



ADAPTING TO TELE-HEALTH COGNITIVE ASSESSMENTS FOR LATINO PATIENTS

LATINO GERIATRIC CENTER
UNITED COMMUNITY CENTER, MILWAUKEE WI
UW-WAI Fall Clinics Meeting
Nov 6, 2020

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FINANCIAL DISCLOSURE

- Dr. Piero Antuono: Consultant for Biogen Company
- *Al Castro, Ana Bernal and Vanessa Anciani have no relevant financial relationships to disclose that exist now or in the past 12 months*

THE LATINO GERIATRIC CENTER TEAM

- Piero Antuono, MD, Froedtert/Medical College of Wisconsin
- Al Castro, MS, UCC Program Director/Clinic Manager
- Ana Bernal, RN, UCC Memory Clinic Nurse
- Vanessa Anciani, BSW, UCC Memory Clinic Social Worker
- Virginia Zerpa, Alzheimer's Association, Wisconsin Chapter



THE LATINO GERIATRIC CENTER

- A program of the United Community Center
- Established 2007
- Community-based diagnostic/consultation clinic imbedded in the Latino community of Milwaukee
- Collaboration: UCC, Medical College of Wisconsin, Alzheimer's Association/Wisconsin Chapter, UW-Wisconsin Alzheimer's Institute.



WHY ADAPT TO TELE-HEALTH ASSESSMENTS?

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- Due to COVID-19 pandemic
- The need did not stop
- Cognitive decline and/or behavioral changes may worsen
- Earlier detection and support services critical
- Avoid patient waiting list

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ADAPTING TO TELE-HEALTH

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- ZOOM meetings and brainstorming among the clinic team
- Reviewed research literature on telemedicine
- Explored various virtual meeting platform options:
 - WEBEX
 - ZOOM
 - DOXY.ME

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TELEMEDICINE LITERATURE REVIEWED

Telemedicine and the Evaluation of Cognitive Impairment: The Additive Value of Neuropsychological Assessment *Journal of Post cute and Long Term Care Medicine* Published: June 07, 2014
<https://doi.org/10.1016/j.jamda.2014.04.015>

Video-Telemedicine in a Memory Disorders Clinic: Evaluation and Management of Rural Elders with Cognitive Impairment *Telemedicine and e-Health* Vol. 17, No. 10 Published Online: 29 Nov. 2011
<https://doi.org/10.1089/tmj.2011.0083>

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TELEMEDICINE LITERATURE REVIEWED

Dementia Care Comes Home: Patient and Caregiver Assessment via Telemedicine *The Gerontologist*, Volume 57, Issue 5, October 2017, Pages e85–e93,
<https://doi.org/10.1093/geront/gnw206> Published: 03 February 2017

<https://academic.oup.com/gerontologist/article/57/5/e85/2967600>

Telepsychiatry for Neurocognitive Testing in Older Rural Latino Adults *The American Journal of Geriatric Psychiatry* Volume 23, Issue 7, July 2015, Pages 666–670.
<https://www.sciencedirect.com/science/article/abs/pii/S1064748114002425>

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TECHNOLOGY BARRIERS

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- Lack of computer cameras for staff
- No existing virtual platform subscription
- HIPPA considerations
- Accessing patient referrals/records
- Lack of Smart phones/laptops by some families
- Lack of, or weak, internet connections at family homes

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BARRIERS ENCOUNTERED

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- Comfort level/skills of patient/family members/staff.
- Logistics: how to get equipment to/from patient home; sanitizing
- How to “meet” separately with family caregiver and patient during screening process; and with other memory clinic team members.
- Inability for in-person physical assessment
- Inability for in-person home safety assessment

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EQUIPMENT/ SUPPLIES NEEDED

- Computer cameras with microphones
- Chrome Books for patient/family caregiver
- Hotspot Unit
- Headphones
- Purchase of Doxy.me account
- Ziplock bags
- Sanitizing supplies

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TEACHING FAMILIES TO USE TECHNOLOGY

- Prepare family members during initial call about how the telehealth video will function.
- If any complications to access the link sent to caregiver, either SW or RN guides the patient/caregiver via telephone call.
- Options are discussed in case the technology the patient is utilizing is poor.

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SAFETY PRECAUTIONS

- Telehealth assessment
- Delivering Chromebooks and other technology.
- Sanitary practices
- PPE for staff
- Physical distancing

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PROCESS OF ACTUAL VIRTUAL INITIAL SCREENING

- Scheduling: one patient per day
- Check with family member as to technology on-hand, or if needed
- Team meetings before scheduled appointment.
- If needed, devices are delivered to the house before the scheduled appointment

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ASSESSMENT INSTRUMENTS

Initial Assessment SW screening forms (telephone):

- Katz (Activities of daily living),
 - Lawton (instrumental activities of daily living),
 - Safety Assessment
 - Neuropsychiatric Questionnaire (NPI),
 - Memory and Behavior problem check list
 - GDS proxy
 - Zarit (assessing caregiver burden).
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ASSESSMENT INSTRUMENTS

Initial Assessment RN screening forms (virtual):

- MoCA B, MoCA A
 - Mini Cog
 - Animal Naming Test
 - Geriatric Depression Scale (GDS)
 - Dementia quality of life (DEMQOL).
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PROCESS OF A VIRTUAL CLINICAL EVALUATION BY MD¹⁷

- Deliver equipment to patient/caregiver, PRN.
- Team meeting before the appointment.
- RN admits the patient/caregiver to the call.

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PROCESS OF A VIRTUAL CLINICAL EVALUATION BY MD

- MD conducts virtual evaluation.
- MD can meet in different “rooms” when necessary with the caregiver and/or staff.
- Diagnostic findings explained; Recommendations are provided.
- Diagnostic report letter to PCP

CONNECTING TO THE ALZHEIMER ASSOCIATION

- Referrals continue to be made via email.
- Alzheimer's coordinator communicates with patient's caregiver and provides care consultation via phone call.
- Support groups are available once a month virtually.

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BENEFITS OF TELE-HEALTH

- Less health risk exposure of the patient and staff.
- Assessments can be done later in the day.
- Increases access to other outlying areas with Latino population.
- Allows for "distant" caregivers to be involved who do not live with, or close to, the patient

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DRAWBACKS/LIMITATIONS

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- Parts of the assessments cannot be completed.
- Lack of “personalismo”
- Not good for people that are hard of hearing.
- Not good for people that have poor vision
- Not good for patients with more advanced cognitive decline.
- More time consuming than in-person at times (due to added driving times and limited devices in the family)

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KEY RECOMMENDATIONS

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| ➤ <u>Internal Scan:</u> | ➤ <u>External Scan:</u> |
| ➤ Assess your clinic's technology capacity and staff capabilities | ➤ Assess your patient's/community's usage or limitations of technology |
| ➤ Have technology available to lend out in case patients | ➤ Consider cultural norms and socio-economic factors |
| ➤ Choose good virtual meeting platform | ➤ Consider not all patients can handle virtual experience |
| ➤ How to access records and patient consent | |
| ➤ Patience/Flexibility | |

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MUCHAS
GRACIAS!



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CONTACT INFORMATION



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