An A- Z Guide for Working with Patients with Memory Loss and Dementia
Objectives

1. Gain proficiency in brief cognitive screening to help improve detection of memory loss among older patients

2. Describe evidence-based medication and non-medication interventions known to improve outcomes among patients with dementia and their care partners

3. Learn how to best support patients and care partners in accessing services throughout the continuum of the disease

4. Identify common health risks associated with caregiving and address the unique needs of dementia caregivers

5. Recognize how to incorporate health equity principles into dementia assessment, diagnosis and care
AIDET: Introduction 😊

• Presenter:
  – Adine Stokes, LSW
    • Multidisciplinary team practitioner (clinical settings)
    • Family centered care
    • Dementia care
    • Advance care planning

• Education, Background, Training
If we were successful today...

• What would you hope to learn?
• What are YOUR learning objectives?
• What was the one thing you hoped to take away from today’s session

• WE ONLY HAVE THREE HOURS, remember!
Introduction to ACT on Alzheimer’s
What is ACT on Alzheimer’s?

statewide
60+ ORGANIZATIONS

500+ INDIVIDUALS
volunteer driven
collaborative

IMPACTS OF ALZHEIMER’S

BUDGETARY
$$$

SOCIAL

PERSONAL
Collaborative Goals/Common Agenda

5 shared goals with a Health Equity perspective
ACT Tool Kit

• Evidence- and consensus-based best practice standards for Alzheimer’s care

• Tools and resources for:
  – Primary care providers
  – Care coordinators
  – Community agencies
  – Patients and care partners

www.actonalz.org/provider-practice-tools
Health Care Settings: Care Coordination

www.actonalz.org/provider-practice-tools
Dementia and Alzheimer’s
What is the difference between dementia and Alzheimer’s disease?
Dementia Diagnoses

- Alzheimer’s disease: 60-80%
  - Includes mixed AD + VD
- Lewy Body Dementia: 10-25%
  - Parkinson spectrum
- Vascular Dementia: 6-10%
  - Stroke related
- Frontotemporal Dementia: 2-5%
  - Personality or language disturbance
  - Motor neuron dysfunction
Alzheimer’s Disease: Challenges and Opportunities
Alzheimer’s: A Public Health Crisis

• **Scope of the problem**
  - **5.3M** Americans with AD in 2015
  - Growing epidemic expected to impact **13.8M** Americans by 2050 and consume **1.1 trillion** in healthcare spending
  - Almost 2/3 are women (longer life expectancy)
  - If disease could be detected earlier incidence would be much higher
    - Pre-clinical stage 1-2 decades

• **Some populations at higher risk**
  - Older African Americans (2x as White-Americans)
  - Older Hispanics (1.5x as White-Americans)
The Lens of Health Equity

- Take into consideration health disparities and inequities
- Seek the attainment of the highest level of health for all people
- Help create a new style of “curb cut” by promoting cultural competence
Base Rates

- 1 in 9 people 65+ (11%)
- 1 in 3 people 85+ (32%)

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percent with Alzheimer’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 65</td>
<td>4%</td>
</tr>
<tr>
<td>65 -74</td>
<td>13%</td>
</tr>
<tr>
<td>75 -84</td>
<td>44%</td>
</tr>
<tr>
<td>85 +</td>
<td>38%</td>
</tr>
</tbody>
</table>

Alzheimer's Association Facts and Figures 2014
Challenges & Opportunities

• AD under-recognized by providers
  – Only 50% of patients receive formal diagnosis
    • Millions unaware they have dementia
  – Diagnosis often delayed on average by 6+ years after symptom onset
  – Significant impairment in function by time it is recognized
    • Poor timing: e.g. diagnosis frequently at time of crisis, during hospitalization, because of a failure to thrive, or there is an urgent need for institutionalization

Boise et al., 2004; Boustani et al., 2003; Boustani et al., 2005; Silverstein & Maslow, 2006
Patients with Dementia

- A population with complex care needs

- Indisputable correlation between chronic conditions and costs

- 2.5 chronic conditions (average)
- 5+ medications (average)
- 3 times more likely to be hospitalized

Many admissions from preventable conditions, with higher per person costs

Alzheimer’s Association Facts and Figures 2014
Cognitive Impairment ID

PATIENT

- Mini-Cog score 0-3 OR Family Questionnaire 3 or more
  - Assess using SLUMS or MoCA
    - Score falls outside of normal range
      - MoCA:
        - Normal: 26-30
        - Mild Cognitive Impairment: 21-25
        - Moderate: 15-20
        - Severe: 0-14
  - Normal score
    - Refer to physician for dementia work-up

- Screen cognition using Mini-Cog AND Family Questionnaire (if family available)
  - Monitor patient for changes in condition, medication management needs and ER or hospital admission

- Mini-Cog score 4-5 AND Family Questionnaire 0-2
  - Diagnosis

DEMENTIA CARE COORDINATION
Practice Tips

• Often signs and symptoms are not recognized until they are quite pronounced
  – Attribution error: “What do you expect? She is 80 years old.”
  – Red Flag: Subjective impressions FAIL to detect dementia in early stages
Practice Tips

• Clinical interview
  – Let patient answer questions without help
    • Red Flag: “I am going to talk with you, Mr. Jones first, then your wife Mrs. Jones will have a chance to talk to me in a few minutes.”
  – Social skills remain largely intact until later stages of dementia
    • Easy to be fooled by: sense of humor, reliance on old memories, quiet/affable demeanor
    • Red Flag: Pay attention to a patient who frequently defers answers to family member
    • Red Flag: Inattentive to appearance – make note of appearance
    • Red Flag: Unexplained weight loss or “failure to thrive”
Practice Tips

• Chart Review
  – **Red Flag**: memory concerns, forgetfulness, memory complaints;
  – **Red Flag**: emergency contact is main contact for all communication with patient
  – **Red Flag**: Patient has been prescribed on Aricept/Donepezil or other cholinesterase inhibitors but no Alzheimer’s disease diagnosis on Problem List
Practice Tips

• On the telephone
  – Many patients know the correct answer for the “YES” and “NO” questions that are asked on our patient flows.
    • Red Flag: CM: “Are you taking your mediation? Do you forget to take it?”
    • Red Flag: Pt.: “Oh No! I never forget to take my medication
    • “Explain to me how you take your medication? How do you remember? When do you take it? What is ______rx_____ for?”
  – Watch and record repetition (not normal in 7-10 min conversation)
  – Don’t dismiss tangential, circumstantial responses
  – Pay attention when the patient loses track of the conversation
Practice Tips

• **Red Flags: Issues of Case Management**

  **ON THE PHONE:** how much of the picture are we getting?

  **IN THE CLINIC:** if the patient is alone, how much of the picture are we getting? If the caregiver does not feel free to speak, how much of the picture are we getting?

