Tools and Strategies for Detection and Diagnosis: KAER Toolkit

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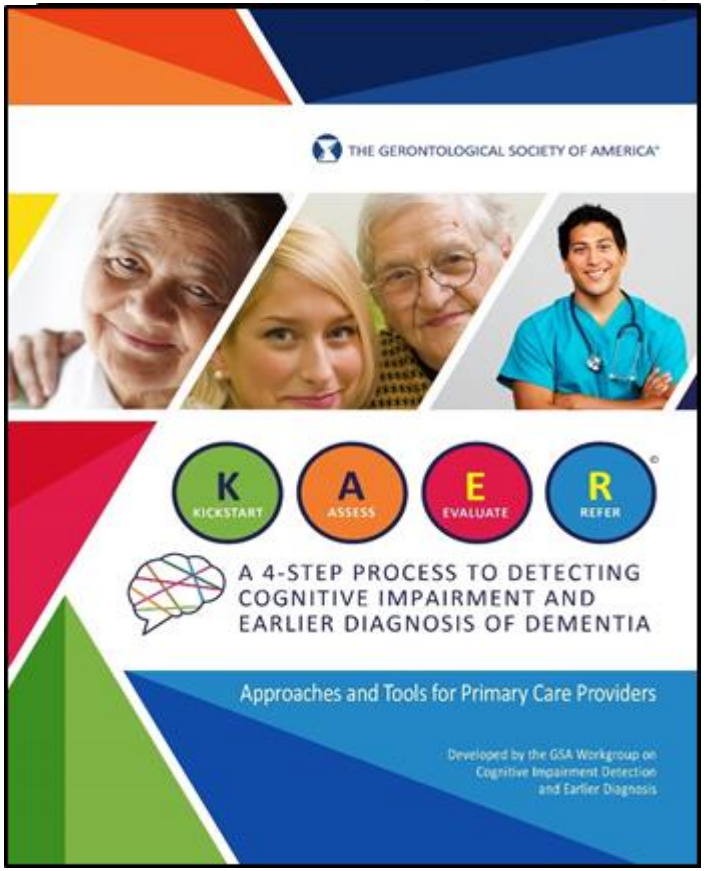
KAER Toolkit:

A 4-Step Process to Detecting Cognitive Impairment and Earlier Diagnosis of Dementia

COGNITIVE IMPAIRMENT DETECTION & EARLIER DIAGNOSIS



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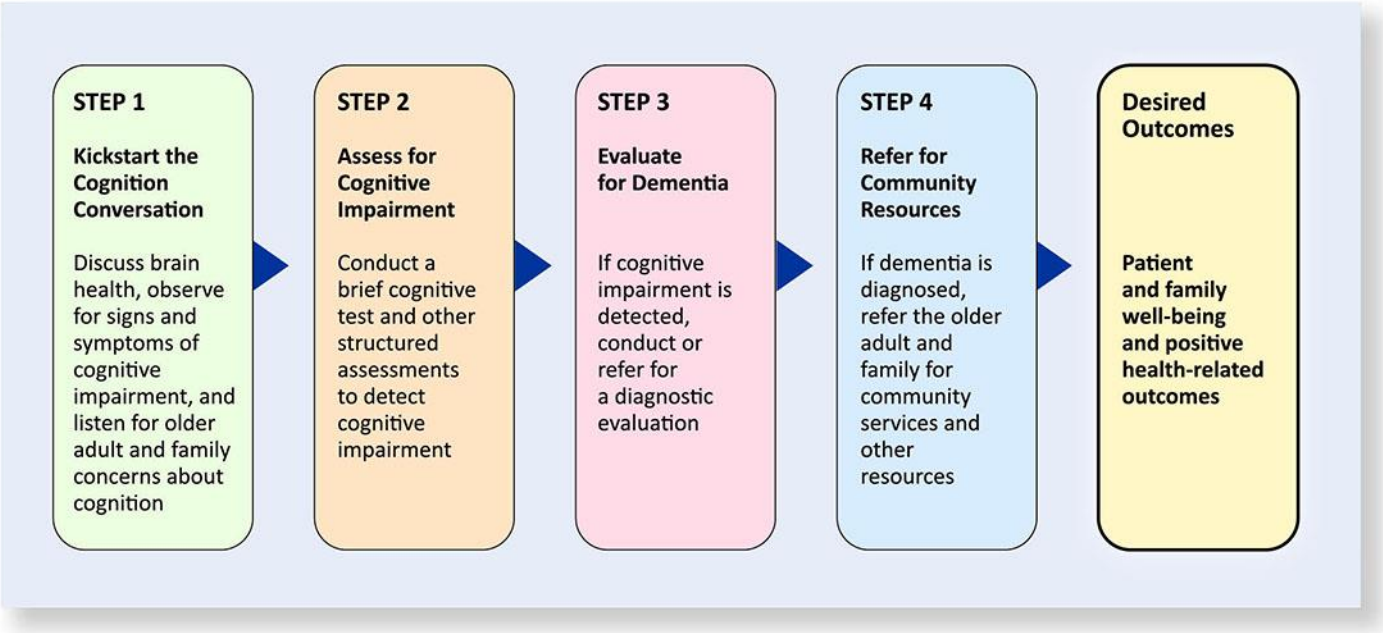
Purpose of the KAER Toolkit

