



# Screening for Cognitive Impairment in Diverse, Historically Marginalized Primary Care Populations

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UCLA Family Medicine Grand Rounds 01.24.25

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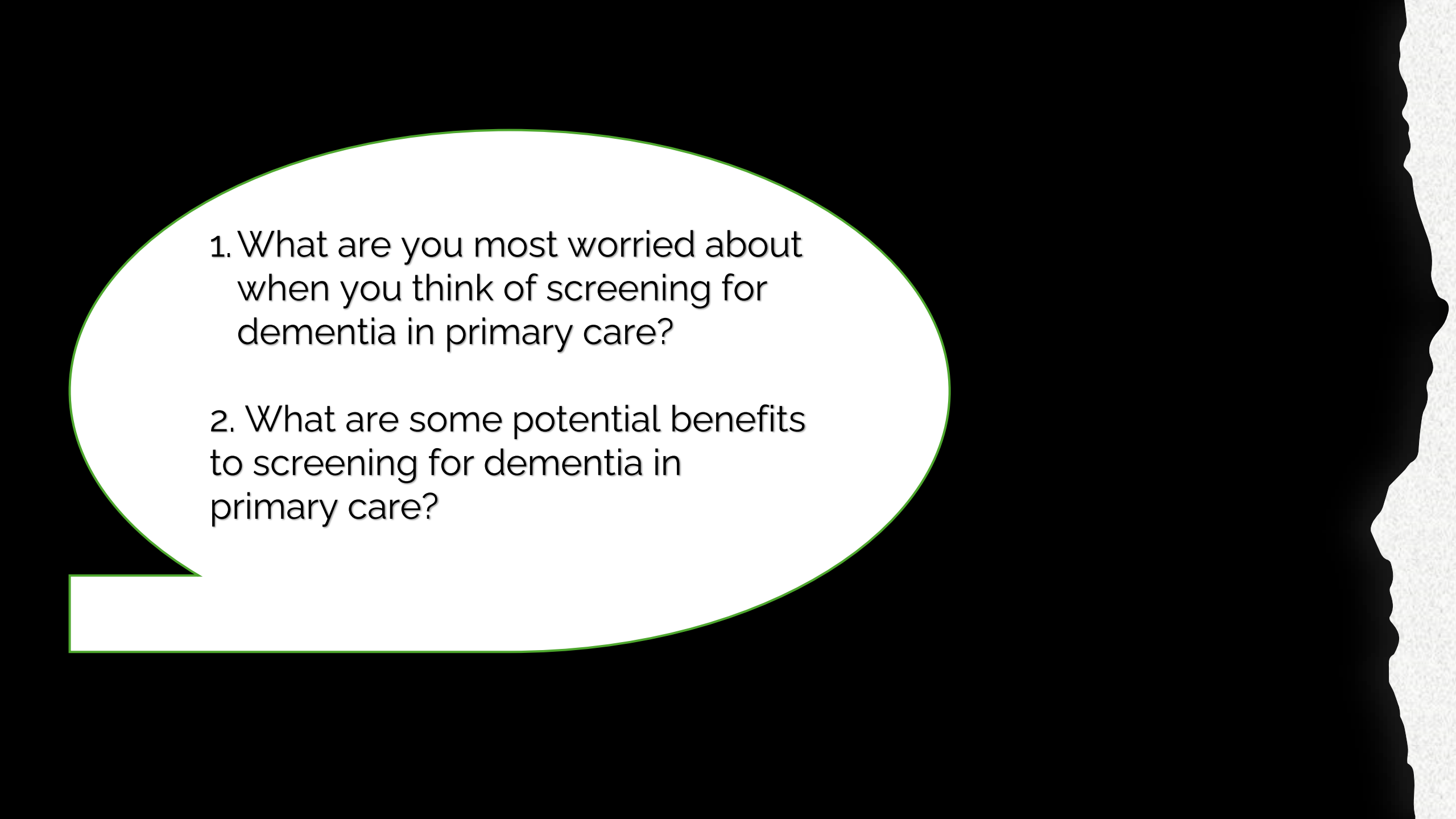
Chair, Harbor-UCLA Department of Family Medicine



# Disclosures



I have no relevant financial disclosures or commercial interests



1. What are you most worried about when you think of screening for dementia in primary care?

2. What are some potential benefits to screening for dementia in primary care?

# What I hope we will learn today



Understand the rationale for identifying cognitive impairment in primary care



Identify brief, validated tools and team-based approaches to efficiently screen for cognitive impairment in primary care



Describe cultural considerations for providing effective cognitive screening and care in diverse populations (“real vs. ideal”)

# Outline

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1. Review the basics of dementia and trends in California and LA County
2. Introduce the Cognitive Health Screen and Dementia Care Aware program: tools and resources for screening for cognitive impairment in primary care
3. Apply this to two cases in primary care practice, with cultural adaptations to promote health equity



What is  
dementia?



# Types of Cognitive Decline

Type of Cognitive Decline	Magnitude of decline	Affects Daily Function?
Age-related decline	"Normal" decline in cognitive functions for age	No
Mild Neurocognitive Disorder	<b>Abnormal</b> decline in cognitive functions for age	No. May be using compensatory strategies to accomplish activities of daily living.
Major Neurocognitive Disorder	<b>Abnormal</b> decline in cognitive functions for age	Yes. Unable to use compensatory strategies to accomplish activities of daily living.

# Dementia: DSM V definition

**Acquired cognitive decline in at least 1 domain:**

Learning and memory

Executive function

Complex attention

Perceptual-motor skills

Social cognition

Language

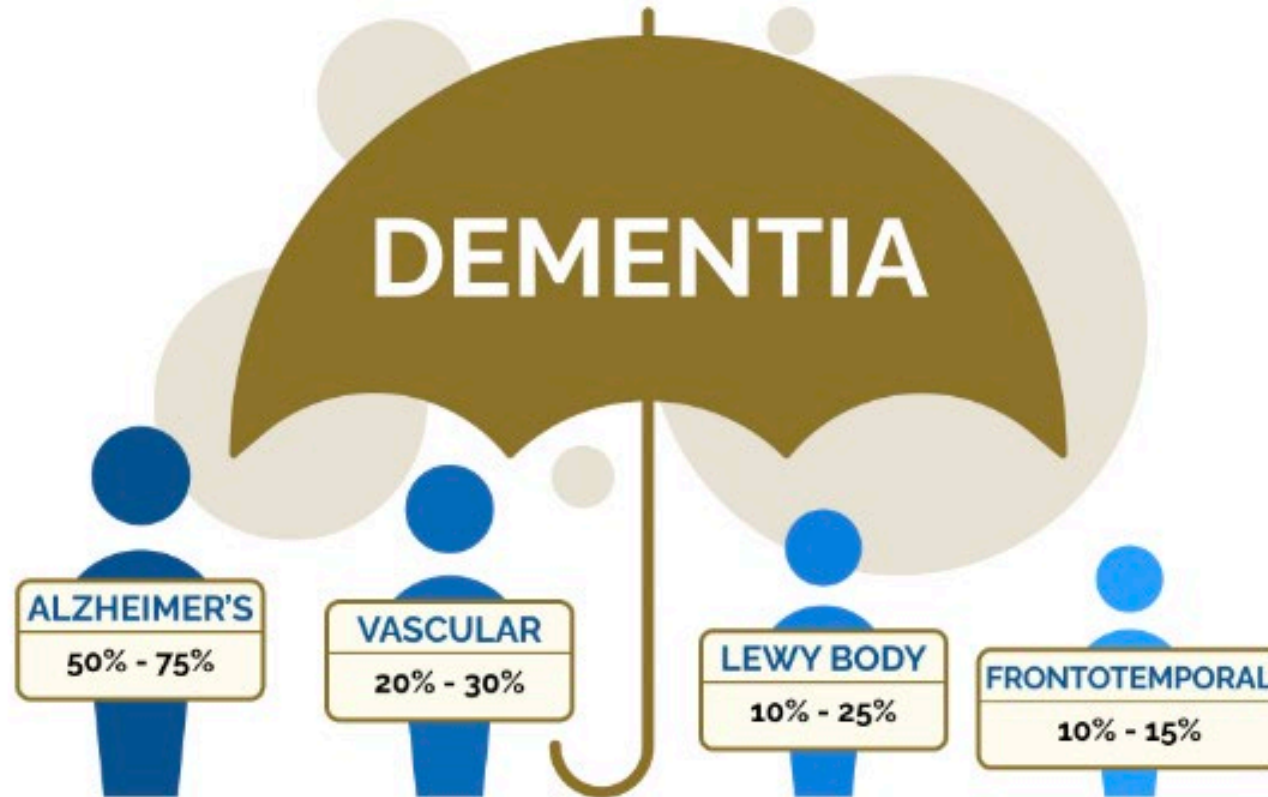
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**Acquired functional decline**

