

Addressing Memory Concerns in Older Adults through an Integrated Care Approach

- Haley E. Curt, M.A., M.S., Doctoral Intern Clinical Psychology- Cherokee Health Systems
- Aimee B. Valeras, Ph.D., LICSW, Scholarly Activity Faculty, NH Dartmouth Family Medicine Residency at Concord Hospital Family Health Center



CFHA Annual Conference
October 17-19, 2019 • Denver, Colorado

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.

Bibliography / Reference

- Alzheimer's Association, (2018a). Public health Alzheimer's resource center. Retrieved from <https://www.alz.org/publichealth/early-detection.asp>
- Alzheimer's Association, (2018b). Ten early signs and symptoms of Alzheimer's. Retrieved from <https://www.alz.org/10-signs-symptoms-alzheimers-dementia.asp>
- Alzheimer's Association, (2018c). What is dementia? Retrieved from https://www.alz.org/what-isdementia.asp?gclid=Cj0KCCQjw4_zVBRDVARIsAFNI9eAFDvIjIaZCWhM4hOVBuVvkzID5YjX_y-Qq8ZINKdVuV3HSjguGvIEEaAj8SEALw_wcB#diagnosis
- Eshkoo, S. A., Hamid, T. A., Mun, C. Y., & Ng, C. K. (2015). Mild cognitive impairment and its management in older people. *Clinical Interventions in Aging, 10*, 687-693. doi:10.2147/CIA.S73922
- Galvin, J. E., & Sadowsky, C. H. (2012). Practical guidelines for the recognition and diagnosis of dementia. *The Journal of the American Board of Family Medicine, 25*(3), 367-382. doi:10.3122/jabfm.2012.03.100181
- Hermida, A. P., McDonald, W. M., Steenland, K., & Levey, A. (2012). The association between late-life depression, mild cognitive impairment and dementia: is inflammation the missing link?. *Expert Review Of Neurotherapeutics, 12*(11), 1339-1350. doi:10.1586/ern.12.127
- Kinzer, A., & Suhr, J. A. (2016). Dementia worry and its relationship to dementia exposure, psychological factors, and subjective memory concerns. *Applied Neuropsychology: Adult, 23*(3), 196-204. doi:10.1080/23279095.2015.1030669
- Mayo Clinic, (2019). Patient care and health information. *Mayo Foundation for Medical Education and Research (MFMER)*. Retrieved from <https://www.mayoclinic.org/patient-care-and-health-information>
- National Institute on Aging, (2019). National Institutes of Health: Health information. *U.S. Department of Health and Human Services*. Retrieved from <https://www.nia.nih.gov/health>
- Patton, M. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (Fourth ed.). Thousand Oaks, California: SAGE Publications.
- Reijnders, J., van Heugten, C., & van Boxtel, M. (2015). Keep your Brain Fit! A psychoeducational training program for healthy cognitive aging: A feasibility study. *Educational Gerontology, 41*(8), 613-620. doi:10.1080/03601277.2015.1024554
- Reijnders, J. S. A. M., Geusgens, C. A. V., Ponds, R. W. H. M., & van Boxtel, M. P. J. (2017). "Keep your Brain Fit!" Effectiveness of a psychoeducational intervention on cognitive functioning in healthy adults: A randomized controlled trial. *Neuropsychological Rehabilitation, 27*(4), 455-471. doi:10.1080/09602011.2015.109045
- Scerri, A., & Scerri, C. (2017). Training older adults about Alzheimer's disease-Impact on knowledge and fear. *Educational Gerontology, 43*(3), 117-127. doi:10.1080/03601277.2016.1266445
- Smith, T., Cross, J., Poland, F., Clay, F., Brookes, A., Maidment, I., & ... Fox, C. (2018). Systematic review investigating multi-disciplinary team approaches to screening and early diagnosis of dementia in primary care: What are the positive and negative effects and who should deliver it? *Current Alzheimer Research, 15*(1), 5-17. doi:10.2174/1567205014666170908094931
- The Official U.S. Government Site for Medicare (2018). Your Medicare coverage. *U.S. Centers for Medicare & Medicaid Services*. Retrieved from <https://www.medicare.gov/coverage/preventive-visit-yearly-wellness-exams>
- U.S. Preventative Services Task Force (USPSTF) (2014). Final recommendation statement: Cognitive impairment in older adults: Screening. Retrieved from: <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cognitive-impairment-in-older-adults-screening>
- Wang, J., Kearnnet, J. A., Jia, H., & Shang, J. (2016). Mental health disorders in elderly people receiving home care: Prevalence and correlates in the national US population. *Nursing Research, 65*(2), 107-116. doi:10.1097/NNR.0000000000000147
- Zulman, D. M., Asch, S. M., Martins, S. B., Kerr, E. A., Hoffman, B. B., & Goldstein, M. K. (2014). Quality of care for patients with multiple chronic conditions: The role of comorbidity interrelatedness. *Journal of General Internal Medicine, 29*(3), 529-537. doi:10.1007/s11606-013-2616-9

