



Developing new models of care in memory assessment clinic during COVID-19

Lindsay Clark, PhD

Assistant Professor - University of Wisconsin-Madison, Dept of Medicine, Geriatrics

Geriatric Neuropsychologist – UW Sauk Prairie Clinic/William S Middleton Memorial Veterans Hospital Virtual Geriatrics & Cognitive Care Clinic

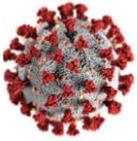
Licensed Psychologist: WI 3364-47

Email: lrclark@medicine.wisc.edu



Disclosure Statement

I have no relevant financial relationships to disclose that exist now or in the past 12 months.



Geriatric patients at highest risk for complications due to COVID-19

Memory clinic assessment may be easier than other neuropsychological assessments to conduct remotely

But older adults also may be less familiar with and have less access to using devices/platforms

Also several practical and ethical considerations to evaluating/diagnosing dementia remotely



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UW Geriatrics Memory Assessment Clinics: What are our options?

Option 1

No in-person evaluations

Option 2

Some in-person evaluations

Option 3

Remote interdisciplinary visit option

Option 1: No in-person evaluations



MD only or MD/SW televisit
(Vidyo platform or telephone)

- Gather cognitive/functional history from patient and family
- Identify modifiable factors
- Make provisional diagnosis
- Make recommendations and provide resources as appropriate

Option 1: No in-person evaluations



MD only or MD/SW televisit
(Vidyo platform or telephone)

Pros

- Limits exposure
- Convenience
- Can start addressing any potential reversible factors and provide education/resources

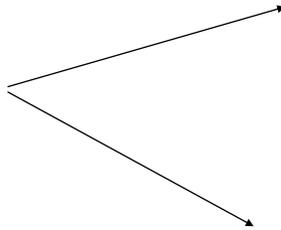
Cons

- Barriers to televideo platform (lack of device, lack of email, poor internet connectivity)
- Limited physical exam
- No objective cognitive data

Option 2: Partial opening for in-person evaluations



SW initial telephone contact with telephone cognitive screener (TICS-m)



If too impaired (TICS-m ≤ 20) – schedule for in-person or Vidyo MD only visit



If not too impaired – schedule for in-person interdisciplinary team visit

Option 2: Partial opening for in-person evaluations



MD only – in-person or televideo visit

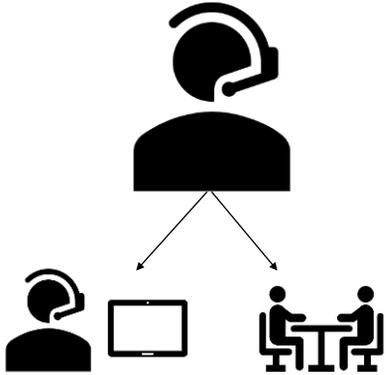
- Gather cognitive/functional history from patient/family
- Identify modifiable factors
- Make diagnosis
- Make recommendations/provide resources as appropriate



Interdisciplinary team – in-person visit

- Testing completed with patient in-person with provider wearing mask + face shield and staying 6 ft apart when able
- Collateral history gathered by SW with family member over phone (family member in car or separate exam room)
- MD meets with patient in-person; family member calls in over speaker phone

Option 2: Partial opening for in-person evaluations



- Pros**
- Balances limiting exposure with providing more comprehensive evaluations as needed
- Cons**
- Telephone screener can be burdensome to staff/patients and can be confounded by non-cognitive issues
 - Challenges identifying screener cut-off
 - Hearing difficulties exacerbated with masks

Option 3 – Televideo interdisciplinary MAC visit?



MD only or MD/SW in-person or televisit



MD/Psych/SW televisit



MD/Psych visit in-person visit (+SW telephone) with COVID-19 precautions

Option 3 – Televideo interdisciplinary MAC visit?



MD/Psych/SW televisit

- Neuropsychologist conduct assessment with patient using Vidyo platform over computer or ipad
- SW gather cognitive/functional history with collateral over phone while patient is testing
- Team huddle/patient break
- MD joins Vidyo visit and conducts exam and provides results, diagnosis, and recommendations

Option 3 – Televideo interdisciplinary MAC visit?

What if the person can't see or hear me?

Can I still interpret the tests results the same?

Can I use the same norms to interpret the results?

What if the internet signal drops off during a test?

Are the test results still valid?

What about tests with visual stimuli or drawing components?

How do I modify the test battery?

Is it okay if a family member is in the room to help them use the device?

Option 3 – Televideo interdisciplinary MAC visit?

American Psychological Association:

Guidance on psychological tele-assessment during the COVID-19 crisis

<https://www.apaservices.org/practice/reimbursement/health-codes/testing/tele-assessment-covid-19>

- 1. Do not jeopardize test security** – don't send tests in the mail
- 2. Do the best you can with what is available to you (mindfully and ethically)** – Know limits of tele-testing; stay as standardized as possible; know how to use the technology
- 3. Be rigorously mindful of data quality** – Think through each task and decide if quality affected by modified administration format (e.g., visual more than verbal tasks)
- 4. Think critically about test and subtest substitutions**
- 5. Widen “confidence intervals” when making conclusions and clinical decisions** – remember test scores always have error and are always approximations of some underlying construct; non-standardized administration broadens the margin of error
- 6. Maintain the same ethical standards of care as in traditional psychological assessment services** – provide informed consent, seek consultation, document modifications

Option 3 – Televideo interdisciplinary MAC visit?

