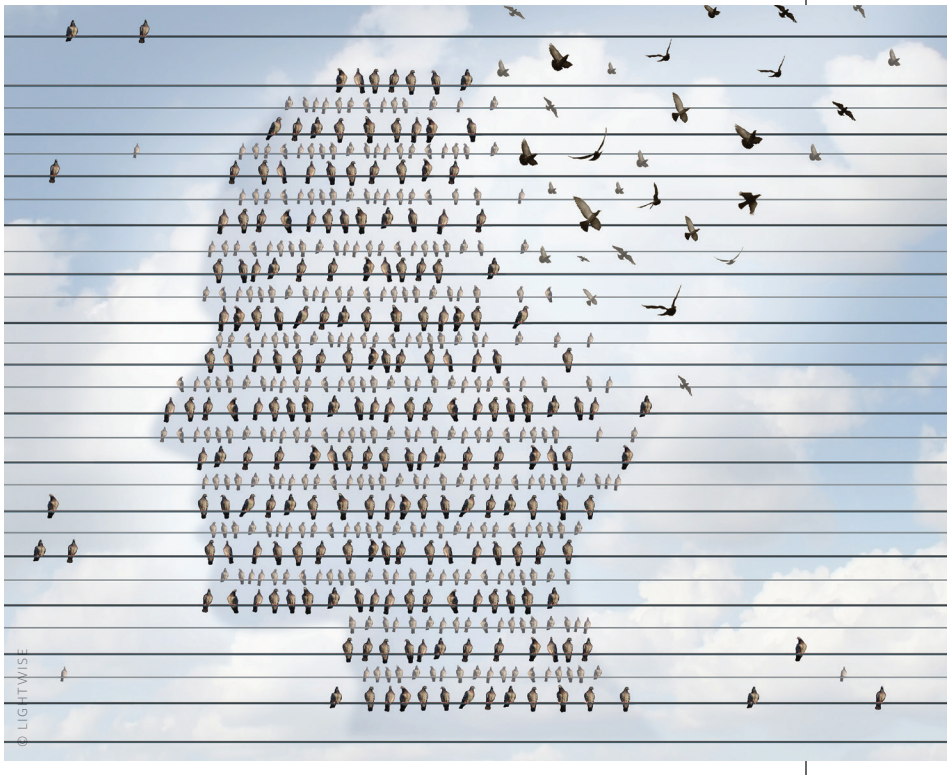
BRIAN K. UNWIN, MD, FAAFP, AGSF, CMD, NATALIA LOSKUTOVA, MD, PHD, PATRICK KNICELY, BA, AND CHRISTOPHER D. WOOD, DO

Tools for Better Dementia Care

Quality measures and clinical tools can bring focus and clarity to caring for patients with cognitive impairment and supporting their caregivers.



Alzheimer's Disease is the sixth-leading cause of death in the United States, and one in three American seniors dies of some form of dementia.[1] Caring for adults with dementia challenges physicians' usual paradigm of establishing a definitive diagnosis and then offering treatments to either alleviate the symptoms or improve the prognosis. Frustrated physicians may feel "there's nothing that can be done" and stick with what they know: focusing on the patients' co-morbid conditions, such as high cholesterol, hypertension, and diabetes. For the patients and their caregivers, however, it is dementia's cognitive, functional, and behavioral losses that most affect their quality of life. Diagnosis and treatment options for dementia may one day improve. In the meantime, focusing on what *can* be done, using a navigational framework and clinical tools like the ones described in this article, can help us to more effectively help patients and their families. ➤

ABOUT THE AUTHORS

Dr. Unwin is a practicing geriatrician and a professor of family and community medicine at the Virginia Tech Carilion School of Medicine in Roanoke, Va. Dr. Loskutova is a senior investigator and director of evaluation at the American Academy of Family Physicians National Research Network in Leawood, Kan. Patrick Knicely is an educational specialist for the Carilion Clinic's electronic medical record and clinical documentation program. Dr. Wood is a practicing geriatrician and internist, assistant professor of medicine at the Carilion School of Medicine, and clinic director for the Carilion Clinic Center for Healthy Aging. Author disclosures: no relevant financial affiliations disclosed.

