



Provider Guide for Cognitive Evaluation Referrals

XXXXXX is a specialty clinic that completes comprehensive cognitive (memory) evaluations for those ≥ 60 years of age. The evaluation is consultative and is completed by an interdisciplinary team consisting of a physician, a neuropsychologist, and a social worker in one appointment that will take 2 to 3 hours. If indicated and preferred, ongoing dementia care with a team member is available post evaluation.

Primary concerns of patients referred for an evaluation include (can be one or more):

- Memory loss, confusion, disorientation
- Functional declines
- Gait and balance problems
- Tremors, falls, or ataxia
- Multiple co-existing medical problems
- Nutritional concerns and/or weight loss
- Safety concerns such as poor driving, cooking mishaps, wandering
- Presence of cognitive changes with hallucinations, delusions, or paranoia
- Gradual onset of behavioral concerns
- Personality changes
- Family/caregiver stress
- Patient lives alone, lacks local support system, and/or has complex support system dynamics
- History of noncompliance with medications or medical treatment

The comprehensive cognitive evaluation can provide:

- Diagnosis or second opinion
- Staging of previously diagnosed dementia
- Assessment of capacity to make health care decisions
- Safety risk assessments
- Treatment recommendations, including dementia care, in-home services, housing level, community and supportive services, and healthy aging lifestyle strategies
- Clinical research opportunities

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.

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

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