

Provider Guide for Cognitive Evaluation Referrals

Awesome Healthcare System has **two services** that complete cognitive (memory) evaluations. The patient's age, symptoms, and psychosocial dynamics will drive which service is likely to be the best fit. However, **both services have the capacity to address one or more of the following concerns or needs:**

- Memory loss, confusion, disorientation
 - Functional declines
 - Has tremors, falls, or ataxia
 - Assessment of capacity to make health care decisions needed
 - Safety concerns such as poor driving, cooking mishaps, wandering
 - Staging of previously diagnosed dementia
 - Family/caregiver stress
 - Lives alone and/or lacks local support system
 - Evaluate need for housing change or in-home services
 - Presence of cognitive changes with hallucinations, delusions, or paranoia
 - Dementia care treatment recommendations
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Neuropsychology Evaluation Service:

The comprehensive neuropsychology evaluation is consultative and is completed by a licensed neuropsychologist. Often a psychometrist will assist with administering the more extensive battery of cognitive tests. Evaluations are typically completed in one appointment that will take three to four hours.

Patients referred for Neuropsychological Evaluation Service will typically be or have:

- ≤ 60 years of age; however, patients of all ages can be seen in the service
- New behaviors for the patient that are impacting their employment
- New behaviors for the patient that are has resulted in legal action
- Long standing behavioral health history
- Symptom onset ≤ 6 months

Epic Orders: screen x, option x Questions: (xxx) xxx-xxxx

Memory Clinic Service:

The comprehensive cognitive evaluation is completed by an interdisciplinary team consisting of a physician, a neuropsychologist, and a social worker. The protocol uses a more focused cognitive battery of tests that will take an hour to an hour and half to administer. Evaluations are typically completed in one appointment and will take two to three hours. If indicated and preferred, ongoing dementia care with a team member is available post evaluation.

Patients referred for Memory Clinic Service will typically be or have:

- ≥ 60 years of age
- Gait and balance problems
- Multiple co-existing medical problems
- Nutritional concerns and/or weight loss
- History of noncompliance with medications or medical treatment
- Lives alone, lacks local support system, and/or has complex support system dynamics

Epic Orders: screen x, option x Questions: (xxx) xxx-xxxx

It is recommended that the following labs be completed prior to a patient being seen: vitamins B6 and B12, TSH, 25-OH vitamin D, CBC, basic metabolic profile, liver enzymes, & HIV.

A family member or support person should accompany the patient to the evaluation appointment.

Benefits of Early Detection of Dementia

Patients, their family members, and primary care providers all benefit from early detection of dementia.

For patients and family members, early diagnosis...

- Allows for intervention for reversible or treatable causes (i.e. clinical depression, obstructive sleep apnea, vitamin deficiencies)*
- Can provide a sense of closure that the symptoms are finally given a name. Survey of public perceptions and awareness about Alzheimer's disease (AD)*
 - Nearly **90%** of Americans said they would want to know if the cause of their symptoms were AD; those 60 and older, it was **95%**
 - **97%** of Americans would want to know if a family member had Alzheimer's disease
- Can decrease distress if the dementia condition is not expected to be progressive in nature
- Allows care to be tailored to the etiology of the dementia (i.e. medication dispensing strategies)
- Increases ability to be compliant with treatment
- Increases access to treatment and interventions that assist with symptom management and improves quality of life (i.e. occupational therapy, adaptive equipment, disease and symptom management education, and community based services)
- Provides an opportunity to:
 - Establish advance directives and a financial plan
 - Consider current/future living arrangements
 - Establish end-of-life plans
 - Level-set with their support system
 - Define what quality of life is to them
 - Participate in clinic trials
 - Set-up safeguards to minimize risk of exploitation, abuse, and neglect
 - Proactively look at safety issues (i.e. driving, wandering, increased fall risk, gun safety)
 - Make informed choices about current and future health care services and life style practices (modifiable risk factors: i.e. physical activity, cognitive engagement activities, healthy diet)*

For providers, early diagnosis...

- Can improve chronic disease management with the dementia condition(s), as well as with co-morbid conditions
- Can improve acute care management
- Directs attention to prevention
- Helps with consumer satisfaction and quality performance benchmarks (i.e. HCAHPS)
- Helps with cost containment, cost avoidance, and maximum payment procurement:
 - Decrease ED visits and hospitalization episodes
 - Improved cost-effective acute care
 - Improved outpatient operational efficiencies
 - Payer source requirements and/or pay-for-performance arrangements
- Reinforces they are providing good care