Clinical and Ethical Indications for Cognitive Impairment Screening in Primary Care

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Featured Speaker

David Hoffman, MEd, CCE
- Director, Bureau of Community Integration and Alzheimer’s Disease, New York State Department of Health
- Clinical Associate Professor, Health Policy, Management and Behavior, University at Albany School of Public Health

Conflict of Interest & Disclosure Statements

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No commercial funding has been accepted for this activity.

Thank You to Our Sponsors

- 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

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.

2015 Alzheimer’s Disease Data

2015 Alzheimer’s Disease Facts and Figures

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**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Additional Cost (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>81%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>61%</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>58%</td>
</tr>
<tr>
<td>Cancer</td>
<td>53%</td>
</tr>
<tr>
<td>COPD</td>
<td>46%</td>
</tr>
<tr>
<td>Stroke</td>
<td>39%</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>30%</td>
</tr>
</tbody>
</table>

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

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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