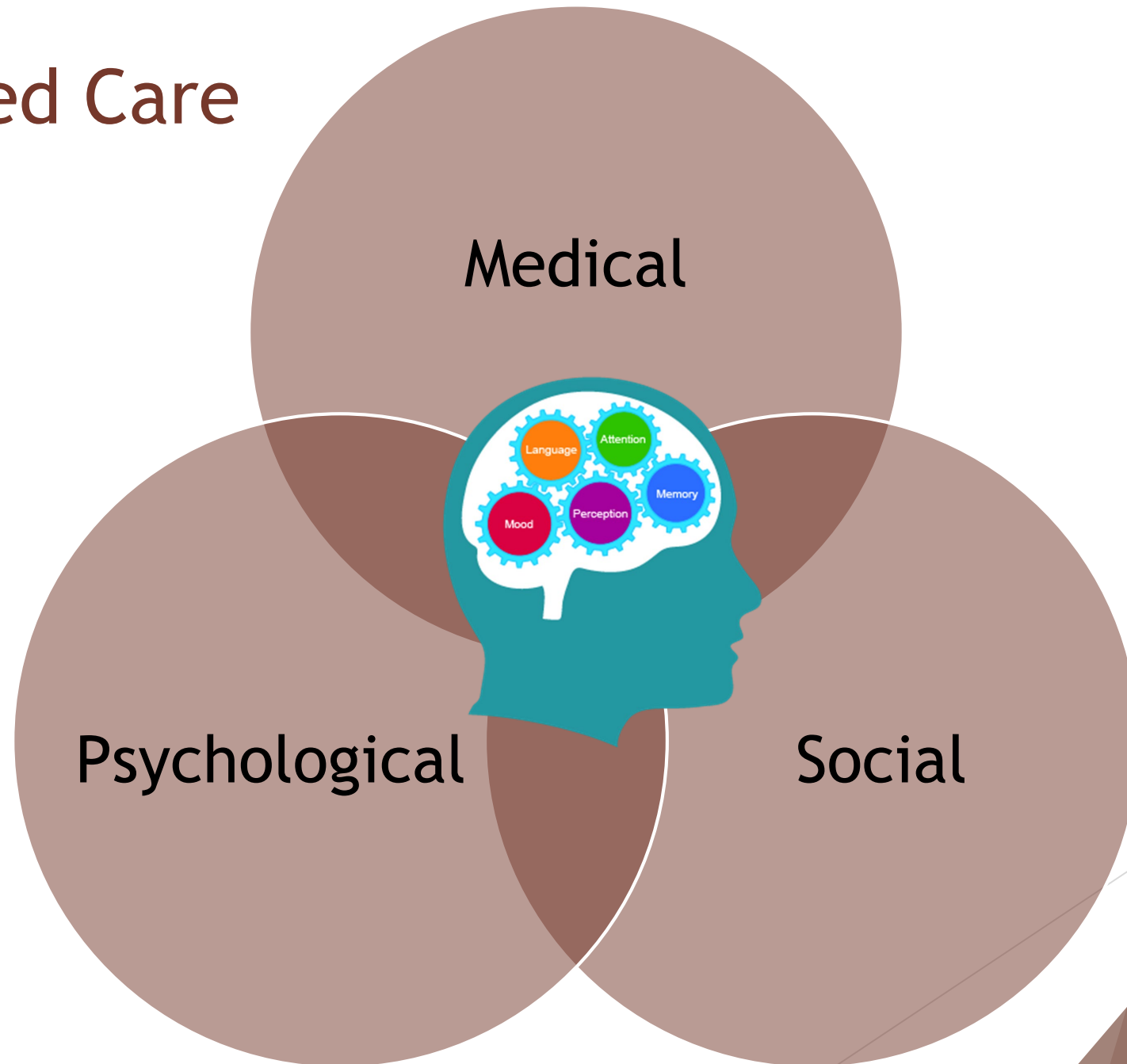
Learning Assessment

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