  **IN THE HOME:** if we don’t use a different lens, how much of the picture are we getting?
Practice Tips

- Family observations – know the patient better than anyone else and must be used as a historian to understand the patient’s issues
  - Red Flag: getting lost while driving
  - Red Flag: trouble following a recipe
  - Red Flag: asking same questions repeatedly
  - Red Flag: mistakes paying bills
  - Red Flag: reading the same paper or book over and over

- By the time family report problems, symptoms have typically been present for quite a while and are getting worse
Practice Tips

• Provide “real examples” to pt. and family members to help frame the issues the patient is living with:
  – Pt. is alone on a domestic flight across the country and the trip required a layover with an unexpected gate change, would he be able to manage that kind of mental task on his own?
    • Red Flag: “Not likely” for a patient of any age this is an issue worth exploring deeper
Practice Tips

• Intact older adult should be able to:
  – Describe at least 2 current events in adequate detail
    • (who, what, when, why, how)
  – Describe events of national significance recent and decades ago
    • 9/11, New Orleans disaster, Pearl Harbor
  – Name or describe the current President and an immediate predecessor
  – Describe recent medical history and report the conditions for which they take medication
“What next? What if they can’t?”

• Referral patient back to PCP for a cognitive screen.
• In Basket message PCP that you identified some issues while talking with patient.
• Develop a team protocol to manage the patient flow
Cognitive Screening
Provider Perspective

“Avoiding detection of a serious and life changing medical condition just because there is no cure or ‘ideal’ medication therapy seems, at worst, incredibly unethical, and, at best, just bad medicine.”

George Schoephoerster, MD
Family Practice Physician
Screening Measures

• Wide range of options
  – Mini-Cog™ (MC)
  – Mini-Mental State Exam© (MMSE)
  – St. Louis University Mental Status Exam™ (SLUMS)
  – Montreal Cognitive Assessment™ (MoCA)
  – Brief Interview for Mental Status (BIMS)

• All but MMSE free, in public domain, and online

Borson et al., 2000; Folstein et al., 1975; Nasreddine 2005; Tariq et al., 2006
Alternative Screening Tools

• Virtually all screening tools based upon a euro-centric cultural and educational model
• Consider: country and language of origin, type/quality/length of education, disabilities (visual, auditory, motor)
• Alternative tools may be less biased
Screening Administration

**DO** let the pt. know you are going to conduct a memory screen, but
- E.g. “We’re going to do something next that requires some *concentration.*”

**DO NOT**
- Use the word: “test” or “memory test”
- Allow patient to give up prematurely or skip questions
  - E.g. “Just do your best.”
- Deviate from standardized instructions, or break instructions down into smaller sections
- Offer multiple choice answers unless otherwise required
- Go soft on scoring
  - Score ranges already padded for normal errors
  - Deduct points where necessary – be strict
Mini-Cog™

Contents
- Verbal Recall (3 points)
- Clock Draw (2 points)

Advantages
- Quick (2-3 min)
- Easy
- High yield
  - executive function
  - memory
  - visuospatial

Subject asked to recall 3 words
Leader, Season, Table  +3

Subject asked to draw clock, set hands to 10 past 11  +2

Borson et al., 2000
MINI-COG™

1) GET THE PATIENT'S ATTENTION, THEN SAY: “I am going to say three words that I want you to remember now and later. The words are Banana Sunrise Chair.

Please say them for me now.” (Give the patient 3 tries to repeat the words. If unable after 3 tries, go to next item.)

(Fold this page back at the TWO dotted lines BELOW to make a blank space and cover the memory words. Hand the patient a pencil/pen).

2) SAY ALL THE FOLLOWING PHRASES IN THE ORDER INDICATED “Please draw a clock in the space below. Start by drawing a large circle.” (When this is done, say) “Put all the numbers in the circle.” (When done, say) “Now set the hands to show 11:10 (10 past 11).” If subject has not finished clock drawing in 3 minutes, discontinue and ask for recall items.

3) SAY: “What were the three words I asked you to remember?”

____________________ ___________________________ (Score 1 point for each) 3-Item Recall Score

Score the clock (see other side for instructions): Normal clock 2 points Abnormal clock 0 points

Clock Score

Total Score = 3-item recall plus clock score

0, 1, 2, or 3 = clinically important cognitive impairment likely;
4 or 5 = clinically important cognitive impairment unlikely
CLOCK SCORING

NORMAL CLOCK

A NORMAL CLOCK HAS ALL OF THE FOLLOWING ELEMENTS:
All numbers 1-12, each only once, are present in the correct order and direction (clockwise).
Two hands are present, one pointing to 11 and one pointing to 2.

ANY CLOCK MISSING ANY OF THESE ELEMENTS IS SCORED ABNORMAL. REFUSAL TO DRAW A CLOCK IS SCORED ABNORMAL.

SOME EXAMPLES OF ABNORMAL CLOCKS (THERE ARE MANY OTHER KINDS)

Pass
• ≥ 4

Fail
• 3 or less

Abnormal Hands

Missing Number

---

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Mini-Cog Research

• Performance unaffected by education or language
  Borson Int J Geriatr Psychiatry 2000

• Sensitivity (76% vs. 79%) and specificity (89% vs. 88%) similar to MMSE
  Borson JAGS 2003

• Does not disrupt provider workflow & increases rate of diagnosis in primary care
  Borson JGIM 2007

• Failure of screen associated with inability to fill pillbox
  Anderson et al Am Soc Consult Pharmacists 2008
Case Study: Colleen

- 66 y/o presents to primary care with memory complaints
- Daughter c/o short-term memory is poor
- Began 1-2 years ago, getting worse
- Hx Low blood sugar, history of heart attack, repeat hospitalizations for atrial flutter
- Frequent medication changes, managing independently
- Patient is a retired accountant for family business
- Lives with husband who is still running the family business
- Referred to Care Coordination
Colleen’s Clock
Colleen’s Score

Introductory Script:

We are going to take a quick look at your memory. Some people think this task is easy and others find it more challenging. Just do the best you can.

