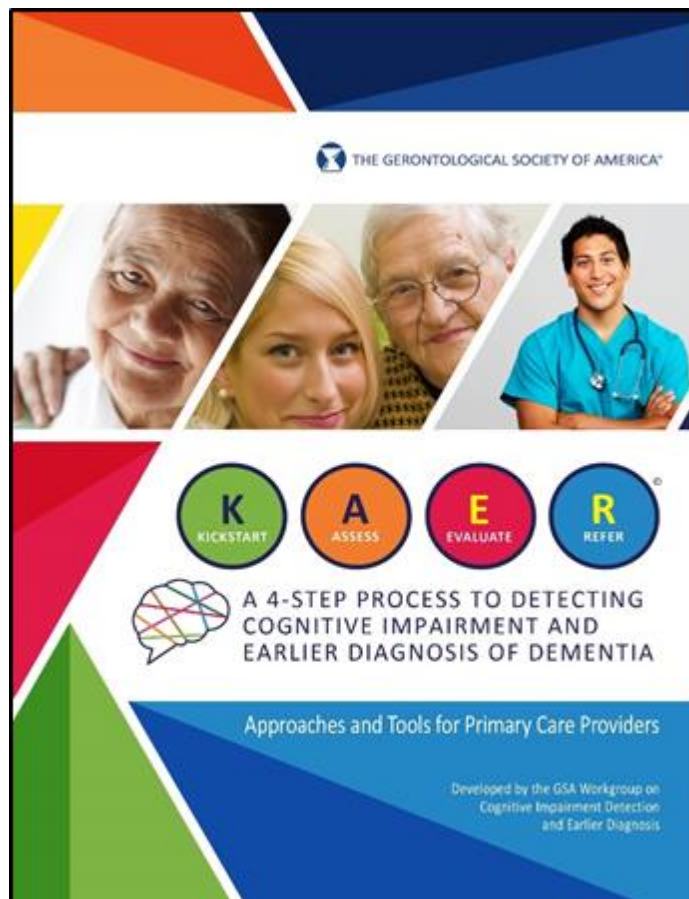


How to Use the GSA KAER Toolkit: *A 4-Step Process to Detecting Cognitive Impairment and Earlier Diagnosis of Dementia*



Developed by The Gerontological Society of America
and supported by an independent grant from Merck & Co., Inc.



Webinar Panel



Richard H. Fortinsky, PhD

Workgroup Chair for GSA Initiative

Professor and Health Net Inc. Chair in Geriatrics and Gerontology

University of Connecticut School of Medicine

Farmington, Connecticut USA



Katie Maslow, MSW

Visiting Scholar

The Gerontological Society of America

Washington, District of Columbia USA

Webinar Agenda

Introductions

Karen Tracy

Why Did the KAER Toolkit Get Developed?

*Insights into the GSA Cognitive Impairment Workgroup Report
& Recommendations*

Richard H Fortinsky, PhD

What's in the GSA KAER Toolkit and How Should it Be Used?

Katie Maslow, MSW

Questions and Discussion

Moderated by Karen Tracy

Why Did the KAER Toolkit Get Developed?