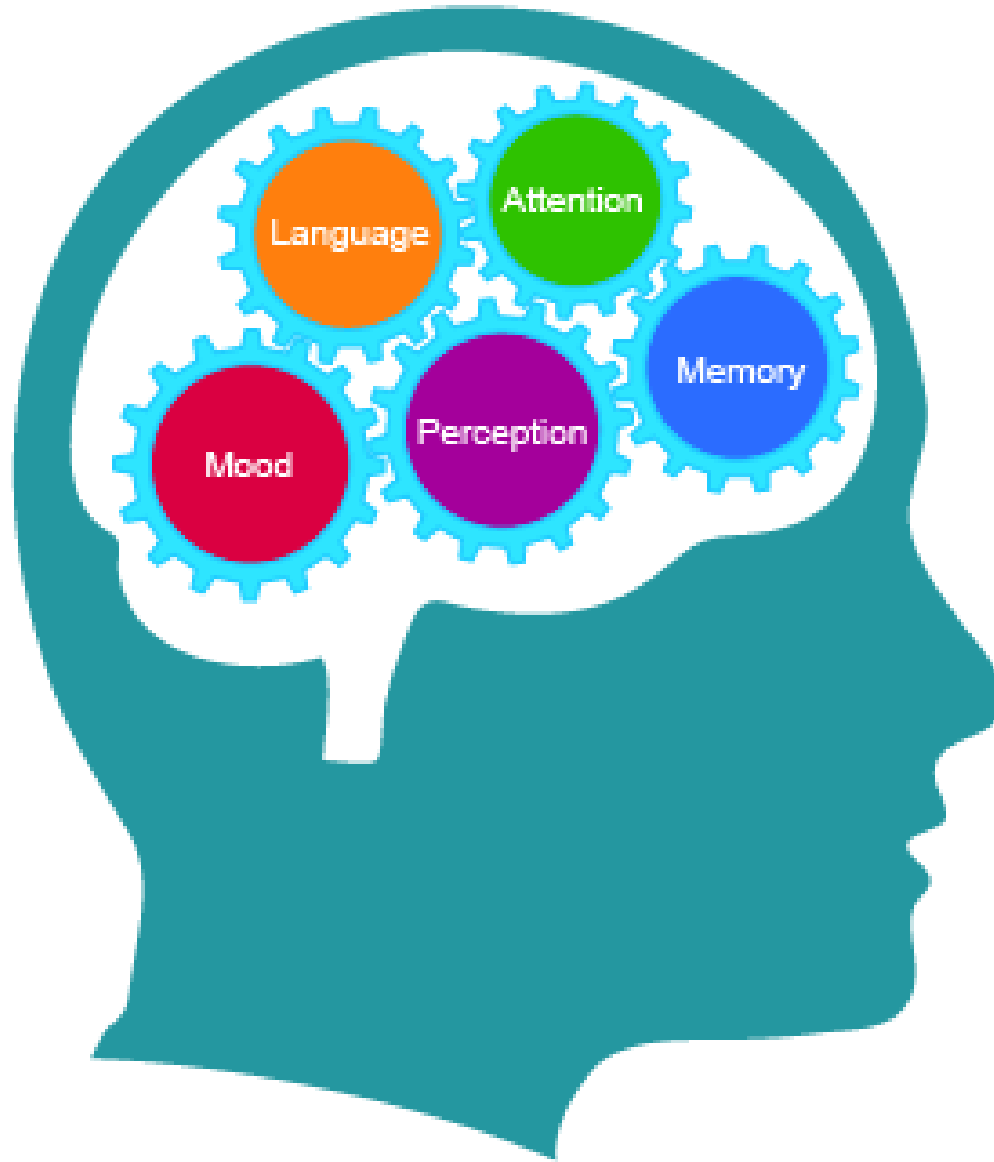
Outline

- ▶ Background
- ▶ Overview
- ▶ Findings
- ▶ Tools and Strategies
- ▶ Future aspirations