USING DEMENTIA QUALITY MEASURES AND CARE KITS

The American Academy of Neurology and the American Psychiatric Association convened a work group of 26 members (including Dr. Unwin) from 21 international organizations "to conceptualize the best possible care for patients with dementia and their caregivers and to operationalize optimal processes for delivering such care."[2] The resulting Dementia Management Quality Measurement Set, disseminated in 2016, provides clinicians with a nationally recognized, evidence-based, clearly defined, effective group of metrics with which to evaluate their current level of care and that serves as a basis for quality improvement initiatives. (See "Dementia Management Quality Measurement Set.") Groups can use established quality improvement processes, such as Plan, Do, Study, Act (PDSA), to systematically target specific areas. For example,

KEY POINTS

- The Dementia Management Quality Measurement Set gives physicians goals to pursue in improving their care of patients and communication with caregivers.
- Physicians can use dementia toolkits to build tailored care plans that focus on the patient's short-term and long-term needs and goals.
- Some elements of dementia care can be performed by nonclinicians, improving clinical workflow.
- Medicare now reimburses physicians for cognitive assessment and care plan services.

DEMENTIA MANAGEMENT QUALITY MEASUREMENT SET

Measure title	Measure description
Disclosure of dementia diagnosis	Percentage of patients with a qualifying dementing disorder or disease whose diagnosis has been disclosed to them and, if available, their primary caregiver.
Education and support of caregivers for patients with dementia	Percentage of patients with dementia whose caregivers were provided education on dementia disease management and health behavior changes and were referred to additional resources for support in the last 12 months.
Functional status assessment for patients with dementia	Percentage of patients with dementia for whom an assessment of functional status was performed at least once in the last 12 months.
Screening and management of behavioral and psychiatric symptoms associated with dementia	Percentage of patients with dementia for whom there was a documented screening for behavioral and psychiatric symptoms, including depression, and for whom, if screening was positive, there was also documentation of recommendations for management in the last 12 months.
Safety concern screening and follow-up for patients with dementia	Percentage of patients with dementia or their caregivers for whom there was a documented safety screening for dangerousness to self or others and environmental risks and for whom, if screening was positive, there was also documentation they were provided recommendations for mitigation, which may include referral to other resources, in the last 12 months.
Driving screening and follow-up for patients with dementia	Percentage of patients with dementia for whom there was a documented screening for driving risks and for whom, if screening was positive, there was also documentation they were informed of alternatives to driving in the last 12 months.
Advance care planning and palliative care counseling for patients with dementia	Percentage of patients with dementia who have an advance care plan or surrogate decision-maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision-maker or provide an advance care plan. Percentage of patients with dementia or their surrogate decision-maker who received comprehensive counseling regarding ongoing palliation and symptom management and end-of-life decisions within two years of initial diagnosis or assumption of care.
Pain assessment and follow-up for patients with dementia	Percentage of patients with dementia who underwent documented screening for pain symptoms at every visit and, if screening was positive, also had documentation of a follow-up plan.
Pharmacological treatment of dementia	Percentage of patients with dementia or their caregivers with whom available guideline-appropriate pharmacologic treatment options and nonpharmacological behavior and lifestyle modifications were discussed at least once in the last 12 months.

Source: Dementia Management Quality Measurement Set Update. American Medical Association, American Academy of Neurology Institute, American Psychiatric Association; 2016. https://www.aan.com/siteassets/.../quality/quality-measures/15dmmeasureset_pg.pdf.

DEMENTIA PRACTICE TOOLS

Measure 1: Disclosure of dementia diagnosis

- Algorithm Guiding the Differential Diagnosis of Dementia: http://www.wai.wisc.edu/pdf/phystoolkit/diagnosis/algorithm_guiding_the_differentiadx_of_dementia.pdf
- Disclosing a Diagnosis of Dementia: http://canadiangeriatrics.ca/2013/01/volume-2-issue-3-disclosing-a-diagnosis-of-dementia/
- Alzheimer's Disease Diagnostic Guidelines: https://www.nia.nih.gov/health/alzheimers-disease-diagnostic-guidelines
- Patient Questionnaire: https://www.aafp.org/dam/AAFP/documents/patient_care/cognitive_care_kit/patient-questionnaire.pdf
- Family Questionnaire: https://www.aafp.org/dam/AAFP/documents/patient_care/cognitive_care_kit/family-questionnaire.pdf
- Care Coordination Practice Tool: http://www.actonalz.org/sites/default/files/documents/ACT-HealthCareSettings.pdf