I am going to give you 3 words to try and remember. Listen carefully and repeat these words back to me when I’m finished:  **Leader, Season, Table**

(Repeat words if necessary to make sure patient has registered each one. Do not warn them that you will ask for the words again later).

(Fold paper in half so circle is facing patient). Now, I want you to make a clock for me by putting in all the numbers where they are supposed to go. Then, set the time for 10 past 11. (Repeat instructions as needed – this is not a memory test. If patient cannot complete the clock in 3 minutes, move on to next step).

Now, what were those 3 words I asked you to remember earlier?

Mini-Cog Scoring:

Word recall  \( \frac{2}{3} \)

Clock draw  \( \frac{2}{2} \)

Total  \( \frac{2}{5} \)

Screen FAIL:  0 – 3  

Screen PASS:  4 – 5

Word recall: 1 point for each word spontaneously recalled without cueing.

Clock draw: 0 or 2 points. To obtain credit, all numbers must be in correct sequence and position (e.g., 12, 3, 6, and 9 in anchor positions) with no missing or duplicate numbers. Two hands point toward 11 and 2 (length of hands does not matter).
Mini-Cog Exercise

Form in to groups of two

• Administer MiniCog to each other
• Score sample clocks
Clock #2
Clock #3
Clock #4
Clock #5
Clock #6
Clock #7
VAMC SLUMS Examination

Questions about this assessment tool? E-mail aging@slu.edu.

Name __________________________ Age __________________________

Is patient alert? __________________________ Level of education __________________________

1. What day of the week is it?
2. What is the year?
3. What state are we in?

4. Please remember these five objects. I will ask you what they are later.
   Apple Pen Tie House Car

5. You have $100 and you go to the store and buy a dozen apples for $3 and a tricycle for $20.
   1. How much did you spend?
   2. How much do you have left?

6. Please name as many animals as you can in one minute.
   0-4 animals 5-9 animals 10-14 animals 15+ animals

7. What were the five objects I asked you to remember? 1 point for each one correct.

8. I am going to give you a series of numbers and I would like you to give them to me backwards.
   For example, if I say 42, you would say 24.
   1 87 2 649 2 8537

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o’clock.
   2. Hour markers okay
   2. Time correct

Tariq et al., 2006
### SLUMS:
Saint Louis University Mental Status

<table>
<thead>
<tr>
<th></th>
<th>High School Diploma</th>
<th>Less than 12 yrs education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pass</strong></td>
<td>≥ 27</td>
<td>≥ 25</td>
</tr>
<tr>
<td><strong>Fail</strong></td>
<td>26 or less</td>
<td>24 or less</td>
</tr>
</tbody>
</table>

SLUMS: Colleen

http://youtu.be/jyp0ShPiUH8?list=UUOPv8U5bHcdDCm4edmQDY9g
SLUMS Scoring: Colleen

VAMC SLUMS Examination

Name: Colleen
Age: 60
Is patient alert? yes
Level of education: 1yr college

1. What day of the week is it? Saturday
2. What is the year? 2023
3. What state are we in?

4. Please remember these five objects. I will ask you what they are later.
   - Apple
   - Pen
   - Tie
   - House
   - Car

5. You have $100 and you go to the store and buy a dozen apples for $3 and a tricycle for $20.
   ① How much did you spend? $23
   ② How much do you have left? $77

6. Please name as many animals as you can in one minute. ⑦
   - 0-4 animals
   - 5-9 animals
   - 10-14 animals
   - 15+ animals
   - Banana
   - Apple

7. What were the five objects I asked you to remember? 1 point for each one correct.

8. I am going to give you a series of numbers and I would like you to give them to me backwards.
   For example, if I say 42, you would say 24.
   ① 87
   ② 649
   ③ 8537

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.
   ① Hour markers okay
   ② Time correct

10. Please place an X in the triangle.
    - □
    - △
    - □
SLUMS Scoring: Colleen
11. I am going to tell you a story. Please listen carefully because afterwards, I’m going to ask you some questions about it.
Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

What was the female’s name? Which work did she do? What state did she live in?

TOTAL SCORE

Department of Veterans Affairs

SAINT LOUIS UNIVERSITY

<table>
<thead>
<tr>
<th>High School Education</th>
<th>Normal</th>
<th>Less Than High School Education</th>
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<tbody>
<tr>
<td>27-30</td>
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<td>25-30</td>
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<tr>
<td>21-26</td>
<td>MNCD*</td>
<td>20-24</td>
</tr>
<tr>
<td>1-20</td>
<td>Dementia</td>
<td>1-19</td>
</tr>
</tbody>
</table>

* Mild Neurocognitive Disorder
MoCA: Montreal Cognitive Assessment

Pass
≥ 26

Fail
25 or less

Nasreddine et al., 2005
MoCA: Montreal Cognitive Assessment: Types

• Full
  – 10-15 minutes to administer
  – Almost 70 different languages

• Basic
  – <5 years of education

• Blind

• Mini – coming soon!
  – 5 minutes to administer
MoCA: Sam

http://youtu.be/ryf8SG0NQLQ?list=UUOPv8U5bHcdDCm4edmQDY9g
MoCA: Interactive scoring exercise for Sam
MoCA: Interactive scoring exercise for Sam
MoCA: Interactive scoring exercise for Sam

MONTREAL COGNITIVE ASSESSMENT (MOCA)
Version 7.1 Original Version

NAME: Sam
Education: 16+
Sex: M
Date of birth: 8/23/14

VISUOSPATIAL / EXECUTIVE

Copy cube

Draw CLOCK (ten past eleven) (3 points)

