



DEMENTIA
Care Aware

UCSF

University of California
San Francisco

COURSE NOTES

HANDOUTS & ACTIVITIES



www.dementiacareaware.org

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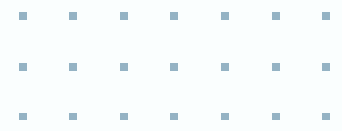
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Early Detection Better Care



Today you will learn how to incorporate dementia screening into your practice. More resources, trainings, educational materials, and ways to get help from practice transformation experts are on our website: <https://www.dementiacareaware.org>

Dementia Care Aware is a new state-wide initiative led by UC San Francisco in partnership with UC Irvine that provides training, tools and resources for primary care providers (PCPs) on conducting cognitive health assessments.

Dementia Care Aware is designed for all PCPs and their healthcare teams. PCPs who serve Medi-Cal patients 65 and older who are not also on Medicare can now bill for conducting a cognitive health assessment after completing this Dementia Care Aware online training using billing code 1494F.

Statistics: Background



According to a 2021 report prepared for the California Department of Public Health, the number of Californians **age 65 and older living with Alzheimer's disease is expected to more than double by 2040.**



- Between 2019 and 2040, the population of California will expand by 16%, whereas the population of people living with Alzheimer's disease (AD) will expand by 127%.
- Californians who live to be 65 or older have a one in six chance of developing Alzheimer's and a one in five chance of developing any type of dementia.
- Between 2014 and 2017, AD accounted for 28% as the cause of death (the greatest increase in causes of death in CA)

Types of Cognitive Decline:

6 Domains of Cognition

1 The Learning and Memory Domain

The learning and memory domain describes all processes involved in learning, encoding, and recalling new information. Patients may report:

- Impaired recall of recent event
- Trouble misplacing or losing important personal belongings frequently (e.g., cell phone, wallet, purse)

2 Executive Function Domain

Executive function domain = all processes involved in planning, decision-making, working memory, and responding to feedback.

- Patients may report difficulties with:
- Completing multistep tasks
- Paying bills or managing personal finances
- Keeping personal spaces organized

3 Complex Attention

Complex attention domain = all processes involved in sustained, divided, and selective attention.

- Patients may have:
- Difficulties maintaining attention span
- Diminished cognitive processing speed

Types of Cognitive Decline:

6 Domains of Cognition

4 Visuospatial Functions

Visuospatial functions are processes of using sensory information, like vision, to plan and make a purposeful movement.

Patients may have difficulties with:

- Orientation and navigation
- Gauging depth and distance between objects

5 Social Cognition

Social cognition domain describes processes involved in social behavior:

- Might see unwanted behavior
- Might involve the inability to recognize social cues, read facial expressions, express empathy, motivate oneself, alter behavior in response to feedback, or develop insight.

6 Language Domain

Language domain = all processes involved in object naming, word finding, fluency, grammar and syntax, and receptive language.

Patients may have difficulty:

- Coming up with words in a conversation
- Recognizing or remembering the meaning of common words

Types of Cognitive Decline

<u>Type of Cognitive Decline</u>	<u>Magnitude of Decline</u>	<u>Affects Daily Function?</u>
Age Related Decline	NORMAL decline in cognitive functions for age	No
Mild Cognitive Impairment (MCI)	ABNORMAL decline in cognitive functions for age	No, may be using compensatory strategies to accomplish activities of daily living.
Dementia	ABNORMAL decline in cognitive functions for age	Yes, unable to use compensatory strategies to accomplish activities of daily living.

Suggests Age-Related Cognitive Decline

The patient cannot remember the details of a conversation or event that took place a year ago

The patient cannot remember the name of an acquaintance they don't see frequently

The patient forgets things and events occasionally

The patient occasionally has difficulty finding words

The patient is worried about their memory, but their relatives are not.

Suggests Abnormal Cognitive Decline

The patient cannot recall details of recent events or conversations

The patient cannot remember the names of close family members

The patient forgets things or events nearly on a daily basis

The patient frequently pauses and substitutes when finding words

The patient's relatives are worried about their memory, but the patient is not aware of any problems

MEET MR. AHOKA: CASE STUDY

Mr. Ahoka is a 71-year-old man who has poorly controlled hypertension, had a stroke 20 years ago, and uses tobacco. Several family members have dementia. He reports he has trouble “recalling conversations” and misplaces things. He lost his phone twice. He gets very angry when he can't find things, and this was not his personality before.