**AND: No other causes, e.g. medical or psychiatric, that may explain the decline**



# Causes of Dementia



**Dementia is a syndrome** that is often associated with a neurodegenerative disease.

# Alzheimer's disease in the US



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Approximately 6.9 million adults

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1 in 9 adults age  $\geq 65$

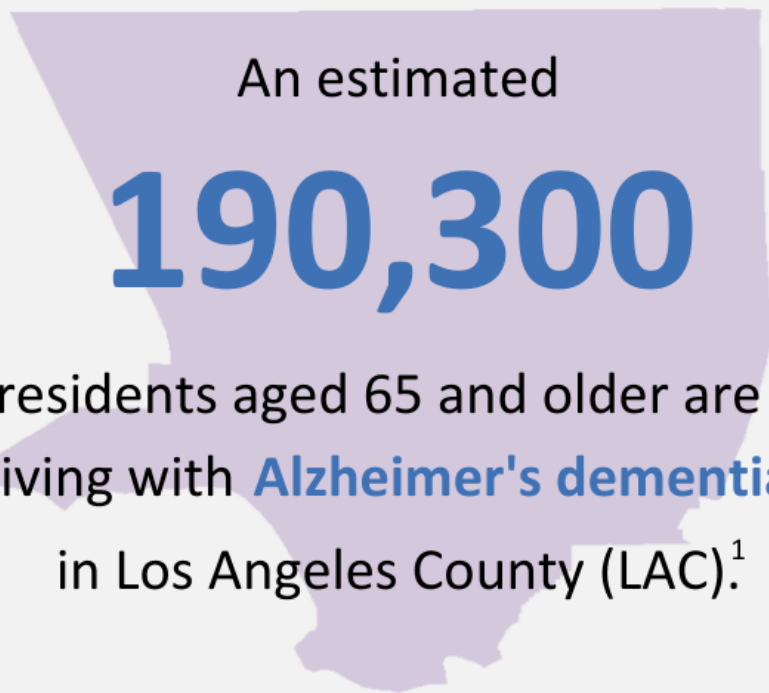
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1 in 3 adults age  $\geq 85$

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By 2060, expected to reach 13.8 million

# Alzheimer's Disease and Related Dementias (ADRD) in Los Angeles County



An estimated  
**190,300**

residents aged 65 and older are  
living with **Alzheimer's dementia**  
in Los Angeles County (LAC).<sup>1</sup>



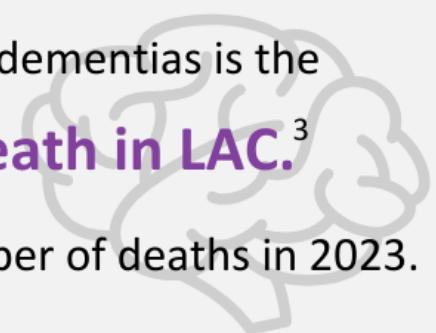
Between 2019-2020, an estimated

**322,880** adults

provided care to people with dementia  
and cognitive impairment in LAC.<sup>2</sup>

Alzheimer's disease and other dementias is the  
**2<sup>nd</sup> leading cause of death in LAC.**<sup>3</sup>

Accounting for **6,166** number of deaths in 2023.



## Sources

1. Dhana et al (2023). Prevalence of Alzheimer's disease dementia in the 50 US states and 3142 counties. <https://doi.org/10.1002/alz.13081>
2. California Health Interview Survey (2019-2020). Los Angeles County Data Files. Los Angeles, CA: UCLA Center for Health Policy Research. [www.chis.ucla.edu](http://www.chis.ucla.edu)
3. California Department of Public Health (2023). Community Burden of Disease and Cost Engine Tool. <https://skylab.cdph.ca.gov/communityBurden/>

# LA Landscape: Caregiving

**322,880**

Adults provided care to  
individuals with dementia  
and cognitive impairment

Among these caregivers:



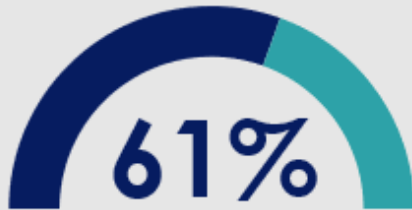
**44%** were  
Latino/Hispanic



**59%** were  
female



**32%** were  
between ages  
50-64



Experienced some level  
of financial stress due to  
caregiving

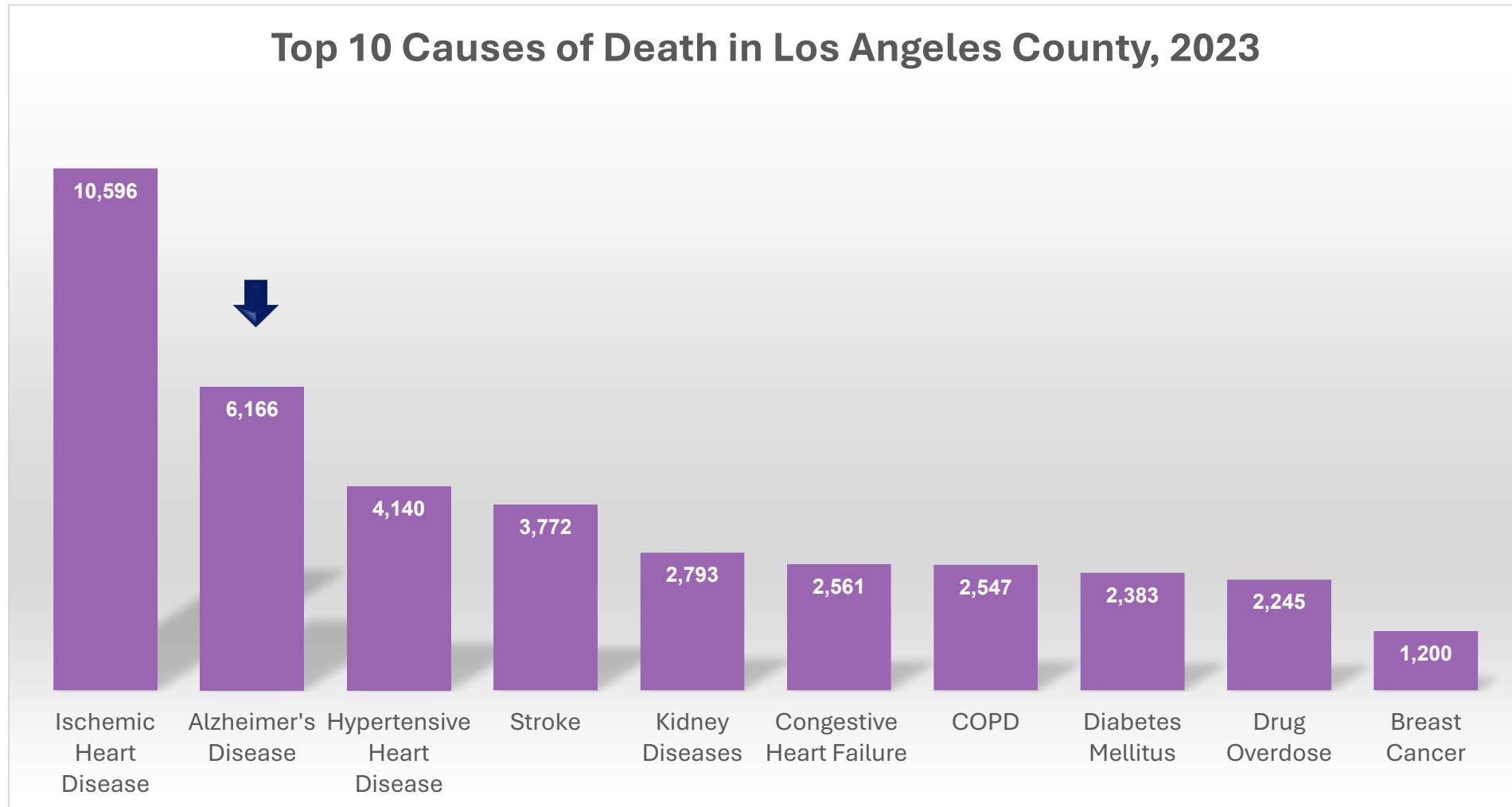


Reported a change  
in job status



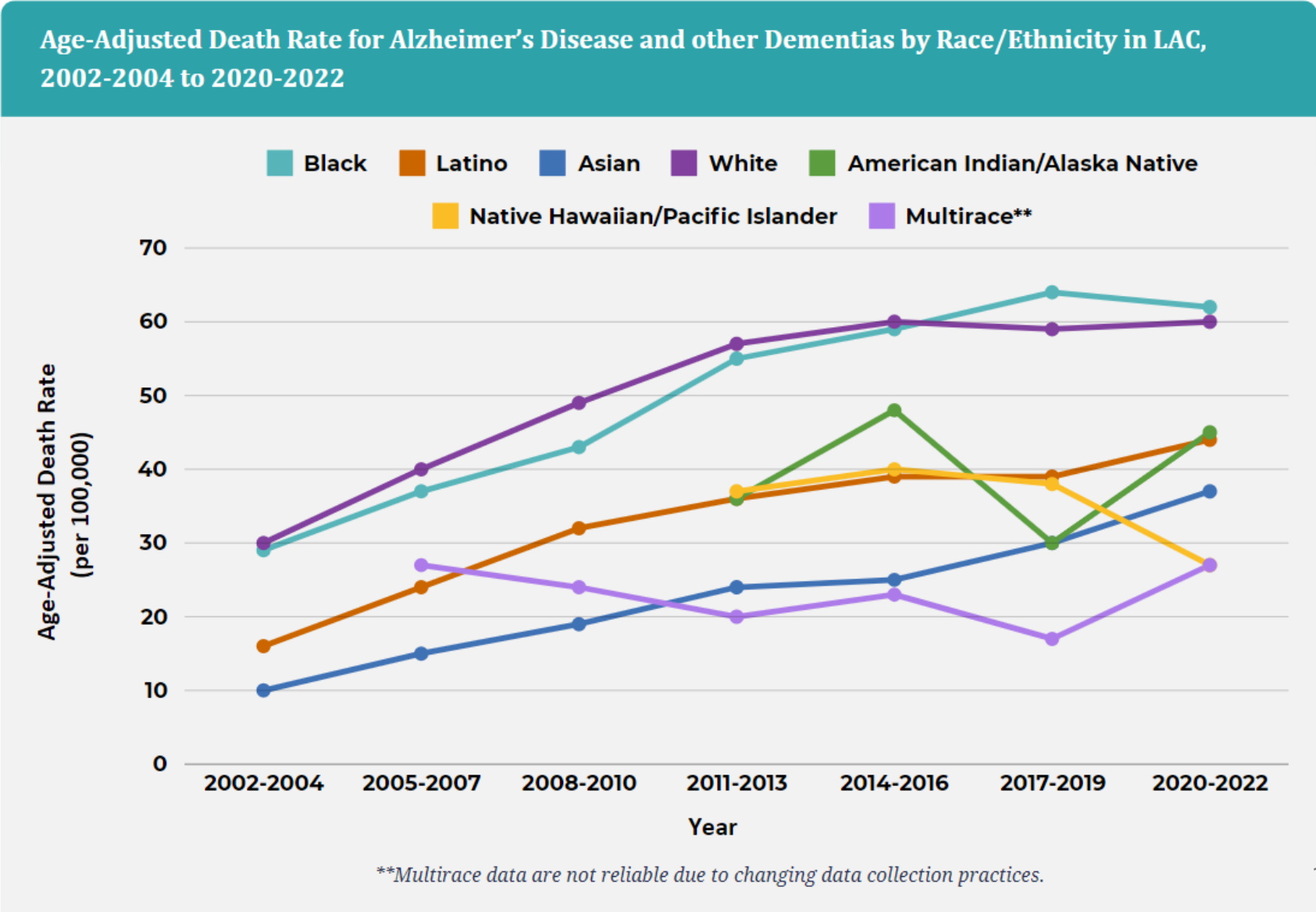
Suffered physical and/or  
mental health problems  
due to caregiving

# LA Landscape: Mortality



Source: California Community Burden of Disease Engine

# Disparities in ADRD mortality in LA County





# Disparities in ADRD prevalence in LA County

**Estimated Number and Percent Change in People 65+ with AD by Race/Ethnicity in Los Angeles County, 2019 and 2040**

Race/Ethnicity	2019	2040	% Change
Non-Hispanic White	72,055	142,764	98%
Asian American/Pacific Islander	31,245	68,225	118%
Black/African American	13,962	35,341	153%
Other	2,173	6,072	179%
Latino	47,422	152,980	223%

Source: Alzheimer’s Disease and Related Dementias Facts and Figures in California: Current Status and Future Projections Report

# Los Angeles County Voter Opinions

**87%**

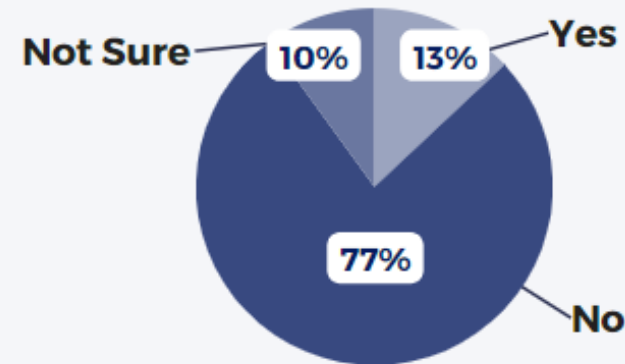
of voters agree/strongly agree with the following statement:  
**If I were to develop dementia or Alzheimer's disease,  
I would want to receive a diagnosis as early as possible.**



**75%**

of voters agree that health care providers should offer a cognitive screening annually for all adults aged 65+ years.

## FEW VOTERS AGED 50+ HAD EVER HAD COGNITIVE SCREENING OR MEMORY TESTING



# Early Detection & Diagnosis

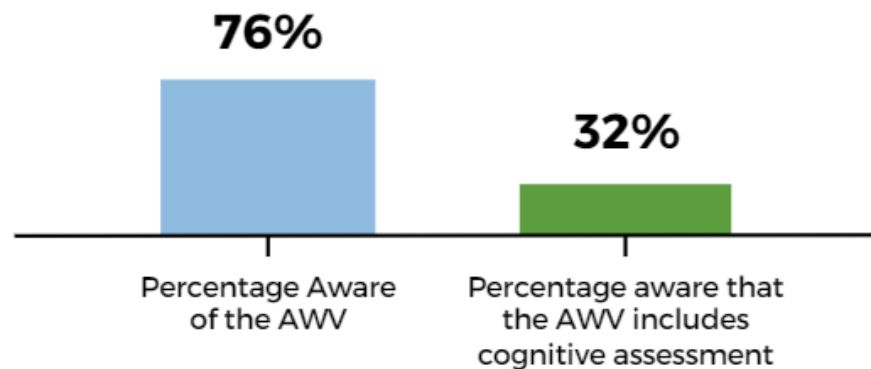


About

## 60%

of older adults with a diagnosis of **Alzheimer's and other dementias**, or their caregiver, are aware of their **diagnosis**.<sup>1</sup>

Seventy-six percent of seniors are aware of the Medicare Annual Wellness Visit (AWV), but **less than half of these (32%) are aware that the AWV includes cognitive assessment**.<sup>2</sup>



Nearly

## 1 in 2

adults aged 45 and older, experiencing increased confusion or memory loss in the past year, discussed these concerns with a health care professional.<sup>1</sup>



**A missed diagnosis of Alzheimer's and other dementias** are more common among older Black and Hispanic Americans than among older White Americans.<sup>3</sup>



About

## 4 out of 5

older adults believe it is important to have their memory and thinking checked.<sup>2</sup>

#### Sources:

1. Healthy People 2030. Dementias. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/dementias>
2. 2019 Alzheimer's Disease Facts and Figures. *Alzheimers Dementi*. 2019; 15(3), 321–387. <https://doi.org/10.1016/j.jalz.2019.01.010> 13.2021
3. Alzheimer's Disease Facts and Figures. *Alzheimers Dementi*. 2021; 17(3), 327–406. <https://doi.org/10.1002/alz.12328>

# LA County Public Health: Strategic Plan for ADRD

- 5-year regional strategic plan for Los Angeles County
- Roadmap that governments, healthcare, aging services, employers, and community organizations can follow to improve the care and support of people with dementia and those who care for them