POINTS

NAMING

Contour Numbers +0 Hands

[Diagram of shapes and animals with scoring]
MoCA: Interactive scoring exercise for Sam

<table>
<thead>
<tr>
<th>MEMORY</th>
<th>FAGE</th>
<th>VELVET</th>
<th>CHURCH</th>
<th>DAISY</th>
<th>RED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
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<td>1st trial</td>
<td>✔️</td>
<td></td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd trial</td>
<td></td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<table>
<thead>
<tr>
<th>ATTENTION</th>
<th>62</th>
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</thead>
<tbody>
<tr>
<td>Read list of digits (1 digit/sec.). Subject has to repeat them in the forward order</td>
<td>21854</td>
</tr>
<tr>
<td>No points if ≥ 2 errors</td>
<td></td>
</tr>
<tr>
<td>Subject has to repeat them in the backward order</td>
<td>742</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LANGUAGE</th>
<th>62</th>
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</thead>
<tbody>
<tr>
<td>Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors</td>
<td>F B A C M N A A J K L B A F A K D E A A A J M O A A B</td>
</tr>
<tr>
<td>Serial 7 subtraction starting at 100</td>
<td>93</td>
</tr>
<tr>
<td>4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt</td>
<td></td>
</tr>
<tr>
<td>79</td>
<td>71</td>
</tr>
<tr>
<td>86</td>
<td>84</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ABSTRACTION</th>
<th>62</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeat: I only know that John is the one to help today. ✔️</td>
<td></td>
</tr>
<tr>
<td>The cat always hid under the couch when dogs were in the room. ✔️</td>
<td></td>
</tr>
<tr>
<td>Fluency / Name maximum number of words in one minute that begin with the letter F</td>
<td>✔️ 18 (N ≥ 11 words)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ABSTRACTION</th>
<th>62</th>
</tr>
</thead>
<tbody>
<tr>
<td>Similarity between e.g. banana - orange = fruit</td>
<td>✔️</td>
</tr>
<tr>
<td>train - bicycle</td>
<td>✔️</td>
</tr>
<tr>
<td>watch - ruler</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>DELAYED RECALL</th>
<th>62</th>
</tr>
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<tbody>
<tr>
<td>Has to recall words WITH NO CUE</td>
<td>FACE</td>
</tr>
<tr>
<td>Category cue</td>
<td></td>
</tr>
<tr>
<td>Multiple choice cue</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ORIENTATION</th>
<th>62</th>
</tr>
</thead>
<tbody>
<tr>
<td>[✓] Date</td>
<td>[✓] Month</td>
</tr>
</tbody>
</table>

© Z. Nasreddine MD
www.mocatest.org Normal ≥ 26 / 30
Administered by: DR. Barclay

Add 1 point if ≤ 12 yr.edu
Screening Tool Selection

Montreal Cognitive Assessment (MoCA)
- Sensitivity: 90% for MCI, 100% for dementia
- Specificity: 87%

St. Louis University Mental Status (SLUMS)
- Sensitivity: 92% for MCI, 100% for dementia
- Specificity: 81%

Mini-Mental Status Exam (MMSE)
- Sensitivity: 18% for MCI, 78% for dementia
- Specificity: 100%

Lerner 2012; Nasreddine et al., 2005; Tariq et al., 2006; Ismail et al., 2010
FAMILY QUESTIONNAIRE

We are trying to improve the care of older adults. Some older adults develop problems with memory or the ability to think clearly. When this occurs, it may not come to the attention of the physician. Family members or friends of an older person may be aware of problems that should prompt further evaluation by the physician. Please answer the following questions. This information will help us to provide better care for your family member.

In your opinion does __________________________ have problems with any of the following?

Please circle the answer.

1. Repeating or asking the same thing over and over?  
   Not at all  Sometimes  Frequently  Does not apply

2. Remembering appointments, family occasions, holidays?  
   Not at all  Sometimes  Frequently  Does not apply

3. Writing checks, paying bills, balancing the checkbook?  
   Not at all  Sometimes  Frequently  Does not apply

4. Deciding what groceries or clothes to buy?  
   Not at all  Sometimes  Frequently  Does not apply

5. Taking medications according to instructions?  
   Not at all  Sometimes  Frequently  Does not apply

Relationship to patient  __________________________
(spouse, son, daughter, brother, sister, grandchild, friend, etc.)

www.actonalz.org/pdf/Family-Questionnaire.pdf
# AD8 Dementia Screening Interview

**Patient ID#: __________**  
**CS ID#: __________**  
**Date: __________**

Remember, "Yes, a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems.

<table>
<thead>
<tr>
<th></th>
<th>YES, A change</th>
<th>NO, No change</th>
<th>N/A, Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Less interest in hobbies/activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Repeats the same things over and over (questions, stories, or statements)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave, remote control)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Brief Interview for Mental Status (BIMS)

Repetition of Three Words

Ask resident: “I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words.”

Number of words repeated after first attempt:

☐ 0. None    ☐ 1. One    ☐ 2. Two    ☐ 3. Three

After the resident’s first attempt, repeat the words using cues (“sock, something to wear; blue, a color; bed, a piece of furniture”). You may repeat the words up to two more times.

Temporal Orientation (orientation to month, year, and day)

Ask resident: “Please tell me what year it is right now.”

Able to report correct year:

☐ 0. Missed by > 5 years, or no answer
☐ 1. Missed by 2-5 years
☐ 2. Missed by 1 year
☐ 3. Correct

Ask resident: “What month are we in right now?”

Able to report correct month:

☐ 0. Missed by > 1 month, or no answer
☐ 1. Missed by 6 days to one month
☐ 2. Accurate within 6 days

Ask resident: “What day of the week is today?”

Able to report correct day of the week:

☐ 0. Incorrect, or no answer
☐ 1. Correct

Recall

Ask resident: “Let’s go back to the earlier question. What were the three words that I asked you to repeat?” If unable to remember a word, give cue (“something to wear,” “a color,” “a piece of furniture”) for that word.

