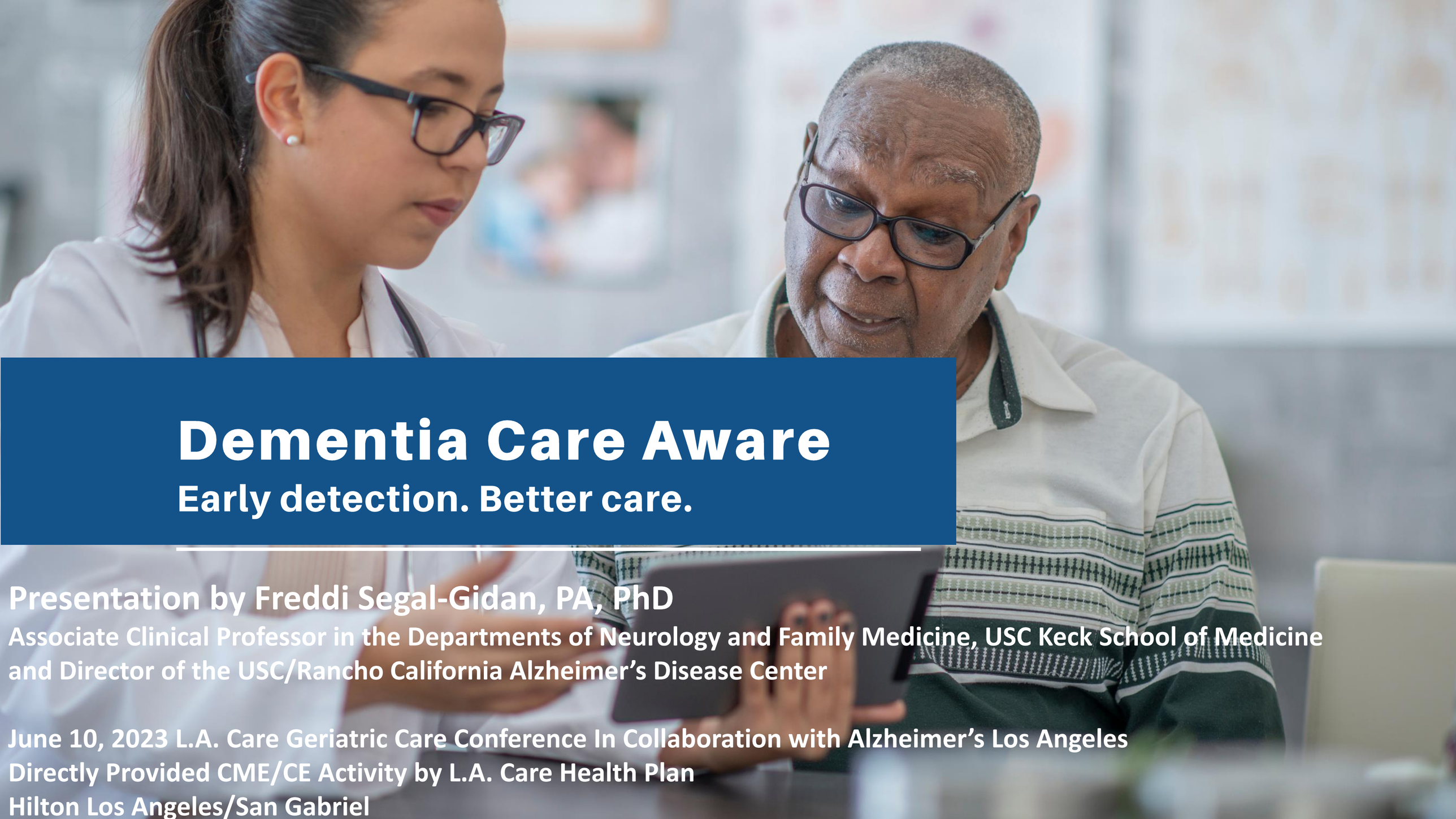


Dementia Care Aware

Early detection. Better care.

Presentation by Freddi Segal-Gidan, PA, PhD

Associate Clinical Professor in the Departments of Neurology and Family Medicine, USC Keck School of Medicine and Director of the USC/Rancho California Alzheimer's Disease Center

June 10, 2023 L.A. Care Geriatric Care Conference In Collaboration with Alzheimer's Los Angeles
Directly Provided CME/CE Activity by L.A. Care Health Plan
Hilton Los Angeles/San Gabriel

Presenter's Bio

Freddi Segal-Gidan, PA, PhD, is geriatric medicine fellowship-trained PA/Physician Associate and gerontologist who has devoted her career to improving care and outcomes for older adults. She has four decades of experience as a clinician caring for older adults with dementia, stroke and other chronic disabilities. Her career combines roles as a medical provider, clinical researcher, educator and administrator.

Dr. Segal-Gidan holds appointment at the Keck School of Medicine of USC as Associate Clinical Professor in the Departments of Neurology and Family Medicine. She is the director of the USC/Rancho California Alzheimer's Disease Center where she and her team have evaluated and provided care from diagnosis through death for over 4000 people with dementing illnesses and their families.

Dr. Segal-Gidan is the site Principal Investigator for the Dementia Care Aware program in Los Angeles at four Department of Health Services sites.

DISCLOSURES

The following CME Planners and CME Faculty do not have any financial relationships with ineligible companies in the past 24 months:

- **Leilanie Mercurio, L.A. Care PCE Program Manager, CME Planner.**
- **Jennifer Schlesinger, Alzheimer's Los Angeles Vice President, Healthcare Services & Professional Training, CME Planner.**
- **Alicia Villegas, Alzheimer's Los Angeles Director of Healthcare Client Services, CME Planner.**
- **Freddi Segal-Gidan, PA, PhD. Associate Clinical Professor in the Departments of Neurology and Family Medicine, USC Keck School of Medicine and Director of the USC/Rancho California Alzheimer's Disease Center, CME Faculty.**

An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Commercial support was not received for this CME activity.

The Dementia Care Aware program is funded by the California State Department of Health Care Services (DHCS).

LEARNING OBJECTIVES

At the conclusion of the presentation, learners can:

1. Specify three reasons to conduct a Cognitive Health Assessment (CHA) Screening for cognitive impairment among older adults in primary care.
2. Describe the components of the CHA screening tool.
3. Summarize three ways that screening using CHA could be incorporated into your practice workflow.
4. Describe how to access the Dementia Care Aware (DCA) website for trainings and resources.

What is Dementia Care Aware?

Dementia Care Aware is a new California state-wide program designed to help primary care teams to successfully administer cognitive health assessments (CHA) and determine appropriate next steps for patients 65 years and older living with dementia.

What are our DCA goals?

IMPROVE

Improve DHS primary care teams' ability to assess cognitive health and detect dementia.

CREATE

Create stage-appropriate care plans for our DHS patients living with dementia.

LEARN

Learn and share resources for DHS clinic teams to support patients living with dementia.

CARE

Care services to promote health and quality of life for people living with dementia.

SUPPORT

Support for patients and families that have historically experienced dementia care disparities.

