

This report contains the results of the Alzheimer's Disease Working Group Primary Care Survey. Nearly 250 clinicians responded, and indicated what they think is necessary to effectively address health care related to Alzheimer's and other dementias.

Alzheimer's Primary Care Survey Results

Commissioned by the
Alzheimer's Disease Working
Group

Relevant Strategies, LLC

April 6, 2015

Contents

| | |
|--|----|
| The Alzheimer’s Disease Working Group..... | 1 |
| Results from the Alzheimer’s Disease Working Group Primary Care Survey | 2 |
| About the Survey Respondents | 2 |
| Current Physician Practices for Screening and Diagnosis | 4 |
| Screening and Diagnosis of Older Adults with Cognitive Impairment..... | 6 |
| Screening and Diagnosis of Younger Adults with Cognitive Impairment | 7 |
| Barriers to Cognitive Screening..... | 8 |
| What Would Be Helpful to Enhance Practices for Screening and Diagnosis | 8 |
| Cognitive Screening Tools | 9 |
| Diagnosis and Referral Practices..... | 10 |

The Alzheimer’s Disease Working Group

In March 2014, Governor Jay Inslee signed [Senate Bill 6124](#), which provides legislative authorization to develop an Alzheimer’s Disease Plan for Washington State.

- SSB 6124 requires the Department of Social and Health Services (DSHS) to convene an Alzheimer’s disease working group, with members to be appointed by DSHS, unless indicated otherwise. The secretary of DSHS or the secretary’s designee must convene the first meeting and serve as chair of the AD working group.
- The Alzheimer’s disease (AD) working group must examine the array of needs of individuals diagnosed with AD, services available to meet these needs, and the capacity of the state and current providers to meet these and future needs.
- The AD working group must consider and make recommendations and findings on a range of specifics; and identify needed policies or responses including, but not limited to, the promotion of early detection and diagnosis of Alzheimer’s disease and dementia, the provision of coordinated services and supports to persons and families living with Alzheimer’s disease or dementia disorders, the capacity to meet these needs, and strategies to address identified gaps in services.
- DSHS must submit a report providing findings and recommendation of the AD working group, including any draft legislation necessary to implement the recommendations, to the governor and the health care committees of the Senate and House of Representatives by January 1, 2016.

Results from the Alzheimer’s Disease Working Group Primary Care Survey

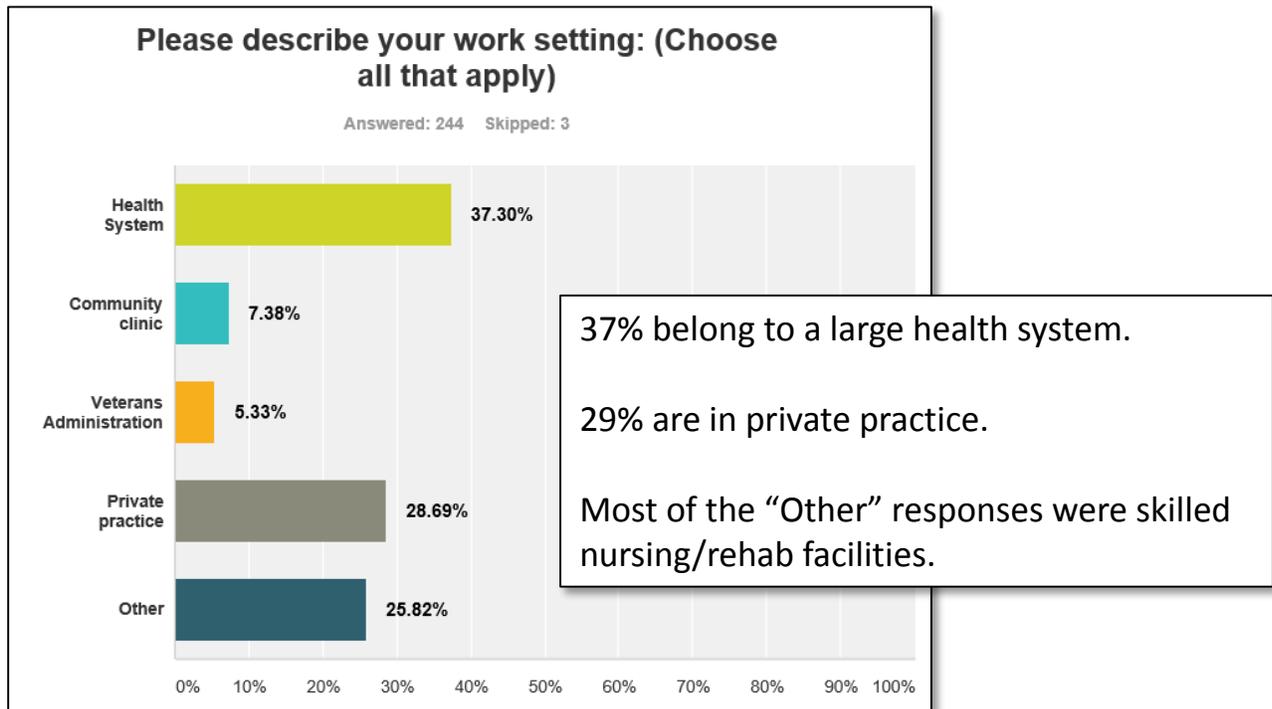
In November and December 2014, the Alzheimer’s Disease Working Group (ADWG) solicited input from primary care physicians and clinicians regarding Alzheimer’s and other dementias. The online survey was widely distributed by members of the ADWG and their partners, other interested stakeholders, via press releases and was posted on the project web page.