Integrated Care



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

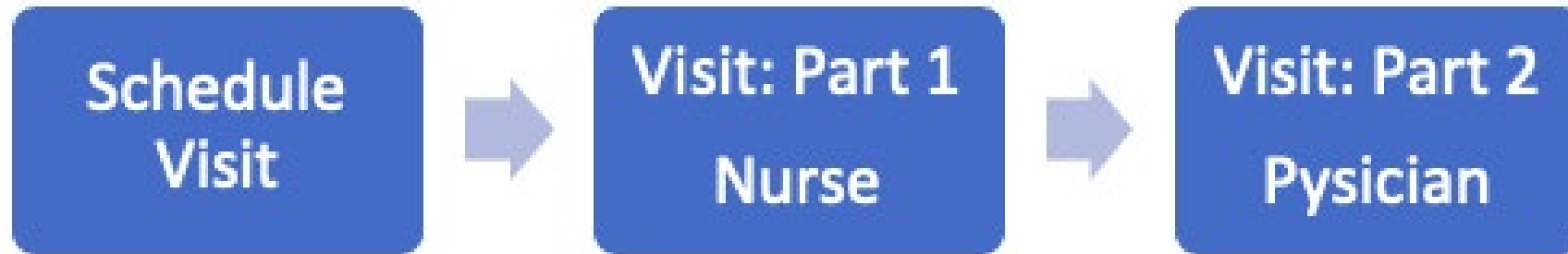
* Not finding or remembering later

Why this is important

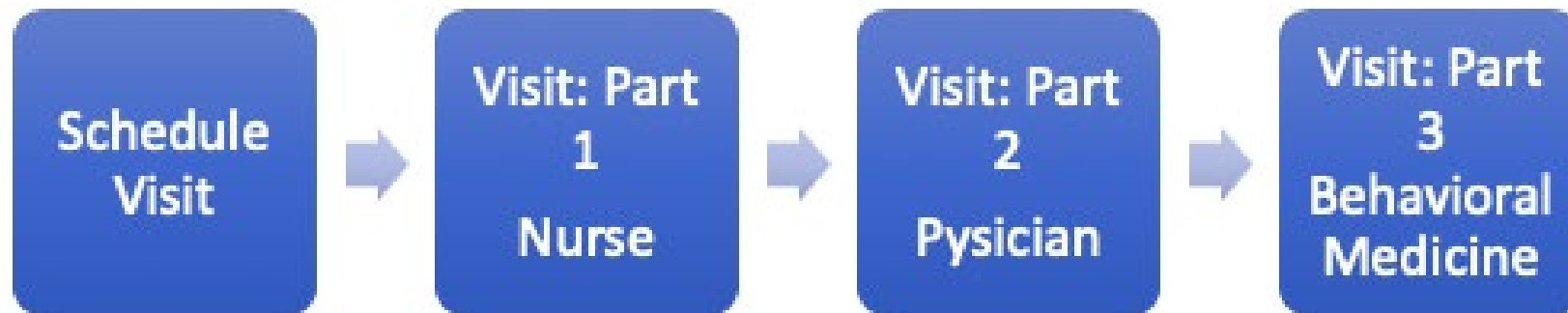
- ▶ Population- adults over the age of 65
- ▶ The aging brain
- ▶ Stress response
- ▶ The burden of cognitive decline
- ▶ MWV: “detection of cognitive impairment”