To assist primary care providers (PCPs) in implementing the 4 steps in the KAER model



Why Was the KAER Toolkit Developed?

The GSA Workgroup on Cognitive Impairment Detection and Earlier Diagnosis documented:

- The high proportion of people with dementia who have not had a diagnostic evaluation and do not have a dementia diagnosis in their medical record
- Many barriers to PCP diagnosis of dementia
- Many benefits of earlier diagnosis of dementia (GSA Workgroup Report, 2015)

The GSA Workgroup developed the 4-part KAER Model to improve detection and diagnosis of dementia to achieve these objectives:

- Support post-diagnostic medical care that takes into account the person's cognitive impairment and other dementia-related symptoms
- Increase effective connections to community-based educational, support, and skill-building resources for the person with dementia and family
- Improve health-related outcomes and well-being for the person and family

Medicare Annual Wellness Visit as a Springboard for the GSA Workgroup Report

- Annual Wellness Visit (AWV) established by the Patient Protection and Affordable Care Act of 2010
- All Medicare beneficiaries are entitled to AWVs where “detection of any cognitive impairment” is a mandated component
- To detect cognitive impairment, the AWV requires assessment of an individual’s cognitive function by direct observation, with due consideration of information obtained by way of patient report, concerns raised by family members, friends, caretakers, or others.
- The AWV does not require use of a cognitive assessment tool
- The GSA Workgroup was charged with recommending ways that brief cognitive assessment tools could be incorporated into the AWV

6 Current Problems with Detection of Cognitive Impairment and Diagnosis, Disclosure, and Documentation of Dementia

In the United States:

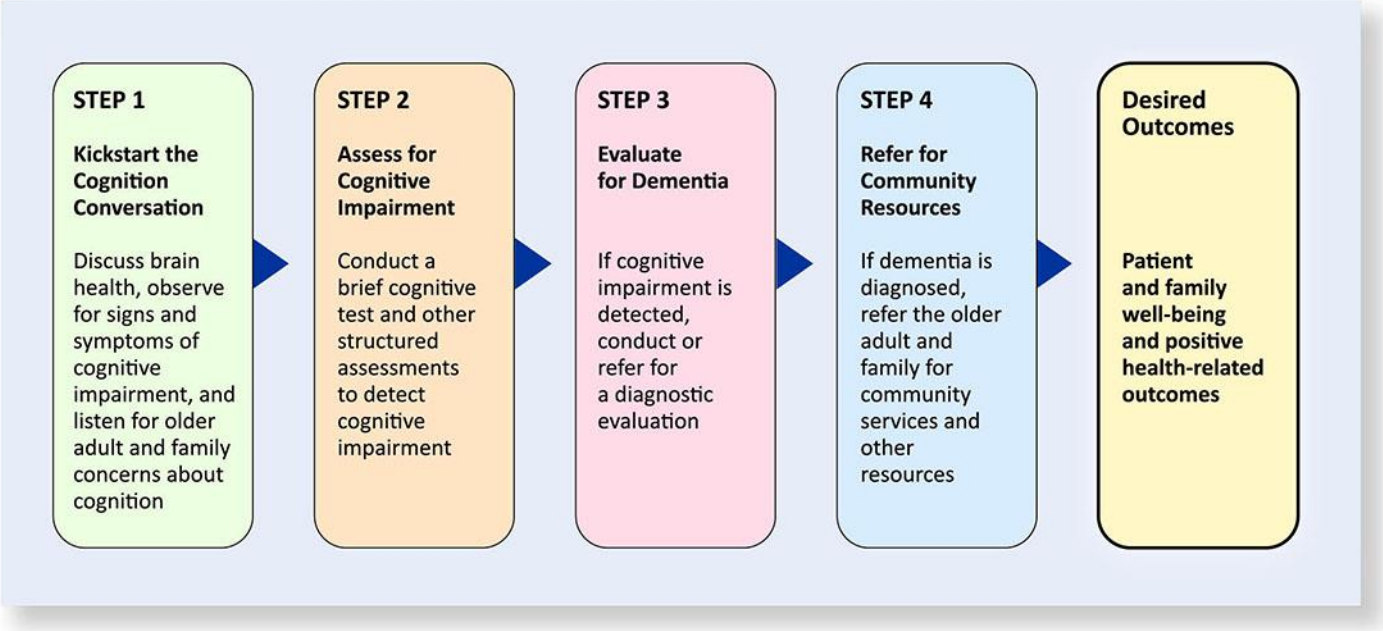
1. About half of older adults with dementia do not have a diagnosis of the condition in their medical record.
2. PCPs are sometimes unaware of cognitive impairment in their older adult patients.
3. Older adults with cognitive impairment and their families frequently do not tell the PCP about the problem
4. If PCPs are not aware of the cognitive impairment, they are very unlikely to conduct or refer the person for a diagnostic evaluation
5. PCPs sometimes do not disclose a dementia diagnosis to the person or family.
6. PCPs sometimes do not document a dementia diagnosis in the person's medical record.

Purpose of the GSA KAER Toolkit

COGNITIVE IMPAIRMENT DETECTION & EARLIER DIAGNOSIS

To assist primary care providers (PCPs) in implementing the 4 steps in the KAER model

K KICKSTART A ASSESS E EVALUATE R REFER



Content of the Toolkit

COGNITIVE IMPAIRMENT DETECTION & EARLIER DIAGNOSIS

Assessment instruments, approaches, and tools to assist PCPs with implementation of each step, including:

- Lists of signs and symptoms of cognitive impairment
- Brief cognitive tests
- Structured assessment instruments
- Key messages for talking with older adults and families about cognition, cognitive impairment, and dementia
- Videos for PCPs, older adults, and families
- Online materials that PCPs may want to call to the attention of older adult patients and their families
- Links throughout the toolkit to the tools and other materials

Toolkit Options to Accommodate PCP Preferences, Existing Procedures, and Practice Settings

COGNITIVE IMPAIRMENT DETECTION & EARLIER DIAGNOSIS

Recognition that:

- PCPs may already be using and prefer to continue using particular approaches and tools for detection and diagnosis
- PCPs practice in various settings, including single PCP offices, physician group practices, health plans, and health care systems
  - Practice settings influence which approaches and tools will fit
  - Practice settings also determine who will make the decisions about which approaches and tools to use
- Some PCPs, group practices, health plans, and health systems will prefer to use a brief cognitive test for all patients over a specified age to “screen” for cognitive impairment. Others will prefer case finding approaches

K Kickstart the Cognition Conversation: Approaches and Tools

COGNITIVE IMPAIRMENT DETECTION & EARLIER DIAGNOSIS

Target patient group

- No memory or other cognition-related problems observed by the PCP or expressed by the patient or family

When to initiate

- Any PCP office visit or a Medicare AWV

What to do

- Raise topic of brain health
- Inquire about memory or other cognitive concerns
- Use tools from “K” section of KAER toolkit as appropriate

Kickstart the Cognition Conversation Approaches and Tools

COGNITIVE IMPAIRMENT DETECTION & EARLIER DIAGNOSIS

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K A E R

STEP 1 : KICKSTART

TABLE OF CONTENTS

K Kickstart the Cognition Conversation: Approaches and Tools

APPROACHES

RAISE THE TOPIC OF BRAIN HEALTH.

PCPs can raise the topic of brain health during any office visit with an older adult, including an Annual Wellness Visit. By raising this topic, PCPs will communicate to their older adult patients that brain health and changes in memory and cognition that may occur in aging are important aspects of their overall health. Raising the topic will also help to normalize attention to cognition in primary care and encourage older adults to be aware of changes in their cognition and to tell their PCP about cognition-related concerns, if any. Many older adults are reluctant to express such concerns to their PCP, in part because of fear and stigma often associated with dementia. A frank yet sensitive introduction to the topTic by the PCP is a highly appropriate first step to kickstart the cognition conversation. This approach can open the way for older adults to reveal any cognition-related concerns they may have.

Figure K-1. Key Messages for Older Adults About Brain Aging

- The brain ages, just like other parts of the body.
- Cognitive aging is not a disease. It is a natural, lifelong process that occurs in every individual.
- Cognitive aging is different for every individual.
- Some cognitive functions improve with age.
- There are steps patients can take to protect their cognitive health.

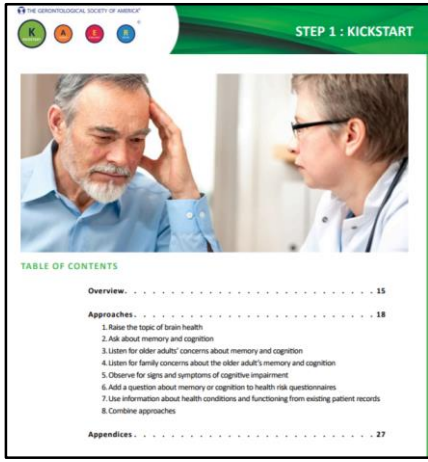
Source: Institute of Medicine, 2015a.

A 2015 Institute of Medicine (IOM) report, *Cognitive Aging: Progress in Understanding and Opportunities for Action*, recommends that PCPs and other health care professionals should provide patients and families with information about brain health and aging. The related four-page document, Cognitive Aging: An Action Guide for Health Care Providers **(Appendix K-1)**, suggests five key messages that PCPs could use in providing such information (Figure K-1) (IOM, 2015a).

IOM (2015b) also created a similar four-page document for older adults and their families, Cognitive Aging: An Action Guide for Individuals and Families **(Appendix K-2).**