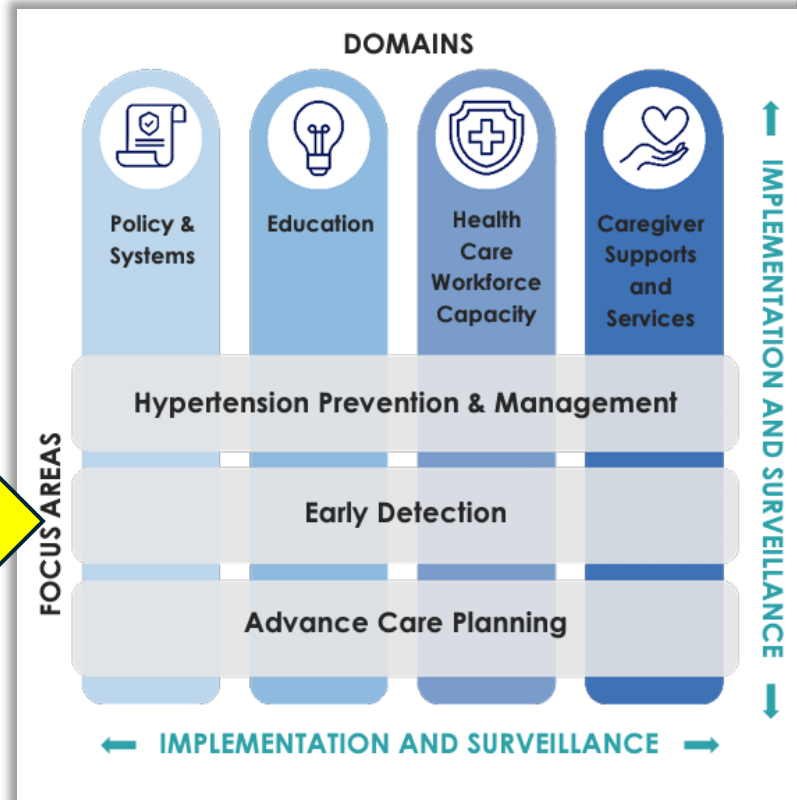
Scan for  
Strategic Plan

[www.bit.ly/lacadrdplan](http://www.bit.ly/lacadrdplan)



# HBLA

Healthy Brain LA



The Los Angeles County  
Strategic Plan for Alzheimer's  
Disease and Related Dementias  
2023-2028

# California DHCS expands MediCal benefit for cognitive screening and funds Dementia Care Aware (DCA)



MICHELLE BAASS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

DATE: November 28, 2022

ALL PLAN LETTER 22-02

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: RESPONSIBILITIES FOR ANNUAL COGNITIVE HEALTH ASSESSMENT FOR ELIGIBLE MEMBERS 65 YEARS OF AGE OR OLDER

## PURPOSE:

The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) about the provision of the new annual Medi-Cal cognitive health assessment to eligible Members 65 years of age or older.

## BACKGROUND:

California Senate Bill (SB) 48 (Chapter 484, Statutes of 2021) expands the Medi-Cal schedule of benefits to include an annual cognitive assessment for Medi-Cal Members who are 65 years of age and older if they are otherwise ineligible for a similar assessment as part of an annual wellness visit through the Medicare Program, subject to an appropriation by the state legislature for this purpose as of July 01, 2022.<sup>1</sup> The annual cognitive health assessment is intended to identify whether the patient has signs of Alzheimer's disease or related dementias, consistent with the standards for detecting cognitive impairment under the Medicare Annual Wellness Visit and the recommendations by the American Academy of Neurology (AAN).<sup>2,3</sup>

## DHCS NEWS RELEASE

### CALIFORNIA LAUNCHES INITIATIVE TO IMPROVE QUALITY OF LIFE FOR PEOPLE LIVING WITH DEMENTIA

*New Cognitive Health Assessment and Warmline Help Practitioners Identify Dementia*

SACRAMENTO — Primary care providers in California have a new dementia screening tool, the [cognitive health assessment](#), available to help identify cognitive decline in their patients (age 65 and older) and determine next steps. Dementia Care Aware, a statewide initiative led by the Department of Health Care Services (DHCS), provides training on this new assessment and support through a warmline help primary care providers successfully screen for dementia in older adults.

"Dementia Care Aware gives primary care teams the tools and support they need to screen for and support patients living with dementia," said **Jacey Cooper, California's State Medicaid Director and CS Chief Deputy Director for Health Care Programs**. "As the third leading cause of death in California, dementia is a common condition that must be diagnosed and managed with compassion and excellence."

"Dementia Care Aware is an important part of California's Master Plan for Aging, which is reimagining programs and services for older adults," said **Susan DeMarois, Director of the California Department of Aging**. "Early dementia screening will be even more critical in future years, as the disease often goes undetected for long stretches of time. This widespread screening and detection will allow people to make medical, financial, and other decisions and strengthen their support systems."



About Cognitive Health Assessment Education Practice Change Resources

Get Trained

Sign In

## Early Detection. Better Care.

Dementia Care Aware - tools for clinicians and care teams to detect dementia early and provide better care for patients and families.

Sign Up to Access Our Online Trainings

Access Our CHA Implementation Guide



### A Brighter Future for Dementia Care, Early Detection Matters!

Together, let's rewrite the narrative and make early detection the norm. Listen to dementia experts, advocates, and caregivers explain why this is the future of care. Let's make a difference!

Dementia Care Aware provides a variety of education and implementation support resources for dementia screening and care planning for busy practices.

Sign Up Today





But what about the elephant?

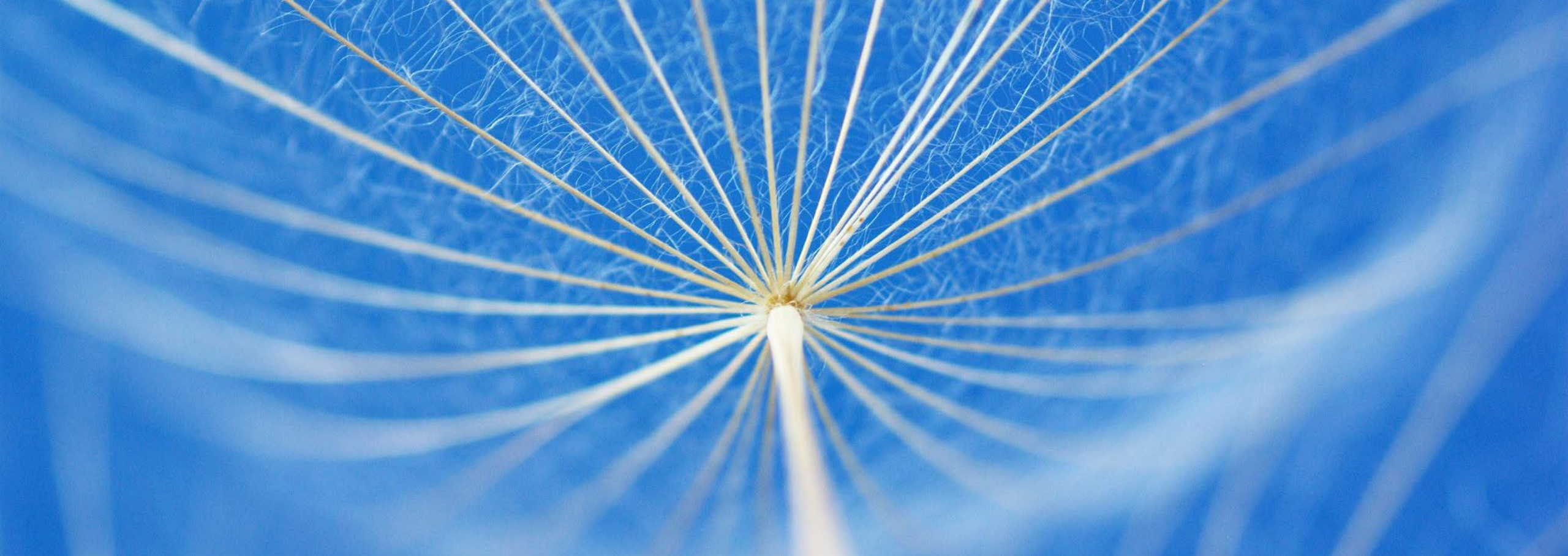
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# Outline

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1. *Review the basics of Dementia and trends in California and LA County*
2. Introduce the Cognitive Health Screen and Dementia Care Aware program: tools and resources for screening for cognitive impairment in primary care
3. Apply this to two cases in primary care practice, with cultural adaptations to promote health equity



# Early Detection: The Cognitive Health Screen

# The Cognitive Health Screen



When: **Medicare** Annual Wellness Visit;  
**Medi-Cal** annual screening for patients 65+  
(who do not have dx of dementia)



Who: Team-based care!

