



Clinical Guideline: Early Dementia Detection and Intervention	
Affected LCD Units: Care Management	Policy #: x.xx or <TBD>
Effective Date: 12/2017	Last Review Date:

Definitions:

- **AD8 Screen:** a simple 3-minute screening tool used to detect very early dementia through discovering the loss of the person's prior abilities.
 - Two (2) or more "yes" answers to questions constitutes a positive finding.
- **Animal Naming (AN) Screen:** a memory-screening tool to determine the number of animals an individual can name within 60 seconds.
 - Naming less than 14 (fourteen) animals within 60 seconds constitutes a positive finding.
- **Dementia:** a general term to describe a decline in memory or other thinking skills. To be classified as dementia, the decline in memory or thinking skills must be severe enough to reduce a person's ability to perform everyday tasks and activities.
- **Eligible Member:** a currently enrolled Lakeland Care member who is a Frail Elder without a diagnosis of Alzheimer's, dementia, Traumatic Brain Injury, or an Intellectual Disability, who can fully communicate and is not receiving hospice care.
- **Frail Elder:** an individual aged 65 or older who has a physical disability, or an irreversible dementia that restricts the individual's ability to perform normal daily tasks or that threatens the capacity of the individual to live independently.
- **Mild Cognitive Impairment:** mild cognitive impairment (MCI) is an intermediate stage between the expected cognitive decline of normal aging and the more-serious decline of dementia.
- **Mini Cog (MC) Screen:** a 4-minute screening tool used to detect cognitive impairments in adults. It consists of two components, a 3-item recall test for memory and a clock-drawing test.
 - A score of less than three for both components constitutes a positive finding.

Purpose:

Mild cognitive impairment causes a slight but noticeable and measurable decline in cognitive abilities, including memory and thinking skills. A person with MCI is at an increased risk of developing Alzheimer's or another dementia. Individuals with MCI experience cognitive changes that are serious enough to be noticed by the individuals experiencing them or to other people, but the changes are not severe enough to interfere with daily life or independent function.

According to the Department of Health Services document "Memory Screening in the Community", *in 2016, Wisconsin has approximately 115,000 people living with dementia. Because age is the greatest risk factor for Alzheimer's disease, the number of people with dementia is expected to rise dramatically as the population ages. Projections indicate that by 2040, the number of people with dementia in Wisconsin will grow to approximately 242,000.* Dementia is a disease of particular concern because its progressive nature eventually leads to a loss of independent function, significantly impacting an individual's quality of life. As an

individual's ability to function independently declines, the cost of care is likely to increase. Estimates of current dementia costs in the United States vary from \$150 billion to over \$200 billion annually.

Early dementia detection screening helps identify changes in an individual that may be signs of the onset of dementia, Alzheimer's, or other cognitive impairments. Early intervention for dementia can be effective in improving cognitive function, improving quality of life, and delaying institutionalization. Early intervention also provides an opportunity to educate members, caregivers and families related to the progression of the disease and allows for future planning.

The Early Dementia Detection and Intervention Clinical Guideline serves as a guide to Screening Staff for initiating early dementia detection screening in an effort to identify potential cognitive impairments of members. Furthermore, this Clinical Guideline will guide Interdisciplinary Team (IDT) staff practice in supporting members with potential cognitive impairment to obtain an accurate diagnosis and initiate interventions timely. Delaying complications of cognitive impairment will result in the member achieving optimal health and wellness.

Scope:

All eligible Lakeland Care (LC) members as defined in this guideline.

Goal:

- 90% of eligible members will participate in all applicable dementia screens.
- 75% of eligible members who participated in all applicable dementia screens and who had positive findings on the AN or Mini Cog will consent to a physician referral.
- 75% of eligible members who had positive findings on the AN or Mini Cog will implement a strategy/intervention aimed at reducing dementia related risk.

Risk Factors for Dementia:

- Age 65 and older
- Family history of dementia or Alzheimer's disease
- Genetic mutations
- Latino and/or African American ethnicity
- History of head injuries
- History of stroke
- Overweight or obesity in middle adulthood
- Modifiable Risk Factors
 - Heavy alcohol consumption
 - Atherosclerosis
 - High or low blood pressure
 - High levels of low-density lipoprotein (LDL) cholesterol
 - Late-life depression
 - Diabetes
 - High estrogen levels
 - High homocysteine blood levels
 - Smoking

Strategies to Reduce Dementia-Related Risk

Mental and physical health should be evaluated upon identification of a cognitive decline.

- Improve Physical Health/Mental Health
 - Manage chronic physical and mental health conditions by following medical advice
 - Aim for achieving an ideal body weight
 - Consume a balanced diet and follow dietary recommendations
 - Engage in regular physical activity as recommended by the member's primary care provider
 - Reduce or eliminate alcohol consumption
 - Consider smoking cessation and do not start smoking
 - Get ample sleep at night; ideally 8 hours per night
 - Manage stress
- Increase Social Engagement
 - Expand social networks
 - Consider increasing community involvement
- Increase Mental Stimulation
 - Keep the mind active by learning something new, practicing memorization and playing games or completing puzzles, etc.