We received 247 responses from across the state. Thirty percent of the respondents were primary care physicians, 24% were nurses, and 46% had other roles, including physician assistants, nurse practitioners, naturopaths, and psychologists. The survey was not limited to a random sample of medical staff. Rather, it was open to any or all primary care physicians and clinicians who heard about it and chose to respond. It is likely that the respondents represent those who were more interested in, informed and/or concerned about this issue.

The data was analyzed by work setting (health system & VA, community clinic, and private practice), and by practice demographic (rural, urban, suburban). No statistically significant difference was found based either on work setting or practice demographic.

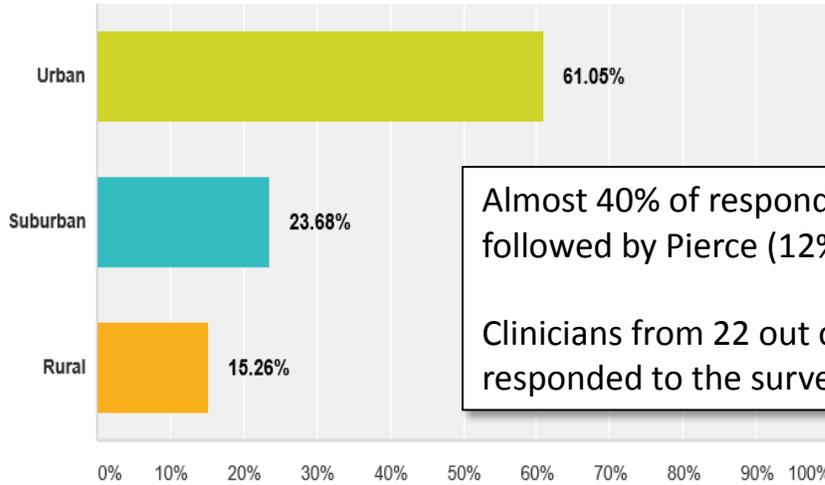
The following graphs show the results of the survey.

About the Survey Respondents



What best describes the area where you practice?

Answered: 190 Skipped: 57

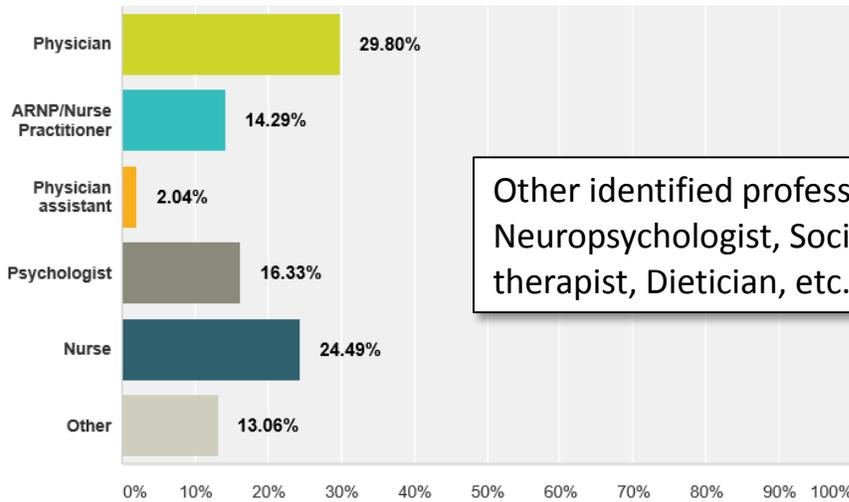


Almost 40% of respondents were from King County, followed by Pierce (12%), and Whatcom (11%).

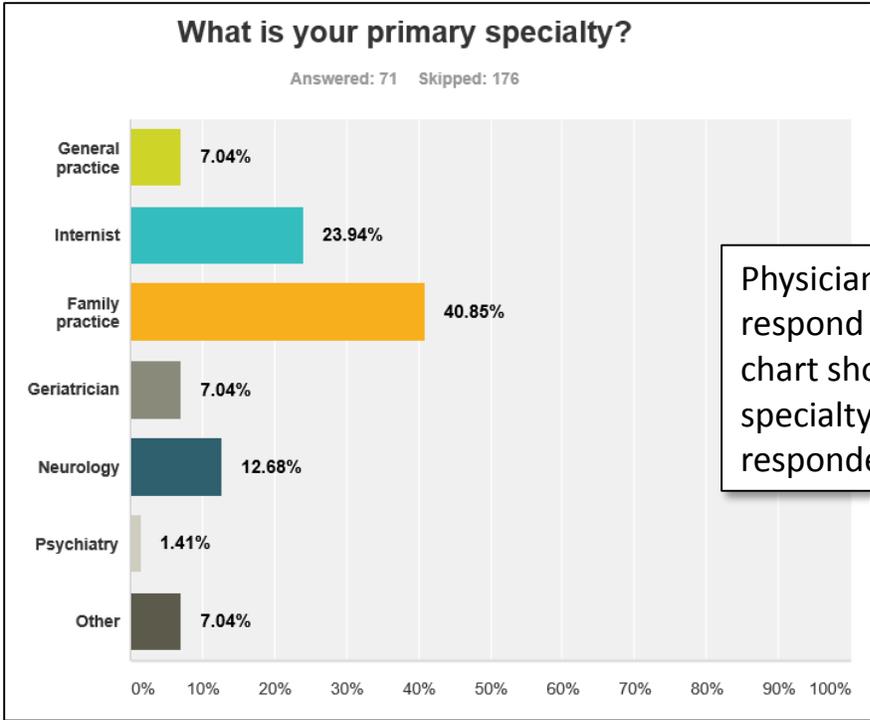
Clinicians from 22 out of 39 Washington counties responded to the survey.