Insights into the GSA Cognitive Impairment Workgroup Report & Recommendations



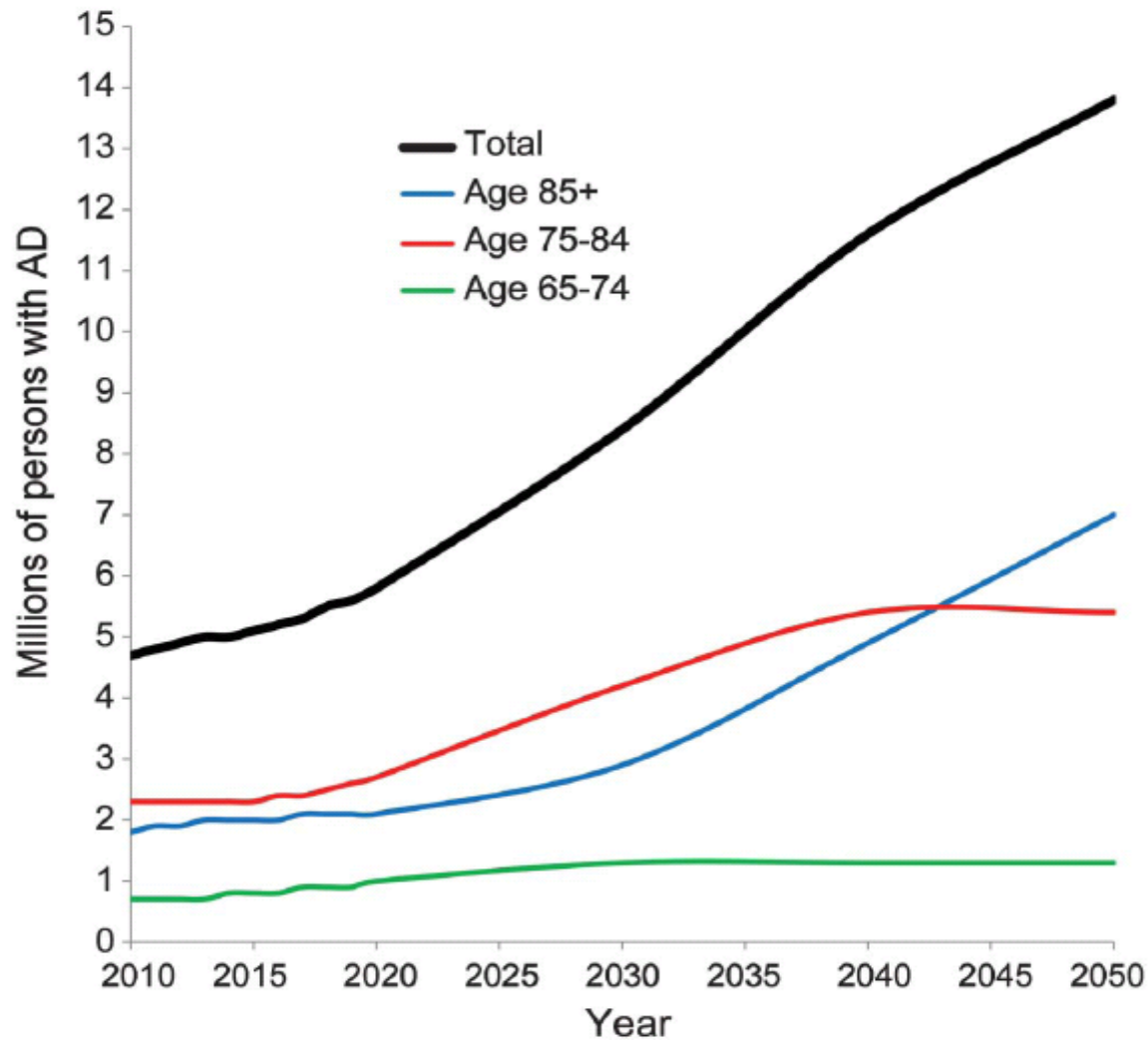
Richard H. Fortinsky, PhD

Workgroup Chair for GSA Initiative

Professor and Health Net Inc. Chair in Geriatrics and
Gerontology

University of Connecticut School of Medicine
Farmington, Connecticut USA

Figure 1 Estimated number of people with Alzheimer disease (AD) in the United States in 2010 and projections through 2050



Cognitive and Behavioral Symptoms Associated with Dementia

- Memory loss affecting daily life
- Difficulty completing familiar tasks
- Confusion with time or place
- New problems with words in speaking or writing
- Misplacing things; inability to retrace steps
- Withdrawal from work or social activities
- Changes in mood and personality, including depression and apathy
- As disease progresses, wandering, agitation, and other behavioral and neuropsychiatric symptoms could develop

Alzheimer's Association. 2015 Alzheimer's Disease Facts and Figures.

Impact of Dementia on Families

- Great uncertainty about the disease process and how to prepare for the future
- As patient's dementia symptoms progress, families assume greater decision-making and hands-on care responsibilities
- Family caregivers shown to be at increased risk for physical and emotional health problems compared with non-caregivers¹
- Caring under stress shown to be an independent risk factor for mortality among spouse caregivers²

¹Ory MG et al, *Gerontologist* 1999;39:177-185

²Schulz R, Beach SR. *JAMA* 1999;282:2215-2219



Cognitive Impairment Detection Limitations in Practice



- Numerous studies have found gaps and barriers to detection of cognitive impairment and diagnosis of dementia in older primary care patients
- Increased detection of cognitive impairment is essential for earlier diagnosis of Alzheimer's disease or related dementia
- Earlier diagnosis leads to more timely linkage of older adults and families with community-based educational and support services

GSA Workgroup Charge



COGNITIVE
IMPAIRMENT
DETECTION
& EARLIER
DIAGNOSIS

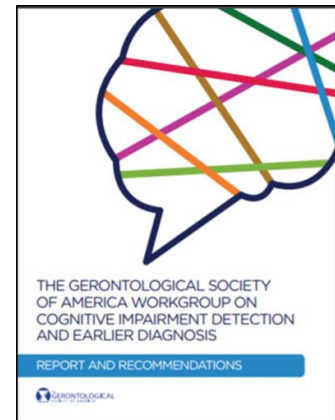
- Summarize efforts currently underway by national governmental and related organizations to identify evidence-based assessment tools for detecting cognitive impairment
- Propose how the Medicare Annual Wellness Visit (AWV) can be used as a springboard for more widespread use of evidence-based cognitive assessment tools by primary care providers (PCPs)