Strategies to Promote Maintenance of Support Networks

- Reference the Health Promotion Guideline: Caregiver Strain Screen and Support (<S:\All Staff\CM Processes\Prevention Education Wellness\Prevention & Promotion Guidelines\Health Promotion Guideline - Caregiver Strain Screen and Support.docx>)
- Develop back up plans for all natural and Self-Directed supports. Ensure that all supports listed on the backup plan are fully aware of the member's current needs, able to meet the member's needs, and willing to assist on a short-term basis and/or on short notice. Consider discussing the back-up caregiver's willingness to support the member on a long-term basis.
- Consider use of community resources to support individuals who have dementia and their support networks:
 - Local clinics, hospitals, Aging and Disability Resource Centers, and advocacy/support agencies may offer dementia resources to assist with member specific situations.

Future Planning

- Plan for the future while considering legal, financial and member outcomes
 - Consider developing advance directives.
 - Learn what is important to the member; this will be valuable in the care planning process as the member's cognitive abilities decline.
- Plan for the current and future safety risks
 - Assess for the following common secondary dementia-related risks and implement necessary proactive safety measures to mitigate identified risk:
 - Wandering
 - Home safety
 - Medication Management
 - Driving
 - ADL/IADLs limitations
 - Develop safety and positive support plans as warranted. Engage supports who are able to share details about who the member was and how they became who they are today. Pay attention to the small details, this may be valuable for future care planning.

Early Dementia Detection Process

The process below identifies the steps taken by LC Screeners to support eligible members in the early detection of dementia.

For Eligible Members:

1. Screeners will conduct the member's Long Term Care Functional Screen (LTCFS) prior to completing early dementia detection screens.
 - a. Screeners will identify appropriate eligible members who have not completed any of LC's early dementia detection screens within the past six (6) months.
2. Upon completion of the member's LTCFS, Screeners will provide eligible members education on the benefits of early dementia detection screening utilizing LC's document titled Member Education on Dementia and Early Dementia Detection Screening: Talking Points (<S:\All Staff\CM Processes\Prevention Education Wellness\Clinical Guidelines\Clinical Guideline - Dementia Early Detection & Intervention\Member Education on Dementia and Early Dementia Detection Screening Talking Points.docx>)
3. Screeners will request permission from the eligible member or legal representative to conduct the early dementia detection screens.
 - a. If the member or legal representative declines to have any or all early dementia detection screens completed, Screeners will seek to understand and make note of their reasoning for the refusal.
4. Once permission has been granted to conduct the early dementia detection screens, Screeners will administer the AD8. Screeners will score the AD8 immediately following administration. Screeners will share AD8 results with the member.
5. If the AD8 shows positive findings, Screeners will administer the AN and MC Screens. Screeners will finalize the result of the AN and MC Screen after the visit with the member.
6. Screeners will advise the member that their assigned IDT staff will inform them of the specific AN and MC Screen results in a follow up contact.
7. Within five (5) calendar days of the early dementia detection screens being completed, Screeners will share the results with IDT staff:
 - a. Screeners will scan each document individually, which will automatically save the documents into the scanning folder. Administrative Service Associates will attach the documents to the member record.
 - b. Screeners will also email IDT staff a scanned copy of each early dementia detection screen conducted with the member.

Documentation:

1. Screeners will update the MIDAS Dementia Worksheet for all LC members.
 - a. For eligible members, Screeners will update the MIDAS Dementia Worksheet within five (5) calendar days of conducting the AD8, AN, and MC Screen.
 - i. If the member declines the early dementia detection screens, Screeners will document the member's reason for declining in the MIDAS Dementia Worksheet.
 - b. For non-eligible members, Screeners will update the MIDAS Dementia Worksheet identifying the reason the member is exempt from early dementia detection screening within fifteen (15) calendar days of conducting the member's LTCFS.
2. For all eligible members, completion of the early dementia detection screens will be documented within case notes.

Early Dementia Intervention Process

The process below identifies the Care Management responsibilities to support eligible members subsequent to LC's early dementia detection screening activities.

For members who decline any of the applicable early dementia detection screens:

1. At the next face-to-face visit with the member/Legal Representative, the CM will:
 - a. Provide education on the benefits of early intervention and prevention utilizing LC document titled Member Education on Prevention and Early Intervention to Reduce Dementia-Related Risk: Talking Points (<S:\All Staff\CM Processes\Prevention Education Wellness\Clinical Guidelines\Clinical Guideline - Dementia Early Detection>)

[& Intervention\Member Education on Prevention and Early Intervention Talking Points.docx](#) .