Let's Review Mr. Ahoka's Screening Results

- Mr. Ahoka's score on a validated brief cognitive screen suggested cognitive impairment.
- His PCP then reviewed his functional abilities by asking about basic and instrumental activities of daily living. Mr. Ahoka reported that he cannot independently do instrumental activities of daily living. For example, his sister now pays his bills, does his shopping, and prepares his meals.
- His PCP ordered lab work searching for reversible causes of cognitive impairment and reviewed his medications for possible cognitive side effects, and found no clear causes for his symptoms.
- Mr. Ahoka also had a negative screen for depression and substance use.

Which type of cognitive impairment do you think Mr. Ahoka is showing?

1. Age-Related Decline
2. Mild Cognitive Impairment (MCI);
3. Dementia

(Answers on last page of Workbook)

MEET MS. HADBURY:

CASE STUDY

- Ms. Hadbury is a 73-year-old woman
- whose mother had late-life dementia.
- She reports a concern for cognitive decline to her PCP. The patient has insight into her cognitive symptoms and provides several examples to illustrate what she experiences.
 - She cannot pick up new skills or information as well, such as a recent class she took in which she could not
- remember the information from one class to the next.
- She also noticed that drawing, a hobby she loves, has become more difficult.



Let's Review Ms. Hadbury's Screening Results

- Ms. Hadbury's score on a validated brief cognitive screen suggests cognitive impairment.
- Her PCP then reviewed her functional abilities by asking about
- basic and instrumental activities of daily living. Ms. Hadbury says in the last two years she has had to take a list with her to the grocery store or she'll forget what she came for, but otherwise she is doing all activities independently.
- Her PCP ordered lab work searching for reversible causes of cognitive impairment, and all results are normal. She's not on any medications that have cognitive side effects.
- Ms. Hadbury also had a negative screen for depression and substance use.

Which type of cognitive impairment do you think Ms. Hadbury is showing?

1. Age-Related Decline
2. Mild Cognitive Impairment (MCI);
3. Dementia

(Answers on last page of workbook)

MEET MR. CHEN: CASE STUDY



Mr. Chen is a 67-year-old man with hypertension.

He presents to his PCP for evaluation. He feels less able to learn and retain new information, like details of a book he's reading, and has also noticed that sometimes he has trouble coming up with words during conversations with friends and family.



Let's Review Mr. Chen's Screening Results

- Cognitive testing using a validated brief cognitive screen did not reveal signs of cognitive impairment.
- His PCP then reviewed his functional abilities by asking about basic and instrumental activities of daily living and found that Mr. Chen can easily and independently complete all activities.
- His PCP then ordered lab work searching for reversible causes of cognitive impairment, and all results are normal. He's not on any medications that have cognitive side effects, and he also had a negative screen for depression and substance use.

Which type of cognitive impairment do you think Mr. Chen is showing?

1. Age-Related Decline
2. Mild Cognitive Impairment (MCI);
3. Dementia

(Answers on last page of workbook)

Introducing the CHA

"Cognitive Health Assessment"

- ☐ Improves quality of life for affected patients and caregivers
- ☐ Reduces unnecessary costs of care.
- ☐ Enables you to start a brain health plan before a formal diagnosis is made.
- ☐ Allows a variety of team members to administer the assessment.
- ☐ Increases the likelihood of benefiting from evidence-based dementia prevention strategies
- ☐ Helps plan chronic disease management strategies
- ☐ Enables you to coordinate with families, informants, and health and social service providers
- ☐ 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
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

10 Warning Signs of Dementia

If you notice any of these signs, take action.

1. MEMORY LOSS THAT DISRUPTS DAILY LIFE. One of the most common signs of Alzheimer's disease, especially in the early stage, is forgetting recently learned information. Others include forgetting important dates or events, asking the same question over and over again, or increasingly needing to rely on memory aids (e.g., reminder notes or electronic devices) or family members for things the person used to handle on their own.

What's a typical age-related change? Sometimes forgetting names or appointments, but remembering them later.

2. CHALLENGES IN PLANNING OR SOLVING PROBLEMS. Some people living with dementia may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before.

What's a typical age-related change? Making occasional errors when managing finances or household bills.

