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# Promoting Screening of Cognitive Impairment and Dementia in Vermont: A proposal for ongoing continuing medical education (CME)

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# Promoting Screening of Cognitive Impairment and Dementia in Vermont: A proposal for ongoing continuing medical education (CME)

Brown, B., Faraci, J., Kanjiya, S., Landell, E., Liu, M., Rosen, E., Schned, E., Pendlebury, W., Hutchins, J., Richardson, M.

## Introduction

In 2010, 11,382 Vermonters were diagnosed with dementia, many of whom had Alzheimer's disease (AD). In 2025, an estimated 1 in 8 Vermonters aged 65 or older will have some form of dementia.<sup>1</sup>

Reported rates of overlooked dementia are between 35% and 90% or greater.<sup>2</sup> Clinical presentations of dementia are often insidious and attributed to aging, making an accurate diagnosis difficult. Because of the challenges of dementia screening and diagnosis, primary care physicians (PCPs) are often unwilling to diagnose, discuss, and treat dementia due to AD.<sup>3</sup>

Although physicians are reluctant to screen for dementia, research in Vermont (VT) has shown a clear preference by patients and their families for earlier diagnosis.<sup>4</sup> A timely diagnosis allows the patient and their family to plan for the future and start treatment earlier.<sup>3</sup>

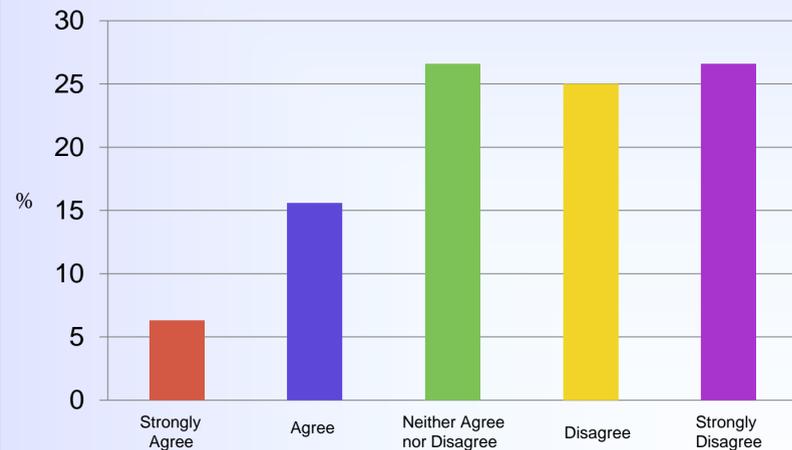
Our research demonstrated PCPs may be misinformed about the usefulness and implications of dementia screening and diagnosis. In an effort to further educate physicians, we propose instituting a mandatory continuing medical education (CME) hour focused on screening for dementia. Our project surveyed 72 physicians to determine their attitudes towards screening, the assessment tools they use, and their attitudes towards a required CME hour.

## Methods

- 8 question survey was dispersed by SurveyMonkey® and Fletcher Allen Family Medicine Grand rounds to 438 PCPs. Results were analyzed using Excel.
- Cyndy B. Cordell, Director of Healthcare Professional Services at the national Alzheimer's Association headquarters, conferenced on the project.
- Students met with Dr. Patricia King, a board member on the VT Board of Medical Practice, to discuss establishing a CME hour for dementia screening in VT. A full board meeting was declined.

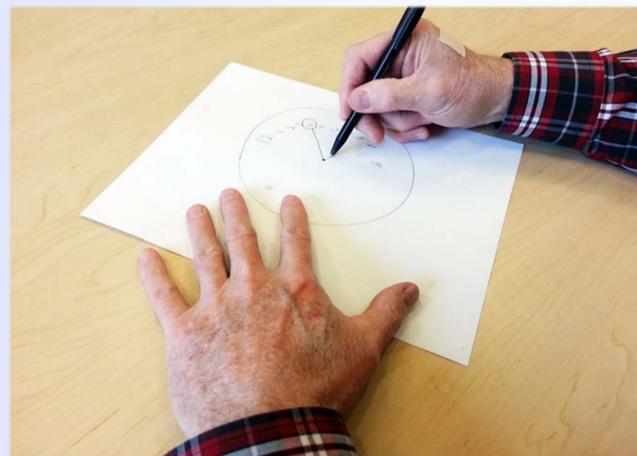
## Results

**I support a required CME hour focused on cognitive impairment and dementia as part of the Vermont 30 CME hour bi-annual relicensing requirement**