Please identify your profession:

Answered: 245 Skipped: 2

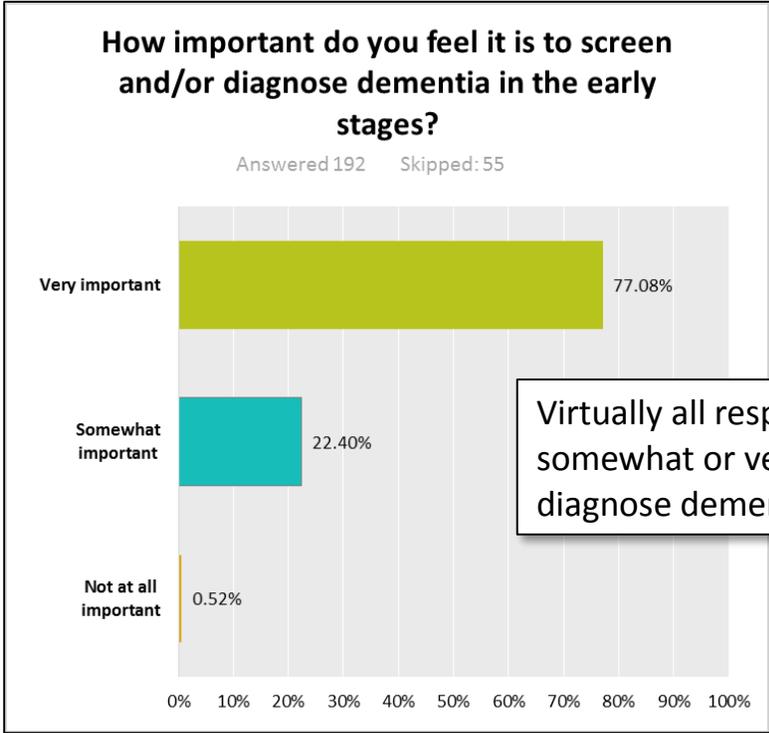


Other identified professions included Naturopath, Neuropsychologist, Social worker, Physical therapist, Dietician, etc.



Physicians were asked to respond to this question. This chart shows the primary specialty of the physician respondents.

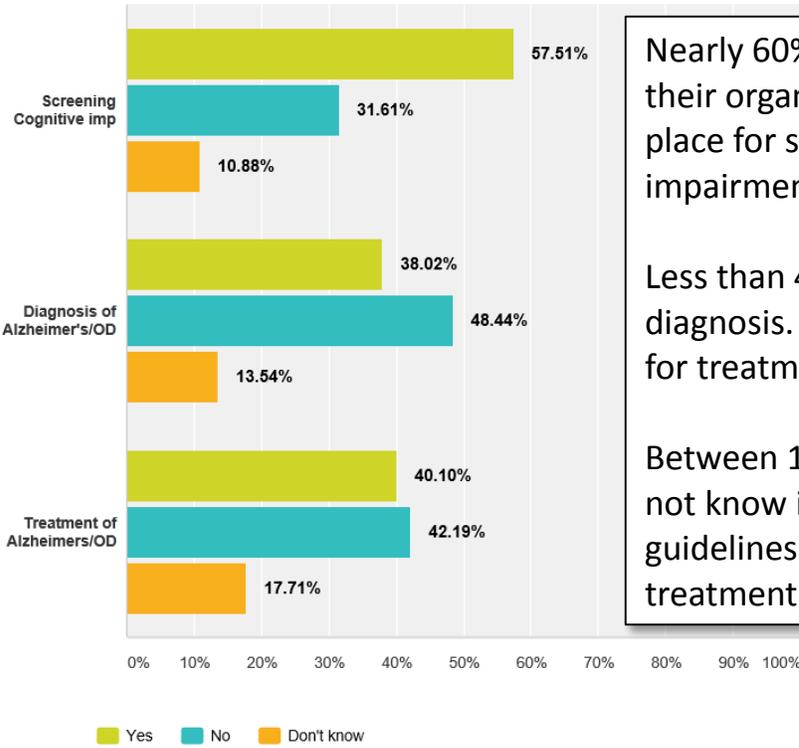
Current Physician Practices for Screening and Diagnosis



Virtually all respondents indicated it was somewhat or very important to screen and/or diagnose dementia in the early stages.

Does your practice or organization have guidelines in place related to any of the following?