3. DIFFICULTY COMPLETING FAMILIAR TASKS. People living with Alzheimer's disease often find it hard to complete routine tasks. Sometimes they may have trouble driving to a familiar location, organizing a grocery list or remembering the rules of a favorite game.

What's a typical age-related change? Occasionally needing help to use microwave settings or to record a TV show.

4. CONFUSION WITH TIME OR PLACE. People living with Alzheimer's can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there.

What's a typical age-related change? Getting confused about the day of the week, but figuring it out later.

5. TROUBLE UNDERSTANDING VISUAL IMAGES AND SPATIAL RELATIONSHIPS. For some people, vision problems are a sign of Alzheimer's. They may also have problems judging distance and determining color or contrast, causing issues with driving.

What's a typical age-related change? Vision changes related to cataracts.

6. NEW PROBLEMS WITH WORDS IN SPEAKING OR WRITING. People living with Alzheimer's may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue, or repeat themselves. They may struggle with vocabulary, have trouble naming a familiar object or use the wrong name.

What's a typical age-related change? Sometimes having trouble finding the right word.

7. MISPLACING THINGS AND LOSING THE ABILITY TO RETRACE STEPS. A person living with Alzheimer's may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. He or she may accuse others of stealing, especially as the disease progresses.

What's a typical age-related change? Misplacing things from time to time and retracing steps to find them.

8. DECREASED OR POOR JUDGMENT. Individuals may experience changes in judgment or decision-making. For example, they may use poor judgment when dealing with money, or pay less attention to grooming or keeping themselves clean.

What's a typical age-related change? Making a bad decision once in a while, like neglecting to change the oil in the car.

9. WITHDRAWAL FROM WORK OR SOCIAL ACTIVITIES. A person living with Alzheimer's may experience changes in the ability to hold or follow a conversation. As a result, he or she may withdraw from hobbies, social activities or other engagements. They may have trouble keeping up with a favorite team or activity.

What's a typical age-related change? Sometimes feeling uninterested in family or social obligations.

10. CHANGES IN MOOD AND PERSONALITY. Individuals living with Alzheimer's may experience mood and personality changes. They may be easily upset at home, at work, with friends or when out of their comfort zone.

What's a typical age-related change? Developing very specific ways of doing things and becoming irritable when a routine is disrupted.

MEET MS. PEREZ: CASE STUDY

- Mrs. Pérez is a 72-year-old woman from the Dominican Republic.
- She lives with her daughter, Ana, who came with her to the appointment.
- This is her first visit with you and introductions have been made.



You state that you would like to begin by asking a few general questions regarding brain health.

Which question would be best for you to begin taking her history?

1. Ask Ana, "Do you have any concerns about your mother remembering things?"
2. Ask Ana, "What concerns do you have about your mother's cognitive health?"
3. Ask Mrs. Pérez, "Do you or others think that you are having trouble remembering things?"

Please see back of workbook for answers.

MEET MR. JAMESON: CASE STUDY



- Mr. Jameson is a 66-year-old man who lives unsheltered on the street.
- He has a history of major depression and schizophrenia. He came alone to his appointment.
- He has a case manager who recently left you a message stating her concerns about Mr. Jameson. In the last few months, she's had to remind him of his appointments the same day or he misses them. He doesn't share his case manager's
- concerns, but he admits he's more forgetful. He appears to dislike talking about his memory issues.

What is a good question or statement to make Mr. Jameson feel more comfortable?

1. "I have some questions that will test your memory. I'd prefer it if your case manager were present. How do you feel about that?"
2. "I'd like to ask several questions to better understand if your forgetfulness is something to be concerned about. It won't take long—can we try it out?"
3. "What about motor issues? Do you feel stiff?"

Please see back of workbook for answers.



3-STEPS TO Conducting a Cognitive Health Assessment (CHA)

1

Start by Taking a Patient History

2

Assess the Patient for Cognitive and Functional Decline (see pp. 18-27)

3

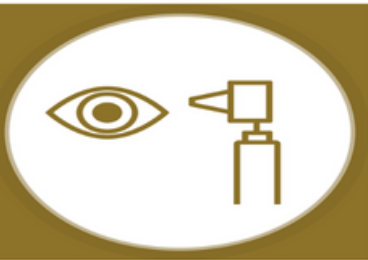
Establish and Document a Patient's Support Person/health care agent

A Starting Place

Learning the CHA will enable you to start the process of detecting cognitive decline in your patient.