DCA in Action

Training

- Tailored trainings with CME
- Key topics relevant to Medi-Cal patients and providers
- Additional webinars, modules, web-based tools, podcasts, etc

Outreach

- DCA CA will reach providers state-wide in all 58 counties
- Virtual outreach and media campaigns
- In-person support

Practice Support

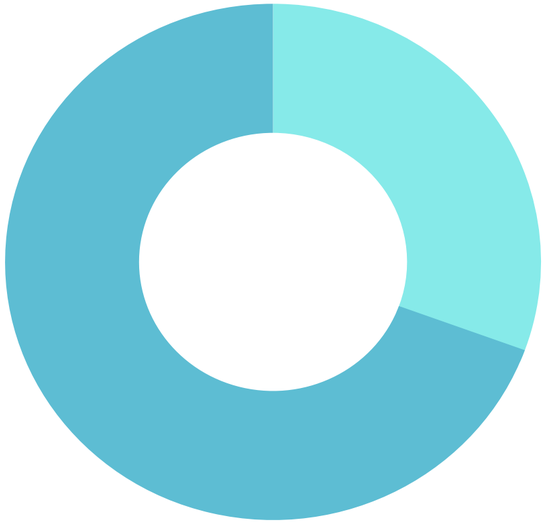
- Practice management resources
- Social and legal services
- Warmline for clinicians
- ECHO conferences
- Hands-on coaching

Impact

- Track progress on screening and diagnosis
- Evaluate impact on patient care and satisfaction
- Evolution of training topics based on feedback

BACKGROUND

One in six Californians over the age of 65 will develop Alzheimer's, and one in five will develop some form of dementia.



The number of Californians 65 and older living with Alzheimer’s disease is projected to more than double from 660,000 estimated in 2019 to 1.5 million by the year 2040

Between 2014 and 2017, AD showed the greatest increase, 28%, as the cause of death compared to other leading causes of death in California.

Benefits of Early Detection of Cognitive Impairment

- Improves quality of life for affected persons and their caregivers
- Reduces unnecessary costs of care
- Increases likelihood of benefiting from evidence-based dementia prevention strategies
- Can address racial disparities in cognitive impairment among Black, Indigenous, and Latino communities, which are currently underserved
- Provide opportunities for interventions and reverse or delay further cognitive decline
- Patients can be involved in their care planning with cognitive impairment is detected early
- Current medical therapies and trials are most effective in the earliest stages of neurodegenerative disorders.

BENEFITS OF A COGNITIVE HEALTH ASSESSMENT (CHA)

The CHA is designed for primary care providers.
It includes assessments that are:

- Free to use
- Quick to administer
- Easy to score
- Validated in primary care
- Available in multiple languages

The CHA enables you to;

- Have improved awareness of your patient's cognitive and functional status.
- Prepare to do a full assessment over time and interview informants to obtain a diagnosis.
- Start a brain health plan *before* a diagnosis is made.
- Allow a variety of team members to administer the assessment.

BENEFITS OF COGNITIVE HEALTH ASSESSMENT (CHA) FOR PATIENTS & PROVIDERS

Cognitive function impacts a patient's;

- Ability to make shared decisions
- Ability to comprehend and follow through with any care plan
- Ability to engage in chronic disease management
- Relationships with families, informants, and health and social service providers

Cognitive function impacts all domains of primary care;

- Providing "first contact" care for new health needs
- Continuity of care via longitudinal relationships with patients and their support persons
- Coordinated care via referrals to resources and services
- Comprehensive care

THE COGNITIVE HEALTH ASSESSMENT (CHA)

There is no gold standard for detecting cognitive impairment, and the CHA is not designed to provide a specific diagnosis or etiology of your patient's cognitive impairment.

The CHA is for persons 65 and older who have not been diagnosed with dementia.
These steps are also relevant to patients reporting or showing signs and symptoms of cognitive decline regardless of their age.
There are three steps:

1. Take the patient history. Annual screening starting at age 65.

2. Use tools to assess for cognitive and functional decline.

3. Establish and document a patient's support person and/or a health care agent.

STEP 1: PATIENT HISTORY

History or signs of decline can come from many sources—from the patient, an informant, or you or your team members. Keep in mind, though, that one piece of information indicating decline may not be sufficient to detect decline. Below are two examples of sources of information to document for the history.

A patient, informant, or health or social service team member notes a new cognitive sign or symptom.

A positive response to an annual screening question, such as: Do you or others think that you are having trouble remembering things? During the past few years, have you or others noticed changes in your mental abilities?

Document everything you find during each step of the CHA. Examples: An informant reports signs and symptoms of cognitive decline during the history or a patient reports they have not experienced any signs and symptoms of cognitive decline. Whatever the result, note it in the patient file.

Different members of the team can contribute to the CHA. For example, the reception/scheduling staff might notice that a patient is missing more appointments, or a medical assistant might alert a provider that a patient has been repeating themselves or coming to appointments on the wrong day.

STEP 2: SCREEN THE PATIENT

The next part of the CHA is to assess the patient's cognition and function and then obtain collateral information from an informant.

The CHA entails cognitive and functional screenings of the patient.

- If the patient screens negative, then it is recommended to obtain additional information from an informant utilizing cognitive and functional screening tools.
- If the patient screens positive, obtaining informant information may be helpful at this point but not necessary to move on to the next steps of the evaluation.

STEP 2: SCREEN THE PATIENT

The table below provides examples of validated tools for assessing a patient's cognition and function with the patient and an informant.

	Cognitive Screen Tools	Functional Screen Tools
Patient	**GP-COG** OR **Mini-Cog**	**ADL/IADL**
Informant	**AD-8** OR **Short IQ-CODE**	**GP-COG Informant Interview** OR **FAQ**

STEP 2: SCREEN THE PATIENT

The tool names in the table are in their abbreviated form.

MENTAL STATUS

GP-COG: General Practitioner assessment of Cognition

Mini-Cog: This is a short cognitive assessment (Mini-Cog is not a shortened name)

Short IQ-CODE: Short Informant Questionnaire on Cognitive Decline in the Elderly

FUNCTION

ADL: Activities of Daily Living

IADL: Instrumental Activities of Daily Living

AD-8: Eight-item Informant Interview to Differentiate Aging and Dementia

FAQ: Functional Activities Questionnaire

A completed CHA is defined as;

1. Taking the patients history
2. Conducting at least *one* cognitive assessment.
3. Conducting at least *one* functional assessment.
4. Establishing patient support.

MENTAL STATUS SCREENING TOOLS: Patient

GP-COG

Name and address for subsequent recall test

I am going to give you a name and address. After I have said it, I want you to repeat it. Remember this name and address because I am going to ask you to tell it to me again in a few minutes: John Brown, 42 West Street, Kensington. (Allow a maximum of 4 attempts.)

