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**Dementia Diagnostic Clinic Network
Spring Virtual Meeting**

May 21, 2021

Welcome to the Dementia Diagnostic Clinic Network Spring Virtual Meeting

- We will begin shortly
- Tips on navigating Zoom Meeting tools:
  - Left corner you will find your microphone and video. Feel free to keep your video/camera on; please **mute your microphone when not speaking**.
- Ways to interact:
  - Chat box
  - Raise your emoji hand or use another emoji's (find them in the "Reactions")
  - Turn on your microphone and talk

Today's Dementia Diagnostic Clinic Network Spring Meeting is jointly provided by:

HELEN DANIELS BADER FUND

Wisconsin Alzheimer's Institute

Disclosure and Attestation

The individuals in control of content for this educational activity have no relevant financial relationships that exist now or in the past 12 months.

This educational activity has received no commercial support.

Dr. Carlsson receives grant/research support from NIH/Lilly, NIH/Eisai, Department of Veterans Affairs, Alzheimer's Association/Foundation for NIH, the UW Department of Medicine, Bader Philanthropies, and the Louis A. Holland, Sr. Family.

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Agenda

1:00 p.m. Welcome
Cindy Carlsson, MD, MS

1:05 p.m. Obstructive Sleep Apnea Research Opportunity
Donn Dexter, MD, FAAN
Amber Ebert, PsyD, LP
John C. Feemster, M3
Sara Sandager, MSN, RN

1:25 p.m. Clinic Network Progress and Updates
Cindy Carlsson, MD, MS

1:40 p.m. Clinic Network Analysis
Maria Mora Pinzon, MD, MS

1:55 p.m. Emerging Models of Care Post COVID-19
Overview of Clinic Network Experience
Group Discussion

2:40 p.m. Most Difficult Case Conference
Facilitator, Art Walaszek, MD
Presenting Clinic, Cindy Carlsson
Discussant, Joelle Millikin, MD

3:40 p.m. Research Recruitment and Referrals
Bonnie Nuttkinson

3:45 p.m. Collaborative Projects
Clinic Network Training and Education
Jody Krainer, MSW, LCSW, MBA

3:55 p.m. Closing Remarks
Cindy Carlsson, MD, MS

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Obstructive Sleep Apnea Research Opportunity

EVALUATION OF THE REPEATABLE BATTERY FOR THE ASSESSMENT OF NEUROPSYCHOLOGICAL STATUS AS A CLINICAL SCREENER FOR SLEEP APNEA IN DEMENTIA PATIENTS

John C. Feemster, M3, Medical College of Wisconsin – Central Wisconsin
Donn Dexter, MD, Assistant Professor of Neurology, Mayo Clinic College of Medicine
Amber Ebert, PsyD, LP, Coram Consulting, LLC
Sara Sandager, MSN, RN, Mayo Clinic Health System

BACKGROUND

- The Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) is a robust standardized screening tool used to evaluate patients for memory loss.

- Previous retrospective research has demonstrated a paradoxical pattern of lower immediate memory scores than delayed memory scores in dementia patients with untreated sleep apnea.

A Unique Pattern on Memory Testing in Dementia Screening Predicts Obstructive Sleep Apnea

Donn D. Dexter, MD; Amber G. Ebert, PsyD

PURPOSE OF STUDY

- Prospectively measure RBANS scores in dementia patients with subsequent at home sleep apnea testing to evaluate for an association between lower immediate scores than delayed memory scores and sleep apnea.

- Determine the effectiveness of RBANS as a screener for sleep apnea in patients with dementia

- **Hypothesis:**

  - Dementia with sleep apnea is associated with lower immediate memory scores than delayed memory scores.