Answered: 194 Skipped: 53



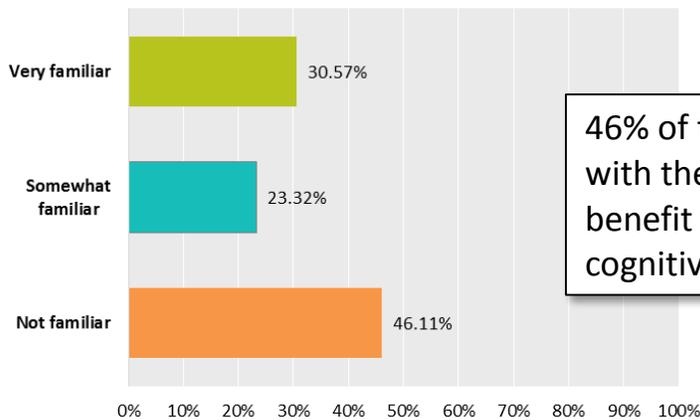
Nearly 60% of respondents replied that their organization has guidelines in place for screening of cognitive impairments.

Less than 40% have guidelines for diagnosis. Around 40% have guidelines for treatment.

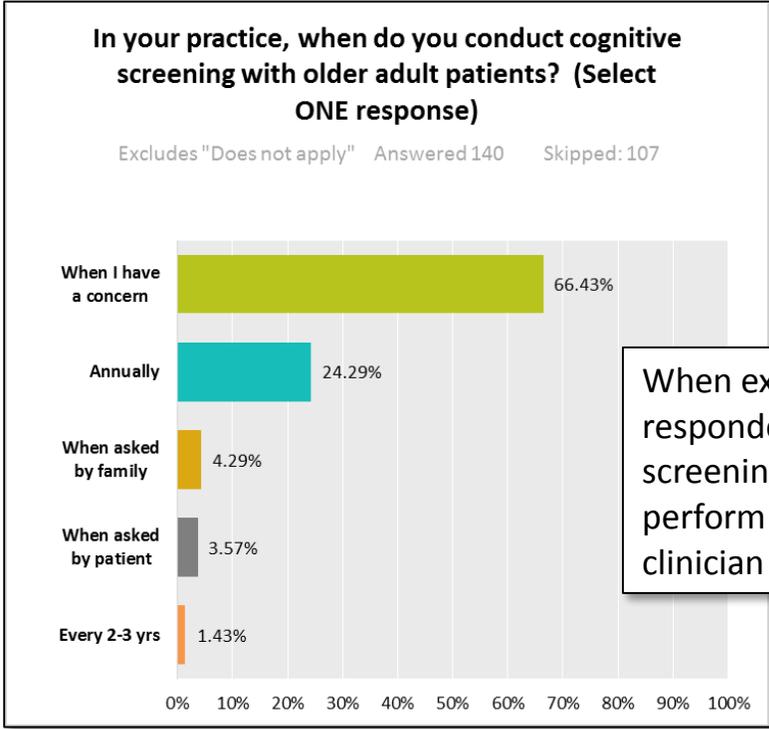
Between 11-18% of the respondents did not know if their organization had guidelines for screening, diagnosis or treatment of Alzheimer's.

Are you familiar with the Medicare Wellness Visit benefit that includes assessment of cognitive impairment?

Answered 193 Skipped: 54

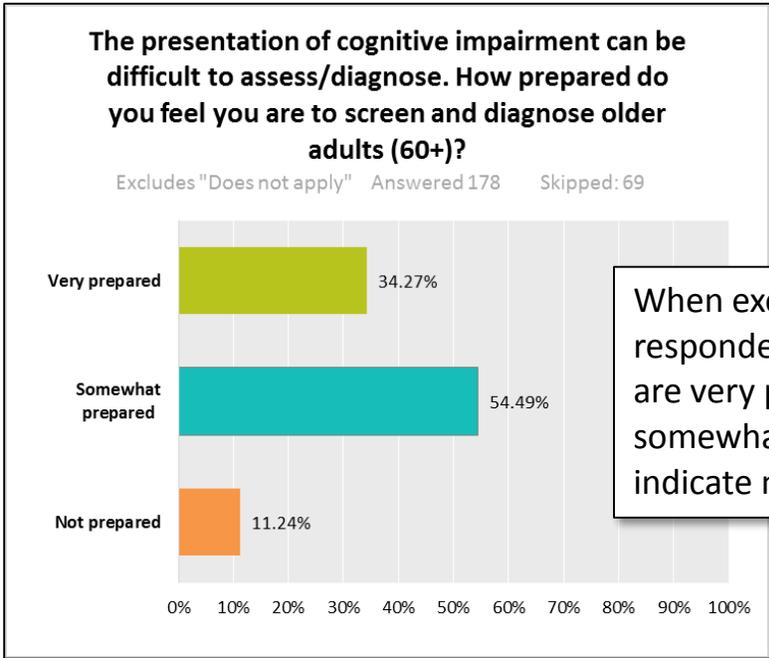


46% of the respondents were not familiar with the Medicare Annual Wellness Visit benefit that includes assessment of cognitive impairment.



