Colorado M.E.S.A. Initiative

Medicare Experts/Senior Access

Innovations in Geriatric Practice and Alzheimer's Care

Webinar Presentation

Diagnosing Memory Loss

Housekeeping

- Go-to-Webinar Control Panel
  - Minimize if it covers slides
- Audio
  - Use computer speakers OR
  - You may select "Use Telephone" in the control panel
    - Toll: (909) 259-0012
    - Access Code: 574-782-783
    - Audio PIN: shown in the "Audio Setup" box of your control panel
    - Webinar ID: 161-142-782
  - Raise hand if you can hear us
  - All viewers are muted
- Will address Q&A at end

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Housekeeping

- Handouts for this webinar available at www.ColoradoMESA.org
  - Sign in
  - Go to Events, Upcoming Webinars
- Archive will be posted on Monday
  - Sign in
  - Go to Classroom, Webinar Archives

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Donald Murphy, MD

- MESA founder and faculty member
- Graduate of Notre Dame and the University of Colorado School of Medicine
- Geriatric fellowship at Harvard Medical School
- Started Senior Care of Colorado practice in 2001 and now Practice Group Leader
  - Grown to almost 70 providers
  - 7 outpatient clinics
  - Virtually 100% Medicare

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Clemencia Rasquinha, MD

- Graduated from Bangalore University
- Residency and internship at Bergen Pines County Hospital, NJ
- Board-certified in geriatric medicine
- Physician leader in Senior Care of Colorado organization since 200X

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Intro to The Colorado M.E.S.A Initiative

- The Colorado M.E.S.A. Initiative
  - Medicare Experts / Senior Access
  - Be adept at Medicare coding & documentation so you are paid fairly for work
  - Be comfortable serving patients with dementia & other geriatric syndromes
- A collaboration:
  - Funded by The Colorado Health Foundation, The Kaiser Permanente Foundation, and Caring for Colorado
  - Alzheimer's Association, Colorado Chapter
  - Senior Care of Colorado/IPC

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Today's Webinar

- "Memory problems" one of the most frequent reports to physicians by older adults
- Have to discern between normal forgetfulness and true dysfunction
- A topic many of you have asked for during our workshops
  – When to check for memory loss
  – Three quick and effective methods for diagnosing memory loss
  – Medications and treatment plans
  – When to refer
  – The Alzheimer's Association

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Don't Sweep It Under The Carpet!

- Some providers don't want to get into it
- Misconceptions
  – Takes too much time
  – Don't want to be the "bad guy" and have to break the news
- Reality
  – Can be very *quick and simple* to "get in the ballpark" and know enough
  – Medicare reimbursement for "counseling & coordination of care"

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When to Check for Memory Loss

- Should be done annually in older adults, including the *well elderly*
- A good history is your best diagnostic tool
- *"Are you or any of your family members concerned about memory loss?"*
  – Ask this question at least once a year
  – Even subjective reporting of concern means something
- By the time they've lost "month and year" impairment has probably already occurred

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When to Check for Memory Loss

- Especially important with patients who have skipped visits or are non-compliant
- Testing for cognitive impairment is required as part of Medicare's Annual Wellness Visit
  - *Visit the MESA website for a detailed webinar on the Annual Wellness Visit and a downloadable sample patient intake form*

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Three Quick and Effective Methods

Keep it as simple as possible!

1. Three-item recall test
2. Clock drawing test ("CDT")
   - These two tests, used in combination, are sometimes referred to as the "Mini-Cog Assessment for Dementia"
   - Together, the two Mini-Cog tests take about 3 minutes
3. One-minute naming test

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Method 1: Three-Item Recall Test

1. Give the patient three words to remember
2. Ask the patient to repeat the words
3. Have the patient perform an unrelated complex task (e.g., do a math problem, walk back to the exam room, do the CDT)
4. Ask the patient to repeat the three words

- Recall of 2 out of 3 words is normal
- If prompting is required or the patient cannot remember, the result is abnormal

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Method 2: Clock Drawing Test

1. Draw a large circle (in case visual impairment is an issue) that fills a sheet of paper
2. Instruct the patient to put the numbers into the circle so it looks like a clock
3. Instruct the patient to draw hands to indicate the time "10 minutes past 11"

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Method 2: Clock Drawing Test

- Can be very specifically scored if desired
- Visual record for the chart and to educate family
- Demonstrates change over time

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Method 3: One-Minute Naming Test

- Give the patient a category, i.e. "animals"
- Tell the patient you will time them, and they should name as many animals as possible in one minute
- If they can name 21+ animals, memory function is normal
- Can refine (e.g., zoo animals vs. farm animals) to glean more information

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What About the MMSE?

