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Increasing the use of dementia screening in the primary care setting

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Family Medicine rotation October-November
Mentor: Dr. Whitney Calkins.

Problem Identification

- Alzheimer's is the 6th leading cause of death in the United States
- More than 5 million people have Alzheimer's disease today and 450,000 people in the US die of Alzheimer's every year
- 40% of patients living with Alzheimer's disease are undiagnosed
- By 2050 the number of people living with Alzheimer's could **TRIPLE**
- Early detection promotes better dementia care, lowers costs of care, and increases quality of life
- Early detection leads to better health outcomes in caregivers and allows for the ability to plan; and reduce costs of caregiving

Public Health Cost

- In 2013 Alzheimer's cost the nation \$203 Billion and the number is set to rise to \$1.2 Trillion by 2050
- There are more than 15 million caregivers of people with Alzheimer's and other dementia's providing over 17 billion hours of unpaid care valued at more than \$216 Billion.

Community Perspective

- “ While the medications available to treat alzheimer’s and other dementias are currently limited, screening has shown clear benefit to patients, families and care providers for addressing anxieties and the level of understanding why cognitive decline may be transpiring. It permits better preparation and planning for the future, along with mitigating the phenomenal stress that often ensues the progressive process of cognitive decline. “ – **Aaron Reiter M.D.**
- “ Screening for dementia and Alzheimer's disease should be a routine part of yearly wellness exams for people over the age of 60-65 to promote early diagnosis and awareness of cognitive impairment. This is important from the perspective of early treatment intervention, and also to assist patients and their families as they plan for the future, and make decisions about how they want to conduct the rest of their lives.“ – **William Pendlebury M.D.**

Intervention and Methodology

- After discussions with physicians at the South Burlington Family Practice I identified the needed a screening tool that was easy to administer and very sensitive and specific for dementia
- Reached out to Dr Pendlebury, who along with UVM COM students. developed the Vermont Mini COG tutorial for Alzheimer's and dementia screening in the primary care setting
- Popularize the use of the Vermont Mini COG at UVM affiliated Family Medicine practices

Result

- Formal presentation made at the staff meeting for the South Burlington Family Practice urging the use of the Vermont Mini Cog in all patients coming in for their annual Medicare wellness visits.
- Presentation with link to tutorial sent to all medical students currently doing their Family Medicine Clerkships to circulate at their respective sites.

Effectiveness

- Observed increased usage of the Mini Cog at the South Burlington Family Practice
- Started the conversation about having CCNAs and LNPs administer the Vermont Mini Cog to all patients over 65
- Introduced the Vermont Mini Cog to all UVM COM medical students doing their Family Medicine clerkships

Limitations

- Screening tool not available on PRISM
- Unable to gather data on how many new referrals were generated to the Memory Clinic for a full dementia work up

Future Recommendations

- Build a Vermont Mini COG tool for PRISM
- Make the training module on the Vermont Mini Cog widely available to Family Medicine and Outpatient Internal Medicine physicians
- Longitudinal study to see if there is an increase in the diagnosis of dementia in the South Burlington Community and track the outcomes of early diagnosis

Training module

<http://www.uvm.edu/~gsgoodri/>

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