METHODS

~350 dementia patients needed for analysis

Variables Collected:
- **RBANS**
- **Epworth Sleepiness Scale**
- **Metrics from WAI Network Data Information Form**
- **WatchPAT Home Sleep Apnea Testing Variables**

CLINICS THAT HAVE EXPRESSED INTEREST

- Door County Memory Care (Door)
- Lakeshore Memory Clinic (Manitowoc)
- Marshfield Clinic Memory Disorders Clinic (Eau Claire)
- Mayo Clinic Health System Dementia Program (La Crosse)
- Mayo Clinic Health System Memory Care Clinic (Eau Claire)
- Northern Wisconsin Memory Diagnostic Center (Oneida)
- Richland Hospital Clinic (Richland)
- St. Croix Regional Medical Center Memory Clinic (Polk)
- UW Health East Clinic (Dane)
- UW Health Hospital and Clinics Memory Assessment Clinic (Dane)

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Neuropsychological Test Pattern Associated with High Percentage of Sleep Apnea Diagnoses

Anna G Przybelski
Alissa M Irwin PhD
Jana Jones PhD
Meredith Rumble PhD
David L Plante MD, PhD
Robert J Przybelski MD, MS

Methods

- **Study period: 2016-2020**
- **Subjects: New memory patients presenting to the UW Geriatric Memory Clinic**
  - With unusual RBANS pattern as published by Dr. Donn Dexter MD (2019, WMJ)
  - And with snoring or apneic episodes during sleep
- **Referred by memory clinic to sleep clinic for assessment of possible OSA**
- **Sleep studies: Home or polysomnography interpreted by board certified sleep-medicine physicians**

Results

- 266 referrals made for 251 patients
- Average Age= 75.5 years

	Patients Referred N (%)	Patients Studied N (%)	OSA Diagnosed N (%)	Moderate/Severe OSA N (%)
Male	138	93 (67%)	80 (86%)	47 (59%)
Female	113	65 (57%)	47 (72%)	25 (53%)
Total	251	158 (63%)	127 (80%)	72 (57%)

Clinic Network Progress and Updates

Cindy Carlsson, MD, MS
Wisconsin Alzheimer's Institute

Clinic Network Progress and Updates

- Emerging post COVID
- WAI new staff
  - Associate Scientist: Tamara LeCaire, MS, PhD
  - Administrator: Sarah Klein
- New Alzheimer's medication? Aducanumab
- Blood biomarker studies
- Clinical Trials Community of Practice

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WAI New Staff

- **Associate Scientist:** Tammy LeCaire, MS, PhD

- **WAI Administrator:** Sarah Klein

Find out more about our WAI teams at: https://wai.wisc.edu/people/

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Tammy LeCaire, MS, PhD

Training: Population Health Sciences, Epidemiology

Prior Research Experience: Survey of the Health of Wisconsin; Epidemiology of diabetes complications & self-management; Mixed-methods health services research

Training & Program Evaluations; Support Manuscript and Grant Development; Survey development and data management: Dr. Norris' survey development for promoting DEI excellence in WAI

Grants: Dementia Workforce Education and Programs with WAI-MKE and United Community Center

Future: Outcomes in electronic health records to measure effective care in persons with ADRD; Promoting ADRD awareness and early detection; Persons with diabetes and hypertension

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Sarah Klein, BA

Training: Mass Communications, Journalism and Public Relations, Lean Six Sigma Yellow Belt Certification

Prior Experience:

- UW-Madison School of Education Business Director and Interim Executive Director of the Professional Learning & Community Education (PLACE) office
- Wisconsin Department of Transportation
- Public Service Commission of Wisconsin (PSC)

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Aducanumab

- Passive immunotherapy targeting amyloid
- IV infusion every 4 weeks
- Most common adverse events were amyloid-related imaging abnormalities – edema (ARIA-E) and headache
- In June 2021, FDA will decide if aducanumab is approved or not on

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Aducanumab

- ***Why is this medication controversial?***
  - March 21, 2019 - aducanumab trials (EMERGE and ENGAGE Studies) stopped
  - October 22, 2019 - Biogen announced that analysis was wrong
    - People on the ***highest dose*** in the EMERGE trial (10 mg/kg) had a significant reduction in decline on Clinical Dementia Rating – Sum of Boxes, MMSE, ADAS-Cog, and ADCS-ADL-MCI
    - ***Low-dose group*** had some slowing of progression, but differences not significant
  - July 8, 2020 - Biogen submitted a biologics license application to the FDA
  - November 6, 2020 - an FDA advisory committee voted against approval
  - June 7, 2021 - FDA will decide if aducanumab is approved or not on

