

IMPROVING EARLY DETECTION DURING MEDICARE ANNUAL WELLNESS VISITS

PROBLEM

According to the Utah 2015 Behavioral Risk Factor Surveillance System, 11 percent of Utahns aged 45 and older report experiencing confusion or memory loss that is happening more often or is getting worse. Yet nearly 60 percent of them have not talked to a health care professional about it.

Discussions with health care providers about memory problems is the first step toward obtaining a diagnosis, accessing available symptomatic treatments, receiving referrals to information and supportive services, and developing a care plan. Diagnoses of dementia in later stages may lead to higher levels of disability while receiving care, delays in accessing timely primary care, lack of care coordination, and duplication of services across providers.

SOLUTION

Utah's State Plan for Alzheimer's and Related Dementias calls for action to improve dementia care capacity and enhance the competency of primary care providers. Similarly, actions in the *Healthy Brain Initiative Public Health Road Map* include improving health care providers' ability to recognize the early warning signs of dementia and knowledge of validated cognitive assessment tools.

To inform efforts to improve early detection of cognitive impairment, UDOH contracted with HealthInsight, a quality improvement organization, to interview providers about their experiences

and processes conducting cognitive assessments during the Medicare Annual Wellness Visit (AWV). HealthInsight found about half of the physicians interviewed use the Mini-Mental Status Exam, a validated tool to assess cognition during the Medicare AWV. Others expressed a need for tools to detect early-stage memory loss.

The resulting *Cognitive Assessments During Medicare Annual Wellness Visits* report was a collaborative product from HealthInsight; UDOH; the Center for Alzheimer's Care, Imaging and Research at the University of Utah (Utah's largest dementia diagnostic clinic); and Intermountain Medical Center. All Utah primary care physicians received the report, a list of resources for people with cognitive impairment, and a recommendation from UDOH's executive director for routine cognitive assessments during the Medicare AWV using validated tools. These recommendations are especially useful to rural healthcare providers serving older Utahns due to barriers to accessing specialty care.

INITIAL OUTCOMES

The project deepened UDOH's understanding of the challenges physicians face in assessing cognition during the Medicare AWV, one of which was uncertainty about which validated tool to use. Receiving clear recommendations from UDOH's executive director can increase physician use of the tools during AWVs or other occasions in

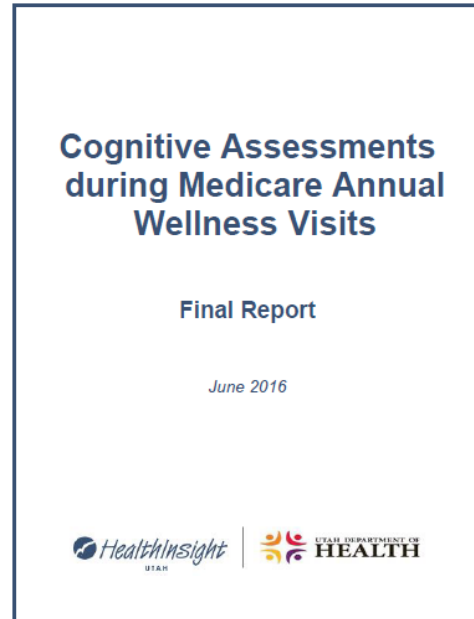
which a physician has concerns about potential cognitive impairment. Use of validated early detection tools helps physicians assess cognitive functioning and detect potential concerns before dementia progresses to a more advanced stage.

Based on physician interviews and the summit discussions, UDOH determined that increasing early diagnoses will require additional efforts. With new legislative support, UDOH plans to continue collaborating with HealthInsight to implement recommendations from the Cognitive Assessments report.

Specifically, HealthInsight will develop:

- Training for primary care physicians and their office staff on use of recommended both validated tools for cognitive assessments and workflow improvements to assure a reliable process in clinics.
- Cognitive health and wellness toolkits to help health care professionals navigate the cognitive assessment process, including assessment, diagnosis, referrals and community resources.

This set of actions is a promising practice that other states could adopt to promote early detection and diagnosis. Diagnoses in early stages of dementia may help reduce unnecessary hospitalizations.



Cover of report sent to all primary care physicians with recommendations about utilizing cognitive assessment tools

This brief is supported by Cooperative Agreement #5 NU58DP006115, funded by the Centers for Disease Control and Prevention. The findings and conclusions in this brief are those of the Alzheimer's Association and do not necessarily represent the official position of the Centers for Disease Control and Prevention.