Medicare AWW as Springboard

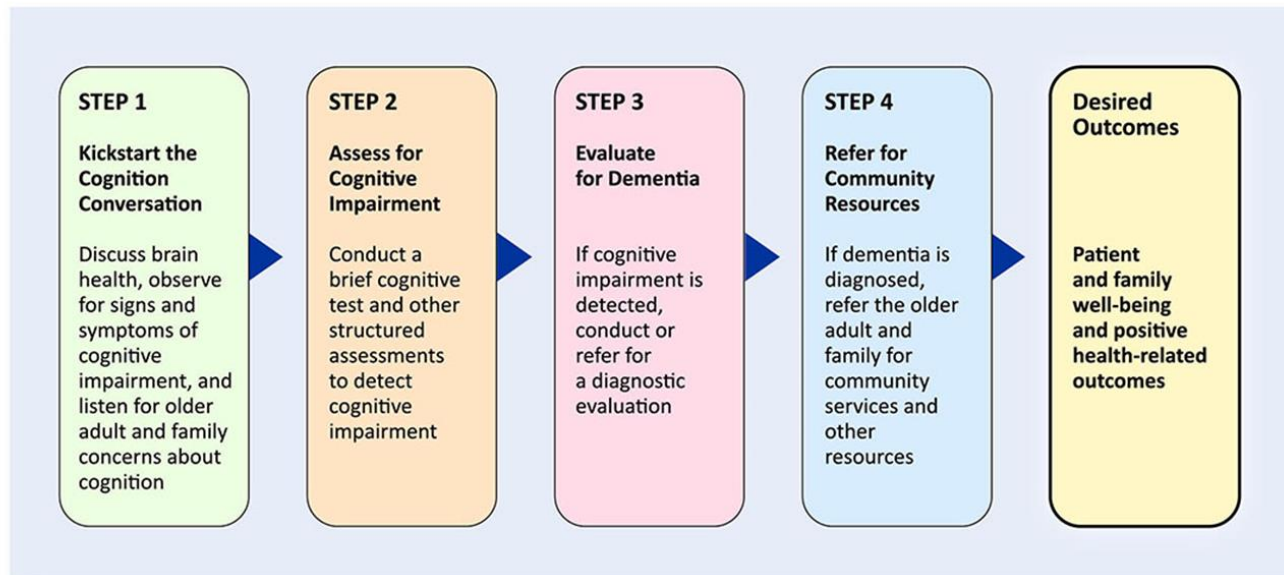


- Established by the Patient Protection and Affordable Care Act of 2010
- All Medicare beneficiaries are entitled to AWWs where “detection of any cognitive impairment” is a mandated component
- Opportunity to increase the use of evidence-based cognitive assessment tools to fulfill this mandate on a universal basis
- No specific evidence-based assessment tools were mandated; as part of its charge, the GSA Workgroup reviewed other efforts to identify such tools

GSA Workgroup Actions

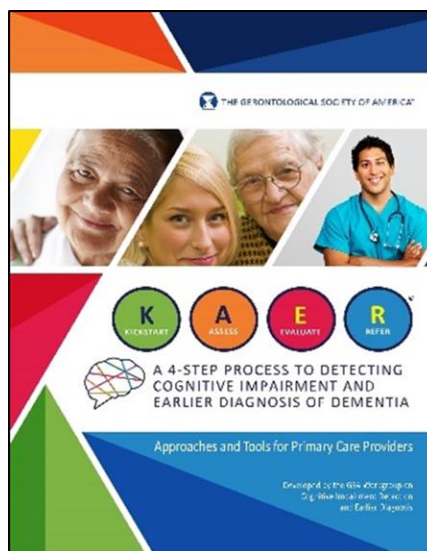


- Designed “KAER” process to illustrate patient and family flow from Medicare AWW or other PCP office visit through referral to post-diagnosis community resources
- Released report (www.geron.org/kaer) and recommended actions for PCPs related to the “KAER” process in January 2015

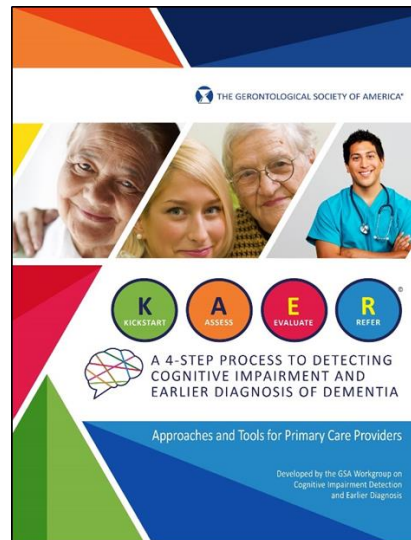


GSA Workgroup Actions

- Subworkgroup charged with organizing national Summit of healthcare provider groups and health systems in 2016 to help implement recommended actions in primary care settings
- Developed KAER Toolkit for broad dissemination and implementation to spur increase in cognitive impairment detection and dementia diagnosis by primary care and other healthcare providers.



What's in the GSA KAER Toolkit and How Should it Be Used?



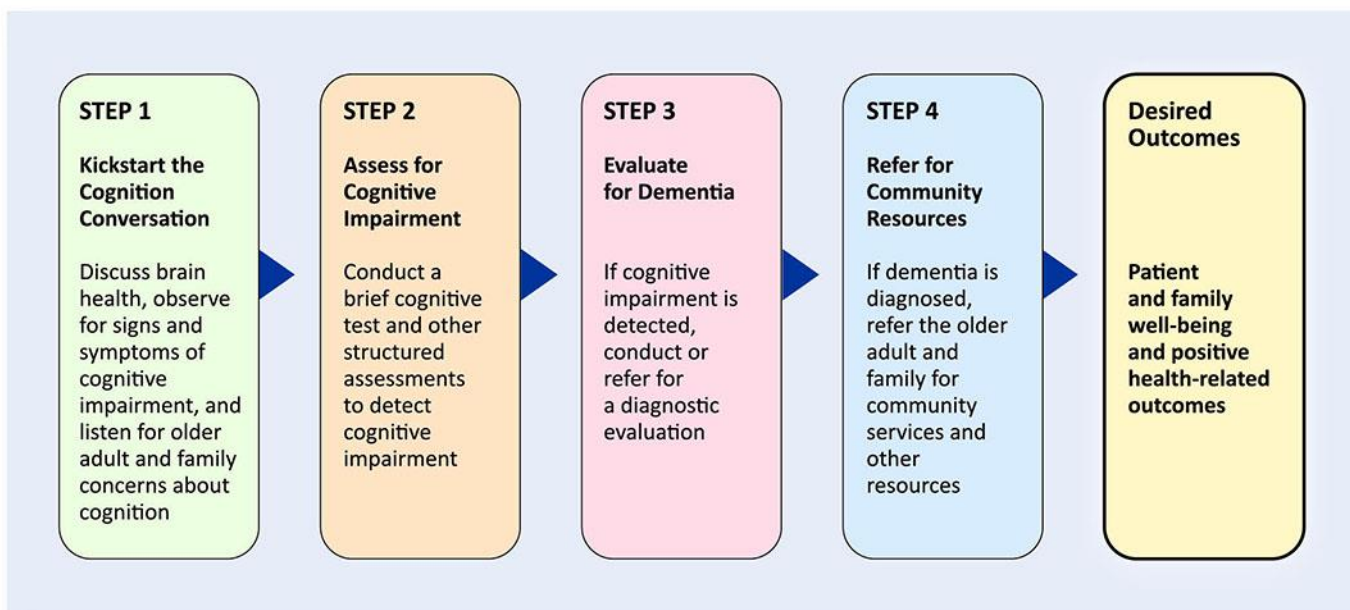
Katie Maslow, MSW

Visiting Scholar

The Gerontological Society of America
Washington, District of Columbia USA

Purpose of the GSA KAER Toolkit

To assist primary care providers (PCPs) in implementing the 4 steps in the KAER model