Start a Brain Health Plan



Make sure vision and hearing assessments are up to date and, if impairments are present, correct them accordingly.



Review medication side effects and reduce as many of these as you can in dose or frequency, and preferably stop them. Some common medications with cognitive side effects are listed below.



Encourage social and physical activity.



Continue to address blood pressure and diabetes management goals.

Establishing Support

The last step of the CHA is to determine whether there is a support system for your patient.



Helpful Phrases for Including an Informant or Support Person in the CHA



"I need more information and would like to speak with someone close to you. Is there anyone you can include who can help?"



"Do you have anyone who is available to speak with me and who knows you well?"



"Before we review your results so far, may we include someone whom you want to be involved in this discussion?"

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

- GP-COG: General Practitioner assessment of Cognition
- Mini-Cog: This is a short cognitive assessment; Mini-Cog is not a shortened name.
- ADL: Activities of Daily Living
- IADL: Instrumental Activities of Daily Living
- AD-8: Eight-item Informant Interview to Differentiate Aging and Dementia
- Short IQ-CODE: Short Informant Questionnaire on Cognitive Decline in the Elderly
- FAQ: Functional Activities Questionnaire

GP-COG: OVERVIEW AND SCORING

<http://gpcog.com.au/>



Quick Facts:

- Time to administer: 4-5 min
- Domains tested: visuospatial, executive, orientation, memory
- Accessibility: Available in multiple languages
- Web-based with automatic scoring
- Noteworthy: The address used in the test could be strange to people
- Not adjusted for a patient's education level

GP-COG Makeup

- Name and address for recall test
- Time orientation question
- Clock drawing test
- Question about any recent event
- Recall test

Scoring

- There are a total of 9 points. The first question regarding name and address is worth up to 5 points. The other items are worth one point each.
- 0-4 indicates cognitive impairment.
- 5-8 indicates more information is needed.
- 9 (out of 9) indicates no significant cognitive impairment.

MINI-COG: (PATIENT) OVERVIEW AND SCORING

<https://mini-cog.com/>



Quick Facts:

- Time to administer: 2-3 min, no more than 5 min
- Domains tested: visuospatial, executive, memory
- Accessibility: Available in multiple languages
- Not adjusted for a patient's education level

Mini-COG Makeup

- Recall test of three words
- Clock drawing test

Scoring

- There are a total of 5 points. Less than 3 points is abnormal.
- 0-2 indicates a high likelihood of dementia.
- 3-5 indicates a low likelihood of dementia.

SHORT IQ-CODE: (INFORMANT) OVERVIEW AND SCORING

<https://www.alz.org/media/documents/short-form-informant-questionnaire-decline.pdf>
<https://nceph.anu.edu.au/research/tools-resources/informant-questionnaire-cognitive-decline-elderly>



Quick Facts:

- Time to administer: 10-15 min
- 16 questions for the informant
- Noteworthy: Includes a 5-item Likert scale that is harder for people with a low literacy level
- Accessibility: English, may be available in Chinese, Korean, Spanish

Scoring

There are 16 items. Each item is rated on a 1 (much improved) to 5 (much worse) scale. Add up the score for each question and divide by 16. The result is a total score that ranges from 1 to 5.

- A score of 3: Subject is rated on average as "no change."
- A score of 4: Subject is rated on average as "a bit worse."
- A score of 5: Subject is rated on average as "much worse."

AD-8: (INFORMANT) OVERVIEW AND SCORING

<https://www.alz.org/media/documents/short-form-informant-questionnaire-decline.pdf>
<https://nceph.anu.edu.au/research/tools-resources/informant-questionnaire-cognitive-decline-elderly>



Quick Facts:

- Time to administer: 3 min
- Eight questions for the informant
- Accessibility: English, Chinese, Korean, Spanish, Tagalog

Scoring

- 0-1: Normal cognition.
- 2 or greater: Cognitive impairment is likely present.

FUNCTIONAL SCREENING TOOLS

THREE KEY TOOLS

ADL and IADL (Patient)

GP COG Informant
Interview (Informant)

FAQ (Informant)

Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) (Patient)

- ADLs are activities in which people engage on a day-to-day basis.
- IADLs are activities related to independent living.