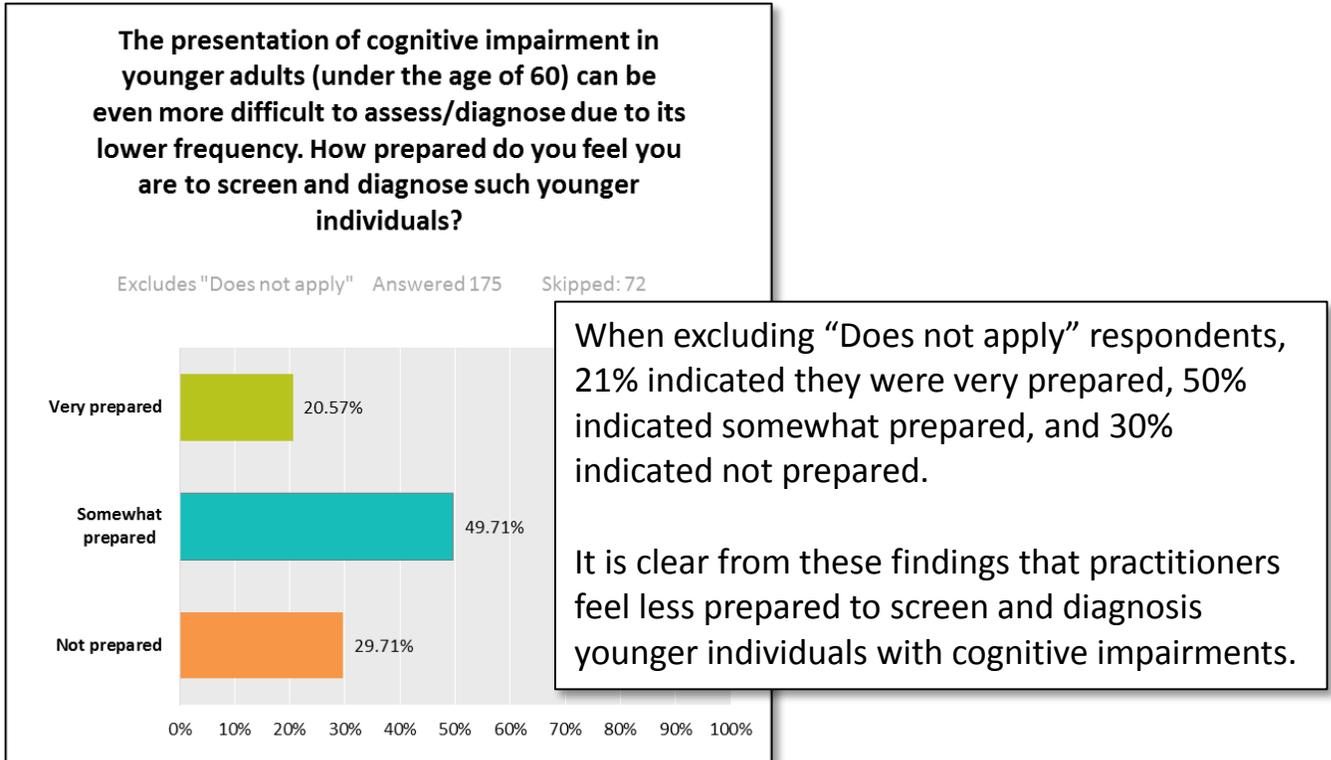
When excluding "Does not apply" respondents, 24% perform screening annually, and 66% perform screening when the clinician has a concern.

Screening and Diagnosis of Older Adults with Cognitive Impairment

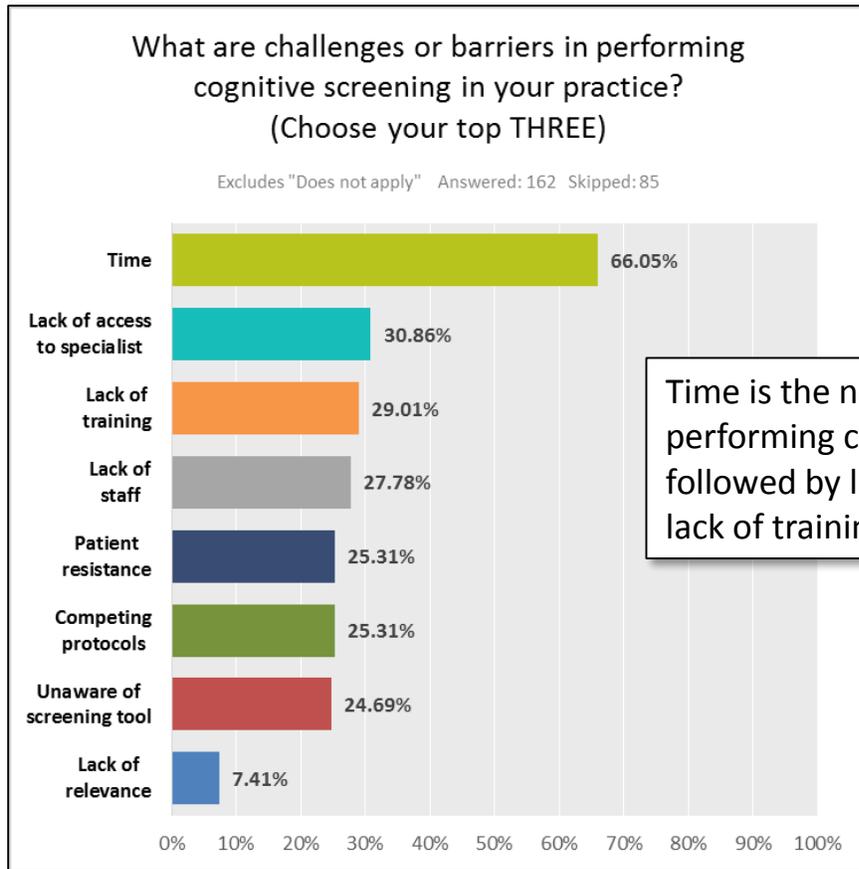


When excluding "Does not apply" respondents, 34% indicate they are very prepared, 54% indicate somewhat prepared, and 11% indicate not prepared.