	Correct	Incorrect
Time orientation		
1. *What is the date?* (exact only)	☐	☐
Clock drawing (use blank page)		
2. *Please mark in all the numbers to indicate the hours of a clock.* (correct spacing required)	☐	☐
3. *Please mark in hands to show 10 minutes past eleven o'clock.* (11.10)	☐	☐
Information		
4. *Can you tell me something that happened in the news recently?* (Recently = in the last week. If a general answer is given, e.g. "war", "lot of rain", ask for details. Only specific answer scores.)	☐	☐
Recall		
5. *What was the name and address I asked you to remember?*		
John	☐	☐
Brown	☐	☐
42	☐	☐
West (St)	☐	☐
Kensington	☐	☐
Add the number of items answered correctly: **Total score:**	☐	**out of 9**

9	**No significant cognitive impairment** Further testing is not necessary
5 – 8	**More information required** Proceed with informant interview in step 2 on next page
0 – 4	**Cognitive impairment is indicated** Conduct standard investigations

MINI-COG

Mini-Cog© — Instructions for Administration & Scoring

ID:_____ Date:_____

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.[1-3] For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

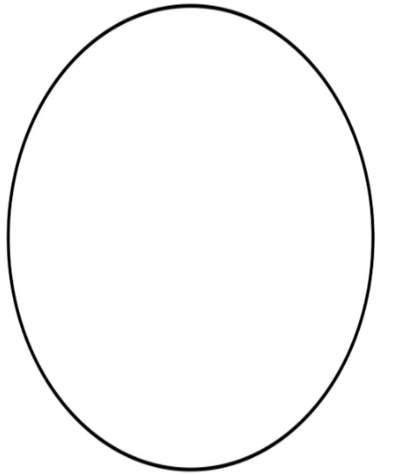
Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version:_____ Person's Answers:_____ _____ _____

Scoring

Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. 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.

Clock Drawing ID:_____ Date:_____



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MENTAL STATUS SCREENING TOOLS-

GP COG INFORMANT INTERVIEW

Informant name: _____

Relationship to patient, i.e. informant is the patient's: _____

Ask the informant:

Compared to 5–10 years ago,	YES	NO	Don't know	N/A
1. *Does the patient have more trouble remembering things that have happened recently than s/he used to?*	☐	☐	☐	
2. *Does s/he have more trouble recalling conversations a few days later?*	☐	☐	☐	
3. *When speaking, does s/he have more difficulty in finding the right word or tend to use the wrong words more often?*	☐	☐	☐	
4. *Is s/he less able to manage money and financial affairs (e.g. paying bills and budgeting)?*	☐	☐	☐	☐
5. *Is s/he less able to manage his or her medication independently?*	☐	☐	☐	☐
6. *Does s/he need more assistance with transport (either private or public)?* (If the patient has difficulties only due to physical problems, e.g. bad leg, tick 'no'.)	☐	☐	☐	☐

Add the number of items answered with 'NO', 'Don't know' or 'N/A':

Total score: ☐ **out of 6**

4 – 6	**No significant cognitive impairment** Further testing is not necessary
0 – 3	**Cognitive impairment is indicated** Conduct standard investigations

FUCTION SCREENING TOOLS-ADL & IADL (Patient or Informant)

Any problems with the Activities of Daily Living?

Activity (common problems in parentheses)	Needs NO help	Needs SOME help	Needs FULL help	Notes
Walking and getting around (any difficulty, especially on steps, any tripping on feet, or trouble getting across a room independently)	☐	☐	☐	
Dressing (trouble choosing clothes appropriate to weather or event, wearing same clothes over and over, struggling to get clothes on)	☐	☐	☐	
Toileting (trouble using the toilet independently or signs of accidents or incontinence)	☐	☐	☐	
Bathing (avoiding showers, or trouble bathing independently)	☐	☐	☐	
Grooming (forgetting to shave, trouble fixing hair or applying makeup, looking unkempt)	☐	☐	☐	
Feeding (not getting food into mouth, difficulty swallowing)	☐	☐	☐	
Transferring (difficulties moving from bed to chair/wheelchair, or from sitting to standing, or trouble getting in position to use a walker)	☐	☐	☐	

Any problems with Instrumental Activities of Daily Living?

Activity (common problems in parentheses)	Needs NO help	Needs SOME help	Needs FULL help	Notes
Finances (unopened or unpaid bills, trouble making change)	☐	☐	☐	
Transportation (trouble driving, using public transit)	☐	☐	☐	
House-cleaning and chores (unkempt home or yard)	☐	☐	☐	
Shopping (lack of food or supplies in house, online buying sprees)	☐	☐	☐	
Meal preparation (no longer cooking, dishes in sink)	☐	☐	☐	
Using telephone and managing mail (unopened mail, stops answering calls)	☐	☐	☐	
Managing medications (not taking as recommended, not refilling regularly)	☐	☐	☐	

SCREENING TOOLS- AD8 (Informant)

AD8 Dementia Screening Interview

Patient ID#:_____
CS ID#:_____
Date:_____

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**	**N/A, Don't know**
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)			
4. Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave, remote control)			
5. Forgets correct month or year			
6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)			
7. Trouble remembering appointments			
8. **Daily** problems with thinking and/or memory			
TOTAL AD8 SCORE			

SCREENING TOOLS-SHORT IQ-CODE (Informant)

Now we want you to remember what your friend or relative was like 10 years ago and to compare it with what he/she is like now. 10 years ago was in 20__.* Below are situations where this person has to use his/her memory or intelligence and we want you to indicate whether this has improved, stayed the same or got worse in that situation over the past 10 years. Note the importance of comparing his/her present performance with 10 years ago. So if 10 years ago this person always forgot where he/she had left things, and he/she still does, then this would be considered "Hasn't changed much". Please indicate the changes you have observed by circling the appropriate answer.

Compared with 10 years ago how is this person at:

	1	2	3	4	5
1. Remembering things about family and friends e.g. occupations, birthdays, addresses	Much improved	A bit improved	Not much change	A bit worse	Much worse
2. Remembering things that have happened recently	Much improved	A bit improved	Not much change	A bit worse	Much worse
3. Recalling conversations a few days later	Much improved	A bit improved	Not much change	A bit worse	Much worse
4. Remembering his/her address and telephone number	Much improved	A bit improved	Not much change	A bit worse	Much worse
5. Remembering what day and month it is	Much improved	A bit improved	Not much change	A bit worse	Much worse
6. Remembering where things are usually kept	Much improved	A bit improved	Not much change	A bit worse	Much worse
7. Remembering where to find things which have been put in a different place from usual	Much improved	A bit improved	Not much change	A bit worse	Much worse
8. Knowing how to work familiar machines around the house	Much improved	A bit improved	Not much change	A bit worse	Much worse
9. Learning to use a new gadget or machine around the house	Much improved	A bit improved	Not much change	A bit worse	Much worse
10. Learning new things in general	Much improved	A bit improved	Not much change	A bit worse	Much worse
11. Following a story in a book or on TV	Much improved	A bit improved	Not much change	A bit worse	Much worse
12. Making decisions on everyday matters	Much improved	A bit improved	Not much change	A bit worse	Much worse
13. Handling money for shopping	Much improved	A bit improved	Not much change	A bit worse	Much worse
14. Handling financial matters e.g. the pension, dealing with the bank	Much improved	A bit improved	Not much change	A bit worse	Much worse
15. Handling other everyday arithmetic problems e.g. knowing how much food to buy, knowing how long between visits from family or friends	Much improved	A bit improved	Not much change	A bit worse	Much worse
16. Using his/her intelligence to understand what's going on and to reason things through	Much improved	A bit improved	Not much change	A bit worse	Much worse

DHS CHA FORM (example)

MENTAL STATUS EXAM
(CLINICIAN TO COMPLETE)

STEP 1: THREE-WORD RECALL:

Select **one list** and ask the patient to repeat the three words back to you and to remember the words. If not able to repeat the words after 3 attempts, move on to step 2.