Measures

Previous workflow

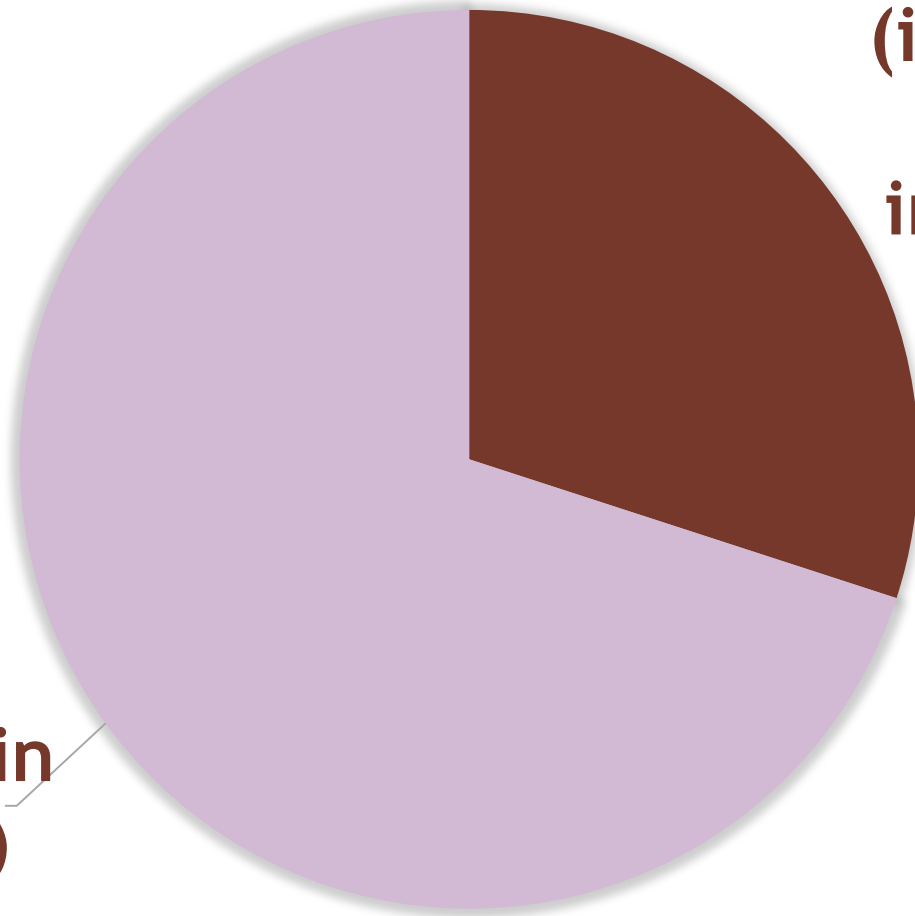


Current workflow



MoCA scores:

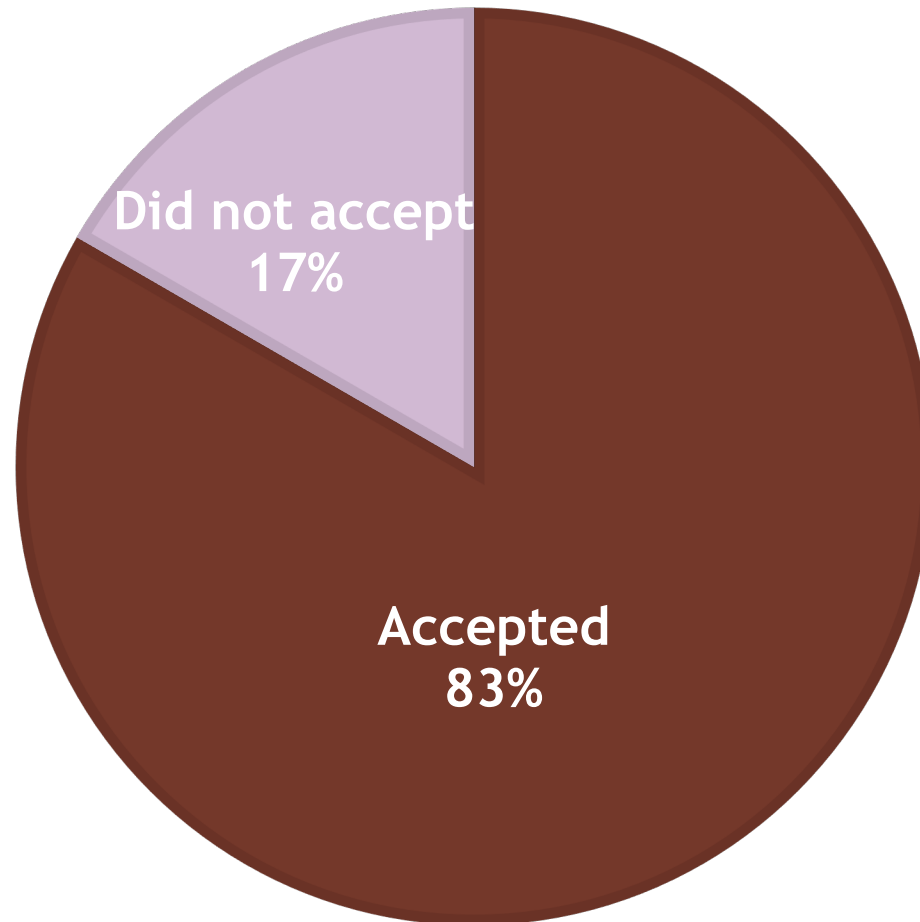
- ▶ MoCA score
 - ▶ Range: 25-30
 - ▶ Average: 27.3



