Addressing Memory Concerns in Older Adults through an Integrated Care Approach

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.
Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.
Learning Objectives

At the conclusion of this session, the participant will be able to:

• Identify parameters of typical and atypical aging in regards to memory and cognition and how this relates to cognitive screening tools typically used in primary care settings.

• Describe the worry and concern regarding their memory and cognition that patients often experience in the context of typical vs. atypical aging.

• Provide tools and strategies that can be offered through an integrated care approach that are helpful to support memory/cognition for aging patients.
Learning Assessment

• A learning assessment is required for CE credit.
• A question and answer period will be conducted at the end of this presentation.
Outline

- Background
- Overview
- Findings
- Tools and Strategies
- Future aspirations
Integrated Care

Medical

Psychological

Social
Cognition
Basic acronyms

- MWV - Medicare Wellness Visit
- BH - Behavioral health
- BHC - Behavioral Health Clinician
- MoCA - Montreal Cognitive Assessment
Aging

Typical

- Slower functioning
  - Mental flexibility
  - Information processing
- Memory changes
  - Occasional bad decisions
  - Missing a monthly payment
  - Forgetting a name
  - Forgetting what day it is

* Remembering later

Atypical

- Poor judgement
- Constant bad decisions
- Inability to manage a budget
- Losing track of the date or season
- Difficulty in conversation
- Constantly misplacing things

* Not finding or remembering later
Why this is important

- Population- adults over the age of 65
- The aging brain
- Stress response
- The burden of cognitive decline
- MWV: “detection of cognitive impairment”
Measures

Previous workflow

Current workflow
MoCA scores:

- MoCA score
  - Range: 25-30
  - Average: 27.3

Positive (indicative of cognitive impairment) 30%

Negative (within normal limits) 70%
Patient’s Acceptance of BHC in visit

Accepted: 83%
Did not accept: 17%
Patient’s Perspective

- Patients’ lived experience with forgetfulness
- Psychoeducational tools
- Behavioral change as a result of the BH visit
Patients’ Lived Experience with Forgetfulness

- Acknowledgement of forgetfulness
- Emotional toll of forgetfulness
Patients’ Lived Experience with Forgetfulness

Acknowledgement of forgetfulness

“I don’t feel like I am losing my mind, but I do notice some memory loss. Remembering names is hard for me.”
Acknowledgement of forgetfulness

Concerns w/ Memory
100%
Patients’ Lived Experience with Forgetfulness

- Emotional toll of forgetfulness
  - Mild
  - Moderate
Psychoeducational Tools

- Psychoeducation for the patients who scored positively on the MoCA
- Psychoeducation received by all patients
- Understanding normal aging memory and the impact on overall health
Psychoeducation for the patients who scored positively on the MoCA
Psychoeducation received by all patients
Understanding normal aging memory and the impact on overall health

“"It was good to be reminded of an important part of our overall health that should be thought of and discussed.”

“"To be honest, as we get older, memory loss sneaks up on us. I found it valuable to have the conversation about memory, better understand what is normal, and see how some of these strategies can help with overall health.”
Behavioral Change as a Result of the BH Visit

- Behavioral change for all patients
- Behavioral change for patients with a positive MoCA score
- Consciousness raising
Behavioral change for all patients

- 50% of patients increased frequency or adopted new behaviors
- Increase in thoughtful concentrating, focusing, and planning in regard to responsibilities
Behavioral change for patients with a positive MoCA score

- Reported noticeably improved
  - memory
  - increased focus
  - no missed appointments
Consciousness raising
Overall

- 83% acceptance of integrated care
- 100% of patients reported noticeable forgetfulness
- The worry and concern is real
- Resources best matched with unique needs
- Overt behavior change
- Memory conversation opens door to other older adult experiences
- Prevention is possible
- Improved overall quality of whole person care
Tools and Strategies

- Typical vs atypical aging memory
- Social support/staying connected
- Cognitively stimulating activities/keeping the mind active
- Utilizing notes
- Prioritizing
- Exercise
- Diet
- Limiting distractions/increasing focus and concentration
- Forgetfulness
- Sleep
- Central location of notes/responsibilities
- Red flags to look out for
- Peaks and valleys
- Doing 1 things at a time
Future Directions

- BHC role in addressing aging, memory and cognitive screening
- Physicians’ perspectives
- The individual’s capacity
- Older adult prevention and individualized training
Questions/Comments
Use the CFHA mobile app to complete the survey/evaluation for this session.
Join us next year in Philadelphia, Pennsylvania! Thank you!