the WA Community Living Connections (CLC) website. The page features a navigation bar with icons for Home, Explore, Find, Connect, and Plan. Below the navigation bar, there is a section for 'Long-term services' with sub-sections: Safety, Driving, Legal/Financial, Caregiving, Medical. The main content area is titled 'Alzheimer's Disease, Dementia and Memory Loss' and includes a photo of two elderly women. The text describes dementia as a general term for a decline in mental ability severe enough to interfere with a person's daily life. It mentions that Alzheimer's is the most common type of dementia and causes problems with memory, thinking and behavior. Symptoms of Alzheimer's usually develop slowly, worsen over time, and hinder daily tasks. A link is provided to 'Read more about Alzheimer's disease'. To the right, there is a section titled 'Connect with Your Local CLC' with a photo of a woman and a link to 'Connect now'. Below this, there is a section titled 'Find services' with a photo of a woman. At the bottom, there is a section titled 'Primary Support and Educational Organizations' with a link to 'The Alzheimer's Association'.

FREE RACK CARDS – MEMORYLOSSINFOWA.ORG & EARLY DETECTION/DIAGNOSIS

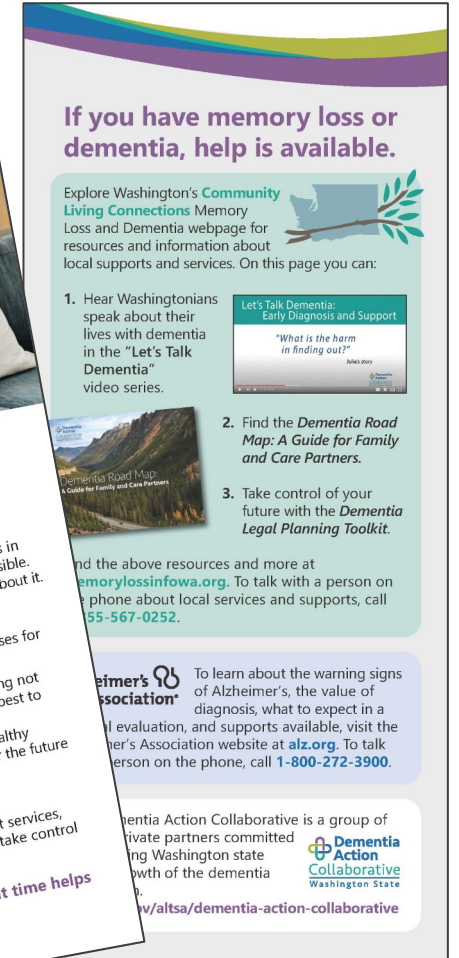
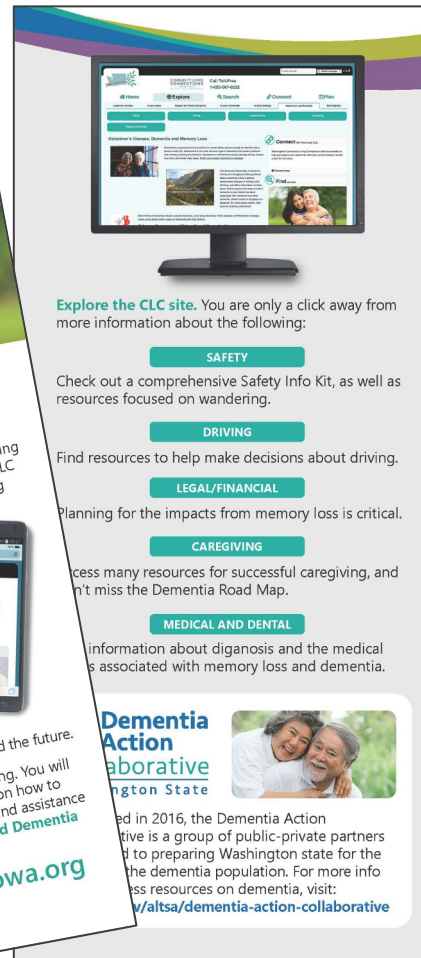
MemoryLossInfoWA.org

To order free rack cards:



Google Forms

<https://forms.gle/GPySRCPwCA2JPgP49>



WA COMMUNITY LIVING CONNECTIONS (CLC)