Content of the Toolkit

Assessment instruments, approaches, and tools to assist PCPs with implementation of each step, such as:

- Lists of signs and symptoms of cognitive impairment
- Brief cognitive tests
- Structured assessment instruments
- Key messages for talking with older adults and families about cognition, cognitive impairment, and dementia
- Videos for PCPs, older adults, and families
- Online materials that PCPs may want call to the attention of their older adult patients and patients' families
- Links throughout the kit to the tools and the original documents
- Each letter is color-coded throughout the kit

Options to Accommodate PCP Preferences, Existing Procedures, and Practice Settings

Recognition that:

- PCPs may already be using and prefer to continue using particular approaches and tools for detection, diagnosis, and referrals
- PCPs practice in various settings, including single PCP offices, physician group practices, health plans, and health care systems
 - Practice settings influence which approaches and tools will fit
 - Practice settings determine how decisions will be made about approaches and tools

Cognitive Impairment Detection and Earlier Diagnosis

KAER Toolkit: 4-Step Process to Detecting Cognitive Impairment and Earlier Diagnosis of Dementia

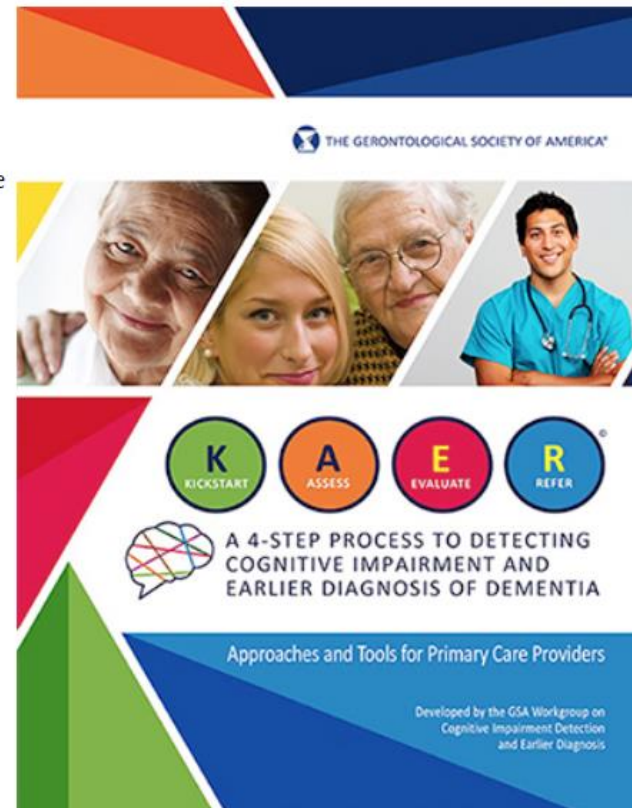
Approaches and tools for primary care providers

This [comprehensive toolkit](#) is focused on the KAER model developed by the GSA Workgroup on Cognitive Impairment Detection and Earlier Diagnosis. The workgroup identified valuable tools and resources to implement the four steps in the KAER model. The resulting toolkit provides options for each of the steps so that PCPs, health plans and health care systems can select the approaches and tools that fit best with their existing primary care structure, organization, and procedures.

The toolkit is broken down by each section of the KAER model to allow quick and easy access:

- ▶ **Kickstart** the cognition conversation
- ▶ **Assess** for cognitive impairment
- ▶ **Evaluate** for dementia
- ▶ **Refer** for community resources

Each step in the model will help the PCP initiate conversations about brain health, detect and assess cognitive impairment, diagnose dementia, and provide post-diagnostic referrals for education and supportive community services for persons with dementia and their family caregivers.





www.geron.org/kaer



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DIAGNOSIS

KAER Toolkit Table of Contents

Introduction

- ▶ The KAER Model (Page 6)
- ▶ Objectives and components of the toolkit (page 8)
- ▶ General tips for communications with older adults (page 10)
- ▶ Terms and definitions (page 10)
- ▶ Appendices — Tools to Use (page 11)



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Step 1: Kickstart the Cognition Conversation



Having Healthy Conversations with patient and caregivers

Discuss with patients and caregivers brain health, their observation of signs and symptoms and cognitive impairment and other cognition concerns.

- ▶ Overview (page 15)
- ▶ Approaches (page 18)
- ▶ Appendices — Tools to Use (page 27)



K

Kickstart the Cognition Conversation Approaches and Tools

Target patient group?

- No memory or other cognition-related concerns expressed by patient or family
- No such changes noted clinically since last office visit
- Health conditions and/or functional limitations commonly associated with cognitive impairment and dementia

When to initiate?

- Medicare AWW or any routine office visit

What to do?

- Raise topic of brain health, how cognition might change with aging, what lifestyle behaviors are associated with maintaining brain health, inquire about memory concerns
- Use tools from “K” section of KAER toolkit as appropriate



Kickstart the Cognition Conversation Approaches and Tools



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STEP 1 : KICKSTART



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2. Ask about memory and cognition
3. Listen for older adults' concerns about memory and cognition
4. Listen for family concerns about the older adult's memory and cognition
5. Observe for signs and symptoms of cognitive impairment
6. Add a question about memory or cognition to health risk questionnaires
7. Use information about health conditions and functioning from existing patient records
8. Combine approaches

Appendices 27

K

Kickstart the Cognition Conversation Approaches and Tools

APPROACHES

RAISE THE TOPIC OF BRAIN HEALTH.