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Quick Facts:

- Time to administer: 5-10 min
- The number of items in ADL and IADL lists can vary depending on the scale used
- Accessibility: Arabic, Armenian, Chinese, English, Korean, Hmong, Russian, Spanish, Tagalog, Vietnamese
- The topics to discuss with your patient are for you to decide and vary patient to patient. Recognizing a person's limitations is the first step in developing a care plan (or making a referral for care) to provide the appropriate type and level of assistance.

GP-COG: INFORMANT INTERVIEW

Quick Facts:

: : : : : :

- Time to administer: 2 min
- Six questions
- Web-based with automatic scoring

Accessibility: Available in multiple languages

: : : : : :
: : : : : :

- Scoring: "Yes" responses indicate impairment. Any question not answered with a "yes" counts as 1 point. There are a total of 6 points.
- 0-3 indicates cognitive impairment.
- 4-5 indicates less impairment.

FAQ: INFORMANT

<https://www.alz.org/careplanning/download s/functional-activities-questionnaire.pdf>



Quick Facts:

- Time to administer: 3-5 min
- 10 questions
- Accessibility: English, Spanish
- Asks the informant to rate the patient's ability using a range of normal to dependent.
- Makeup: Questions include patient ability for writing checks and paying bills, shopping alone for groceries, and turning off the stove after use.
- Scoring: Each item is rated on a scale of 0-3. Add up the total score (range 0-30). A total score greater than or equal to 9 indicates impaired function.

Functional Activities Questionnaire

Administration

Ask informant to rate patient's ability using the following scoring system:

- Dependent = 3
- Requires assistance = 2
- Has difficulty but does by self = 1
- Normal = 0
- Never did [the activity] but could do now = 0
- Never did and would have difficulty now = 1

1.	Writing checks, paying bills, balancing checkbook	
2.	Assembling tax records, business affairs, or papers	
3.	Shopping alone for clothes, household necessities, or groceries	
4.	Playing a game of skill, working on a hobby	
5.	Heating water, making a cup of coffee, turning off stove after use	
6.	Preparing a balanced meal	
7.	Keeping track of current events	
8.	Paying attention to, understanding, discussing TV, book, magazine	
9.	Remembering appointments, family occasions, holidays, medications	
10.	Traveling out of neighborhood, driving, arranging to take buses	
TOTAL SCORE:		

Evaluation

Sum scores (range 0-30). Cut-point of 9 (dependent in 3 or more activities) is recommended to indicate impaired function and possible cognitive impairment.

Table of Commonly Asked ADL/IADLs

Activities of Daily Living

Activities of Daily Living

- Bathing
- Dressing
- Transferring from bed to chair

- Toileting
- Grooming
- Feeding oneself

Instrumental Activities of Daily Living

- Using the telephone
- Preparing meals
- Managing household finances
- Taking medication

- Doing laundry
- Doing housework
- Shopping
- Managing transportation

The Ins and Outs of Medi-Cal Billing

Find out what it takes to become eligible to bill Medi-Cal for administering CHAs.



Billing can occur for 1494F if the provider documents all of the following:

1. The screening tool or tools that were used (at least one cognitive screening tool is required in order to bill this code).
2. That the completed assessments were reviewed by the provider.
3. The results of the assessment(s).
4. The interpretation of the results.
5. That the results were discussed with the member, family, or informant, and any appropriate actions were taken.

Answers to Case Studies

1. MEET MR. AHOKA:

The correct answer is #3 (Dementia/MaNCd)

Based on this evaluation and workup, the PCP explains to Mr. Ahoka that he meets the criteria for dementia/MaNCd based on his cognitive testing, assistance needed with his instrumental activities of daily living, and no other medical, psychiatric, or medication-related causes of his symptoms.

2. MEET MS. HADBURY

Correct answer is #2 (Mild Cognitive Impairment)

Based on this evaluation and workup, the PCP explains to Ms. Hadbury that she meets the criteria for MCI/MINCD because her cognitive impairment is not severe enough to significantly interfere with her activities of daily living.

3. MEET MR. CHEN

Correct answer is #1 (Age-related)

Based on this workup, Mr. Chen is reassured and told that his cognitive concerns are likely age-related and not indicative of a brain disorder.

4. MEET MRS. PEREZ

#3 While you want to involve the patient's companion in the history taking at some point, direct your questions to the patient first. Always start with the patient.

5. MEET MR. JAMESON

#2 Try to put patients at ease by giving them a choice and asking permission to administer the assessment. Be as approachable as you can and avoid medical jargon.



Contact Information



<https://www.dementiacareaware.org/>