Able to recall “sock”:

☐ 0. No - could not recall
☐ 1. Yes, after cueing (“something to wear”)  ☐ 2. Yes, no cue required

Able to recall “blue”:

☐ 0. No - could not recall
☐ 1. Yes, after cueing (“a color”)  ☐ 2. Yes, no cue required

Able to recall “bed”:

☐ 0. No - could not recall
☐ 1. Yes, after cueing (“a piece of furniture”)  ☐ 2. Yes, no cue required

Summary Score

Add scores for each question and fill in total score (00-15). Enter 99 if the resident was unable to complete the interview. _________
Dementia Care Coordination
Care and Treatment

• Plan of Care for patients with Alzheimer’s
  – pharmacology
  – psychosocial interventions

  – Care Coordination
    • Family/support system activation and;
    • Education
    • Resource rich referrals
Care Coordination

What are some of the challenges you face when working with people with dementia and their families?
ACT Practice Tool

CARE COORDINATION PRACTICE TOOL

COGNITIVE IMPAIRMENT IDENTIFICATION AND DEMENTIA CARE COORDINATION

PATIENT

- Mini-Cog score 0-3 or Family Questionnaire 3 or more
- Screen cognition using Mini-Cog AND Family Questionnaire (if family available)
- Assess using SLUMS or MoCA
- Normal score
- Refer to physician for dementia work-up
- Screen falls outside of normal range
- Diagnosis

DEMENTIA CARE COORDINATION

- Identify care partner
- Conduct comprehensive assessment of patient
- Provide disease education
- Develop care plan based on patient’s diagnosis and stage of disease (MCI, early, middle, late), needs and goals
- Arrange services and supports
- Determine visit frequency
- Develop plan for communication
- Monitor patient for changes in condition, medication management needs and emergency room or hospital admission
- Re-evaluate and modify care plan as needed
Dementia Care Plan Checklist

DEMENTIA CARE PLAN CHECKLIST

With the patient and care partner, create a person-centered plan to meet identified needs, address barriers and set goals based on the patient’s values.

**Conduct comprehensive assessment of patient (include care partner).**
- Refer to the Taking Action Workbook (www.actonalz.org/pdf/Taking-Action.pdf)
- Contact Alzheimer’s Association Minnesota-North Dakota at 1-800-272-3900 or visit www.alz.org/mnnd/

**Educate the patient and care partner about diagnosis and disease process.**

**Develop care plan based on patient’s diagnosis and stage of disease, needs and goals.**

**Medication Therapy and Management**
- Discuss prescribed and over-the-counter medications
- Refer to pharmacist for medication review and to simplify medication regimen
- Work with patient’s health care team to create a medication management plan
- Educate patient and care partner on medication management aids (pill organizers, dispensers, alarms)

Patients in middle and late stages will require medication oversight from care partner or health care professional.

**Maximize Abilities**
- Work with patient’s health care team to treat conditions that may worsen symptoms or lead to poor outcomes, including depression and co-existing medical conditions (e.g., diabetes, blood pressure, sleep dysregulation)
- Encourage patient to stop smoking and/or limit alcohol
- Refer to occupational therapy to maximize ability for self-care
- Encourage patient and care partner to establish routines

**Care Partner Education and Support (if patient has a care partner)**
- Refer to support groups, respite care, caregiver education and training programs, and caregiver coaching services. Contact the Alzheimer’s Association Minnesota-North Dakota at 1-800-272-3900 or the Senior LinkAge Line® at 1-800-333-2433

**Health, Wellness and Engagement**
- Encourage regular physical activity and healthy eating
- Contact Alzheimer’s Association for engagement programs (1-800-272-3900)
- Encourage lifestyle changes that may reduce disease symptoms or slow symptom progression
- Encourage socialization and participation in activities the patient enjoys


DEMENTIA CARE PLAN CHECKLIST (CONT.)

**Home and Personal Safety**
- Refer to an occupational therapist and/or physical therapist to address fall risk, sensory/mobility aids and home modifications
- Obtain MedicAlert® - Alzheimer’s Association Safe Return® (call 1-800-272-3900 or visit www.alz.org/care/dementia-medicalert-safe-return.asp)
- Refer to occupational therapy for driving evaluation
- Educate patient and care partner about safe driving
- See: At the Crossroads at www.thehartford.com/advance50/publications-on-aging or Dementia and Driving Resource Center at www.alz.org/driving

**Legal Planning**
- Refer to an elder law attorney
- Encourage patient to assign durable power of attorney and health care power of attorney

**Advance Care Planning**
- Encourage patient and family to discuss and document preferences for care when patient is not able to make decisions (see Honoring Choices at www.honoringchoices.org or Minnesota Healthcare Directives at www.maging.net/Advisor/HealthCareDirective.aspx)
- In middle and late stages, discuss palliative care and hospice with patient and care partner

**Arrange services and supports.**
- Link to an expert by calling Senior LinkAge Line® One Stop Shop for Minnesota Seniors at 1-800-333-2433 or visit www.Minnesotalink.info® to locate and arrange for support such as indoor and outdoor chore services, home-delivered meals, transportation, and assistance with paying for prescription drugs.

**Determine visit frequency and plan for communication.**
- Schedule regular check-ins with the patient and care partner (consider monthly face-to-face visits until relationship is established)
- Educate patient and care partner to contact care coordinator for changes in condition, assistance with medication management and emergency room or hospital admission

**Re-evaluate and modify care plan as needed.**
Identify Care Partner(s)

• Educate the patient: Dementia dx. require a team approach

• Ask the patient to identify a support system
  – Think outside the box:
    • Family, friends, neighbors, religious congregation members, colleagues, community organization volunteers or workers)
  – Task specific (e.g., doctor visits, managing meds.)
Comprehensive Assessment
Comprehensive Assessment

General Information

☐ Identify any language or cultural barriers
☐ Include family decision maker and emergency contact noting they may be different persons
☐ Identify a family/friend caregiver (might accompany the patient to primary care visits, provide medication set up, etc.)
☐ Identify other care coordinators involved in patient’s life/care (See page 10 for definitions/descriptions and other care coordination and transition models)
☐ List other agencies providing service/involved in the care of the patient