Links to page in appendix

K Kickstart the Cognition Conversation: Approaches and Tools

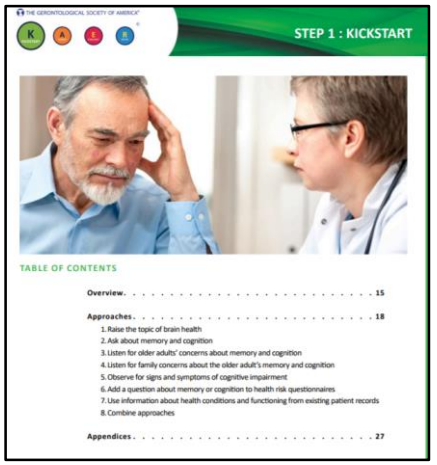


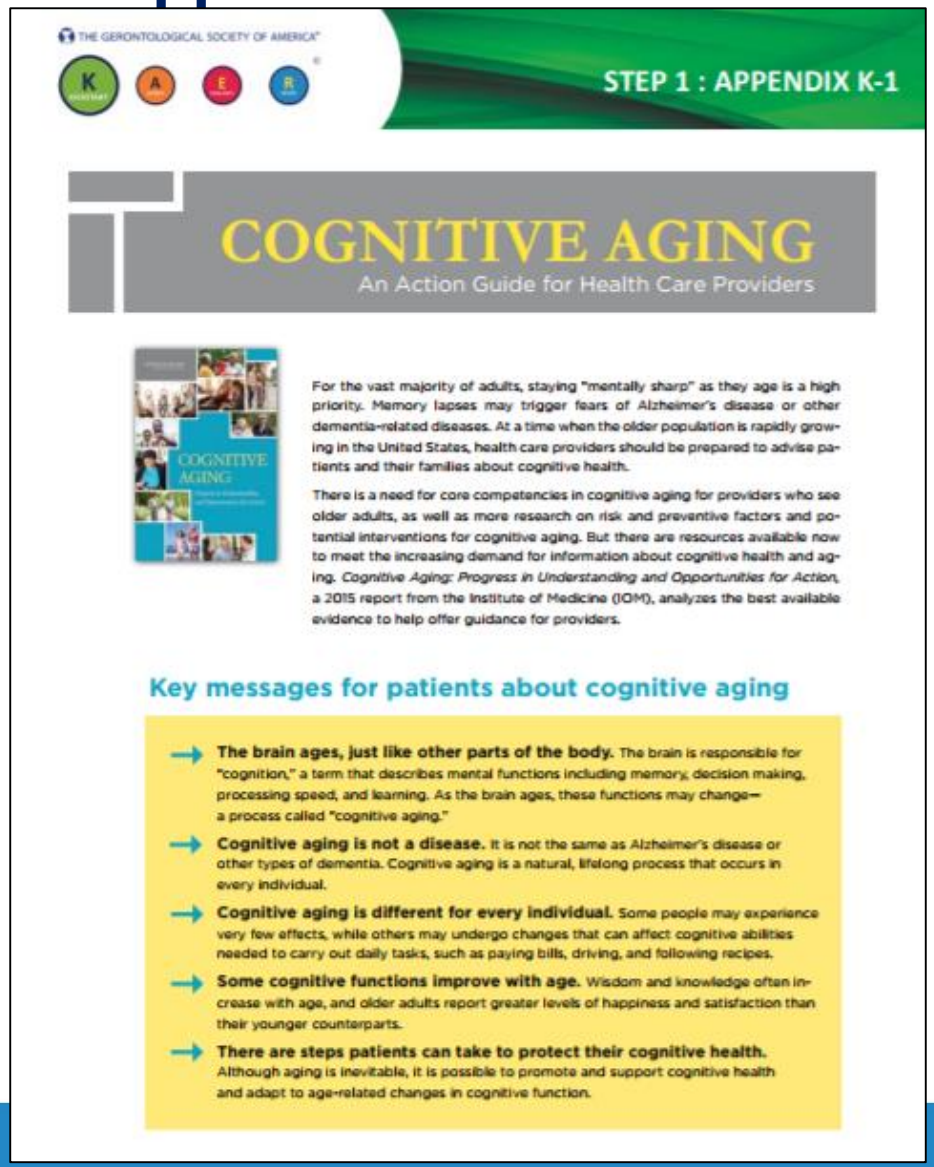
Appendix K-1	Cognitive Aging: An Action Guide for Health Care Providers
Appendix K-2	Cognitive Aging: An Action Guide for Individuals and Families
Appendix K-3	Brain Health As You Age: You Can Make a Difference!
Appendix K-4	Brain Health As You Age: Power Point Presentation
Appendix K-5	Brain Health As You Age: Flyer
Appendix K-6	Salud cerebral con el paso de los anos *(Brain Health As You Age Flyer in Spanish)*
Appendix K-7	ACP Medicare Annual Wellness Visit Letter
Appendix K-8	Clinician Factsheet: Detection of Cognitive Impairment