PCPs can raise the topic of brain health during any office visit with an older adult, including an Annual Wellness Visit. By raising this topic, PCPs will communicate to their older adult patients that brain health and changes in memory and cognition that may occur in aging are important aspects of their overall health. Raising the topic will also help to normalize attention to cognition in primary care and encourage older adults to be aware of changes in their cognition and to tell their PCP about cognition-related concerns, if any. Many older adults are reluctant to express such concerns to their PCP, in part because of fear and stigma often associated with dementia. A frank yet sensitive introduction to the topic by the PCP is a highly appropriate first step to kickstart the cognition conversation. This approach can open the way for older adults to reveal any cognition-related concerns they may have.

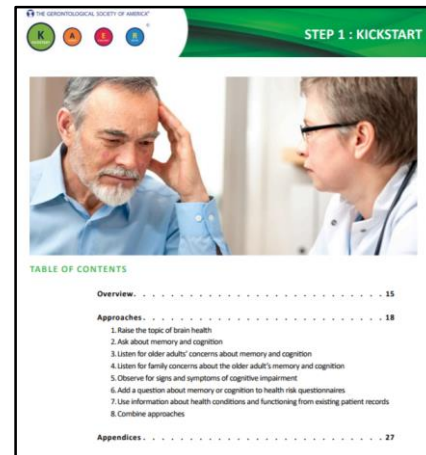
Figure K-1. Key Messages for Older Adults About Brain Aging

- The brain ages, just like other parts of the body.
- Cognitive aging is not a disease. It is a natural, lifelong process that occurs in every individual.
- Cognitive aging is different for every individual.
- Some cognitive functions improve with age.
- There are steps patients can take to protect their cognitive health.

Source: Institute of Medicine, 2015a.

A 2015 Institute of Medicine (IOM) report, *Cognitive Aging: Progress in Understanding and Opportunities for Action*, recommends that PCPs and other health care professionals should provide patients and families with information about brain health and aging. The related four-page document, [Cognitive Aging: An Action Guide for Health Care Providers \(Appendix K-1\)](#), suggests five key messages that PCPs could use in providing such information (Figure K-1) (IOM, 2015a).

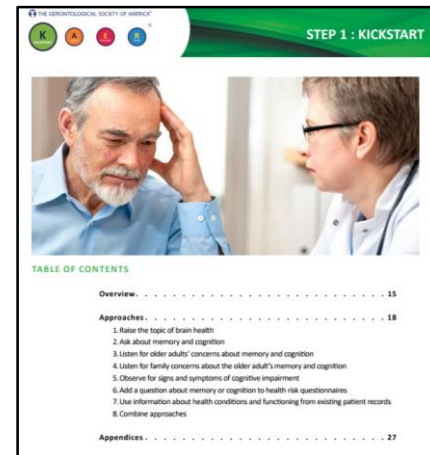
IOM (2015b) also created a similar four-page document for older adults and their families, [Cognitive Aging: An Action Guide for Individuals and Families \(Appendix K-2\)](#).



Links to page in appendix

K

Kickstart the Cognition Conversation Approaches and Tools



- ➡ **Appendix K-1** [Cognitive Aging: An Action Guide for Health Care Providers](#)
- Appendix K-2** [Cognitive Aging: An Action Guide for Individuals and Families](#)
- Appendix K-3** [Brain Health As You Age: You Can Make a Difference!](#)
- Appendix K-4** [Brain Health As You Age: Power Point Presentation](#)
- Appendix K-5** [Brain Health As You Age: Flyer](#)
- Appendix K-6** [Salud cerebral con el paso de los años](#)
(Brain Health As You Age Flyer in Spanish)
- Appendix K-7** [ACP Medicare Annual Wellness Visit Letter](#)
- Appendix K-8** [Clinician Factsheet: Detection of Cognitive Impairment](#)

K

Kickstart the Cognition Conversation Approaches and Tools

Links to
original source



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STEP 1 : APPENDIX K-1

COGNITIVE AGING

An Action Guide for Health Care Providers




COGNITIVE AGING
An Action Guide for Health Care Providers

For the vast majority of adults, staying “mentally sharp” as they age is a high priority. Memory lapses may trigger fears of Alzheimer’s disease or other dementia-related diseases. At a time when the older population is rapidly growing in the United States, health care providers should be prepared to advise patients and their families about cognitive health.

There is a need for core competencies in cognitive aging for providers who see older adults, as well as more research on risk and preventive factors and potential interventions for cognitive aging. But there are resources available now to meet the increasing demand for information about cognitive health and aging. *Cognitive Aging: Progress in Understanding and Opportunities for Action*, a 2015 report from the Institute of Medicine (IOM), analyzes the best available evidence to help offer guidance for providers.

Key messages for patients about cognitive aging

- **The brain ages, just like other parts of the body.** The brain is responsible for “cognition,” a term that describes mental functions including memory, decision making, processing speed, and learning. As the brain ages, these functions may change—a process called “cognitive aging.”
- **Cognitive aging is not a disease.** It is not the same as Alzheimer’s disease or other types of dementia. Cognitive aging is a natural, lifelong process that occurs in every individual.
- **Cognitive aging is different for every individual.** Some people may experience very few effects, while others may undergo changes that can affect cognitive abilities needed to carry out daily tasks, such as paying bills, driving, and following recipes.
- **Some cognitive functions improve with age.** Wisdom and knowledge often increase with age, and older adults report greater levels of happiness and satisfaction than their younger counterparts.
- **There are steps patients can take to protect their cognitive health.** Although aging is inevitable, it is possible to promote and support cognitive health and adapt to age-related changes in cognitive function.