Measure 2: Education and support of caregivers for patients with dementia

- Caregiver Resources and Long-Term Care: https://www.hhs.gov/aging/long-term-care/index.html
- Alzheimer's Caregiving: https://www.nia.nih.gov/health/alzheimers/caregiving
- Caregiver Profile: https://www.alz.org/media/Documents/caregiver-profile-checklist.pdf
- My Stress Thermometer: https://www.alz.org/media/Documents/stress-thermometer.pdf

Measure 3: Functional status assessment for patients with dementia

- Functional Activities Questionnaire: https://www.healthcare.uiowa.edu/familymedicine/fpinfo/Docs/functional-activities-assessment-tool.pdf
- Clinical Dementia Rating (CDR) Worksheet: https://knightadrc.wustl.edu/cdr/PDFs/Translations/English%20United%20States.pdf
- Katz Index of Independence in Activities of Daily Living: https://www.alz.org/media/Documents/katz-independence-activities-daily-living.pdf
- Lawton-Brody Instrumental Activities of Daily Living Scale: https://www.alz.org/media/Documents/lawton-brody-activities-daily-living-scale.pdf
- Decision-Making Capacity Assessment: https://www.alz.org/media/Documents/decision-making-capacity.pdf

Measure 4: Screening and management of behavioral and psychiatric symptoms associated with dementia

- Geriatric Depression Scale: https://www.aafp.org/dam/AAFP/documents/patient_care/cognitive_care_kit/gds.pdf
- BEHAV5+: https://www.alz.org/media/Documents/behav-5-plus.pdf
- Neuropsychiatric Inventory Questionnaire: https://www.alz.org/media/Documents/npiq-questionnaire.pdf
- Patient Health Questionnaire (PHQ-2): https://www.alz.org/media/Documents/nida-clin-trials-patient-health-question-2.pdf
- Antipsychotic Medication Reference: https://healthinsight.org/Internal/docs/nursing/antipsychotic_tool.pdf
- Antipsychotic Alternatives: https://www.nhqualitycampaign.org/files/AntipsychoticAlternatives.pdf

Measure 5: Safety concern screening and follow-up for patients with dementia

- Safety Assessment Checklist: https://www.alz.org/media/Documents/safety-assess-checklist.pdf

Measure 6: Driving screening and follow-up for patients with dementia

- Dementia and Driving: https://www.alz.org/help-support/caregiving/safety/dementia-driving
- Clinician's Guide to Assessing and Counseling Older Drivers: https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/812228_cliniciansguidetoolderdrivers.pdf

Measure 7: Advance care planning and palliative care counseling for patients with dementia

- What Is End-of-Life Care?: https://www.nia.nih.gov/health/what-end-life-care
- End-of-Life Checklist: https://www.alz.org/media/Documents/end-of-life-checklist.pdf

Measure 8: Pain assessment and follow-up for patients with dementia

- Practice Guidelines for Assessing Pain in Older Persons With Dementia Residing in Long-Term Care Facilities: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2871017/
- Pain Assessment in Advanced Dementia Scale (PAINAD): https://consultgeri.org/try-this/dementia/issue-d2.pdf

Measure 9: Pharmacologic treatment of dementia

- Current Pharmacologic Treatment of Dementia: http://annals.org/aim/fullarticle/739913/current-pharmacologic-treatment-dementia-clinical-practice-guideline-from-american-college
- How Is Alzheimer's Disease Treated?: https://www.nia.nih.gov/health/how-alzheimers-disease-treated

Source: Cognitive Care Kit. Leawood, KS: American Academy of Family Physicians; November 2017. https://www.aafp.org/patient-care/public-health/cognitive-care.html.