*Seleccione **una lista** y pídale al paciente que le repita las tres palabras y que las recuerde. Si no puede repetir las palabras después de 3 intentos, continúe con el paso 2.*

☐ *List 1*: Banana, Sunrise, Chair *(Plátano, Amanecer, Silla)*
☐ *List 2*: Leader, Season, Table *(Líder, Temporada, Mesa)*
☐ *List 3*: Village, Kitchen, Baby *(Pueblo, Cocina, Bebé)*

STEP 2: CLOCK DRAW:

Ask the patient to draw a clock by placing the numbers in the **provided circle on page 2**. Once they have placed the numbers, ask the patient to set the hands to 10 past 11. Repeat the instructions as needed.

*Quiero que me dibuje un reloj. **Use el círculo impreso.** Coloque los números donde van. Despues, ponga las manecillas del reloj en la posición que indiquen las 11:10. Repita las instrucciones según sea necesario.*

STEP 2 CLOCK SCORE: _____(0 or 2)
Numbers and hands placed correctly, score 2.
Incorrect placement of numbers OR hands, score 0.

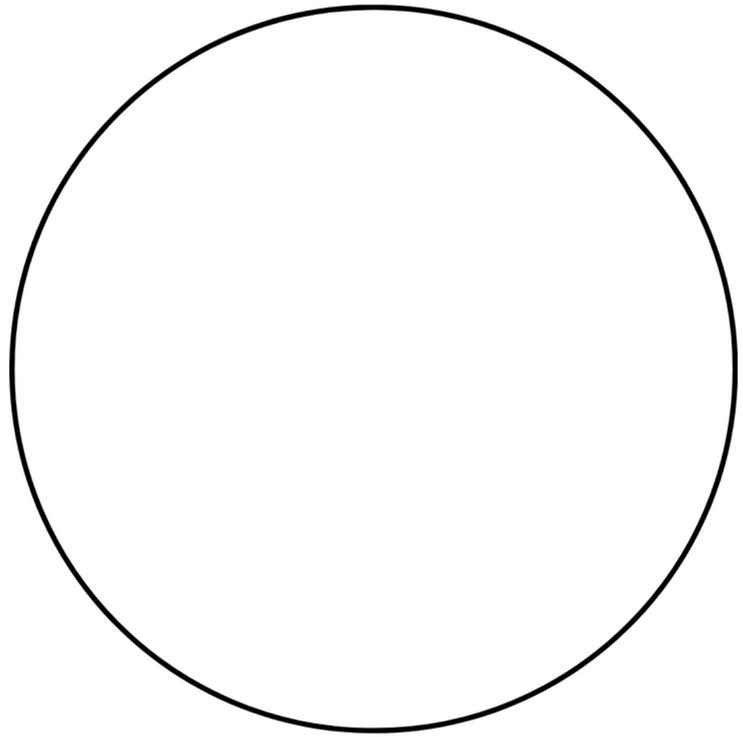
OR, If patient is physically unable to draw the clock or this is a phone visit, do alternative step 2: animal naming task. →

ALTERNATIVE STEP 2: ANIMAL NAMING:

In one minute, tell me the names of as many different animals as you can. (Repeat instructions if necessary). Max score for this item is 2.

Dentro en un minuto, me nombre todos los animales que puede identificar. (Repite instrucciones según sea necesario). Los puntos máximos que puede recibir dentro esta sección son 2 puntos.

STEP 2 ANIMAL NAMING SCORE: _____ (0 or 2)
≥ 14 unique animals, score 2.
< 14 unique animals, score 0.



STEP 3: THREE-WORD RECALL

Ask the patient to recall the three words you stated in Step 1. Record the patient's answers below.

Pídale al paciente que repita las tres palabras que usted dijo en el paso 1. Registre las respuestas deel paciente a continuación.

Answers: _____ _____ _____

STEP 3 SCORE: _____(0-3 points)
(1 point per word recalled without reminder)

MENTAL STATUS EXAM TOTAL SCORE: _____(0-5 points)
(Step 2 + Step 3)

COGNITIVE SCREEN RESULT
☐ Abnormal (Total Score =0, 1 or 2)
☐ Normal (Total Score =3, 4 or 5)

DHS CHA FORM (example)

FUNCTIONAL SCREENING
(PATIENT/INFORMANT TO COMPLETE)

Please place patient sticker/ medical record barcode here prior to submitting for processing.

ACTIVITIES OF DAILY LIVING (ADL):
Is the patient able to do the following tasks independently, without supervision, direction, or personal assistance? (1 point each). *¿Puede el paciente realizar las siguientes tareas de forma independiente, sin supervisión, dirección o asistencia personal? (1 punto por cada uno)*

____ Bathing/*Bañar*
____ Dressing/*Vestirse*
____ Toileting/*Usar el baño*
____ Transferring/*Ambular*
____ Continence/*Continente*
____ Feeding/*Alimentarse*

ADL TOTAL: _____/6

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL):
Is the patient able to do the following tasks independently, without supervision, direction, or personal assistance? (1 point each)
¿Puede el paciente realizar las siguientes tareas de forma independiente, sin supervisión, dirección o asistencia personal? (1 punto por cada uno)

____ Answers Phone/*Contesta llamadas telefónicas*
____ Shopping/*Sale de compras*
____ Food prep or cooking/*Prepara comida o cocina*
____ *Housekeeping (participates)/Hace limpieza en el hogar*
____ *Transportation/Conduce usa el autobús para transportarse*
____ Medication management/*Sabe tomar su medicamento*
____ Finances (includes day-to-day purchases)/ *Sabe administrar su dinero, incluyendo compras diarias*
____ Laundry/*Lava su ropa*

IADL TOTAL: _____/8

AD8 DEMENTIA SCREENING INTERVIEW WITH INFORMANT/FAMILY MEMBER:

Remember, "Yes, a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems. *Recuerde: "sí, hay cambios." signica que ha habido un cambio en los últimos años debido a problemas cognitivos (pensamiento y memoria).*	YES, a change. *SÍ. Hay cambios*	NO, no change. *NO. No hay cambios*	NA don't know. *No aplicable. No sé.*
1.Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking). *Problemas de juicio (ejemplo: compra regalos inadecuados, ha sido estafado/a, toma malas decisiones en lo económico).*			
2. Less interest in hobbies/activities. *Menor interés en realizar actividades o sus pasatiempos.*			
3. Repeats the same things over and over (questions, stories, or statements). *Repite las preguntas, historias.*			
4.Trouble learning how to use a tool, appliance, or gadget (e.g., computer, microwave or remote control). *Tiene dificultad para aprender a usar instrumentos tecnológicos, electrodomésticos (como el control remoto TV, computador, o microondas).*			
5. Forgets correct month or year. *Olvida el mes o año.*			