Screening and Diagnosis of Younger Adults with Cognitive Impairment



Barriers to Cognitive Screening



Time is the number one barrier to performing cognitive screening, followed by lack of access to specialists, lack of training and lack of staff.

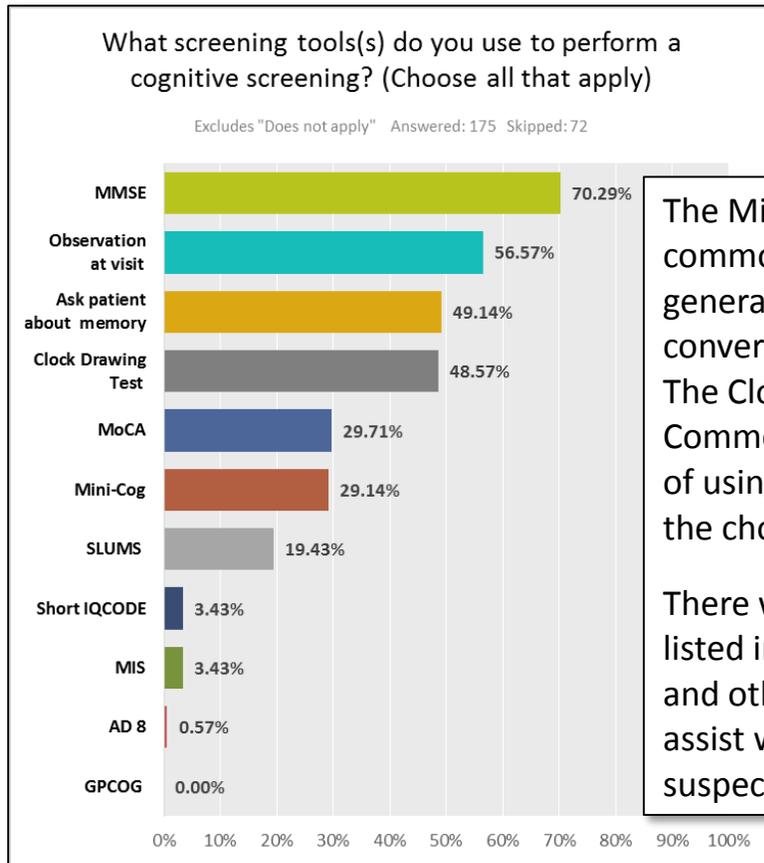
What Would Be Helpful to Enhance Practices for Screening and Diagnosis

Respondents were asked what would be most helpful in terms of assessing and diagnosing older adults. Forty-five people responded to this open-ended question. The most common answers were:

- A need for more consistent and standardized assessment tools
- More compensated time with patients
- Continuing education about dementia
- An adequate electronic medical record
- Knowledge of patient and family history

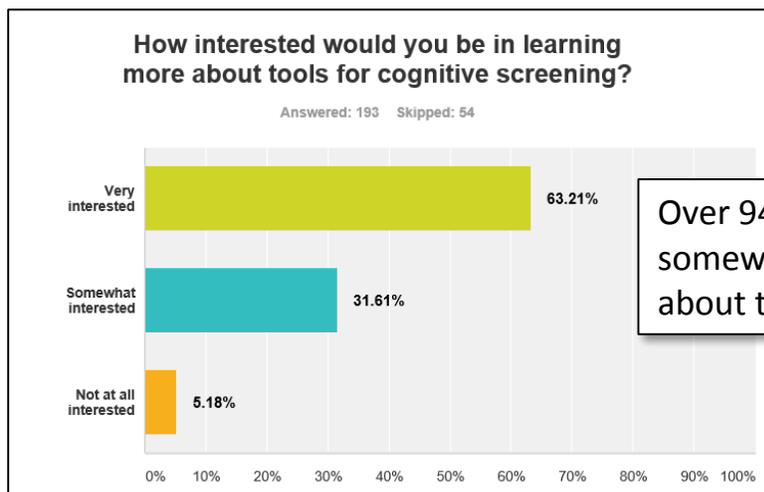
The same question was asked regarding what would be more helpful in terms of assessing and diagnosing younger adults. Answers were very consistent with the responses about older adults.