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Inter Organizational Practice Committee Recommendations/Guidance for Teleneuropsychology in Response to the COVID-19 Pandemic[†]

Robert M. Bilder¹, Karen S. Postal^{2,*}, Mark Barisa³, Darrin M. Aase⁴, C. Munro Cullum⁵, Stephen R. Gillaspay⁶, Lana Harder⁷, Geoffrey Kanter⁸, Margaret Lanca⁹, David M. Lechuga¹⁰, Jennifer M. Morgan¹¹, Randi Most¹², Antonio E. Puente¹³, Christine M. Salinas¹⁴, Jonathan Woodhouse¹⁵

¹Psychiatry & Biobehavioral Sciences and Psychology, David Geffen School of Medicine, University of California Los Angeles, Los Angeles, CA, USA

²Department of Psychiatry, Harvard Medical School, Andover, MA, USA

³Performance Neuropsychology, University of North Texas, Denton, TX, USA

⁴Wesler Medical Center, The Ohio State University, Columbus, OH, USA

⁵Psychology Division, Department of Psychiatry, University of Texas Southwestern Medical Center, Dallas, TX, USA

⁶American Psychological Association, Washington, DC, USA

⁷University of Texas Southwestern Medical Center, Dallas, TX, USA

⁸Comprehensive MedPsych Systems Inc, Sarasota, FL, USA

⁹Department of Psychiatry, Harvard Medical School, Cambridge, MA, USA

¹⁰Neurobehavioral Clinic and Counseling Center, Lake Forest, IL, USA

¹¹American Psychological Association, Washington, DC, USA

¹²Private Practice, Jacksonville, FL, USA

¹³University of North Carolina at Wilmington, Wilmington, NC, USA

¹⁴Private Practice, Indolantia, FL, USA

¹⁵Gaylord Specialty Healthcare, Wallingford, CT, USA

*Corresponding author at: Department of Psychiatry, Harvard Medical School, 166 North Main Street, Suite 3B, Andover, MA 01810, USA. Tel: 978-475-2025; E-mail address: karenpostal@comcast.net (K.S. Postal).

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Option 3 – Televideo interdisciplinary MAC visit?

Preparation for visit

1. Confirm interested and able to complete televideo visit (e.g., Are you interested in completing your memory assessment visit over televideo? Do you have a computer or ipad that has a webcam? Do you have a reliable internet connection? Do you have an email account that you are able to access? Do you have an area in your home that is free from distractions for a televideo visit? Do you have significant hearing or vision problems that would interfere with televideo visit?)
2. Provide limitations of televideo assessment and confirm comfortable scheduling visit
3. Provide instructions for day of visit
 - Plan to be in a place in home where will not be distracted or interrupted for 1 hour
 - Plan to have 5 sheets of paper (blank unlined printer paper preferred) and a pencil
 - Provide instructions and practice using televideo platform– confirm they have video and audio. If they will need assistance with getting the visit started/set-up, confirm they will have another person in the home to assist them.



MD/Psych/SW
televisit

Option 3 – Televideo interdisciplinary MAC visit?

Beginning of visit

- Confirm that patient can hear and see provider
- Confirm that patient is in a distraction-free area of their home (e.g., turn off cell phones/TV)
- Confirm their address and phone number that can call if get disconnected and to have available if an emergency occurs during the visit.
- Confirm have paper and pencil ready
- Review purpose of today's appointment
- Review the limitations of teleneuropsychology assessment and **obtain verbal informed consent** from the patient that they understand and would like to proceed: **"Some measures used in tele-assessment may not be as precise or accurate as they would be in face-to-face, in-person assessment sessions. This is because some measures used in tele-assessment are being administered in a way that they were not specifically developed to be administered. I am aware and understand these issues and I will use the data in a way to maximize their accuracy and work with any unsure circumstances. This may include not being able to make as specific conclusions, decisions, or recommendations as would be possible in face-to-face, in-person assessment services. Knowing these limitations, do you feel comfortable proceeding with our televideo assessment today?"**



MD/Psych/SW
televisit

TEST	NOTES/ MODIFICATIONS	DOMAIN
MoCA	Blind Adaptation	General Cog
Clock Drawing Test	Provide instructions on screen, screen capture drawing	Exec Func
Animal Fluency		Lang
Letter Fluency (FAS)	F administered during MoCA	Lang/Exec Func
RBANS		
List Learning		Mem
Story Memory		Mem
Figure Copy	Stimuli through camera	Mem
Line Orientation	Stimuli through camera	VisuoSpat
Picture Naming	Stimuli through camera	Lang
Digit Span		Atten
Coding	Stimuli through camera	Atten
List Recall / Recognition		Mem
Story Recall		Mem
Figure Recall	Screen capture	Mem
Oral Trail Making Test		Exec Func
Mood (GDS/GAS)		Mood

Slide borrowed with permission from Victoria Williams, PhD (UW East/Fitchburg neuropsychologist)

- Visual stimuli presented using Vidy camera
- Patient drawings saved through screen capture
- Test modifications
 - MoCA Blind
 - Add Letter Fluency (FAS) and Oral Trail Making Test
 - RBANS: Modify coding to be verbal response

Option 3 – Televideo interdisciplinary MAC visit?



MD/Psych/SW
televisit

- Pros**
- Limits exposure
 - Convenience
 - Provides comprehensive team evaluation
 - Neuropsych billing codes currently reimbursed for televisits
- Cons**
- Challenges to determining how to implement – same scheduling templates as face-to-face or asynchronous model?
 - Challenges to test validity can make interpretation more difficult
 - Comfort levels/competency of patients to use device/internet and engage with remote provider
 - Comfort levels/competency of providers in teleNP

Where do we go from here?

UW CURRENT OPTIONS



MD only or
MD/SW in-person
or televisit



Interdisciplinary team
in-person visit with
COVID-19 precautions

POTENTIAL FUTURE



MD/Psych/SW
televisit



Provider in
hospital/patient
in satellite clinic
[assisted teleNP]

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Thanks!
Stay healthy!