STEP 3: A TEAM OF SUPPORT

Many people may be involved in a person's care to different degrees and for different purposes. There are three roles to define that are involved in the CHA process:

- **The Informant**-Informants may be friends, family members, neighbors—anyone who knows the patient well enough to identify a change in the patient's cognitive or functional abilities.
- **A Support Person**-Support persons, or caregivers, are anyone who supports the patient in order to maintain their health and well-being. Examples of this include providing transportation to appointments and grocery shopping.
- **The Health Care Agent**-Health care agents are named in an advance directive, which is a document that grants them legal authority to make health care decisions on behalf of the patient if they can't speak for themself.

STEP 3: A TEAM OF SUPPORT

After the patient screening, no matter the result—positive or negative—it is recommended that you establish a support person and document this information in the patient EHR.

Knowing if there is a support system for a patient is crucial and, therefore, part of the core assessment. Even if a patient's cognitive and functional screenings are negative, it is still strongly recommended to ask about their support system. If the patient can't identify a support person, that should be documented as well.

Start by asking whether the person has a health care agent and a support person:

"Do you have a health care agent—someone you have designated to make health care decisions for you if you can't speak for yourself?"
and
"Do you have someone—a family member, friend, or social worker—who helps you with tasks or coordinating your medical care?"

Note: They may not be the same person.

WHO CAN DO A CHA?

All members of the care team can conduct the CHA, but a billing provider must do the final review and documentation.

An example of a potential team model might be:

1. At check-in, the patient receives a survey that includes a question about memory symptoms.
2. The Medical Assistant assesses function by assessing activities of daily living (ADL) and/or instrumental activities of daily living (IADLs) by asking the patient the questions on the functional abilities' checklist.
3. The Nurse conducts a Mini-Cog with the patient.
4. The Social Worker assesses the patient's support system and documents it.
5. The primary care provider, a Physician, PA or NP, reviews and interprets the results, discusses the results and next steps with the patient, and documents the CHA components.

ADAPTABLE TO ALL PRIMARY CARE SETTINGS
HOW THIS IS DONE WILL VARY BY CLINIC SITE & PERSONNEL

BILLING FOR A CHA

Any clinician eligible to report evaluation and management service can bill. Eligible providers by primary patient coverage type are:

Medicare	Medi-Cal
• Physicians (MD and DO) • Nurse Practitioners • Physician Assistants • Clinical Nurse Specialists	• Physicians (MD and DO) • Nurse Practitioners • Physician Assistants • Supervising Physicians on behalf of Physician Assistants

Medicare is likely to be the primary payer for most people for whom we are concerned about cognitive impairment and dementia. Patients may also have Medi-Cal, but Medicare is the primary payer. In order to bill for a CHA, providers must complete the CHA training certification.

For full details and more information, visit https://www.dementiacareaware.org/education-and-training/cha/faq/billing-and-payment/

BILLING FOR A CHA

Coverage	Visit Type	Billing Code	Things to Know
Dual-eligible, Medicare only beneficiary	Initial Annual Wellness Visit	G0438	You can use the CHA to satisfy the required AWV cognitive impairment screen. When an AWV is conducted, this code should be the first one billed for individuals who are Medicare-only or for dual-eligible individuals. See further down the table for the code to use for individuals with only Medi-Cal coverage.
Dual-eligible, Medicare only beneficiary	Subsequent AWVs	G0439	You can use the CHA to satisfy the required AWV cognitive impairment screen.
Dual-eligible, Medicare only, and Medi-Cal only beneficiary†	Cognitive Assessment and Care Planning (60 minutes) *	CPT-4 code 99483	As this visit is intended to confirm a cognitive impairment diagnosis, the CHA alone does not meet criteria for this code. To use this code, required elements include: • Examine the patient with a focus on observing cognition (CHA can be used) • Record and review the patient's history, reports, and records • Conduct a functional assessment of Basic and Instrumental Activities of Daily Living, including decision-making capacity (CHA can be used) • Use standardized instruments for staging of dementia like the Functional Assessment Staging Test (FAST) and Clinical Dementia Rating (CDR) • Reconcile and review for high-risk medications, if applicable • Use standardized screening instruments to evaluate for neuropsychiatric and behavioral symptoms, including depression and anxiety • Conduct a safety evaluation for home and motor vehicle operation • Identify social supports including how much caregivers know and are willing to provide care (CHA can be used) • Address Advance Care Planning and any palliative care needs This code should be billed to conduct a more extensive screening of Medicare-only and dual-eligible beneficiaries after an initial screening indicates additional screening is necessary.
Medi-Cal only beneficiary †	Cognitive health assessment	CPT-4 code 1494F	Providers must complete the DHCS Dementia Care Aware cognitive health assessment training to bill for the service using this code. Providers must document all the following in the Member's medical records and have such records available upon request: • The screening tool or tools that were used • Verification that screening results were reviewed by the Provider • The results of the screening • The interpretation of results • Details discussed with the Member and/or authorized representative and any appropriate actions taken in regard to screening results This code is only used for Medi-Cal only beneficiaries who are age 65 and older if they are otherwise ineligible for a similar assessment as part of an annual wellness visit through the Medicare Program.

BECOME CERTIFIED

The cognitive health assessment training is now available in two modalities, both of which provide learners with an overview of dementia, review of screening tools, and examples of team-based implementation strategies.

1. Live Monthly Virtual Training: Join us for the cognitive health assessment training on Zoom! These twice monthly webinars are held from 12 to 1 p.m. on the 1st and 3rd Fridays of the month and led by geriatric medicine experts at the University of California Irvine. Eligible trainees can claim 1 free CE/CME/MOC credit with live attendance. Scan to the right to sign up for live virtual training.

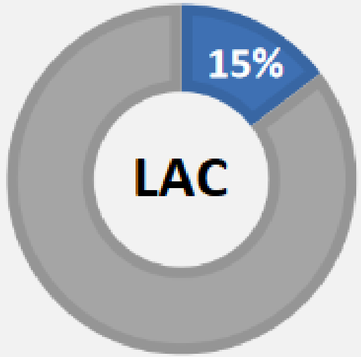
2. Online Module: The self-paced e-Learning course includes modules that can be completed over more than one sitting. Eligible trainees can claim 1.5 CE/CME/MOC credit. Scan to the left to sign up for the eLearning course.