Cognitive Screening Tools



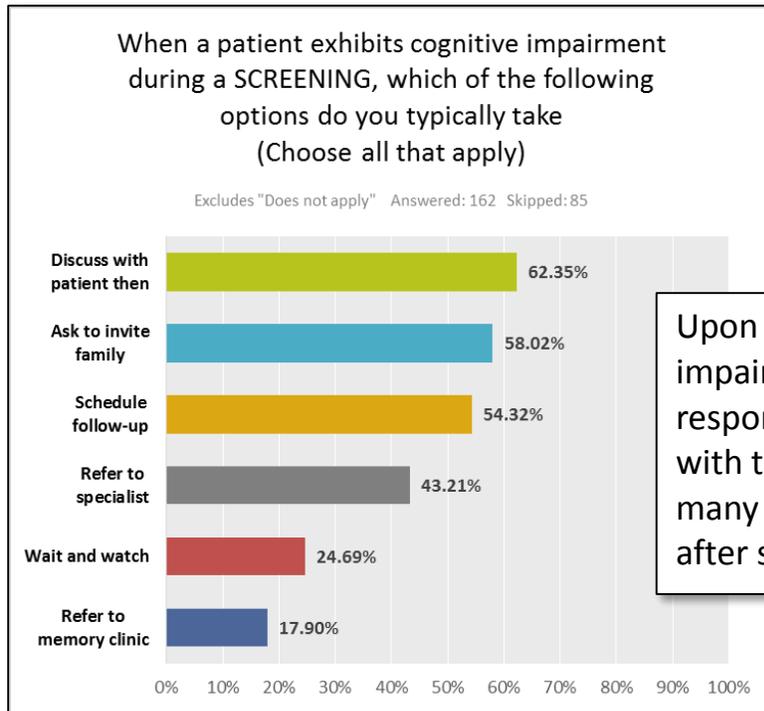
The Mini Mental State Exam is the most commonly used screening tool outside of general observation and direct conversation with the patient. The Clock Drawing Test is also prevalent. Comments reveal that the licensing costs of using the assessment tools factors into the choices.

There were many other assessment tools listed in the comments, like BIMS, SAGE, and others. Some of these are used to assist with diagnosis after a referral for suspected cognitive impairment.



Over 94% of respondents were very or somewhat interested in learning more about tools for cognitive screening.

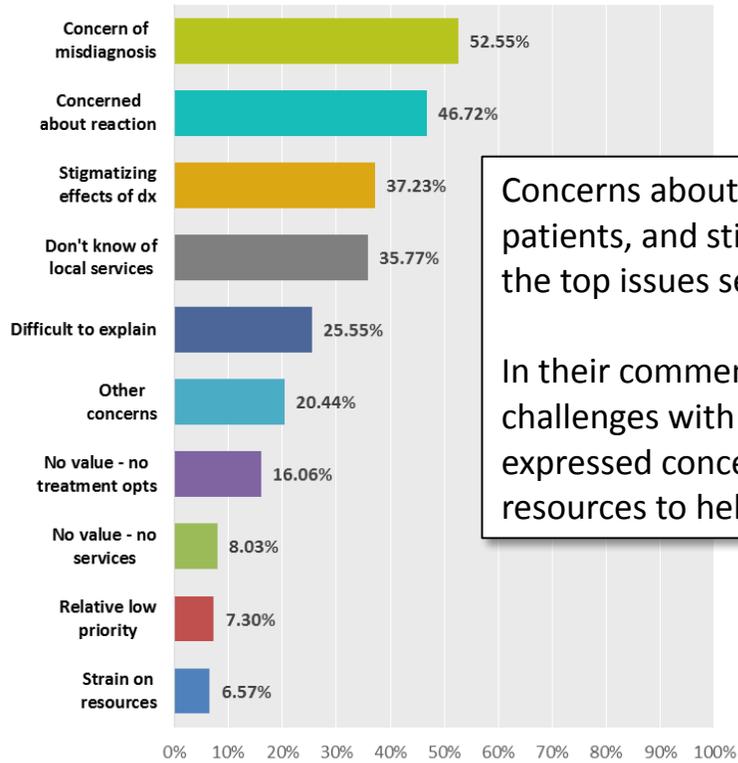
Diagnosis and Referral Practices



Upon detecting cognitive impairment, around 62% of respondents discussed the finding with the patient at that time. And, many clinicians take multiple steps after screening.

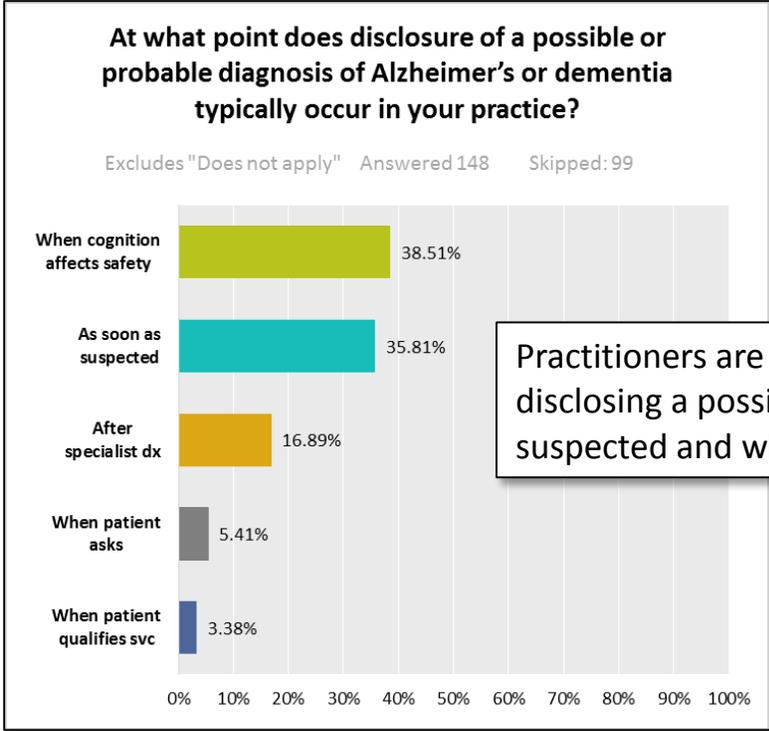
What are your main concerns about making and disclosing a diagnosis of Alzheimer's or other dementia? (Choose your top THREE concerns)