HCH Care Coordination Tool Kit

## Comprehensive Assessment

### Health Assessment

- Identify other physicians involved in care
- List conditions/diagnoses
- List medications, including: OTC drugs, herbal remedies and supplements; and assess interactions ([See page 20 for links and tools](http://mn4a.org/wp-content/uploads/HCH-Clinic-Coordinator-Toolkit_3-19-15 ADA-FINAL.pdf))
- Assess cognition (For all patients over 65 perform a Mini-Cog.) ([See link on page 24 for provider best practices](http://mn4a.org/wp-content/uploads/HCH-Clinic-Coordinator-Toolkit_3-19-15 ADA-FINAL.pdf))
- Assess ability to perform Activities of Daily Living (ADLs) and Instrumental ADLs in patient’s home environment
- Assess who assist with the ADLs if patient is not able to perform
- Identify need for special equipment/assistive devices
- Identify medical treatments/therapies being utilized
- Assess nutritional needs
- Identify utilization of other medical resources (frequency of hospitalizations, emergency room visits, nursing facility care)
- Assess self-preservation and safety
- Assess risk for abuse/neglect
- Assess exercise routine
- Identify hobbies and interests
Comprehensive Assessment

• Patient & Primary Care Partner/Caregiver
  – Identify language, cultural, health equity barriers
  – Identify physician(s)
  – Assess substance use / misuse
  – Behavioral health, depression
    • PHQ9, CES-D, GDS
Comprehensive Assessment

• Primary Care Partner / Caregiver
  – Consider assessing cognition for patient
    • > 65 or signs
    • symptoms present

  – Assess Caregiver burden
    • Zarit Burden Interview Short
      • http://www.uconn-aging.uchc.edu/patientcare/memory/pdfs/zarit_burden_interview.pdf
Developing the Care Plan
Care Plan Tool Highlights

- Disease Education
- Medication Therapy and Management
- Maximize Abilities
- Health, Wellness and Engagement
- Home & Personal Safety
- Legal Planning
- Financial Planning (for long-term care)
- Advance Care Planning
Disease Education
Resources for Patients & Caregivers
Disease Education

• ASK the patient / care partner:
  – What the doctor told them about their memory loss / diagnosis
  – What they know about the disease / questions about the diagnosis / disease
  – Biggest concerns; barriers to care / health
Disease Education: Print Materials

alzheimer's association
basics of alzheimer's disease
What it is and what you can do

living with alzheimer's
caring for caregivers

Caring for a Person with
Dementia: A Guide for Caregivers

At the Crossroads: A Guide for Hospital Staff

Hospitalization Happens: A Guide for Individuals with Memory Loss

The Hartford
Disease Education

- Partner with doctors
- Understand the disease
- Use team approach
- Plan ahead
- Ask for help
- Use community resources
- Role of care coordinator

Disease Education

Alzheimer’s: A message for newly diagnosed patients and their families

http://youtu.be/zEst_VxwA4U
Disease Education

- What is: MCI and AD?
- Partnering with health care providers
- Disclosing the diagnosis
- Managing symptoms
- Coping with symptoms
- Safety
- Legal / financial issues

Disease Education:
Care Coordinators
Disease Education:
Alzheimer’s Association Facts & Figures

https://youtu.be/kcl5UVwFyN0
### Disease Education: Stages of Alzheimer’s Disease

<table>
<thead>
<tr>
<th>Stage</th>
<th>Duration</th>
<th>Symptoms</th>
</tr>
</thead>
</table>
| Mild Cognitive Impairment (MCI) |               | - Increased forgetfulness   
- Increasingly overwhelmed by making decisions, planning steps to accomplish a task or interpreting instructions  
- Trouble finding way around familiar environments  
- More impulsive or increasingly shows poor judgment  
- Family and friends notice any of these symptoms |
| Alzheimer’s Disease Early Stage | 2-4 years in duration | - Forgetfulness  
- Trouble with time/sequence relationships  
- More mental energy needed to process  
- Trouble multi-tasking  
- Writes reminders, but loses them  
- Personality changes  
- Shows up at the wrong time or day  
- Preference for familiar things |
| Alzheimer’s Disease Middle Stage | 2-10 years in duration | - Fluctuating disorientation  
- Diminished insight  
- Changes in appearance  
- Learning new things becomes difficult  
- Restricted interest in activities  
- Declining recognition of acquaintances, relatives  
- Mood and behavioral changes  
- Functional declines  
- Alterations in sleep and appetite  
- Wandering  
- Loss of bladder control |
| Alzheimer’s Disease Late Stage | 1-3 years in duration | - Severe disorientation to time and place  
- No short-term memory  
- Long-term memory fragments  
- Loss of speech  
- Difficulty walking  
- Loss of bladder/bowel control  
- No longer recognizes family members  
- Inability to survive without total care |
Disease Education: What is AD?

What is Alzheimer’s disease?

http://youtu.be/ECbjK4Ra-Ys
Medication Therapy & Management

- Discuss prescribed and OTC medications
  - simplify medication regimen
  - reduce / eliminate anticholinergics, benzodiazepines, hypnotics, narcotics
- Create plan with care team
  - Family plan for managing meds
  - Med management aids (pill boxes, alarms)
  - Create & review medication log
# Medication Therapy & Management

## TAKING ACTION

A Personal and Practical Guide for Persons with Mild Cognitive Impairment (MCI) and Early Alzheimer’s Disease

## MEDICATION LOG

<table>
<thead>
<tr>
<th>DATE</th>
<th>PATIENT</th>
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</thead>
</table>

**MEDICATIONS:** PRESCRIPTION • OVER-THE-COUNTER • VITAMINS

<table>
<thead>
<tr>
<th>PRESCRIBING DOCTOR</th>
<th>MEDICATION</th>
<th>DOSAGE</th>
<th>DATE STARTED</th>
<th>WHAT FOR</th>
<th>SIDE</th>
</tr>
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</table>

## ALLERGIES


## MEDICAL CONDITIONS


Maximize Abilities

- Identify / treat conditions that may worsen symptoms or lead to poor outcomes health
  - Diabetes, HTN, sleep dysregulation
- Encourage patient to stop smoking/limit alcohol
- Refer to OT to maximize independence
  - e.g., simplify environment, maximize independence & self-care abilities
Maximize Abilities