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STEP 1 : KICKSTART




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6. Add a question about memory or cognition to health risk questionnaires

7. Use information about health conditions and functioning from existing patient records

8. Combine approaches

Appendices 27



Assess for Cognitive Impairment: Approaches and Tools

Target patient group?

- Patient or family expresses memory or cognition-related concern
- You note such changes since last office visit during clinical examination

When to initiate?

- Immediately, ideally during same visit that concerns or changes expressed or noted

What to do?

- Use brief cognitive status test to assess for cognitive impairment
- Determine if test performance indicates impairment





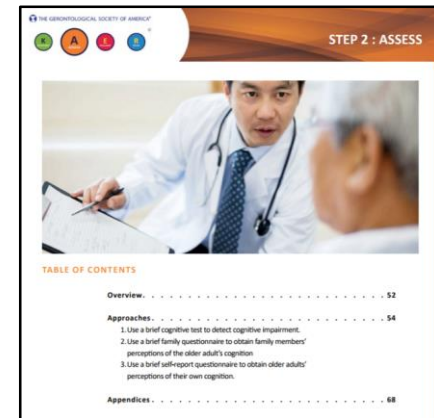
Assess for Cognitive Impairment: Approaches and Tools

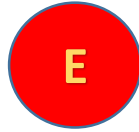
APPROACHES

- Use a brief cognitive test to detect cognitive impairment
- Use a brief family questionnaire to obtain family members' perceptions of the older adult's cognition
- Use a brief self-report questionnaire to obtain older adults' perceptions of their own cognition

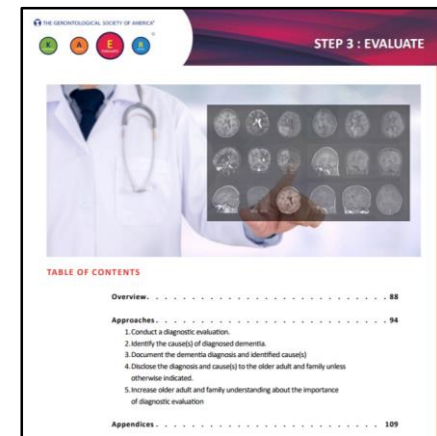
TOOLS

- Mini-Cog
- GPCOG
- Memory Impairment Screen
- Assessing Cognitive Impairment in Older Patients: A Quick Guide for Primary Care Physicians
- AD8 Dementia Screening Interview
- GPCOG Informant Interview
- Short IQCODE
- Alzheimer's Association Medicare Annual Wellness Visit for Assessment of Cognition
- KNOW the 10 Signs: Early Detection Matters





Evaluate for Dementia: Approaches and Tools



Target patient group?

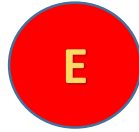
- Cognitive status test performance indicates impairment based on thresholds defined by each test

When to initiate?

- After discussing cognitive status test results with the patient, and where appropriate, family members

What to do?

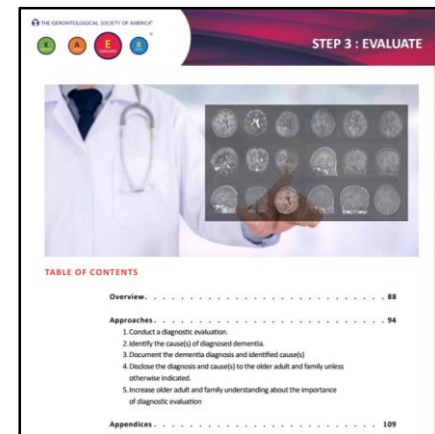
- Rule out known reversible causes of cognitive impairment
- If adequately trained and experienced, and consistent with any relevant health care system protocols, proceed with full diagnostic workup per clinical practice guidelines
- Alternatively, refer patient to qualified clinical specialist or team with expertise in dementia diagnosis

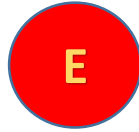


Evaluate for Dementia: Approaches and Tools

APPROACHES

- Conduct a diagnostic evaluation
- Identify the cause(s) of diagnosed dementia
- Document the dementia diagnosis and identified cause(s)
- Disclose the diagnosis and cause(s) to the older adult and family unless otherwise indicated
- Increase older adult and family understanding about the importance of diagnostic evaluation

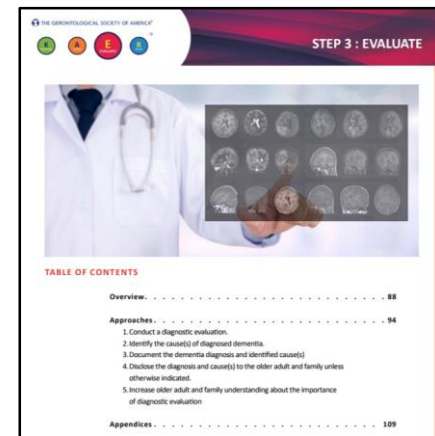




Evaluate for Dementia: Approaches and Tools

TOOLS

- Montreal Cognitive Assessment Tool (MoCA)
- (MoCA) Cognitive Assessment Tool
- Saint Louis University Mental Status (SLUMS) Examination
- Confusion Assessment Method (CAM)
- Patient Health Questionnaire-9 (PHQ-9)
- Geriatric Depression Scale (GDS)
- Center for Epidemiologic Studies Depression Scale (CES-D)
- Katz Index of Independence in Activities of Daily Living (ADL)
- Instrumental Activities of Daily Living (ADL)
- Functional Activities Questionnaire (FAQ)
- In Brief for Healthcare Professionals: Differentiating Dementias
- Commonly Used ICD-10 Codes for Alzheimer's Disease, Vascular Dementia, Frontotemporal Dementia, Dementia with Lewy Bodies, and Mild Cognitive Impairment
- In Brief for Healthcare Professionals: Increasing Disclosure of Dementia Diagnosis
- Potential Benefits of Early Diagnosis of Dementia
- In Brief for Healthcare Professionals: Special Issues in Memory Loss, Alzheimer's Disease and Dementia