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Blood-Based Biomarkers

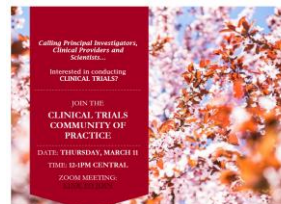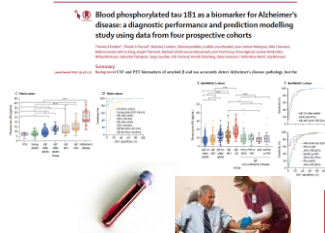- May make it easier to accurately diagnose Alzheimer's disease in the clinic and improve early detection
- A blood draw is convenient and widely acceptable to patients
- The lab tests for Alzheimer's disease are very good and getting better (but still experimental)
- This method may improve access to underserved and rural communities

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Contact Kristi Schaeve (schaeve@wisc.edu) to join emails

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Clinic Network Analysis

Maria Mora Pinzon, MD, MS
Wisconsin Alzheimer's Institute

Clinic Network Analysis – Quality Measures

Based on the CMS MIPS measures
https://qpp.cms.gov/mips/explore-measures

Dementia Management Quality Measurement Set by The American Academy of Neurology Institute and the American Psychiatric Association
https://www.aan.com/siteassets/home-page/policy-and-guidelines/quality/quality-measures/2018-dementia-management-measures.pdf

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https://www.aan.com/policy-and-guidelines/quality/quality-measures2/quality-measures/geriatric-neurology/ 18

Quality Measures Are <u>Not</u>

- Mandates for clinical practice
- **Required to have perfect performance rates**
- Intended to penalize physicians or care teams
- Intended for use as practice standards in malpractice claims
- Intended for use to approve or deny insurance claims
- **Intended to substitute for the independent professional judgment of the treating provider**

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https://www.aan.com/siteassets/home-page/policy-and-guidelines/quality/quality-measures/how-measures-are-developed/19_qualitymeasuredevprocman_v304.pdf

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Quality measures caveats:
- These are not designed to be at 100%.
- Measures are designed to be done for each patient over a 12-month period - our measurements are just a reflection of a single point in time, and DO NOT reflect care provided in subsequent visits.

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Quality Measure 2: Education & Support of Caregivers
2020 CMS MIPS — Quality Measure 288

Data Completeness: 72.8%
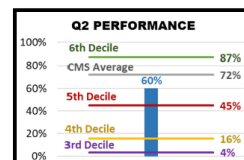
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Clarifications

15. Quality Measure 3: Did you identify any impairment to perform basic activities (ADL) or instrumental activities?
☐ Yes ☐ No ☐ Not evaluated

____ Lawton IADL Score (0-8)   ____ Katz ADL Score (0-6)
____ Barthel ADL Index (0-100) ____ Functional Activities Qs (0-30)

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Clarifications

- Do you need to complete the scales (e.g. Lawton, Barthel) to "obtain the point"?
  - **NO** Functional status is assessed by use of a validated tool, direct assessment of the patient, or by querying a knowledgeable informant about the patient's ability to perform instrumental activities of daily living (IADL) (i.e., cleaning, money management, medication management, transportation, cleaning, and cooking) and basic activities of daily living (ADL) (i.e., grooming, bathing, dressing, eating, toileting, and gait).

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Changes coming to the Form

15. Quality Measure 3: Did you identify any impairment to perform basic activities (ADL) or instrumental activities?
☐ Yes ☐ No ☐ Not evaluated
____ Lawton IADL Score (0-8)   ____ Katz ADL Score (0-6)
____ Barthel ADL Index (0-100) ____ Functional Activities Qs (0-30)

Quality Measure 3: Activities of daily living (ADL) or IADL
15.1 Assessment done by clinician inquiring of patient/informant ☐
15.2 Did you identify any impairment to perform ADLs? ☐Yes ☐No
____ Lawton IADL Score (0-8)   ____ Katz ADL Score (0-6)
____ Barthel ADL Index (0-100) ____ Functional Activities Qs (0-30)

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Clarifications

What is a referral?
The process of coordinating an appointment or service by either of the following methods:
- Introducing an order in the EHR
- Contacting the organizations with patient's caregiver information for future evaluation
- Scheduling appointment
- **Provide the patient/caregiver with instructions to do a phone call to a specific institution/organization for follow up**