- i. If the member/Legal Representative requests early dementia detection screening from the CM, the member will be referred to their primary care provider for screening.
 - b. Encourage the member to address their modifiable risk factors by incorporating the prevention strategies identified in the section titled “Strategies to Reduce Dementia Related Risk”.
2. The CM will continue to assess the member for early symptoms of dementia on an ongoing basis.

For members who have no positive findings on the AN or the MC Screen:

1. Within five (5) calendar days of being notified of the results by the Screener, the CM will contact the member/Legal Representative to inform them of the results of the AN and MC Screen.
2. At the next face-to face visit, the CM will encourage the member to address their modifiable risk factors by incorporating the prevention strategies identified in the section titled “Strategies to Reduce Dementia-Related Risk” on an ongoing basis.
3. The CM will continue to assess the member for early symptoms of dementia on an ongoing basis.

For members who have positive findings on either the AN or MC Screens:

1. Within five (5) calendar days of being notified of the results by the Screener, the CM will contact the member/Legal Representative to inform them of the results of the AN and MC Screen.
2. The CM will conduct a face-to-face visit with the member within 30 days of screen completion. During this visit, the CM will:
 - a. Discuss positive early dementia detection screen results.
 - b. Re-assess the member’s situation.
 - c. Mitigate any potential imminent health and safety risks that may be present.
 - d. Educate the member and their supports regarding the difference between dementia and MCI and the benefits of early intervention and prevention utilizing LC’s document titled Member Education on Prevention and Early Intervention to Reduce Dementia Related Risk Talking Points ([S:\All Staff\CM Processes\Prevention Education Wellness\Clinical Guidelines\Clinical Guideline - Dementia Early Detection & Intervention\Member Education on Prevention and Early Intervention Talking Points.docx](#)).
 - e. Together with the member, select at least one intervention from one of the following categories:
 - Strategies to reduce dementia related risk
 - Strategies to promote maintenance of support networks
 - Future planning
 - f. Obtain the member/Legal Representative’s consent to release screen and assessment findings and encourage primary care provider follow up related to the screen results and assessment findings.
3. The CM will fax the screen results and assessment findings to the member’s primary care provider.
 - a. The CM will utilize LC’s Dementia Screening Fax Template ([S:\All Staff\CM Processes\Prevention Education Wellness\Clinical Guidelines\Clinical Guideline - Dementia Early Detection & Intervention\Dementia Screening Fax Template.docx](#)) and include their assessment findings.
 - b. The CM will attach the completed screening tools to the fax.

- If the primary care provider does not respond to the fax within two weeks, the CM will consult with the RNCM to determine who will initiate a second follow up with the member's primary care provider.
 - c. Upon response from the primary care provider, the IDT staff will determine which discipline will collaborate with the primary care provider. The IDT staff will coordinate any follow up care based on the medical evaluation and recommendations. The IDT staff will facilitate communication between all treating physicians.
- 4. On an ongoing basis the CM will:
 - a. Assess, engage, and support the member and the member's caregiver support network.
 - b. Monitor for progression of signs and symptoms of dementia.
 - c. Evaluate the care plan for effectiveness of all interventions.

Documentation:

All actions taken by the IDT staff must be documented in accordance with the applicable policies, procedures and best practices.

1. Update assessment findings and associated risks within applicable MIDAS Assessment Worksheets.
2. Document interventions related to reducing dementia-related risk and supporting the member's support network within the MIDAS Dementia Worksheet.
3. The MCP must reflect associated risks and interventions to mitigate risks related to dementia.
4. Document associated care coordination within case notes.

Measurement of Use and Effectiveness of the Guideline:

- Use and effectiveness of the Early Dementia Detection and Intervention Clinical Guideline will be evaluated by meeting the goals established within this guideline.

References:

These resources were utilized in the development of this guideline.

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http://www.alz.org/alzheimers_disease_1973.asp

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<https://www.dhs.wisconsin.gov/dementia/index.htm>

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"World Alzheimer Report," (2011). *Alzheimer's disease International*. Retrieved from http://www.alz.org/documents_custom/final_world_alz_report_2011_summary.pdf

"2015 Alzheimer's Disease Facts and Figures," (2015). *Alzheimer's Association*. Retrieved from <http://www.alz.org/facts/#prevalence>

Resources:

Tools to guide practice in the support of members with a new or existing diagnosis of dementia.

Alzheimer's Association Stages/Behaviors Retrieved from: <https://www.alz.org/care/alzheimers-dementia-stages-behaviors.asp>

Alzheimer's and Dementia Caregiver Center. Retrieved from <http://www.alz.org/care/overview.asp>

Caring for a Person with Alzheimer's Disease: Your Easy-to-Use Guide from the National Institute on Aging. Retrieved from <https://www.nia.nih.gov/alzheimers/publication/caring-person-alzheimers-disease/about-guide>

Dementia Care Management Toolkit. Retrieved from <http://www.alzqla.org/professionals/dementia-care-management-toolkit/>

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