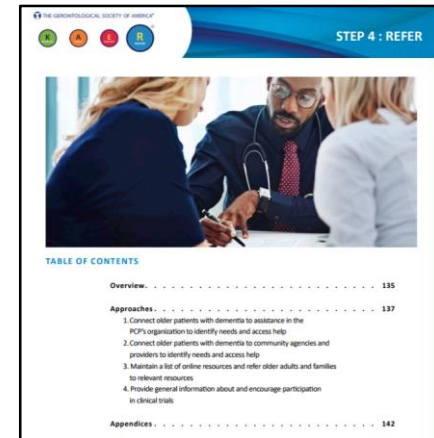


Detection vs Diagnosis

- Important distinction between detecting cognitive impairment and arriving at accurate diagnosis.
- It is essential that patient and family understand the importance of following up with a full diagnostic workup (“E” step) if cognitive impairment detected in “A” step.
- Studies have shown that many patients do not proceed to “E” step, so this is a point along the KAER process where physician support to continue is critically important.



Refer for Community Resources: Approaches and Tools



Target patient group?

- Essential for patients with any dementia diagnosis
- Strongly encouraged for patients with detected cognitive impairment but not yet diagnosed

When to initiate?

- Immediately upon learning of confirmed diagnosis
- Upon detection of cognitive impairment if patient and family wish to learn more

What to do?

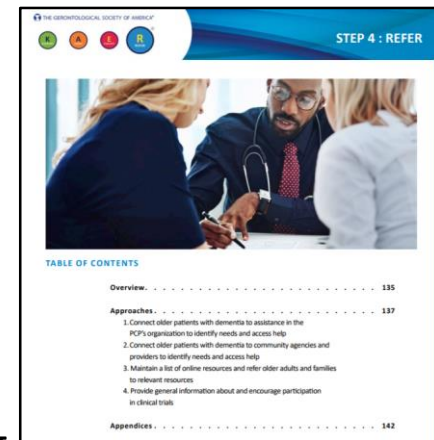
- Create a list of agencies and individuals in your community that can assist your patients with dementia and their families
- Connect your patients and their families to one of these agencies or individuals



Refer for Community Resources: Approaches and Tools

MEDICARE BILLING CODE: G0505

- Effective January 1, 2017
- Medicare provides reimbursement to clinicians for care planning services provided to individuals with cognitive impairment
- What clinicians can be reimbursed under this code?
 - Physicians
 - Physician assistants
 - Nurse practitioners
 - Clinical nurse specialists
 - Certified nurse midwives
- Who is eligible?
 - Includes all Medicare beneficiaries who are cognitively impaired, including those with --
 - Alzheimer's disease
 - Other dementias
 - Mild cognitive impairment
 - Individuals without a clinical diagnosis who, in the judgement of the clinician, are cognitively impaired





Refer for Community Resources: Approaches and Tools

MEDICARE BILLING CODE: G0505

- How often can care planning be provided?
 - No restrictions on how often clinicians can provide and bill
 - A formal update to a care plan should occur at least once a year
- Clinicians should review their local Medicare coverage policies for billing limitations for this code

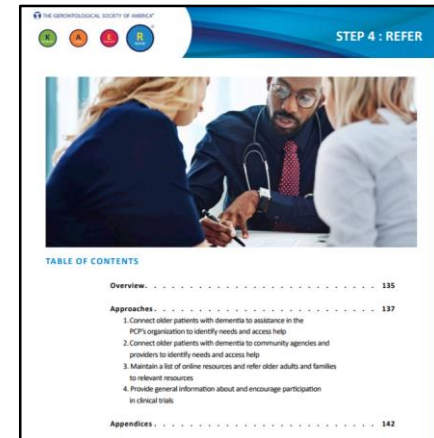




Refer for Community Resources: Approaches and Tools

MEDICARE BILLING CODE: G0505

- How are caregivers included the code?
 - Specific identification of a caregiver as well as an assessment of that caregiver's knowledge, needs, and ability to provide care
 - Caregivers may also be included throughout each of the required service elements of G0505, including a detailed care plan for the person with cognitive impairment.





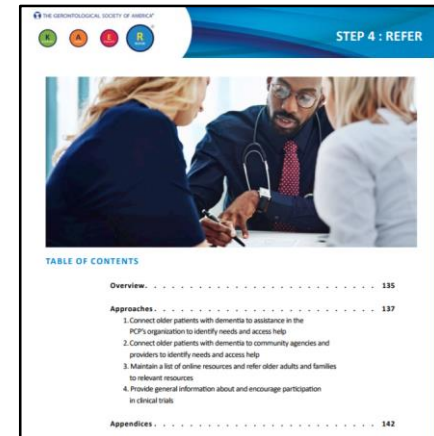
Refer for Community Resources: Approaches and Tools

APPROACHES

- Connect older adults with dementia to assistance in the PCP's organization to identify needs and access help
- Connect older adults with dementia to community agencies and providers to identify needs and access help
- Maintain a list of online resources and refer older adults and families to relevant resources
- Provide general information and encourage participation in clinical trials

TOOLS

- Template for PCP Referrals to community and regional agencies
- ALZ Direct Connect
- Minnesota Senior LinkAge Line Training, provided by the Minnesota Board of Aging
- Care Needs Assessment Tool
- Standard Care Plans for Older Adults and Families
- Online Resources to help older adults, families, and others understand and engage in detection of cognitive impairment, diagnostic evaluation, and post-diagnostic referrals





Desired Outcomes

Beneficiary and family-specific
health-related outcomes

Bottom Line:

Detection, Diagnosis, and Documentation
of Cognitive Impairment and Dementia
are essential for:

Appropriate medical care

Appropriate home and community-based services

Desired outcomes for people with dementia and their families

Health Outcomes

What Matters?

