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Clinical and Ethical Indications for Cognitive Impairment Screening in Primary Care

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Featured Speaker

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- University at Albany School of Public Health
- New York State Department of Health
Learning Objectives

- Describe the benefits of early cognitive screening
- Describe cognitive screening tools shown to be both sensitive and specific
- Identify ethical justifications for cognitive screening and early diagnosis
- Discuss the Medicare Annual Wellness visit as a vehicle for changing dementia diagnostic practices at a population level

Cognitive Screening & Dementia

- Alzheimer’s disease
- Vascular dementia
- Frontotemporal dementia
- Dementia with Lewy bodies
Detection

- Detection of cognitive impairment
  - Subjective assessments
  - Objective assessments

Diagnosis

- Diagnostic Evaluation
  - Clinical exam
  - Medical history
  - Assessment of multiple cognitive domains
  - Lab tests
  - MRI and/or CT scan, in some cases

- 2011 New Diagnostic Criteria; update soon
Challenges in Detection & Diagnosis

- Physicians unaware of cognitive impairment in more than 40% of people
- More than half of patients with dementia did not receive clinical evaluation
- Only half of people with Alzheimer’s and other dementias are diagnosed

Patient Disclosure of Symptoms

2015 BRFSS

55.5%

Of those aged 45 and older with subjective cognitive decline, 55.5% have NOT talked to a health care provider
Physician Disclosure of Diagnosis

Among people with a diagnosis, only 33% are aware of their diagnosis

Only 45% of caregivers report being told of the diagnosis.

Disclosure Rates Among Medicare Current Beneficiary Survey Respondents
2015 Alzheimer’s Disease Data

Why Don’t Physicians Disclose?

- No cure
- Insufficient time to discuss
- Difficulty talking about dementia
- Failure to recognize signs of cognitive change
4 Key Ethical Principles

- Autonomy
- Beneficence
- Non-maleficence
- Justice

Autonomy

- Respect a person’s right to make their own decisions
- Teach people to be able to make their own choices
- Support people in their individual choices
- Do not force or coerce people to do things
- ‘Informed Consent’ is an important outcome of this principle
Beneficence (To Do Good)

- Actions aim to ‘benefit’ people – health, welfare, comfort, well-being, potential, improve quality of life
- ‘Benefit’ should be defined by the person themselves
- It is not what providers think that is important
- Act on behalf of ‘vulnerable’ people to protect their rights
- Prevent harm
- Create a safe and supportive environment
- Help people in crises

Non-maleficence (To Do No Harm)

- Do not to inflict harm on people
- Do not cause pain or suffering
- Do not incapacitate
- Do not cause offence
- Do not deprive people
- Do not kill
- Balance this with other principles
Evidence for Early Screening

Benefits of Early Detection & Diagnosis
- Access to effective treatment options
- Treatment for reversible causes
- Managing comorbid conditions more effectively
- Family and caregiver support and health interventions
- Advanced planning (legal, financial, care)
- Opportunity to participate in decisions about care

Why Co-morbidity Counts
- A person with Alzheimer’s/dementia is **5.5 times** as likely to have **6 or more other chronic conditions** as someone without Alzheimer’s/dementia

**Implication** - Alzheimer’s complicates the management of coexisting conditions, and, as a consequence, increases costs
Costs of Co-Morbidity

Higher Medicare Costs Due to Alzheimer’s - Average Increase in Costs for Persons with Alzheimer’s and Other Conditions Compared with Other Condition Only

Evidence for Early Screening

U.S. Preventive Services Task Force 2014 Recommendations
Screening Tools

Patient Assessments
- Memory Impairment Screen (MIS)
- General Practitioner’s Assessment of Cognition (GPCOG)
- Mini-Cog

Informant Assessments
- Ascertain Dementia 8 (AD8)
- Informant Questionnaire on Cognitive Decline in the Elderly (Short IQCODE)

KAER Model

Kickstart, Assess, Evaluate & Refer

Step 1
Kickstart the Cognition Conversation
Discuss brain health, observe for signs and symptoms of cognitive impairment, and listen for older adult and family concerns about cognition

Step 2
Assess for Cognitive Impairment
Conduct a brief cognitive test and other structured assessments to detect cognitive impairment

Step 3
Evaluate for Dementia
If cognitive impairment is detected, conduct or refer for a diagnostic evaluation

Step 4
Refer to Community Resources
If dementia is diagnosed, refer the older adult and family for community services and other resources

Desired Outcomes
Patient and family well-being and positive health-related outcomes
New York State – Major Investment

- Regional Caregiver Support Project
- Caregiver Support for Underserved Communities
- Centers of Excellence for Alzheimer’s Disease
- Alzheimer’s Disease Community Assistance Program

Annual Wellness Visit

- Patient Protection and Affordable Care Act
  - Medicare benefit

- Emphasizes preventive care
  - Includes assessments for vision, hearing, cognition, and other important indicators of health
Medicare Reimbursement

- Effective January 1, 2017
- Medicare reimbursement for care planning

Reducing the Risk

- Exercise/physical activity
- Sleep
- Diet
- Keep moving
- Manage stress
Conclusion

- We know what works
- Patients and caregivers benefit
- Clinically and ethically the right thing to do

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