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Time for Questions

Emerging Models of Care Post COVID-19

Overview of Clinic Network Experience
Group Discussion
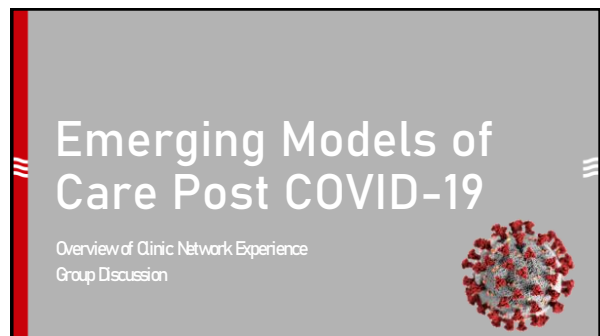
Clinic Operations

- Clinic closures starting in March 2020 (N-10)
  - One clinic never closed
  - Four clinics reopened in June (one of them had continued to due home visits when closed)
  - Three clinics reopened during the summer
  - One clinic reopened in November
  - One clinic reopened in February 2021
- Two clinics never reopened and will be permanently closed
  - Furloughed staff
  - Skilled nursing home location
- Lakeshore Memory Clinic unique operational challenges

Clinic Operations

- Currently, in-person versus virtual (N=10)
  - Eight clinics have all team members seeing patients/families in-person
  - One clinic has MD IPad Pro in office
  - Once clinic has their collaborative organization's team member still virtual
- Demand for Evaluation (N=10)
  - Six clinics have seen a higher demand, five of those clinics are seeing more patients
  - Three clinics have not seen a change in demand; however, one of them does a back log due to just reopening the clinic
  - One not sure if there has been a change in demand
- Richland Hospital Clinic
  - Acquired 2019, moved from clinic building to hospital campus
  - Has started a second clinical team that runs parallel (same day, neighboring suite); in prep for founding team members' retirements.

Equipment and Safety Measures

- Masks – **surgical**, clear, cloth
- Goggles
- Face shields
- Plexiglas barrier
- Handwashing
- Gloves
- Six feet distancing
- Pocket talkers

Biggest Challenges

1. Communication challenges using masks
2. Community and government resources and services closed
3. Technology: lack of devices, out-of-date devices, lack of knowledge on how to use, lack of broadband
4. Cognitive testing administration
5. Restrictions with collateral contacts: no one allowed to attend in-person, to eventually only one family member can; additional family members stay in the car and call in using cell phone.

Biggest Challenges

7. Seeing significant declines with patients
8. Isolation for patients and the impact it has on them
9. Increased mental health concerns and sleep issues
10. An increase in referrals
11. Transitions: no clinic, virtual, hybrid, in-person
12. Administration's support
13. Concern about getting COVID-19, being exposed

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Did your team experience similar **challenges?**

Benefits and Opportunities

1. The pandemic forced the adaption of virtual options
2. Greater reach and appointment options due to virtual platforms
   – Virtual follow-up care visits
   – Seeing patients from several counties away
   – Can include additional family members in results appointment due to virtual format (restrictions on number of individuals that accompany patient are still in-place for most)
   – Family members that live out-of-state can participate
3. Caregivers have more online resources and educational offerings
4. Staff have access to more educational offerings, many are free and you don't have to deal with the logistics and costs related to travel.

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Benefits and Opportunities

5. Validation that most patients prefer the in-person services
6. The creativity of families, i.e. taught dad how to text so a daily morning check-in could be established
7. More **home** services available to patients (i.e. delivery)
8. Created individual staff scheduling flexibility with the elimination of services to closed settings (i.e. skilled nursing home, jail)
9. New clinic entrance door, helps with stigma of going to a continuum care housing complex
10. Flu not an issue this past year

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Did your team experience similar **benefits & opportunities?**

Practice Changes

- Use of a *results appointment*; allows additional family members and those out of state to join the appointment. Such appointments can be done virtually or as a hybrid.
- More of the *follow-up care visits* are being conducted virtually. Family motivated to teach patient how to use technology to avoid the extra time and logistics to do in-person visit. They are able to attend with patient or from a different location.

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Polling #1 Questions

1. Have you noticed accelerated **cognitive** declines (more than expected) with established patients since the start of the pandemic?

2. Have you noticed accelerated **functional** declines (more than expected) with established patients since the start of the pandemic?

3. Have you noticed accelerated **physical** declines (more than expected) with established patients since the start of the pandemic?