- Nurse performs annual CHS at intake (3-5 minutes): screens for **cognitive** and **functional** symptoms, caregiver support
- Provider reviews and attests, further history, brain health plan, follow up
- Referrals may include Social Work/Behavioral Health and Specialty Care



# Cognitive Health Screen: Components



Mini-Cog®

Quick Screening for Early Dementia Detection

Discover More

Mini-Cog®

Instructions for Administration & Scoring

ID: \_\_\_\_\_ Date: \_\_\_\_\_

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).  
The following and other word lists have been used in one or more clinical studies.<sup>1,3</sup> For repeated administrations, use of an alternative word list is recommended.

Version 1

Version 2

Version 3

Version 4

Version 5

Version 6

Banana

Leader

Village

River

Captain

Daughter

Sunrise

Season

Kitchen

Nation

Garden

Heaven

Chair

Table

Baby

Finger

Picture

Mountain

Step 2: Clock Drawing

Say, "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say, "Now, set the hands to 10 past 11."  
Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say, "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.  
Word List Version: \_\_\_\_\_ Person's Answers: \_\_\_\_\_

Scoring

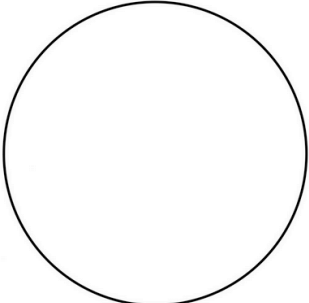
Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog® has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

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Clock Drawing

ID: \_\_\_\_\_ Date: \_\_\_\_\_



References

1. Borson S, Scanlan JM, Chen PJ et al. The Mini-Cog as a screen for dementia: Validation in a population based sample. J Am Geriatr Soc 2003;51:1451-1454.

2. Borson S, Scanlan JM, Watanabe J et al. Improving identification of cognitive impairment in primary care. Int J Geriatr Psychiatry 2006;21: 349-355.

3. Lessig M, Scanlan JM et al. Time that tells: Critical clock-drawing errors for dementia screening. Int Psychogeriatr. 2008 June; 20(3): 459-470.

4. Tsai K, Chan J et al. Cognitive tests to detect dementia: A systematic review and meta-analysis. JAMA Intern Med. 2015; E1-E9.

5. McCarten J, Anderson P et al. Screening for cognitive impairment in an elderly veteran population: Acceptability and results using different versions of the Mini-Cog. J Am Geriatr Soc 2011; 59: 309-213.

6. McCarten J, Anderson P et al. Finding dementia in primary care: The results of a clinical demonstration project. J Am Geriatr Soc 2012; 60: 210-217.

7. Scanlan J & Borson S. The Mini-Cog: Receiver operating characteristics with the expert and naive raters. Int J Geriatr Psychiatry 2001; 16: 216-222.

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Functional Activities Questionnaire

Administration

Ask informant to rate patient's ability using the following scoring system:

• Dependent = 3

• Requires assistance = 2

• Has difficulty but does by self = 1

• Normal = 0

• Never did [the activity] but could do now = 0

• Never did and would have difficulty now = 1

Writing checks, paying bills, balancing checkbook	
Assembling tax records, business affairs, or papers	
Shopping alone for clothes, household necessities, or groceries	
Playing a game of skill, working on a hobby	
Heating water, making a cup of coffee, turning off stove after use	
Preparing a balanced meal	
Keeping track of current events	
Paying attention to, understanding, discussing TV, book, magazine	
Remembering appointments, family occasions, holidays, medications	
Traveling out of neighborhood, driving, arranging to take buses	
TOTAL SCORE:	

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Choosing A Health Care Proxy

In an emergency or at the end of life, you may not be able to make your own decisions about your medical care. To help ensure you get the care you want, you can choose a person to make medical decisions for you. This person is called a health care proxy. Choosing a health care proxy is an important part of [advance care planning](#), which involves discussing and preparing for future decisions in the event you can't make them.


Create your own plan

NIA's new email series, *Ready, Set, Plan!* A Weekly Guide to Advance Care Planning, will help you start planning for your future health care over seven weeks.

[Sign up today!](#)

What is a health care proxy?

A health care proxy — also known as a representative, surrogate, or agent — is a person who can make health care decisions for you if you are unable to communicate these yourself. They work closely with your health care team to ensure your care and treatment



# Cognitive Health Screen: Pilot

Date: \_\_\_\_\_ Translator Present? \_\_\_\_ Y \_\_\_\_ N

SURROGATE DECISION MAKER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(document in Advance Care Planning ad hoc)

## MENTAL STATUS EXAM (CLINICIAN TO COMPLETE)

### STEP 1: THREE-WORD RECALL:

Select **one list** and ask the patient to repeat the three words back to you and to remember the words. If not able to repeat the words after 3 attempts, move on to step 2.

Selecciona **una lista**, mira directamente al paciente y di: "Voy a decir tres palabras y que repítelas ahora y trata de memorizarlas". Si no puede repetir las palabras después de 3 intentos, pasa al paso 2.

- ☐ List 1: Banana, Sunrise, Chair (Plátano, Amanecer, Silla)  
☐ List 2: Leader, Season, Table (Líder, Temporada, Mesa)  
☐ List 3: Village, Kitchen, Baby (Pueblo, Cocina, Bebé)

### STEP 2: CLOCK DRAW:

Ask the patient to draw a clock by placing the numbers in the **provided circle on page 2**. Once they have placed the numbers, ask the patient to set the hands to 10 past 11. Repeat the instructions as needed.

Voy a pedirte que dibujes un reloj para mí. Coloca los números en el círculo provisto en la Página 2. Luego, coloca las manecillas en las 11:10. (Repite las instrucciones según sea necesario.)

STEP 2 CLOCK SCORE: \_\_\_\_\_ (0 or 2)  
Numbers and hands placed correctly, score 2.  
Incorrect placement of numbers OR hands, score 0.

OR, If patient is physically unable to draw the clock or this is a phone visit, do alternative step 2: animal naming task.

### ALTERNATIVE STEP 2: ANIMAL NAMING:

In one minute, tell me the names of as many different animals as you can. (Repeat instructions if necessary). Max score for this item is 2.

Tienes un minuto, para nombrar todo los animales que puedas. (Repite las instrucciones si es necesario). La puntuación máxima para este elemento es 2.

STEP 2 ANIMAL NAMING SCORE: \_\_\_\_\_ (0 or 2)  
≥ 14 unique animals, score 2.  
< 14 unique animals, score 0.

### STEP 3: THREE-WORD RECALL

Ask the patient to recall the three words you stated in Step 1. Record the patient's answers below.

Pida al paciente que memorice las tres palabras del Paso 1. Di: "¿Cuáles fueron las tres palabras que te pedí que memorizar?" Registra las respuestas del paciente a continuación.

Answers: \_\_\_\_\_

STEP 3 SCORE: \_\_\_\_\_ (0-3 points)  
(1 point per word recalled without reminder)

MENTAL STATUS EXAM TOTAL SCORE: \_\_\_\_\_ (0-5 points)  
(Step 2 + Step 3)

### COGNITIVE SCREEN RESULT

- ☐ Abnormal (Total Score =0, 1 or 2)  
☐ Normal (Total Score =3, 4 or 5)

## FUNCTIONAL SCREENING (PATIENT/INFORMANT TO COMPLETE)

### ACTIVITIES OF DAILY LIVING (ADL):

Is the patient able to do the following tasks independently, without supervision, direction, or personal assistance? (1 point each). ¿Puede el paciente realizar las siguientes tareas de forma independiente, sin supervisión, dirección o asistencia personal? (1 punto por cada uno)

- \_\_\_\_ Bathing/Bañarse      \_\_\_\_ Transferring/Movilizarse  
\_\_\_\_ Dressing/Vestirse      \_\_\_\_ Continence/Continente  
\_\_\_\_ Toileting/Usar el baño      \_\_\_\_ Feeding/Alimentarse

ADL TOTAL: \_\_\_\_\_ (0-6)

### INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL):

Is the patient able to do the following tasks independently, without supervision, direction, or personal assistance? (1 point each)

¿Puede el paciente realizar las siguientes tareas de forma independiente, sin supervisión, dirección o asistencia personal? (1 punto por cada uno)