Kickstart the Cognition Conversation Approaches and Tools

K

Links to original source





A Assess for Cognitive Impairment: Approaches and Tools

Target patient group

- Patient or family expresses memory or cognition-related concerns
- PCP notices cognitive impairment or changes since last office visit

When to initiate

- Immediately, ideally during same visit

What to do

- Use a brief cognitive status test to assess for cognitive impairment
- Determine if test performance indicates impairment

A Assess for Cognitive Impairment: Approaches and Tools

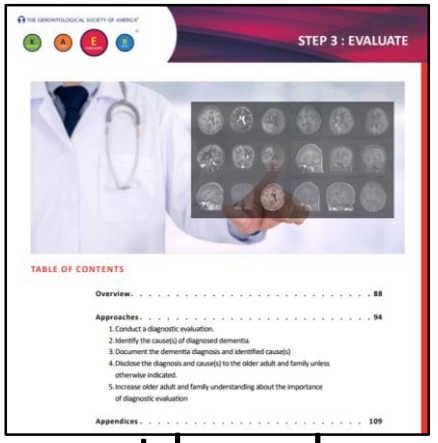
APPROACHES

- Use a brief cognitive test to detect cognitive impairment
- Use a brief family questionnaire to obtain family members' perceptions of the older adult's cognition
- Use a brief self-report questionnaire to obtain older adults' perceptions of their own cognition

TOOLS

- Mini-Cog
- GPCOG
- Memory Impairment Screen
- Assessing Cognitive Impairment in Older Patients: A Quick Guide for Primary Care Physicians
- AD8 Dementia Screening Interview
- GPCOG Informant Interview
- Short IQCODE
- Alzheimer's Association Medicare Annual Wellness Visit for Assessment of Cognition
- KNOW the 10 Signs: Early Detection Matters

Evaluate for Dementia: Approaches and Tools



Target patient group

- Cognitive status test performance indicates impairment based on thresholds defined by each test

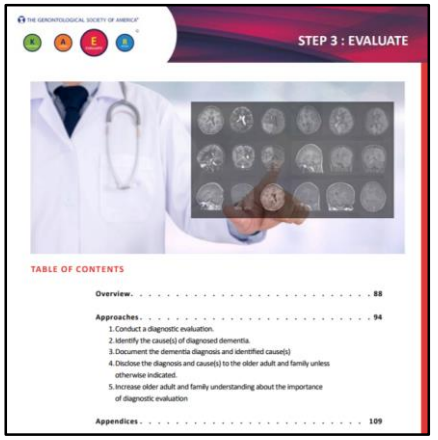
When to initiate

- After discussing cognitive status test results with the patient, and where appropriate, family members

What to do

- Rule out known reversible causes of cognitive impairment
- If adequately trained and experienced, and consistent with any relevant health care system protocols, proceed with full diagnostic workup per clinical practice guidelines
- Alternatively, refer patient to qualified clinical specialist or team with expertise in dementia diagnosis