**Positive
(indicative of
cognitive
impairment)
30%**

**Negative (within
normal limits)
70%**

Patient's Acceptance of BHC in visit



Patient's Perspective

- ▶ Patients' lived experience with forgetfulness
- ▶ Psychoeducational tools
- ▶ Behavioral change as a result of the BH visit

Patients' Lived Experience with Forgetfulness

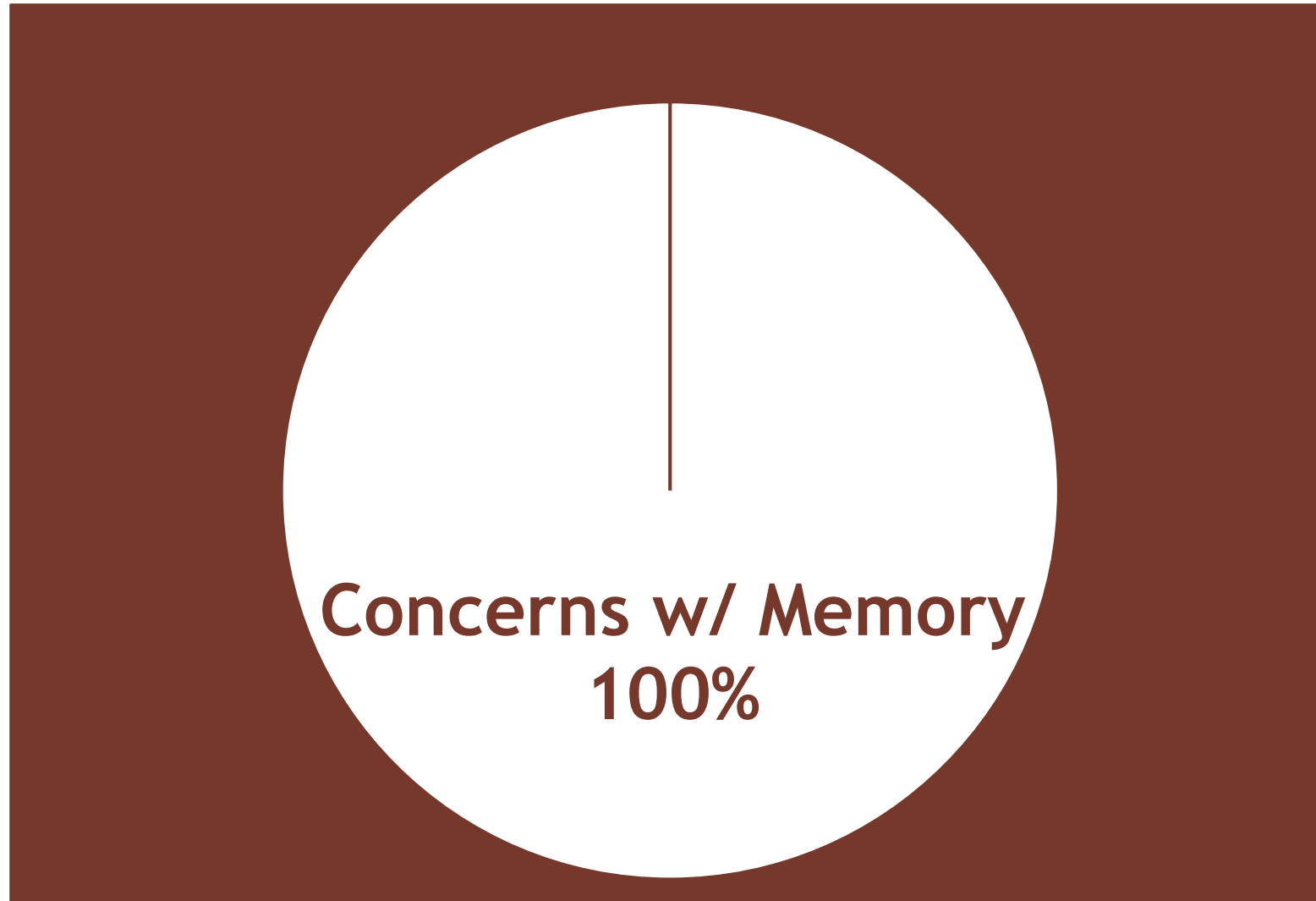
- ▶ Acknowledgement of forgetfulness
- ▶ Emotional toll of forgetfulness