- \_\_\_\_ Answers Phone/Contesta llamadas telefónicas  
\_\_\_\_ Shopping/Sale de compras  
\_\_\_\_ Food prep or cooking/Prepara comida o cocina  
\_\_\_\_ Housekeeping (participates)/Ayuda con las tareas domésticas  
\_\_\_\_ Transportation/Conducir o usar transporte público  
\_\_\_\_ Medication management/Puede tomar sus medicamentos  
\_\_\_\_ Finances (includes day-to-day purchases)/Sabe administrar su dinero, incluyendo compras diarias  
\_\_\_\_ Laundry/Lava su ropa

IADL TOTAL: \_\_\_\_\_ (0-8)

## AD8 DEMENTIA SCREENING INTERVIEW WITH INFORMANT/FAMILY MEMBER:

Remember, "Yes, a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems. Recuerde: "sí, hay cambios." significa que ha habido un cambio en los últimos años debido a problemas cognitivos (pensamiento y memoria).	YES, a change. Sí. Hay cambios	NO, no change. NO. No hay cambios	NA don't know. No applicable. No sé.
1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking). Problemas de juicio (ejemplo: compra regalos inadecuados, ha sido estafado/a, toma malas decisiones en lo económico).			
2. Less interest in hobbies/activities. Menor interés en realizar actividades o sus pasatiempos.			
3. Repeats the same things over and over (questions, stories, or statements). Repite las preguntas, historias.			
4. Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave or remote control). Tiene dificultad para aprender a usar instrumentos tecnológicos, electrodomésticos (como el control remoto TV, computador, microondas, video grabadora).			
5. Forgets correct month or year. Olvida el mes o año.			
6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills). Tiene dificultad en el manejo de asuntos financieros complejos (pagar las cuentas, llevar la chequera, pago de impuestos).			
7. Trouble remembering appointments. Tiene dificultad para acordarse de los compromisos (citas al doctor etc.).			
8. Daily problems with thinking and/or memory. Problema persistente de memoria y pensamiento (no ocasional).			
TOTAL AD8 SCORE			

# Cognitive Health Screen: EHR tool

Adult Cognitive Health Assessment - 222TST-Mkita

Performance on : 12/11/2024 at 10:48 PM PST

No Log Overlay

### Mini- Cog Screening

Please use the form for patients 65 and older and complete **annuity**

Administration	Special Instructions
<p>1. Select one list of words from the versions provided on the right.</p> <p>Look directly at the person and say:</p> <p>"Please listen carefully, I am going to say three words that I want you to repeat back to me now and try to remember."</p> <p>The words are: * [select one list of words from the versions provided on the right].</p> <p>"Please repeat them back to me now."</p> <p>2. Click Draw Task:</p> <p>Say:</p> <p>"Now, I want you to draw a clock for me."</p> <p>(Hand: I printed one clock or draw a circle).</p> <p>"First, put in all of the numbers where they go."</p> <p>When that is completed, say:</p> <p>"Now, set the hands to 10 past 11."</p> <p>Alternative Animal Naming Task:</p> <p>If patient is unable to draw the clock or this is a telehealth visit, do the following:</p> <p>"So we results, I want you to tell me the names of as many different animals as you can."</p>	<p>Word Lists (Choose one)</p> <p>Version 1: Banana Sunrise Chair</p> <p>Version 2: Leader Swam Table</p> <p>Version 3: Village Kitchen Baby</p> <p>If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing or animal naming). For repeated administrations, use a different version of the word list.</p> <p>Click Draw Task:</p> <p>Use preprinted circle or draw a circle for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 2 if the clock is not complete within three minutes.</p> <p>Scoring:</p> <p>If the clock is drawn with all numbers in the appropriate correct placement, and the arms pointing to "11" and "12" this is a normal clock = score of 2.</p> <p>If the clock is missing numbers, numbers are placed incorrectly, or arms are not pointing at "11" and "12" this is an abnormal clock = score of 0.</p> <p>Alternative Animal Naming Task:</p> <p>Repeat the instructions as necessary.</p> <p>Use 1 minute for one result. Tell the patient when one minute starts. Ask them to stop once the time reaches one minute.</p> <p>Score:</p> <ul style="list-style-type: none"> <li>15 or more different animals is normal = score of 2.</li> <li>0-14 different animals is abnormal = score of 0.</li> </ul>
<p>3. Ask the patient to recall the three words from Step 1.</p>	<p>Say, "What were the three words. I asked you to remember?"</p>

Click Draw or Alternative Animal Naming Score: ☐ Normal    ☐ Abnormal

Number of Recalled Words:  C 1    C 1    C 2    C 3

Min Cog Total:

Total Mini-Cog Result: ☐ Normal Screening    ☐ Abnormal Screening

### Scoring

**Click Draw (or alternative Animal Naming Task) Score:**

Score can only be "0" or "2"

Normal clock includes all numbers (1-12), each only once, in the correct order and direction, AND hands correctly pointing to 11 and 2 (hand length is not scored) = 2 points

Abnormal clock = 0

Normal animal naming task is 1+ unique animals named in one minute = 2 pts

Abnormal animal naming task is <14 unique animals named in one minute = 0 pts

**Word Recall Score:** 1 point for each word spontaneously recalled without cueing, 0.5 points

3 recalled words	Normal screening
2 recalled words + normal cue	Normal screening
1 recalled word + abnormal cue	Abnormal screening
0 recalled words	Abnormal screening

New Cog screening Date:

The clock drawing task score of "2" means the patient drew a normal clock. The clock drawing score of "0" means the patient drew an abnormal clock, with the numbers and/or hands drawn incorrectly.

The words recalled without cueing, after the clock drawing task, receive a score of "1" point each.

Functional Screening - ZZZZTEST

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## Functional Screening

Functional Screening date

Ask the patient or patient's caregiver:

"Please state if you are 'independent' or 'need help' with each task."

"Independent" means the patient does not need any supervision, direction, or assistance to complete the task.

### Activities of Daily Living (ADL)

*Indicate a level of assistance for each ADL function*

Bathing	<input type="radio"/> Independent <input type="radio"/> Needs help
Dressing	<input type="radio"/> Independent <input type="radio"/> Needs help
Toileting	<input type="radio"/> Independent <input type="radio"/> Needs help
Transferring Bed or Chair	<input type="radio"/> Independent <input type="radio"/> Needs help
Continence	<input type="radio"/> Independent <input type="radio"/> Needs help
Eating	<input type="radio"/> Independent <input type="radio"/> Needs help
Total (Independent)	<input style="width: 100%;" type="text"/>

### Instrumental Activities of Daily Living (IADL)

*Indicate a level of assistance for each IADL function*

Using the telephone	<input type="radio"/> Independent <input type="radio"/> Needs help
Preparing meals	<input type="radio"/> Independent <input type="radio"/> Needs help
Managing household finances	<input type="radio"/> Independent <input type="radio"/> Needs help
Taking medications	<input type="radio"/> Independent <input type="radio"/> Needs help
Doing laundry	<input type="radio"/> Independent <input type="radio"/> Needs help
Doing housework	<input type="radio"/> Independent <input type="radio"/> Needs help
Shopping	<input type="radio"/> Independent <input type="radio"/> Needs help
Managing transportation	<input type="radio"/> Independent <input type="radio"/> Needs help
Total (Independent)	<input style="width: 100%;" type="text"/>

Name of Patient's Caregiver

Comment

The screenshot displays the EHR interface for a patient's 'Recommendations/Health Maintenance' section. The left sidebar shows a navigation menu with 'Recommendations/Health Maintenance' highlighted. The main content area shows a list of recommendations, with 'Adult Cognitive Health Screening' marked as 'Pending' and due 'Today'. A red arrow points to the 'Recommendations/Health Maintenance' link in the sidebar. A red box highlights the 'Adult Cognitive Health Screening' entry in the 'Pending' list. A red box highlights the 'Provider Review' section, which contains a text area for 'The results for the Adult Cognitive Health Screening populate here' and a radio button for 'The Adult Cognitive Health Screening Mini-Cog and Functional Screening results have been reviewed and interpreted by the Provider'.



## Beyond the tools: take a brief patient history

- Is anyone noticing a sign or symptom? A patient, informant, or health/social service team member may disclose a new cognitive sign or symptom.
- This could be a simple question:
  - Do you or others think that you are having more trouble **remembering things**?
  - During the past few years, have you or others noticed changes in your **mental abilities**?