DEMENTIA CARE PLAN CHECKLIST

Cognitive problems	Actions	
☐ None ☐ Mild cognitive impairment ☐ Mild dementia ☐ Moderate stage ☐ Late stage Type of dementia: ☐ Alzheimer's ☐ Vascular ☐ Mixed ☐ Lewy body ☐ Frontal temporal ☐ Other	☐ Advance care planning (living wills, family meeting) ☐ Aging in place planning vs. assisted living ☐ Driving safety ☐ Exercise your body ☐ Exercise your brain (remediation, hobbies, games, computer, volunteering) ☐ Healthy diet (dietitian if needed, Meals on Wheels) ☐ Lab testing: CBC/CMP/TSH/B12/folate/RPR/HIV/Other _____	☐ Legal/financial planning (power of attorney, guardianship, advance directives) ☐ Medications to avoid (sleep aids, diphenhydramine) ☐ Social engagement (clubs, church, sports)
Neurological, mental health, behavioral, functional problems	**Actions**	
☐ Aggression ☐ Delusions ☐ Depression/suicide ☐ Hallucinations ☐ Decision making (capacity) ☐ Safety ☐ Sleep	☐ Alcohol avoidance ☐ Autonomy promotion ☐ Counseling ☐ Driving safety ☐ Environmental "rounds" ☐ Exercise ☐ Home safety ☐ Medications	☐ Music therapy ☐ Reminiscence therapy ☐ Relaxation therapy (art, pets, yoga, muscle relaxation) ☐ Sleep patterns ☐ Structure ☐ Support group ☐ Other
Medical problems	**Actions**	
☐ Lung disease ☐ Heart disease ☐ Parkinson's disease ☐ Vision and/or hearing ☐ Swallowing ☐ Cancer ☐ Dental ☐ Kidney disease ☐ Liver disease ☐ Gastrointestinal ☐ Urologic ☐ Other	☐ Cardiac rehab ☐ Dental care ☐ Fall prevention ☐ Hearing/vision evaluation ☐ Hospice care ☐ Immunizations (flu, pneumococcal, tetanus booster, shingles) ☐ Incontinence ☐ Physical therapy/occupational therapy evaluation ☐ Pulmonary rehabilitation ☐ Speech therapy evaluation ☐ Other _____	
Caregiver assistance	**Actions**	
	☐ Adult daycare ☐ Aging in place (home modification) ☐ Alzheimer's Association ☐ Assistance from other resources (clubs, church, family, co-workers) ☐ Barriers to assistance ☐ Behavior management skills ☐ Communication skills ☐ Disease-specific resources ☐ Environmental management ☐ Home aides	☐ Hospice ☐ Legal/financial planning ☐ Memory/communication aids (clock, calendar, glasses, hearing aids, pictures) ☐ Medical/practical supplies ☐ Medication management ☐ Safety planning (guns, stairs, home hazards, falls) ☐ Self-care actions ☐ Senior alert system ☐ Support group

AAFP FPM

***FPM* Toolbox** To find more practice resources, visit https://www.aafp.org/fpm/toolbox.

Developed by Brian K. Unwin, MD, Natalia Loskutova, MD, Patrick Knicely, and Christopher D. Wood, DO.
 Related article: https://www.aafp.org/fpm/2019/0100/p11.html.

clinicians could collect baseline data on how often they diagnose dementia and then develop and initiate a plan to enhance dementia assessment and diagnosis. They could then collect data on their plan's effectiveness and modify it as necessary.

In addition to the quality measurement set, the American Academy of Family Physicians (AAFP),[3] the Alzheimer's Association,[4] and others have developed toolkits that are evidence-based, user-friendly, informative, and scorable and can be incorporated into electronic health records (EHRs). They allow clinicians to systematically approach various domains of care, such as assessment and treatment of behavioral and psychiatric problems, and provide caregivers educational materials.

Combined with the measurement set, these tools give physicians quality improvement goals to strive for and the means to achieve them. (See "Dementia practice tools," page 13.) For example, measure eight, "Pain assessment and follow-up for patients with dementia," includes the appropriate tools for clinicians to conduct this assessment and relevant resources for the caregiver. Physicians can use these materials to optimally address dementia care needs.

CREATING DEMENTIA CARE PLANS

Physicians can also use these tools to develop comprehensive and organic care plans to achieve patient-centered goals. A dementia care plan has four core components:

- Defining and acting on the cognitive problems encountered,
- Managing the neurological, mental health, behavioral, and functional problems that result from the disease,
- Addressing relevant co-morbid conditions,
- Providing caregiver assistance.

