

# Dementia Screening at Hope Clinic

Kang-Lin Tsai, MD, Wolf Frances, MD, Elizabeth Suniega, MD, FAAFP



## Background

- As the current population continues to age and patients ≥ 65 years of age will soon represent the largest age demographic within the United States, a vast number of patients are at risk of developing dementia and having multiple risk factors for this disease.
- Given that the Hope Clinic serves a multitude of underserved elderly patients from a variety of socioeconomic and cultural backgrounds, this project would be especially beneficial to these vulnerable patients within our community.
- In 2011, Medicare created guidelines regarding the Annual Wellness Visit, which included recommendations to screen for the potential presence of cognitive impairment. Additionally, the Centers for Medicare and Medicaid Services (CMS) advise assessing a patient’s cognitive function via a multifactorial approach.

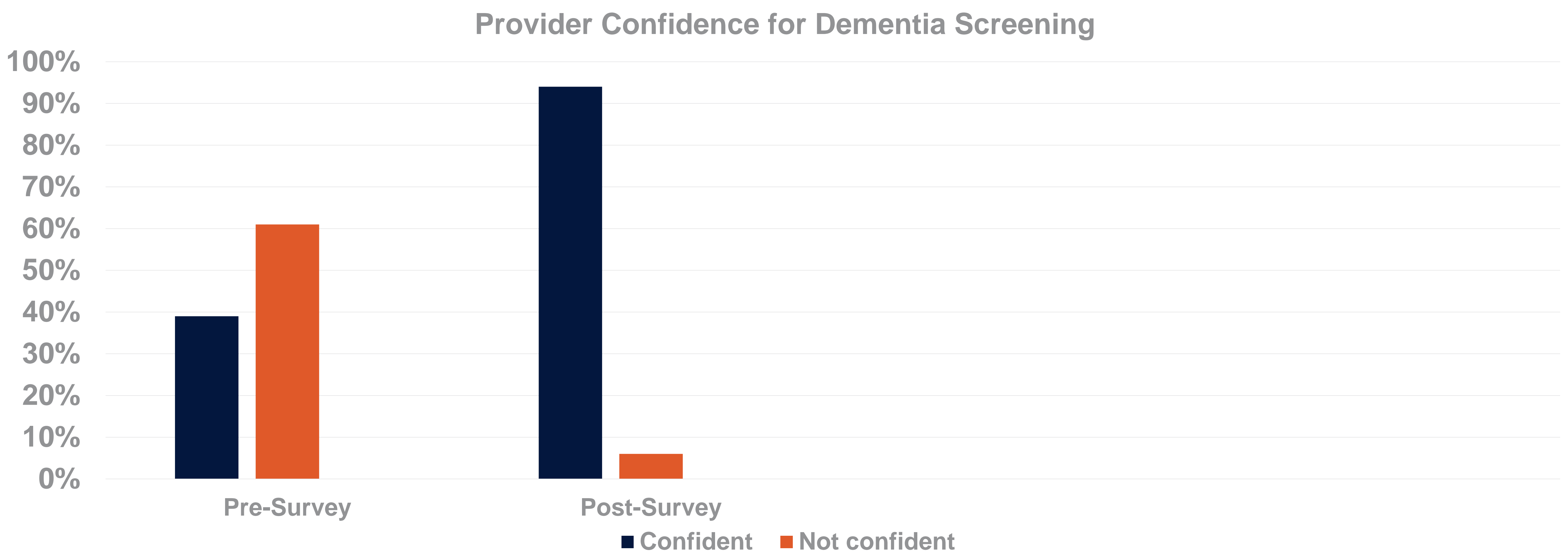
## Objectives

- The primary goal of this project is to establish a clinical protocol that can be utilized longitudinally and accurately screens for the possible presence of major neurocognitive disorder, which is also known as dementia, using a validated cognitive assessment tool (i.e. - the General Practitioner Assessment of Cognition (GPCOG)) in Hope Clinic patients that are ≥ 65 years of age.

## Materials & Methods

- We administer short surveys to the Family Medicine residents at the Hope Clinic - Main facility in order to assess how frequently they screen for dementia, as well as how confident they perceive themselves to be in identifying signs and symptoms of neurocognitive decline, within both the pre- and post-project phases.
- Family medicine residents will receive in-person training on how to appropriately administer the GPCOG, and be advised to do so at the beginning of every annual physical exam visit for patients ≥ 65 years of age. Training will be based upon the official GPCOG website (<http://gpcog.com.au/>), where there are training videos available
- The questionnaire will be printed out (in the patient’s preferred language) and handed to the patient after triage by the medical assistants while waiting for the provider.

## Results



## Materials & Methods (continued)

- Patients with positive GPCOG results concerning for cognitive impairment will be offered resources per his/her provider’s clinical recommendations (including, but not limited to, referrals for neurocognitive testing and/or home health with assistance from Care Coordinators, a handout (on the last page of this document) containing contact information for local geriatric governmental or nonprofit resources, and/or pharmacotherapy).

## Discussion

- After the 3 month project period, we aspire for the GPCOG screening form to be integrated into the screening process for geriatric patients at the Hope Clinic (i.e. – in addition to screening metrics regarding colonoscopies, mammograms, prostate cancer testing, PHQ9 testing, DEXA scans, and HIV and hepatitis C testing). Upon the completion of this project, we plan to improve the medical team’s understanding of dementia and the importance of screening for it. Additionally, we plan to streamline the process of providing both nonpharmacological and pharmacological resources to our patients, as well as introduce or connect families with many of helpful foundations, chapters, and governmental resources within both Houston and surrounding areas.

## Conclusions

- Through the encompassing education material provided by the official GPCOG website that was given to the resident body, there is improvement in the providers’ confidence in administering the dementia screening and also anecdotal accounts of utilization of the screening tool.
- We believe our dementia screening tool is in process of joining the comprehensive panel of comprehensive preventative screening tools that are being performed at Hope Clinic.
- In conclusion, we are increasing the standard of practice at Hope Clinic with basic guidelines set by the Centers for Medicare and Medicaid Services and the American Geriatrics Society.

## References

- (Boyd et al., *Decision making for older adults with multiple chronic conditions: Executive summary for the American Geriatrics Society Guiding Principles on the care of older adults with multimorbidity* 2019)
- “Cognitive Assessment & Care Plan Services.” CMS, <https://www.cms.gov/cognitive>.
- <http://gpcog.com.au/index/patient-assessment>