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Polling #2 Questions

1. Have you noticed any changes in the age group of referrals, i.e. patients that are younger?

2. Since the start of the pandemic, have you noticed more behavioral and psychological symptoms (BPSD) with patients that had **co-morbid psychiatric diagnosis**?

3. Since the start of the pandemic, have you noticed more BPSD with patients that **did not have a psychiatric diagnosis**?

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What would improve your ability to diagnose and provide care?

What changes to your practice have you adopted that you will continue?

What virtual tools would you miss if they were no longer an option?

What virtual tools would you like to see expanded?

Most Difficult Case Conference

Facilitator, Art Walaszek, MD
Wisconsin Alzheimer's Institute

Presenting Clinic, Cindy Carlsson, MD, MS
Madison VA Memory Assessment Clinic

Discussant, Joelle Milliken, MD
Northern Wisconsin Memory Diagnostic Center

Research Recruitment and Referrals

Bonnie Nuttkinson
Alzheimer's and Dementia Resource Center

Open Studies Recruitment

- We are recruiting the following people:
  - Diagnosis of mild cognitive impairment (MCI)
  - Diagnosis of dementia due to Alzheimer's disease
    - we are disclosing amyloid status to cognitively impaired participants who wish to learn this information (some exceptions apply)
  - Age 45-65 with or without a parental history of Alzheimer's disease (with normal cognition)
  - Recruiting dyads
    - Caregiver of person with a dementia due to Alzheimer's disease diagnosis
    - Person diagnosed with dementia due to Alzheimer's disease (can live in a care facility)

Three Ways to Refer

- Email - Include the following information in an email to adrcreferrals@medicine.wisc.edu:
  - Patient info
    - Name
    - Diagnosis
    - Phone number
    - Email address
  - Alternate contact
    - Name
    - Phone number
    - Relationship to patient

- Secure Online Form
  - Send us patient information using an online form.

- Fax
  - Include the following documents in a fax to (608) 265-3091
    - Clinic Referral Form
    - Authorization for Release of Information

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ADRC Outreach Specialist

To make a referral or ask questions contact:

Susie Fernandez
sfernandez@medicine.wisc.edu
(608) 265-0548

Bonnie Nuttkinson
bnuttkin@medicine.wisc.edu
(608) 265-0407

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Collaborative Efforts; Clinic Network Training and Education

Jody Krainer, MSW, LCSW, MBA
Wisconsin Alzheimer's Institute

Collaborative Efforts with Dementia Care Specialists
Memory screening and primary care provider notification

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Collaborative Efforts with Dementia Care Specialists

Mobilizing Patients and Families

- What strategies do you use to mobilize patients and families?
- Which team member(s) are focus on connecting patients and families to recommended resources?
- Does your team use collaborative, automated system(s)?
  – Alzheimer's and Dementia Alliance of Wisconsin's Prescription for Care
  – Alzheimer's Association of Wisconsin's Direct Connect Program
  – County ADRC, public health, or other
- What works well, do you have a "secret sauce"?
- Do you have a better track record in mobilizing patients and families? (average is 2 years, or at crisis)
- Interested in participating or giving input

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New 2021

Clinic Network Training and Education

- MoCA Cognitive Assessment online training
- Ethics and Boundaries Workshop
  – Social work licensing requirement, 4 hours biannually in ethics and boundaries
  – 2021's virtual, collaborative workshop was held on April 21, 2021 with 282 attendees
- Assessing and Addressing Perceived Challenging Behaviors: two-hour workshop in September. Social work CEU credits would be available, there will be limited capacity.
- Colleague Connection
  – Quarterly, an one hour virtual interactive collaborative session from noon to 1:00pm
  – Focus is on psychosocial aspects for the evaluation
  – Wednesday, July 14th: *assessing caregiver burden*
  – Wednesday, October 13th: *abuse and neglect*
- Clinic Network Member Resource Library

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Closing Remarks

Mark your calendars for the
19th Annual Update in Alzheimer's Disease and Related Dementias

- **Building Applied Skills in Dementia Care – Thursday, November 4, 2021**

- **The 19th Annual Alzheimer's Disease Update – Friday, November 5, 2021**

- **The Fall Clinic Network Meeting – Saturday, November 6, 2021**

> **All participants will be emailed an evaluation link after today's meeting.**
> **Please help us out by providing feedback about the virtual meeting.**

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