DEMENTIA PREVALENCE LOS ANGELES COUNTY

Estimated Number and Percent Change in People 65+ with AD by Race/Ethnicity in LAC, 2019 and 2040[2]

Race/Ethnicity	2019	2040	% Change
Non-Latino White/Caucasian	72,055	142,764	98%
Asian American/ Pacific Islander	31,245	68,225	118%
Black/African American	13,962	35,341	153%
Other	2,173	6,072	179%
Latino	47,422	152,980	223%

Estimated Prevalence of ADRD among LAC Medicare Beneficiaries, 2018[3]

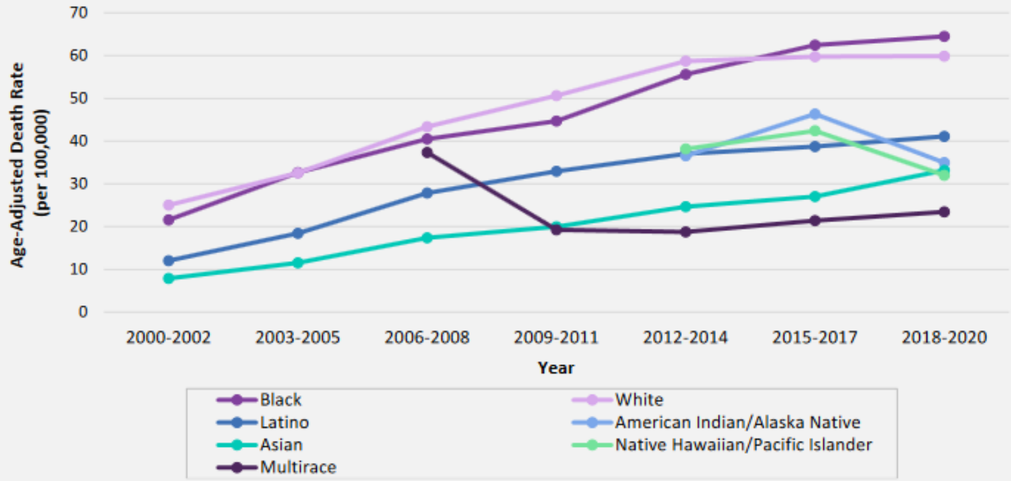


Compared to:

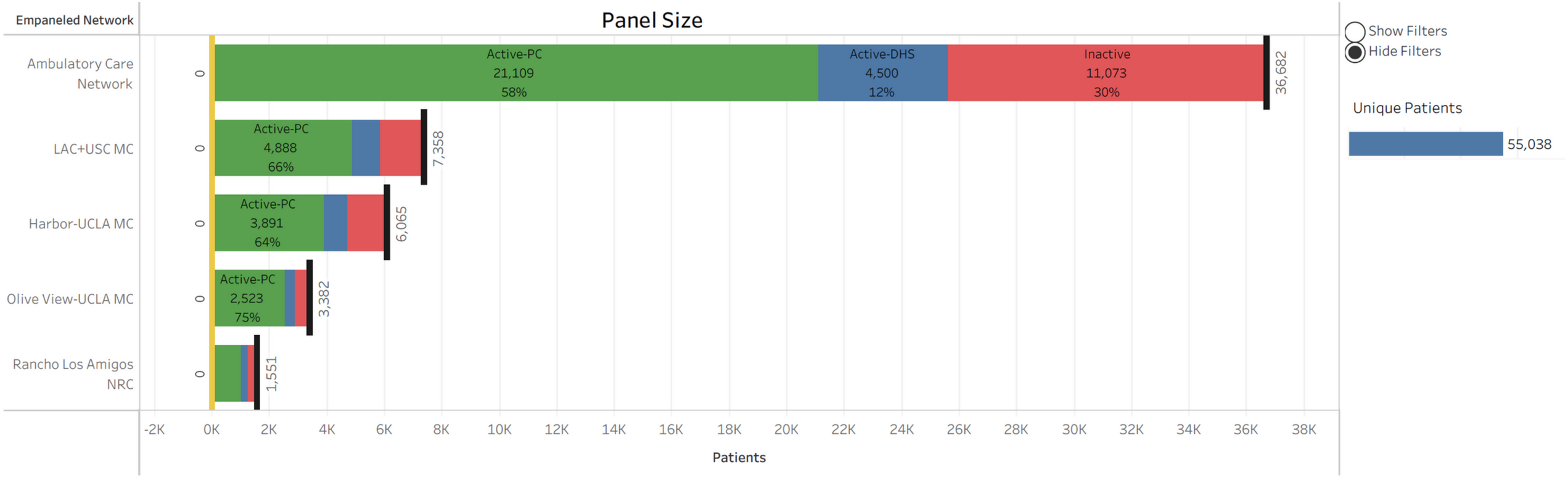
California Prevalence: 10%

United States Prevalence: 11%

Age-Adjusted Death Rate (per 100,000) for ADRD by Race/Ethnicity in LAC, 2000-2002 to 2018-2020[1]



DHS data: More than 55,000 patients age 65+

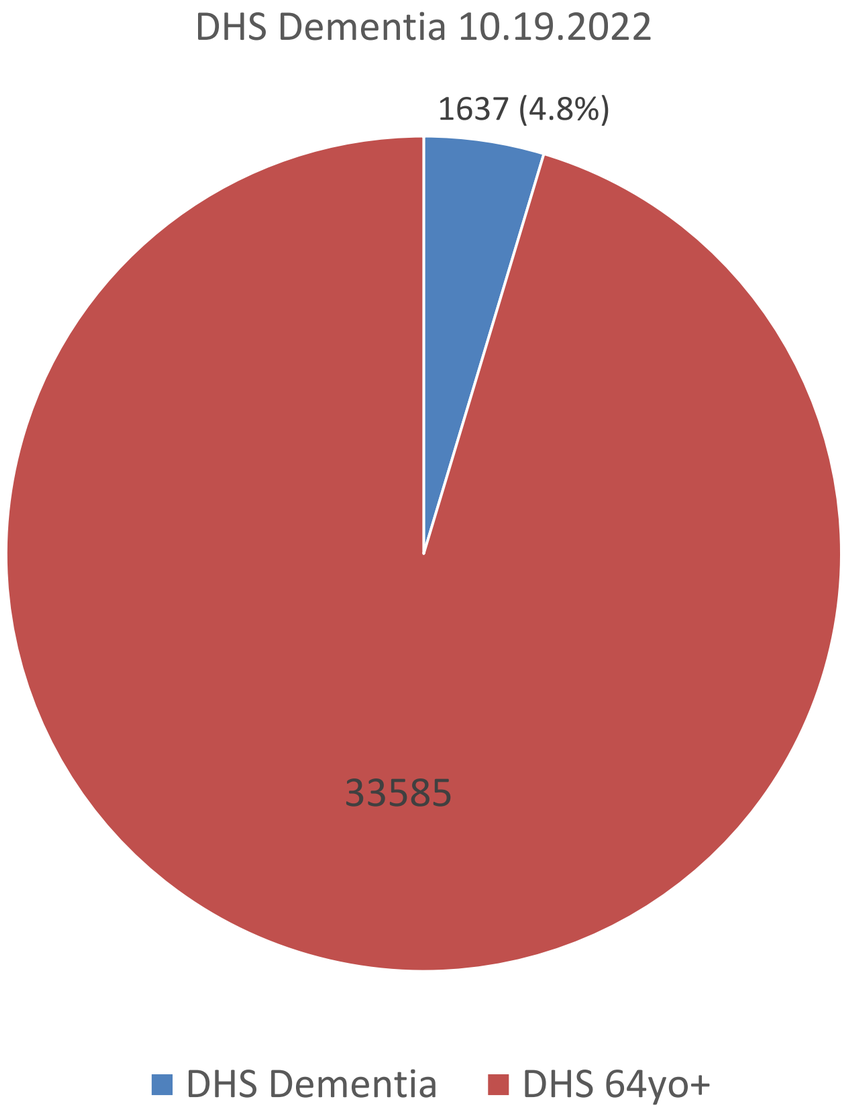


Source: LAC-DHS 2022

Inclusion criteria:
ALL of [DENOMINATOR]
- Age 64+
- DHS empaneled
- Not known to be dead
- Had a DHS encounter of any kind during the report period