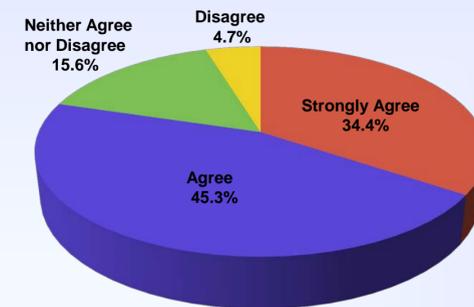


“I applaud your efforts to encourage self-assessment and self-directed learning on the topic of dementia screening. This is an important topic for the life-long learning of physicians and other health care providers.”

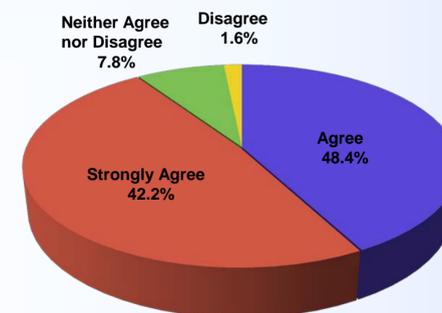
- Patricia King; MD, Board Member of VT Medical Practice Board



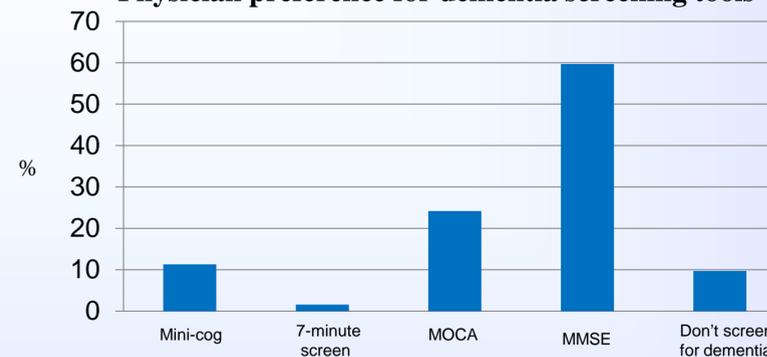
**There is a solid rationale for screening elderly patients for cognitive impairment and dementia**



**It is important and worthwhile to screen patients for cognitive impairment and dementia**



**Physician preference for dementia screening tools**



“When physicians become more educated and more passionate, they become more competent.”

- Cyndy Cordell; Director, Healthcare Professional Services, Alzheimer's Association

## Discussion

Early diagnosis of dementia and AD is warranted for social, financial, and medical reasons<sup>3</sup>, and 80% of surveyed PCPs believed there was a solid rationale for dementia screening. However, a minority of VT PCPs regularly conduct screens<sup>3</sup>. Furthermore, the majority of surveyed PCPs use less sensitive screening measures like the MMSE. It appears that education emphasizing the importance of screening and the sensitivity of screening tools is called for.

A mandatory CME would be the most effective means of equally educating all VT physicians, and would prevent education from being limited to a self-selecting group of interested providers. However, over half of the surveyed PCPs were resistant to a mandatory CME hour for dementia screening education, and Dr. King stressed that establishing a mandatory CME hour would be extremely difficult. Dr. King recommended an optional online CME module as a more feasible alternative. An aggressive education plan utilizing voluntary CMEs could be used to educate PCPs in the short term, with a mandatory CME requirement being a longer-term goal.

Of surveyed PCPs, 75% indicated interest in an online module for education in dementia screening. An online module should address the rationale behind screening, information on effective screening tools and strategies, and effective follow-up care. Education in these areas would empower physicians in caring for patients and their family members.

## Conclusion

Although VT PCPs are becoming aware of the importance of dementia screening, they demonstrate a lack of knowledge in effective dementia screening strategies. We explored the feasibility of instituting a mandatory CME hour in dementia screening for VT physicians, and found resistance among PCPs to mandatory education. The VT Board of Medical Practice also informed us that the outlook for instating a mandatory CME was poor. We instead propose the designing of a free, online CME hour, followed by a carefully planned dissemination strategy, to help educate VT PCPs in effective dementia screening.

## Sources

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