- Mini-Mental Status Examination (MMSE), or Folstein test
- First published in 1975 and was the standard for years
- 30-point questionnaire; about 10 minutes
- Copyrighted in 2001; "official" version must be ordered through the publisher
- Studies have shown the Mini-Cog more effectively detects impairment across sociodemographic variables

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The SAGE Test

- Self-Administered Gerocognitive Examination
- Available on the Internet
- Patients/family members may ask you about this, or you may wish to refer them to it

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Keep It Simple

- Basic goal is to assess whether the patient has
  - Normal age-associated memory impairment
  - Minimal cognitive impairment, or
  - Full-blown dementia
- Diagnostic certainty: determining precise degree of impairment or type of dementia just isn't that helpful

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Keep It Simple

- It's okay to begin discussions with the family without a specific diagnosis
- Exception--something unusual neurologically going on, e.g.:
  - Parkinson's
  - History
  - Sudden onset
- Outside of a research setting, not any real benefit to measuring

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Depression and Memory Loss

- A patient with depression may complain of memory loss while patients with Alzheimer's may not even be aware of a memory problem
- Two questions, used with Mini-Cog:
  - *Are you depressed?*
  - *Do you feel hopeless?*
- Psych testing may be helpful in some cases

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What Next? Treatment Plans

- Most important thing is to identify the problem
- Be proactive in keeping the patient safe and functional
- Schedule a follow-up visit with patient and family to discuss and educate
- Tailor treatment plan to meet the patient's individual needs/circumstances

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Medications

Same medications regardless of dementia type
- Cholinesterase inhibitors *(generally use one of three)*
  1. Exelon
  2. Razadyne
  3. Aricept
- Namenda *(in addition)*

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Medications

- Measure effectiveness by reports from patient/family
- Watch for:
  - Functional improvement
  - More interest in activities
  - Greater lucidity in conversation
  - Increased recognition

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Medications

- Placebo effect could kick in right away
- At about 4 months after initiation:
  - If no improvement, consider changing medication
- After trial of 2 or more medications:
  - Discuss pros and cons of continuing medications
  - Realize that medications may be slowing the progression
- Be sensitive to cost of medications
  - New classes in the pipeline likely to increase cost

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Other Treatment Options

- If patient/family want to do everything possible
  - Consider other options to slow progression, e.g., exercise, cognitive stimulation, add another medication

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When to Refer

- Depends largely on:
  - Your comfort level
  - The amount of time you have to develop and treatment plan and follow the patient
  - Resources available to you and the patient
    - Neurologists
    - Rural vs. urban settings are very different
- But watch for rapid onset of symptoms

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Education is Crucial

- Early on, talk to the patient and family about
  - Cause
  - Expected course
  - Treatment options
  - Resources available through the Alzheimer's Association

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Rely on the Alzheimer's Association

alzheimer's association

- 24/7 helpline and many other resources
   800-272-3900
   www.alz.org/co
- Alleviates some of the burden on your practice
- Counseling, questions, just to talk
- Even if there is no diagnosis
- Rapid Referral Form
   – Available for download on MESA website

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Know How to Document and Code!

- Medicare pays for "consultation and coordination of care"
- Be sure you know how to document and code appropriately to be paid for your time
- Refer to the www.ColoradoMESA.org for webinars, videos, and other resources

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Recap

- Do *something* regularly
   – Even with well elderly
- Keep it simple
- Communicate with the patient and family
- Know when to treat and when to refer
- Know how to appropriately code and document
- Use the Alzheimer's Association

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Q&A, Wrap-Up

Q&A

- If you would like to ask any questions, please type them into the "Questions" box in your Go-to-Webinar control panel now

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MESA Website

- Reminder to use resources on www.ColoradoMESA.org
- Sign in to access
- *Check out the Annual Wellness Visit template!*
- Webinar archives and handouts
- Videos
- Documents and links
- Discussion forum
  - Ask any questions that weren't answered today

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Next Webinar

- Date and time TBA
- Polling for your input on 2012 webinars:
  - What day of the week
  - What time
- Check the MESA website or sign up for our eNewsletters

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