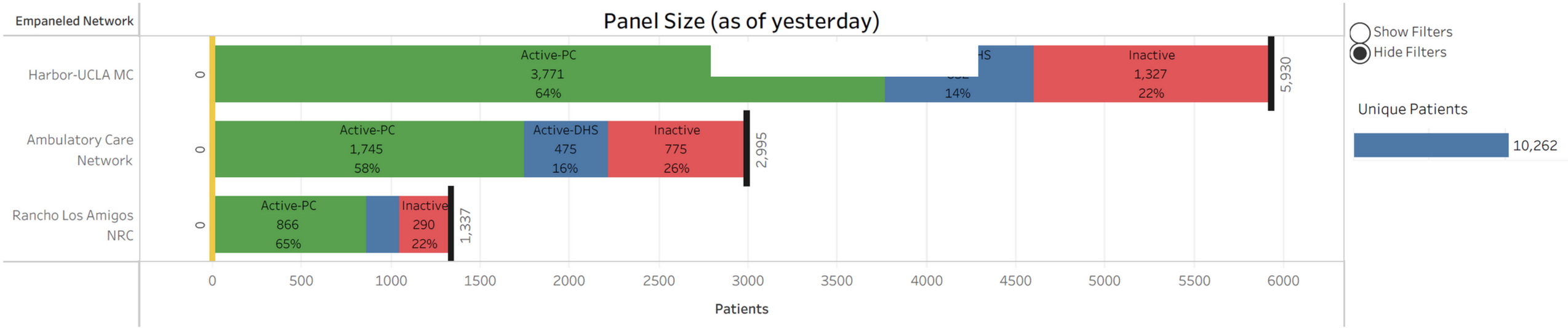
Exclusion criteria:

- ICD10 code for dementia
- Diagnosis or problem list entry suggesting dementia, cognitive impairment, memory loss etc
- Prescribed a medication for dementia



Source: LAC-DHS 2022

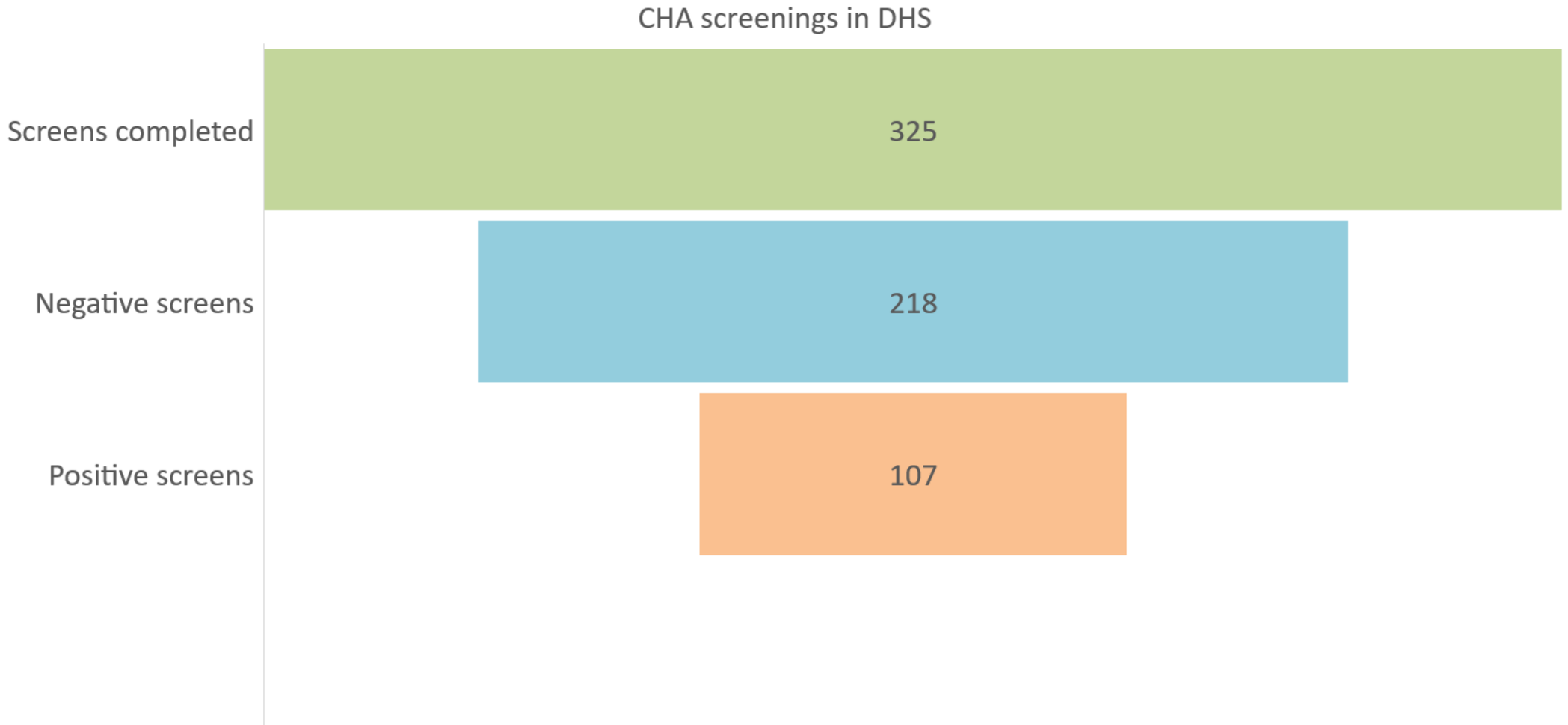
DHS data: Adults 65+ in ACN, HUCLA and RLA



Source: LAC-DHS 2022

CHA IN ACTION

In LA County DHS we have three active sites screening using the CHA tool
33% of patients at our combined pilot sites are screening positive or abnormal and should be further assessed.



RESOURCES FOR YOU

Dementia Care Aware program offers many ways for providers and primary care teams to receive training on the cognitive health assessment and other relevant dementia care topics. Check out some of the training opportunities below, all of which provide free CE and MOC!