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



Patients' Lived Experience with Forgetfulness

- ▶ Emotional toll of forgetfulness

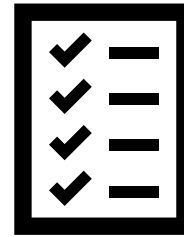
- ▶ Mild

- ▶ Moderate

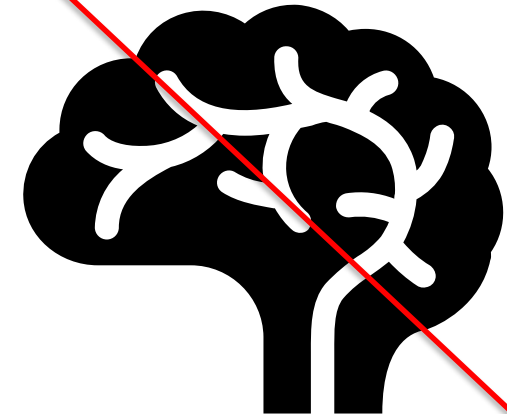
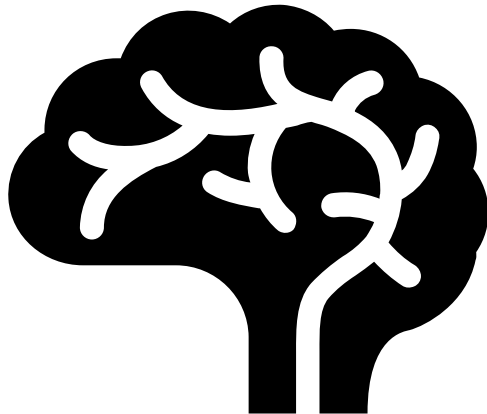
Psychoeducational Tools

- ▶ 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

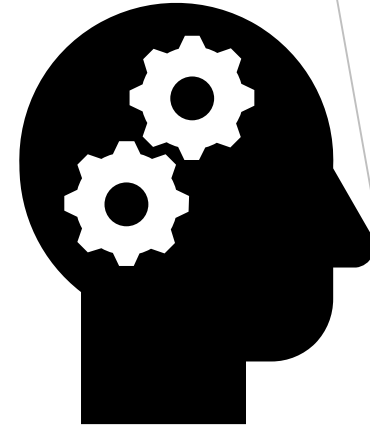
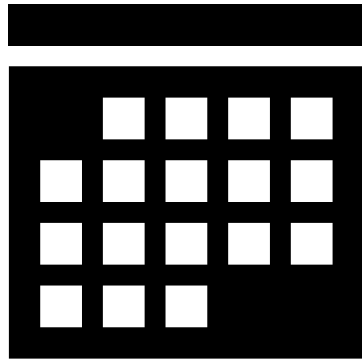
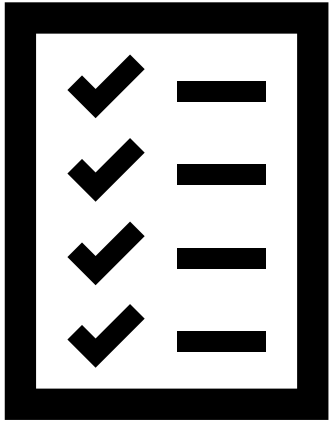
“It was good to be reminded of an important part of our overall health that should be thought of and discussed.”

“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

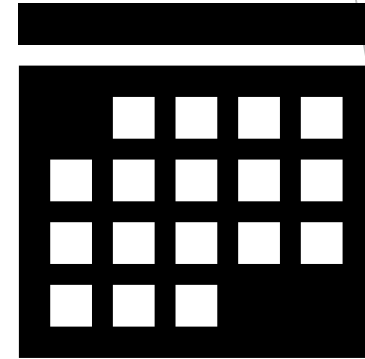
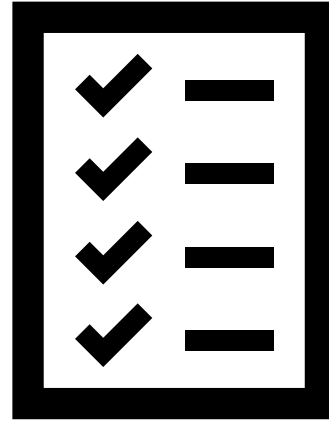
Behavioral change for all patients



- ▶ 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

Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.



Join us next year in Philadelphia, Pennsylvania! Thank you!