Further evaluation is indicated if CHS or history is positive

# Cognitive domains include more than just “memory”

- ❖ Learning and memory
- ❖ Language
- ❖ Executive function
- ❖ Attention (Complex attention)
- ❖ Visuo-spatial (Perceptual-motor skills)
- ❖ Behavior (Social cognition)

# Interpretation of the Cognitive Health Screening

ANY OF THESE:

- Positive symptoms
- Positive cognitive screen
- Positive functional screen due to cognitive decline

*Positive = Abnormal*



1. Address brain health
2. Plan to do next steps in workup
3. Diagnose and partner with patients and families living with ADRD

# Outline

---

1. *Review the basics of Dementia and trends in California and LA County*
2. *Introduce the Cognitive Health Screen and Dementia Care Aware program: tools and resources for screening for cognitive impairment in primary care*
3. Apply this to two cases in primary care practice, with cultural adaptations to promote health equity



Let's do some cases!

## MEET MR. PEREZ: CASE STUDY


Mr. Perez is a 71-year-old man who has poorly controlled hypertension, had a stroke 20 years ago, and uses tobacco. He had a high school education in Mexico. Several family members have dementia.

Family reports he has trouble “recalling conversations” and misplaces things. He lost his phone twice.

He gets very angry when he can't find things, and this was not his personality before.

---





*Mr. Perez is a 71-year-old man who has poorly controlled hypertension, had a stroke 20 years ago, and uses tobacco. He had a high school education in Mexico. Several family members have dementia. Family reports he has trouble “recalling conversations” and misplaces things. He lost his phone twice. He gets very angry when he can’t find things, and this was not his personality before.*

### Let's Review Mr. Perez's Screening Results

- Mr. Perez's score on a validated brief cognitive screen administered in his native language suggested cognitive impairment.
  - His PCP reviewed his functional abilities by asking an informant about basic and instrumental activities of daily living (ADLs). Over the past 5 years, Mr. Perez has lost the ability to independently do most IADLs. For example, his sister now pays his bills, does his shopping, and prepares his meals.
  - His PCP ordered studies searching for reversible causes of cognitive impairment and reviewed his medications for possible cognitive side effects but found no clear cause for his symptoms.
  - Mr. Perez also had a negative screen for depression and substance use.
-



## MEET MR. PEREZ: CASE STUDY

**Which type of cognitive impairment do you think Mr. Perez is showing?**

- 1. Age-Related Decline**
  - 2. Mild Cognitive Impairment (MCI)**
  - 3. Dementia**
-

## MEET MR. Perez: CASE STUDY

### **The correct answer is #3 (Dementia/MaNCd)**


Based on this evaluation and workup, the PCP explains to Mr. Perez and his family that he meets criteria for dementia based on his cognitive testing, assistance needed with his instrumental activities of daily living, and no other medical, psychiatric, or medication-related causes of his symptoms.

## MEET MS. WILLIAMS: CASE STUDY

Ms. Williams, a 73-year-old retired teacher with osteoporosis and well-controlled diabetes whose husband had dementia, reports a concern for cognitive decline to her PCP.

She has insight and provides several examples to illustrate her experiences. She cannot pick up new skills or information as well, such as a recent class she took in which she could not remember the information from one class to the next. She also noticed that drawing, a hobby she loves, has become more difficult.

She lives alone and is worried she may dose her insulin incorrectly.



*Ms. Williams, a 73-year-old retired teacher with osteoporosis and well-controlled diabetes whose husband had dementia, reports a concern for cognitive decline to her PCP. She has insight and provides several examples to illustrate her experiences. She cannot pick up new skills or information as well, such as a recent class she took in which she could not remember the information from one class to the next. She also noticed that drawing, a hobby she loves, has become more difficult. She lives alone and is worried she may dose her insulin incorrectly.*

### Let's Review Ms. Williams's Screening Results

- Ms. Williams's score on a validated brief cognitive screen suggests cognitive impairment.
  - Her PCP then reviewed her functional abilities by asking about basic and instrumental ADLs. Ms. Williams says in the last two years she has had to take notes and make a list for the grocery store, but otherwise she is doing all activities independently.
  - Her PCP ordered studies searching for reversible causes of cognitive impairment, and all results are normal. She's not on any medications that have cognitive side effects.
  - Ms. Williams also had a negative screen for depression and substance use.
-

# MEET MS. WILLIAMS: CASE STUDY

**Which type of cognitive impairment do you think Ms. Williams is showing?**

- 1. Age-Related Decline**
  - 2. Mild Cognitive Impairment (MCI)**
  - 3. Dementia**
-

## MEET MS. WILLIAMS: CASE STUDY

### **Correct answer is #2 (Mild Cognitive Impairment)**

Based on this evaluation and workup, the PCP explains to Ms. Williams that she meets the criteria for MCI/MiNCD because her cognitive impairment is not severe enough to significantly interfere with her activities of daily living.

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# Pro Tips: Discussing abnormal CHS results with the patient

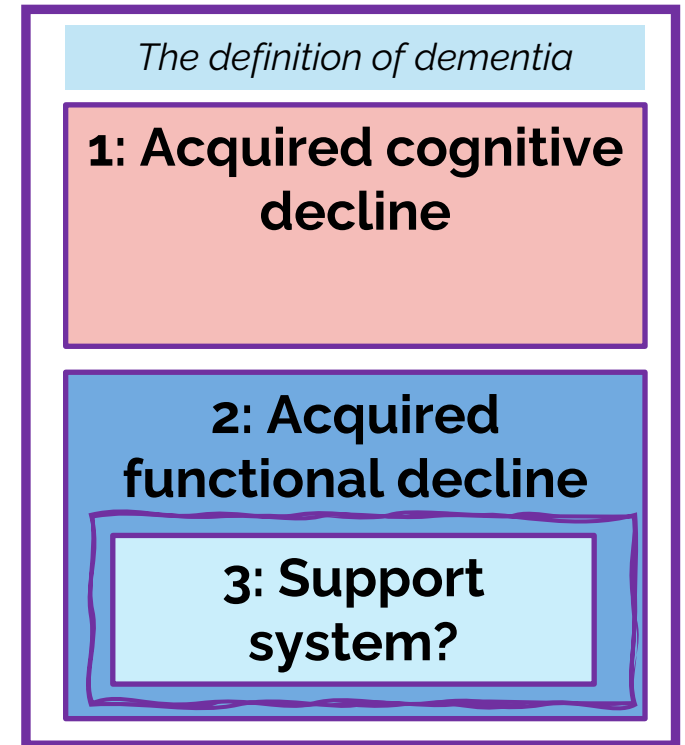
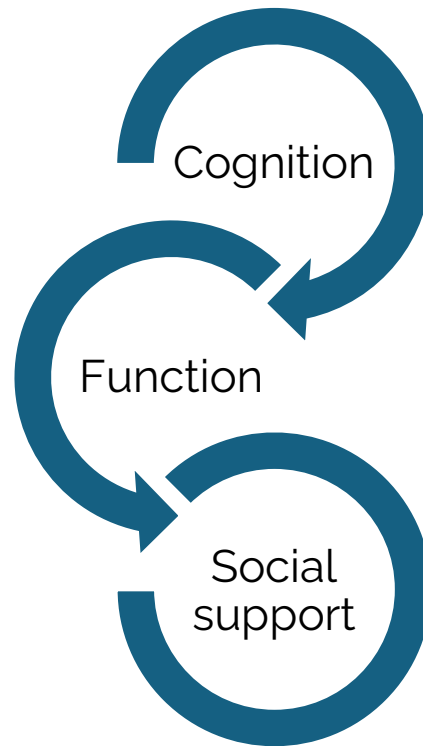
- Thank you for taking the time to review your brain health today!
  - You mentioned that you have been forgetting things more often.
  - When we did a brief cognitive screening today you had some difficulty.
  - I appreciate that you gave me information about how you and your caregiver support each other, and I have noted their contact information in the chart.
- I have some suggestions to support your brain health starting now.
- Because of your symptoms and screening result, I think we should follow-up on this and explore what could be contributing to your symptoms.