Dementia Care Aware Monthly Webinars
CE accredited (with live attendance) 60-minute webinars present information on a variety of topics to assist with dementia care from screening to care planning and implementing dementia care processes into your workflow. Click here to register for webinars.

The **Dementia Care Aware Warmline** is designed to provide decision making consultation for clinicians and primary care teams in California around dementia screening, assessment, diagnosis, management, and care planning. We promote the Dementia Care Aware cognitive health assessment as a screening approach but can answer questions that arise on any part of dementia care from screening to care planning. We also provide support around operational challenges with using the cognitive health assessment or implementing dementia screening and care, e.g., billing questions, documentation tips, etc.
https://www.dementiacareaware.org/page/show/139535

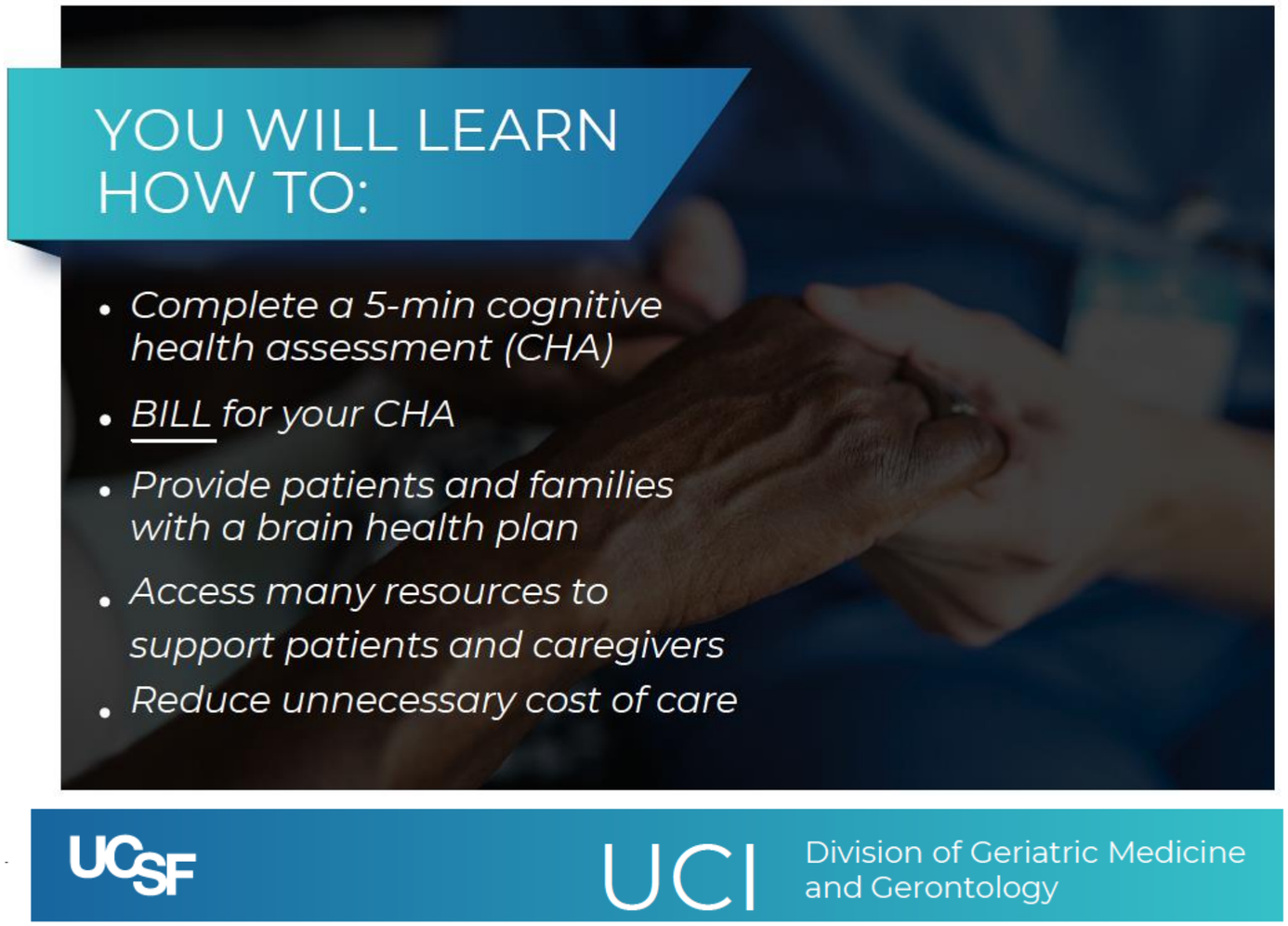
General information and practice support can be found at www.dementiacareaware.org

UCI ECHO Virtual Education Series

Dementia Care Aware (DCA) ECHO Virtual Education Series is a training and support program that empowers primary care teams to assess and address dementia.

Every other Friday from 12-1pm

Scan here to register



DEMENTIA Care Aware

LEARNING OBJECTIVES

Now you can;

1. Understand the Dementia Care Aware Program.
2. Provide examples of the importance of screening for cognitive decline in your patients.
3. Describe how the CHA can be used in your practice workflow.
4. Access the Dementia Care Aware website for training and resources.

Frequently Asked Questions (FAQs)

1. What is Dementia Care Aware?

Answer: Dementia Care Aware (DCA) is a state-funded initiative across California aimed at improving early detection of cognitive impairment in primary care. It is funded by the Dept. of Health Care Services (DHCS) and aimed specifically at people enrolled in MediCal who are over age 65, but is really applicable to all patients.. The cornerstone of the program is the use of a screening tool, the Cognitive Health Assessment (CHA).

Frequently Asked Questions (FAQs)

2. Why should I screen for cognitive impairment?

Answer: Early detection of cognitive impairment can provide opportunities for interventions that reverse or delay further cognitive decline and it can prevent medical complications that occur when cognitive impairment goes undetected. Earlier recognition of cognitive impairment provides an opportunity for patients to be engaged in care planning for their ongoing needs and to have discussions with family and providers about their wishes.

Current medical therapies while limited are most effective in the earliest stages of neurodegenerative disorders that present with early cognitive changes and clinical trials of new, more potentially effective treatments are increasingly focused on those with very mild changes in cognition.

Frequently Asked Questions (FAQs)

3. What is the Cognitive Health Assessment (CHA)?

Answer: The Cognitive Health Assessment (CHA) is a screening instrument that includes a brief assessment of cognition and function which is conducted with the patient or with an informant about the patient. It utilizes the Mini-Cog, the ADA8 and questions about function (IADLs and ADLs). It takes about 5 minutes to administer.

Frequently Asked Questions (FAQs)

4. Does the Cognitive Health Assessment (CHA) have to be done by a licensed medical provider?

Answer: The CHA can be administered by anyone who is trained on how to ask the questions. A licensed medical provider (MD, DO, PA, NP) is required to interpret the results of the CHA. Web-based training on how to administer and interpret the CHA is provided at no cost, with 1 hr of CME, through the DCA website.

THANK YOU

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Become CHA certified or for more information:
www.dementiacareaware.org