• Communication
  • Educate and encourage supports to explore new methods of communication
    ✓ Simple, fewer steps
    ✓ “Yes” or “No”
  • Intentional communication can prevent or reduce dementia-related behavioral symptoms
Lifestyle changes that may reduce disease symptoms or slow progression

- Exercise
- Nutrition
- Stress reduction
- Meaning & purpose
- Relationships
- Health management
- Routine

Maximize Abilities: Routine

### Morning

<table>
<thead>
<tr>
<th>Day</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>7:00 a.m. Wake</td>
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<td></td>
<td>7:30 a.m. Meditation</td>
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<tr>
<td></td>
<td>8:30 a.m. Heart Healthy Breakfast</td>
<td>8:30 a.m. Mediterranean Breakfast</td>
<td>8:30 a.m. Mediterranean Breakfast</td>
<td>9:00 a.m. Religious Services</td>
</tr>
<tr>
<td></td>
<td>9:30 a.m. Golf with Jim</td>
<td>9:30 a.m. Gardening</td>
<td>10:00 a.m. Water Aerobics</td>
<td>10:30 a.m. Brunch with Friends</td>
</tr>
</tbody>
</table>

### Afternoon

<table>
<thead>
<tr>
<th>Day</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12:00 p.m. Lunch with Jim</td>
<td>12:00 p.m. Lunch with Friends</td>
<td>12:00 p.m. Lunch at the Gym</td>
<td>1:00 p.m. Nap</td>
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<td>2:00 p.m. Volunteer</td>
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<tr>
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<td>3:00 p.m. Snack</td>
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</table>

### Evening

<table>
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<tr>
<th>Day</th>
<th>Thursday</th>
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<th>Saturday</th>
<th>Sunday</th>
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</thead>
<tbody>
<tr>
<td>6:00 p.m. Walk with Gail</td>
<td>7:30 p.m. Brain Healthy Dinner</td>
<td>7:30 p.m. Brain Healthy Dinner</td>
<td>7:30 p.m. Family Dinner</td>
<td></td>
</tr>
<tr>
<td>7:30 p.m. Yoga Class</td>
<td>7:30 p.m. Brain Healthy Dinner</td>
<td>7:30 p.m. Brain Healthy Dinner</td>
<td>7:30 p.m. Family Dinner</td>
<td></td>
</tr>
</tbody>
</table>

### 11 p.m. Bed
Home & Personal Safety

• Develop a plan for 5 F’s:
  ✓ Fire
  ✓ Falls
  ✓ Firearms
  ✓ Finances
  ✓ Freeways

• Education for supports around all topic areas
  • help develop creative options
  • can increase adherence
Home & Personal Safety

• Refer to OT or PT
  ✓ Fall risk assessment
  ✓ Sensory / mobility aids
  ✓ Home safety inspection / modifications
  ✓ Driving evaluation

• Develop emergency plans
  ✓ Key phone numbers
  ✓ Which hospital
  ✓ What to do in event of a fire
  ✓ Medical emergency (e.g. POLST or med list by bed, etc.)

• Enroll in Medic Alert® Safe Return®
Legal Planning

- National Academy of Elder Law Attorneys
  www.naela.org/

- Volunteers of America
  www.voamnwi.org/estate-and-elder-law

- Legal and Financial Planning for people with Alzheimer’s disease

- Planning Ahead with Alzheimer’s disease
  www.alz.org/care/alzheimers-dementia-planning-ahead.asp
Financial Planning

• Encourage patient / care partner to assign durable POA
  ✓ Refer to Elder law attorney
• Encourage patient / care partner and other supports to talk about long-term care and when they would access support
  ✓ www.alz.org/i-have-alz/downloads/worksheet_financial_legal.pdf
Advance Care Planning

- Encourage patient to discuss / document preferences for care in a health care directive
  - Honoring Choices Patient Education Sheets
    - Get from ACP Tab in Epic
  - View and Use ACP tab in Epic
  - Encourage to talk to providers about POLST

- Discuss palliative and hospice options
  - Palliative Care Consultation Program
    - Fairview Home care and Hospice: 612-728-2468
  - When is the right time?
Care Coordinator:
Visit Frequency & Communication

- Schedule regular check-ins
- Educate patient / care partner WHEN to contact you
  - Change in condition
  - Assistance with med management
  - Before / after hospitalization
  - Change in living environment
  - New needs
Care Coordinator:
Visit Frequency & Communication

• Facilitate physician appointments
  ✓ Reminders, transportation
• Educate on physician engagement strategies
  ✓ Encourage care partner(s) to attend medical appointments
    ✓ Educate about HIPAA, as needed
  ✓ Educate on use of appointment log, medication log
# Appointment Log

## TAKING ACTION

A Personal and Practical Guide for Persons with Mild Cognitive Impairment (MCI) and Early Alzheimer’s Disease

## APPOINTMENT LOG

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>PATIENT</th>
<th>AW/PM</th>
<th>DOCTOR</th>
</tr>
</thead>
</table>

### TOP 3 CONCERNS

1. 
2. 
3. 

### NOTES


### TO DO

1. 
2. 
3. 
4. 
5. 

### NEXT APPOINTMENT

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>PATIENT</th>
<th>AW/PM</th>
<th>DOCTOR</th>
</tr>
</thead>
</table>
HIPAA Q & A

• HIPAA (Health Insurance Portability and Accountability Act)
• Federal law that protects medical information
• Allows only certain people to see information
  – Doctors, nurses, therapists and other health care professionals on the patient’s medical team
  – Family caregivers and others directly involved with a patient’s care (unless the patient says he/she does not want this information shared with others)

www.nextstepincare.org/Caregiver_Home/HIPAA/
United Hospital Fund, 2002
HIPAA: Sharing Patient Information

• If the patient is present and has the capacity to make health care decisions, a health care provider may discuss the patient’s health information with a family member, friend, or other person if the patient agrees or, when given the opportunity, does not object.