Person with dementia

- Longer life and improved function/participation
- Significant symptom improvement allowing better function/participation
- Coordinated care planning
- Reduced need for burdensome tests and treatments
- Fewer ED visits, hospitalizations
- Avoidable nursing home admissions

Family caregivers

- Reduced caregiving burden
- Improved emotional and physical health
- Improved knowledge about dementia management techniques
- Improved knowledge about available community resources

Utilizing the Toolkit

Pertinent Questions to Consider

1. What level of **satisfaction** do I have with the current way my practice detects and diagnose cognitive impairment?
2. Do I have a **vision** for 'best practice' cognitive impairment detection and early diagnosis in my practice?
3. Do I have an **action plan** for improving cognitive impairment detection and early diagnosis in my practice?
4. What is causing me and my employees to **resist** changing the way my practice detects and diagnose cognitive impairment?
5. Thinking of **small steps**, which tools from the GSA KAER toolkit are appropriate for my practice?



Utilizing the Toolkit

Pertinent Questions to Consider

What are the first steps in my **action plan** to increase cognitive impairment detection and early diagnosis of dementia?

1. How might I “**kickstart**” the cognition conversation with my patients
2. How might I “**assess**” if my patient is symptomatic
3. How might I “**evaluate**” with full diagnostic workup if cognitive impairment is detected with my patient
4. How might I “**refer**” to community resources and clinical trials.



Next Steps

- Sign up for updates

KAER Toolkit Updates

Use the sign up form below to receive notifications when updates are made to the KAER toolkit.

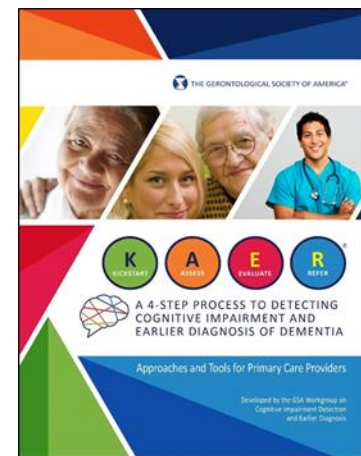
Email address:

SUBSCRIBE

(required) Your name:

- Share new tools
 - Will be evaluated by the GSA Workgroup
- Share experiences

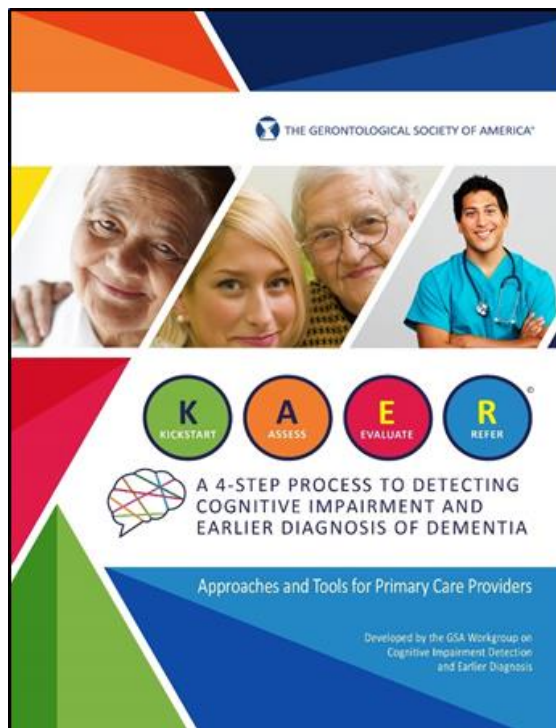
Send to ktracy@geron.org



How to Use the GSA KAER Toolkit: *A 4-Step Process to Detecting Cognitive Impairment and Earlier Diagnosis of Dementia*



Questions and Discussion



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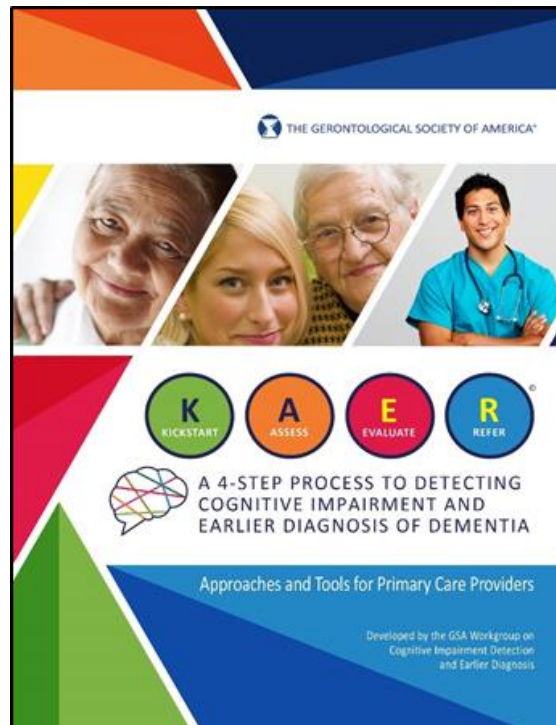


Thank you!

**Please provide feedback by
responding to the survey!**



COGNITIVE
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DIAGNOSIS



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