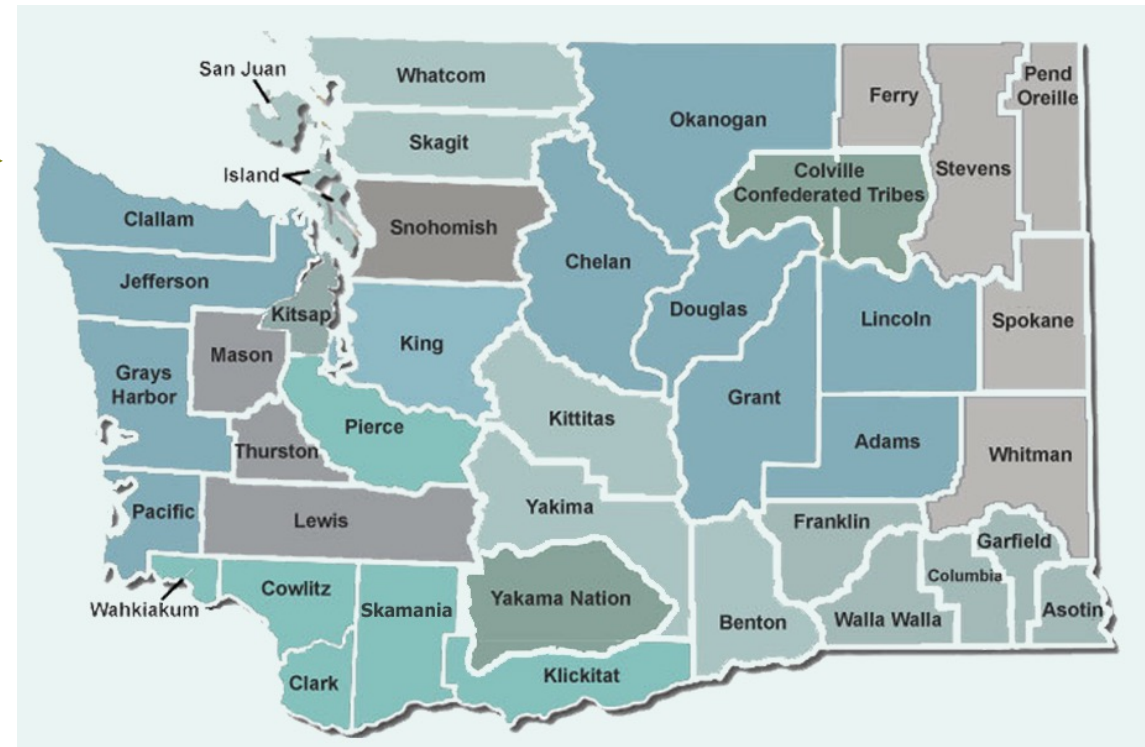
AKA AREA AGENCIES ON AGING (AAA)

WA CLC is a network of 13 Area Agencies on Aging (AAA) and their partners in WA

- To find the local I&A/R office
 - Go to **wacalc.org**
 - Click on **CONNECT** to get to map →
 - Click on **County** of interest
- Staff help individuals and/or family members find local services, understand options and/or eligibility for services/supports
- [Wacalc.org](https://wacalc.org) or 1-855-567-0252

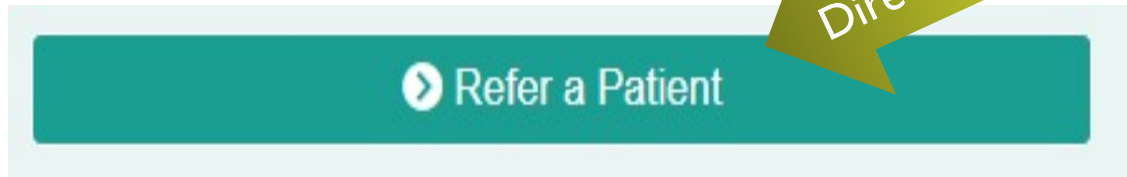
▶ Refer a Patient

https://wacalc.org/consite/connect/refer_a_patient.php



REFER A PATIENT FOR ASSISTANCE – MAKE A DIRECT E-REFERRAL

Providers: Use this HIPPA-compliant form to refer your patient to community service:



https://wacdc.org/consite/connect/refer_a_patient.php

Indicate concerns regarding your patient's current situation. Select all that apply or use comment box:

- ☐ Falls: Balance issues, Falls or Fear of Falling
- ☐ Chronic Disease(s): Challenges Managing Chronic Conditions
- ☐ Nutrition: Meal Delivery, Congregate Meals, Nutrition Education
- ☐ Caregiver Education and Support
- ☐ Exercise, Wellness, Social Activities
- ☐ Medical Equipment
- ☐ Medication Reminders or other Assistive Technology & Devices
- ☐ **Memory Loss, Alzheimer's and Dementia Support & Information**
- ☐ Help with Activities of Daily Living: Bathing, Grooming, Dressing

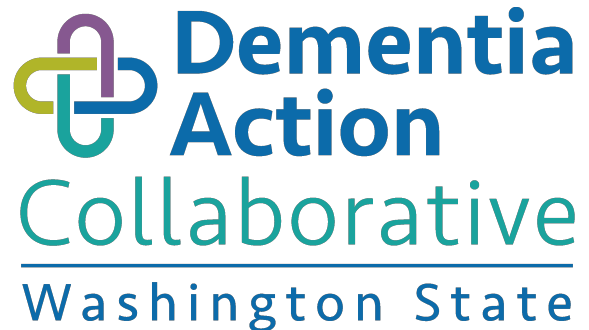
MORE INFORMATION ON THE DEMENTIA ACTION COLLABORATIVE

Lynne Korte, MPH

- Dementia Care Program/Policy Analyst & DAC Program Manager

Aging and Long-Term Support Administration

- Lynne.Korte@dshs.wa.gov



For more information:

- [Washington State Alzheimer's Plan](#)
- <https://www.dshs.wa.gov/altsa/dementia-action-collaborative>