

Proven: Systemic Training on Best Practices Improves Dementia Screening

By Daniel Sewell, MD

IT SHOULD COME AS NO SURPRISE TO ANY PHYSICIAN that training on best practices followed by EMR support in applying these practices will improve patient outcomes and provider competence. But in order to affect systemic change in San Diego County's healthcare systems, we felt we had to prove it. And we did.

The Alzheimer's Project Clinical Roundtable (APCR) has been working since 2014 to develop, establish and update standards of practice for the screening, evaluation and diagnosis, and care management of individuals with cognitive concerns and dementia. Physicians from every health system in our county contributed to their development and are now advocating for the broad application of these standards. The Clinical Roundtable's efforts have been noticed and adapted at the state level and by organized medicine throughout the country.

A major reason for creating these clinical guidelines was the rapidly increasing number of individuals 65-plus, and particularly 85-plus, resulting in a rapidly growing number

of individuals with cognitive decline alongside the inadequate number of specialists to whom primary care providers (PCPs) might refer these individuals.

PCPs daily see older adults with high blood pressure, diabetes, and other chronic diseases, and are best able to spot cognitive changes. Likewise, they will be the providers caring for the behavioral issues that may ensue over the 10 to 15 years of disease progression. So the guidelines were created to provide PCPs a quick and

consistent way to screen for potential dementia that would fit into their busy clinical practices.

To build a case for the benefits of dementia care best-practice standards, we launched a small-scale research study at two UC San Diego family medicine clinics, resulting in statistically significant improvements in physician comfort and competence in their clinical practice, and a significant increase in the number of patients with cognitive concerns who were appropriately screened and provided follow-up care.

As we had conducted numerous grand rounds and virtual trainings for physicians in San Diego County since 2017 when the guidelines were initially published, the use of a truly pure "control group" composed of physicians with no prior exposure to the educational programs and dementia care best practices created by APCR was not possible. So instead, the study was designed using a comparison group of clinicians who did not receive the training provided to physicians who were in the study (the intervention group). We were pleased to see that at four different time points over the course of the study the subjective assessment of the comfort and competence of clinicians in working with patients with cognitive complaints increased and that comfort and confidence was higher for intervention group PCPs than the comparison group PCPs. Dementia screening at both clinics

increased from baseline to post-intervention: 52.8% to 82.6% for clinic 1 and 66.1% to 86.9% for clinic 2.

The APCR created and subsequently updated eight on-demand webinar trainings on screening, evaluation, behavioral management, medications, and care planning; these units are all credentialed for both AMA and ANCC continuing education credits. PCPs in the intervention group were required to view these webinars and rated them highly. One-hundred percent said they were satisfied with the level of training they received. (These modules are available to all providers throughout the county at no cost, thanks to the partnership between Champions for Health and The Doctors Company.)

In addition to building comfort and competence on dementia screening and evaluation, the training also increased communications skills with patients and family caregivers, and statistically increased comfort in referring patients and families to community resources. In prior surveys of primary care providers, lack of information on community resources was a consistent concern of physicians.

One important component of the study was building enhancements into the electronic medical record system to prompt providers on the step-by-step evaluation process. Many health systems have not been able to track easily whether a screening

has been done or disease progression has occurred based on changes in serial patient screening scores. At the two UC San Diego Family Medicine clinics, all screening and evaluation instruments are now included as smartphrases with specific fields for scores; physicians no longer have to hunt through notes to find the information they need. Banners were added to alert providers if their Medicare Annual Wellness Visit patient-completed AD8 results require follow-up. Smart order sets make follow-up significantly easier. For example, providers are able to quickly click for caregiver information and lists of community resources to be added to the after-visit summaries.

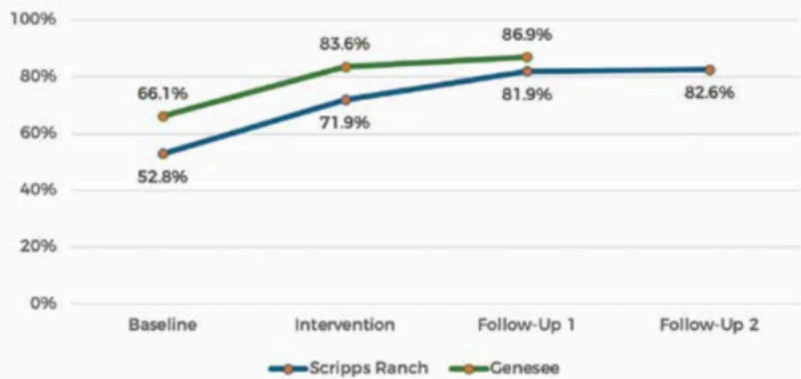
Relatively limited time for care provision continues to be an issue in primary care practice as most physicians can relate. It is challenging to address all the needs of older adult patients, particularly those with com-

munication or cognitive deficits, in short appointment slots. It is recommended that a separate appointment for cognitive screening, and particularly evaluation, be established, however we recognize that getting patients to return for follow-up appointments can also be challenging. The current Medicare billing standards for cognitive assessment and care planning do allow for billable one-hour visits and encourage progressive appointments. The billing code can be used twice each year, which should assist with these time concerns.

We are hopeful the results of the study will create urgency at both the clinician and system levels to utilize these best-practice guidelines to insure optimal screening, evaluation and diagnosis, and care management for our rapidly growing population of older adults facing memory concerns. While we are not advocating for annual universal screening of everyone 65 and older, the increasing number of individuals and their family members expressing concerns about memory and cognition is sufficient to keep primary care providers busy.

All of the resources created for providers and for patients and their family caregivers are available on the ChampionsforHealth.org/alzheimers website. We hope you will download information, include handouts in your after-visit summaries, and avail yourselves of the rich educational content developed through the SDCR for your benefit. +

Percent of Patients Aged 65 or Older with AD8® Screening Completed in the Past 12 Months by Clinic Site



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