The "Dementia care plan checklist" allows the clinician to address immediate needs, such as assessing safety to drive, while also encouraging long-range planning and goal setting, such as establishing a power of attorney and advanced directives. You should formally update the care plan every year or when disease progression is evident. An old adage for the care of patients with dementia is to "Provide safety and structure to the patient; sanity and serenity to the caregiver." Many issues of dementia care are out of anyone's control, so it is important to plan for the known, common problems that develop with this condition.

Some elements of these plans can be delegated to a well-trained care team with adequate resources. For example, clinical staff could administer some of the assessment tools over the telephone before a visit, asking a family member about the patient's function and cognition. Conducting selected tests and surveys either before or after the planned physician visit can optimize clinic workflow. (See the "Cognitive impairment visit template" available with the online version of this article: https://www.aafp.org/fpm/2019/0100/p11.html.) The practice could also develop protocols and provide training to enable clinical staff to help counsel patients and caregivers. Staff can provide patient evaluation and education handouts and connect patients and their caregivers with community resources, such as support groups and legal or financial services based on their priorities. Embedding these links in the practice's EHR can improve efficiency. ➤

REQUIRED ELEMENTS FOR CPT CODE 99483

- Record cognition-focused history, physical examination, and evaluation (include informant data).
- Document medical decision making of moderate or high complexity.
- Assess function (and needed level of assistance):
  - Activities of daily living: bathing, toileting, grooming, feeding, transferring, and continence.
  - Instrumental activities of daily living: telephone, shopping, food preparation, housekeeping, laundry, transportation, medication management, and finances.
- Measure stage and severity of cognitive impairment using validated instruments.
- Review and reconcile medication use (including over-the-counter medications).
- Evaluate neuropsychiatric syndromes.
- Evaluate safety factors (e.g., medication, weapons, home hazards, falls, driving, and egress).
- Identify caregiver needs and supports.
- Conduct advance care planning discussion and palliation needs.
- Create care plan and document sharing with patient and/or caregiver.

Incidentally, building relationships with community groups and service organizations can also result in referrals. The Carilion Clinic partnered with the Alzheimer's Association to sponsor a dementia care support group for patients and their caregivers.

GETTING PAID FOR DEMENTIA CARE

Delivering high-quality care to patients with cognitive impairment takes time, but Medicare only recently began reimbursing for it. CPT code 99483, "Assessment of and care planning for a patient with cognitive impairment," was introduced in 2018 to facilitate payment for care provided to eligible individuals who are cognitively impaired or may have cognitive impairment. Physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified nurse midwives can bill under the code, which requires a comprehensive dementia assessment and a dementia care plan. (See "Required elements for CPT code 99483," page 15.) The Medicare national payment allowance (not geographically adjusted) for 99483 is $241 in non-facility settings.[5] There are a number of codes that cannot be billed on the same date of service as 99483, including those for routine office visits, care plan oversight, psychiatric diagnostic evaluation, advance care planning, and home health care and hospice supervision. By addressing dementia care comprehensively with dedicated visits, other appointments can address significant co-morbid conditions.

Rethinking what is important in caring for patients with dementia and using readily available clinical tools to address those issues allows physicians to render exceptional care not only to the millions of patients affected by these conditions but also the millions more who care for them. FPM

Send comments to **fpmedit@aafp.org,** or add your comments to the article online.

1. Alzheimer's Association. 2018 Alzheimer's Disease Fact and Figures. https://www.alz.org/alzheimers-dementia/facts-figures. Accessed Nov. 7, 2018.
2. Sanders AE, Nininger J, Absher J, Bennett A, Shugarman S, Roca R. Quality improvement in neurology: dementia management quality measurement set update. *Neurology.* 2017;88(20):1951-1957.
3. American Academy of Family Physicians. Cognitive Care Kit. https://www.aafp.org/patient-care/public-health/cognitive-care.html. Accessed Nov. 7, 2018.
4. Alzheimer's Association. Cognitive Impairment Care Planning Toolkit. https://www.alz.org/getmedia/8db1c751-36b2-496b-ada7-6f015a080f02/cognitive-impairment-care-planning-toolkit. Accessed Nov. 7, 2018.
5. Centers for Medicare & Medicaid Services website. Physician Fee Schedule Search. https://www.cms.gov/apps/physician-fee-schedule/. Accessed Nov. 12, 2018.