• If the patient is not present or is incapacitated, a health care provider may share the patient’s information with family, friends or others as long as the health care provider determines, based on professional judgment, that it is in the best interest of the patient.

www.nextstepincare.org/Caregiver_Home/HIPAA/
United Hospital Fund, 2002
Caregiver Support
Dementia Caregiving Risks

- Physical risks: caregiving increases the risk of health problems
- Social risks: caregivers frequently suffer from feelings of social isolation
- Psychological risks: caregivers are at increased risk of depression and burden
- Financial risks: caregiving places significant financial burdens on caregivers due to lost wages and cost of care
Care Plan: Caregiver Support

• Providing support for dementia caregivers is a societal imperative
  – 70% of individuals with Alzheimer’s disease live at home
  – In 2012, an estimated 15 million unpaid caregivers provided an estimated 17.5 billion hours of unpaid care
  – The health care system could not sustain the cost of care without unpaid caregivers
Common Caregiver Challenges

- Lack of disease knowledge / education
- Emotional stress, burden
- Need for support and respite
- Role changes
- Challenging family dynamics
- Communication difficulties
- Neglected health
- Putting patient needs first
- Challenging patient behaviors
- Planning for the future
Caregiver Support

• There is a strong correlation between the health and well-being of a care partner and the quality of care that she can provide.

• A care partner with a balanced outlook and good self-care practices can provide care for longer periods of time while maintaining his own health and well-being.
Role of Hospitalization

• More preventable hospitalizations
• Higher rates of delirium, falls, new incontinence, indwelling urinary catheters, pressure ulcers, functional decline & new feeding tubes
• Significantly less likely to regain preadmission functional abilities at 1 month, 3 months, or 1 year after discharge
• 3-7 times more likely to be living in a nursing home 3 months after discharge.
Role of Hospitalization

• Reduce Unnecessary Hospitalization
  – Falls
  – UTI / other medical conditions
  – Medications / medication mismanagement
  – Dementia-related behavior
  – Hospitalization alternatives

• Hospitalization – Pre-Planning
  – [www.aaa1c.org/docs/healthtips/Hospital_Visits_for_People_with_ALZ.pdf](http://www.aaa1c.org/docs/healthtips/Hospital_Visits_for_People_with_ALZ.pdf)
Top 5 Resources for Patients and Families
#1 Promoting Wellness & Function

LIVING WELL
A Guide for Persons with Mild Cognitive Impairment (MCI) & Early Dementia

In Partnership with:

HealthPartners
Center for Dementia & Alzheimer's Care

University of Minnesota
Center for Spirituality & Healing
Driven to Discover

TAKING ACTION
A Personal and Practical Guide for Persons with Mild Cognitive Impairment (MCI) and Early Alzheimer’s Disease
#2 Addressing Behavioral Challenges

- Understanding Difficult Behaviors
- Coach Broyle’s Playbook for Alzheimer’s Caregivers
- The Alzheimer’s Action Plan
- ACT on Alzheimer’s resources, “Mid-Late Stage Practice Tool”
  - [http://actonalz.org/pdf/Table1.pdf](http://actonalz.org/pdf/Table1.pdf)
  - [http://actonalz.org/pdf/Table2.pdf](http://actonalz.org/pdf/Table2.pdf)
  - [http://actonalz.org/pdf/Figure1.pdf](http://actonalz.org/pdf/Figure1.pdf)
#3 Addressing Driving

Alzheimer’s Association Driving Center:

www.alz.org/care/alzheimers-dementia-and-driving.asp

“At the Crossroads”
published by The Hartford

#3: Assessing Driving

“Your Road Ahead” published by The Hartford:


- Courage Kenny Rehabilitation
  612-775-2475
Planning Assistance

www.aarp.org/home-family/caregiving/senior-housing
#5  Connect to Resources

Alzheimer’s Association
24/7 Helpline | 800.272.3900
www.alz.org/mnnd

Senior LinkAge Line
800-333-2433
www.minnesotahelp.info
Case Studies
Case Study: Colleen

- 66 y/o presents to primary care with memory complaints
- Daughter c/o short-term memory is poor
- Began 1-2 years ago, getting worse
- Hx Low blood sugar, history of heart attack, repeat hospitalizations for atrial flutter
- Frequent medication changes, managing independently
- Patient is a retired accountant for family business
- Lives with husband who is still running the family business
- Referred to Care Coordination
Case Example: Medications

https://youtu.be/3lp0n9DOEWQ
Care Coordination: Colleen

• Discussion
  – Observations? What did you notice?
  – What was done well?
  – What could have been done differently, better?
  – What might you incorporate into your practice?
  – What recommendations / referrals would you make to Colleen?
  – What might you do differently if Colleen was not a native English speaker or was from a diverse cultural community?
Case Example: Legal Planning

https://youtu.be/a-glojhzGOY
Care Coordination: Colleen

• Discussion
  – Observations? What did you notice?
  – What was done well?
  – What could have been done differently, better?
  – What might you incorporate into your practice?
  – What recommendations / referrals would you make to Colleen?
  – What might you do differently if Colleen was not a native English speaker or was from a diverse cultural community?
Watch the Complete Session:

https://youtu.be/5Kxj-5Ezlzw?list=PLGu3PyEbInIKVrTqVj9NzR5f_fCcBdTd9T
Care Plan Exercise

In small groups, develop a 3-5 step care plan for Colleen and her family.

Consider:

• Which areas of the care plan tool should be incorporated in the plan?
• What educational materials would you give?
• What referrals would you make?
• When would you like to see the patient again?
• How would you communicate the plan to the care team (physicians, family, patient, etc.)
Questions?

• Download ACT on Alzheimer’s practice tools at: www.ACTonALZ.org/provider-practice-tools

• For more information
  – email: info@ACTonALZ.org
  – Web: www.ACTonALZ.org
Questions
Evaluation
ACKNOWLEDGEMENTS

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References & Resources

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- Living with Alzheimer’s – Late Stage: [https://www.alz.org/documents_custom/late-stage-caregiver-tips.pdf](https://www.alz.org/documents_custom/late-stage-caregiver-tips.pdf)
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