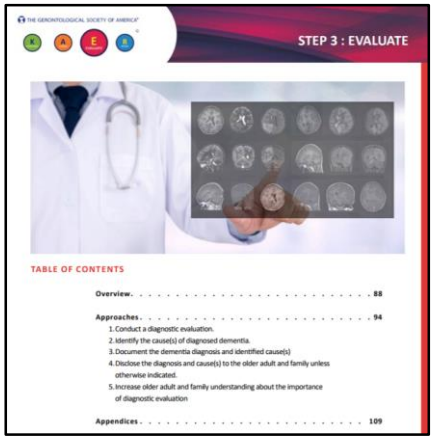
E Evaluate for Dementia: Approaches and Tools



APPROACHES

- Conduct a diagnostic evaluation
- Identify the cause(s) of diagnosed dementia
- Disclose the diagnosis and identified cause(s) to the older adult and family unless otherwise indicated
- Document the dementia diagnosis and identified cause(s)
- Increase older adult and family understanding about the importance of diagnostic evaluation

E Evaluate for Dementia: Approaches and Tools



TOOLS

- Montreal Cognitive Assessment Tool (MoCA)
- (MoCA) Cognitive Assessment Tool
- Saint Louis University Mental Status (SLUMS) Examination
- Confusion Assessment Method (CAM)
- Patient Health Questionnaire-9 (PHQ-9)
- Geriatric Depression Scale (GDS)
- Center for Epidemiologic Studies Depression Scale (CES-D)
- Katz Index of Independence in Activities of Daily Living (ADL)
- Instrumental Activities of Daily Living (ADL)
- Functional Activities Questionnaire (FAQ)
- In Brief for Healthcare Professionals: Differentiating Dementias
- Commonly Used ICD-10 Codes for Alzheimer's Disease, Vascular Dementia, Frontotemporal Dementia, Dementia with Lewy Bodies, and Mild Cognitive Impairment
- In Brief for Healthcare Professionals: Increasing Disclosure of Dementia Diagnosis
- Potential Benefits of Early Diagnosis of Dementia
- In Brief for Healthcare Professionals: Special Issues in Memory Loss, Alzheimer's Disease and Dementia

Detection vs Diagnosis

COGNITIVE IMPAIRMENT DETECTION & EARLIER DIAGNOSIS

- The toolkit emphasizes the important distinction between detecting cognitive impairment and arriving at a diagnosis.
- It is essential that patient and family understand the importance of following up with a full diagnostic workup (“E” step) if cognitive impairment is detected in “A” step.
- Studies have shown that many patients do not proceed to “E” step, so this is a point along the KAER process where physician support to continue is critically important.

R Refer for Community Resources: Approaches and Tools

Target patient group

- Essential for patients with any dementia diagnosis
- Strongly encouraged for patients with detected cognitive impairment but not yet diagnosed

When to initiate

- Immediately upon confirmed diagnosis
- Upon detection of cognitive impairment if patient and family wish to learn more

What to do

- Connect the patient and family to an organization or individual (e.g. care manager) in the community that can assist the patient and family to find needed information, services, and supports

R Refer for Community Resources: Approaches and Tools

APPROACHES

- Connect older adults with dementia to assistance in the PCP's organization (if available) to identify needs and access help
- Connect older adults with dementia to community organizations and individual providers to identify needs and access help
- Maintain a list of online resources and refer older adults and families to relevant resources
- Provide general information and encourage participation in clinical trials

TOOLS

- Template for PCP Referrals to community and regional agencies
- ALZ Direct Connect
- Care Needs Assessment Tool
- Standard Care Plans for Older Adults and Families
- Online Resources to help older adults, families, and others understand and engage in detection of cognitive impairment, diagnostic evaluation, and post-diagnostic referrals

COGNITIVE IMPAIRMENT DETECTION & EARLIER DIAGNOSIS

Desired Outcomes

Patient and family well being and

positive health-related outcomes

Bottom Line:

Detection, Diagnosis, Disclosure, and Documentation of Cognitive Impairment and Dementia are essential for:

Appropriate medical care

Appropriate home and community-based services

Desired outcomes for people with dementia and their families