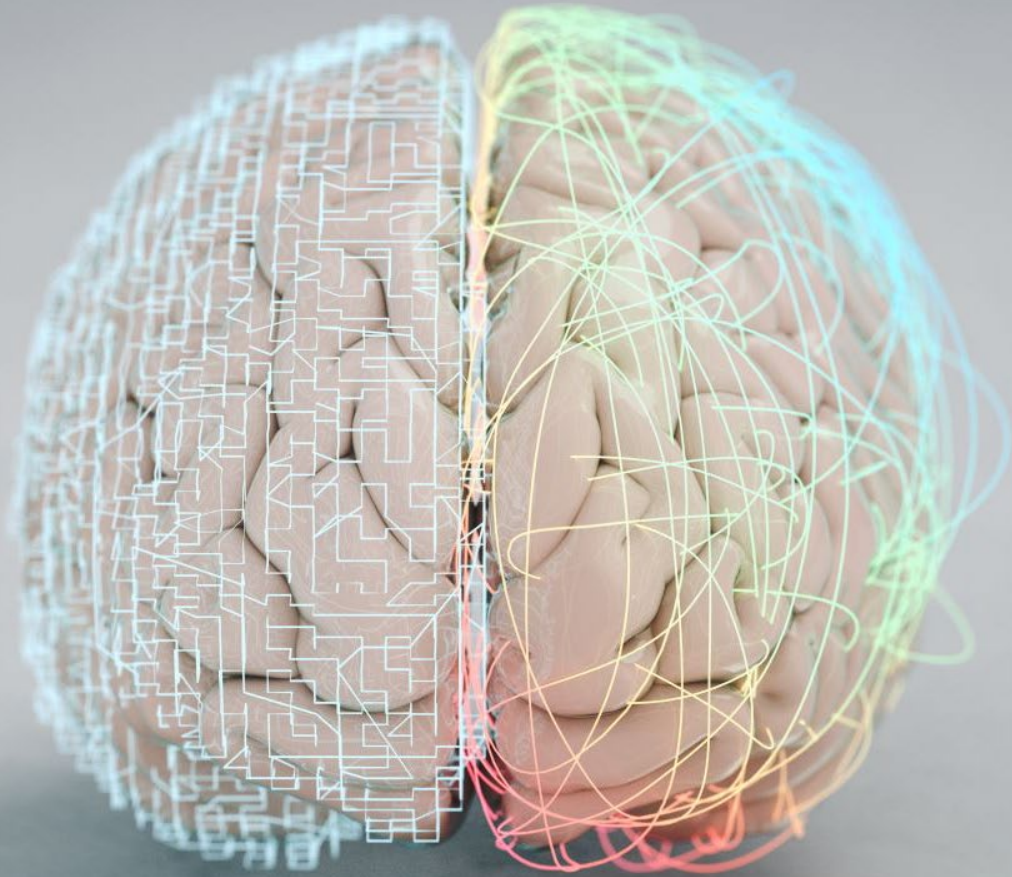
If making a diagnosis of dementia, provide assurance that you will be there.  
Ask about family/caregiver support. Offer Alz Association.

# Evaluating cognitive and functional decline often takes **repeat assessments over time**

## The CHS

1. Brief screening: cognition and function
2. Focused history
3. Document care giver information





## Promote a Brain Health Plan

1. Encourage physical, mental and social **activity** tailored to the patient's unique interests and capabilities
2. Review **medications** for polypharmacy and deprescribe those that may worsen cognitive function, as appropriate
3. Optimize care for vision and hearing, as well as mood/mental health care

# Excellent Resource: **Dementia Care Aware**



## **Education and Training:**

- [Core: Cognitive Health Screening training](#)
- [E-Learning Course Catalog](#)
- [Monthly Webinars](#)
- [Podcasts](#)

Free CME!



## **Warmline:**

**1-800-933-1789**

A provider support and consultation service supported by Dementia Care Aware experts.

[Message option also available.](#)



## **Interactive Case Conferences:**

[UCLA and UCI ECHO conferences \(live case conferences\)](#)



## **Practice change support:**

- [UCLA Alzheimer's and Dementia Care program](#)
- [Alzheimer's Association Health Systems team](#)

# Q&A with the DCA Warmline @ **1-800-933-1789**!

Here are some examples!

What do I prioritize after a positive Cognitive Health Screening?

How can I work with a Caregiver for someone who has functional limitations related to their cognitive impairment?

Can I use the Cognitive Health Screening with a patient with limited literacy?

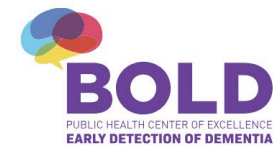


Open your phone camera and scan the QR code to submit questions online or by phone call:



Or visit: [www.dementiacareaware.org](http://www.dementiacareaware.org)





# Early Detection of Dementia Toolkit – Health Systems

**AAFP**

**Cognitive Care Kit**

**CDC BOLD**

**Public Health Center of Excellence on Early Detection of Dementia 2024**

**Early Detection of Dementia Toolkit for Health Systems.**



Who We Are

Who Is This

What Is

Early Detection

Pre-

Screening

After



# Culturally responsive Community-Based Resources

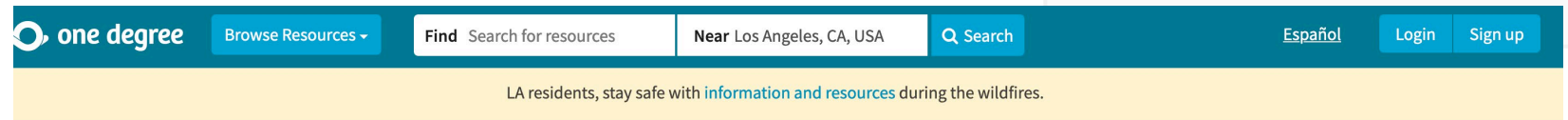
1. [Alzheimer's LA](#) and [Alzheimer's Association](#) **Helpline 800.272.3900** is available **24 hours a day, 7 days a week** in over **200 languages!**

Embed helpful links into the AVS (either via portal or printed) or have printed resources to share with patient and caregiver during the visit: topic-specific resources [HEE](#)

- For Patients: Tips for [living with dementia](#)
- For Caregivers: Tips for [caring for someone with dementia](#)

**Don't forget!**  
**PCPs can call the Helpline with**  
**dementia questions, too!**

## 2. One Degree LAC



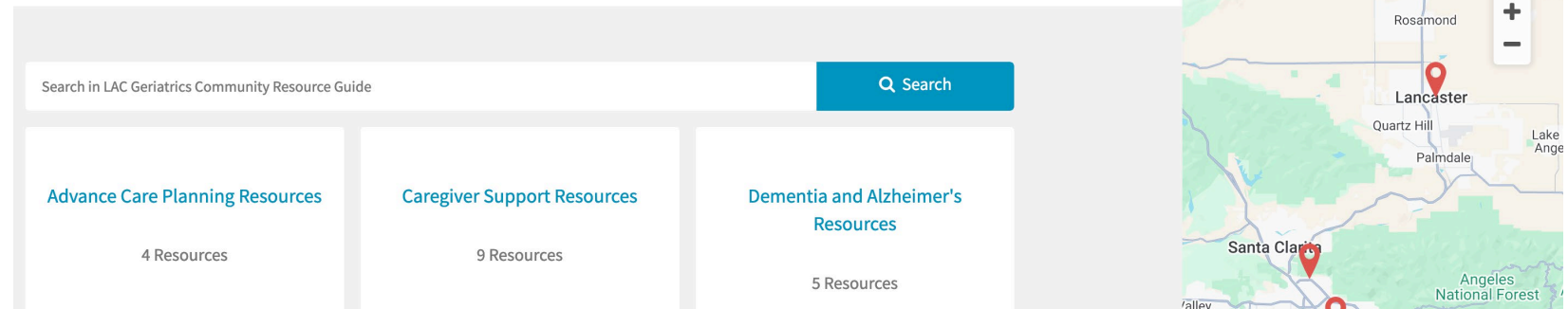
### LAC Geriatrics Community Resource Guide

A collection by Los Angeles County Department of Health Services

183 Resources  
Los Angeles, CA

[Collections](#) [Share](#)

## 3. The Los Angeles Alliance for Community Health and Aging



# What we learned today



The rationale for identifying cognitive impairment in primary care



Brief, validated tools and team-based approaches to efficiently screen for cognitive impairment in primary care



Cultural considerations for providing effective cognitive screening and care in diverse populations, aka in the real world

# Thank you!

*I hope we all have privilege of growing old in health,  
in community with our loved ones.*

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- Dr. Anna Chodos and the UCSF Dementia Care Aware team
- Los Angeles County DHS DCA team, Geriatrics Workgroup, and Cognitive Health Screen Design team
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- Dr. Soo Borson and the CDC BOLD team
- Ellen Eidem ad Laura Trejo, and the Los Angeles Alliance of Community Health and Aging team

Please connect!

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[Maya Angelou](#)

[Grace Lee  
Boggs](#)