Excludes "Does not apply" Answered: 137 Skipped: 110

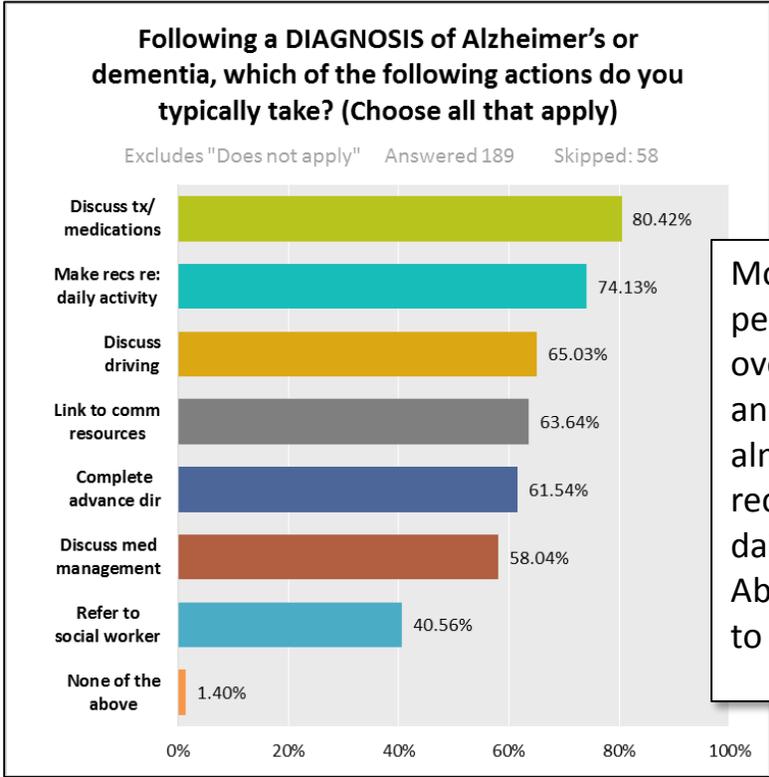


Concerns about misdiagnosis, reactions from patients, and stigmatizing effects of diagnosis are the top issues selected by respondents.

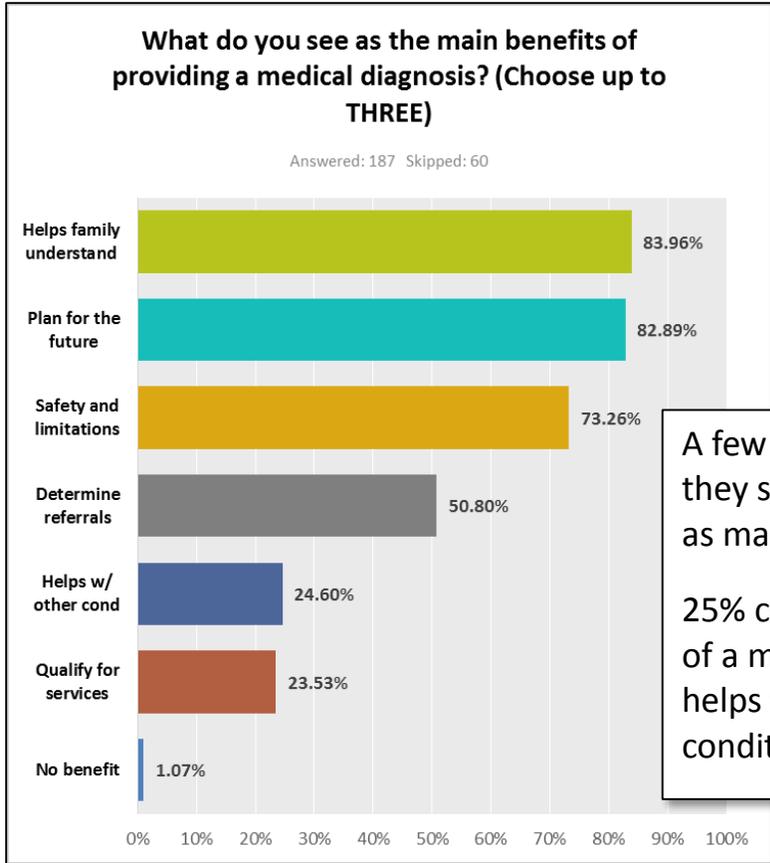
In their comments, respondents indicate challenges with explaining the diagnosis, and expressed concerns about the lack of local resources to help the person.



Practitioners are almost evenly split between disclosing a possible diagnosis as soon as suspected and when cognition affects safety.



Most responding clinicians perform multiple actions. Just over 80% discuss treatment and medication options, and almost 75% make recommendations regarding daily activity. About 40% provide a referral to a social worker.



A few respondents expressed that they see all the response options as main benefits of a diagnosis.

25% consider that a main benefit of a medical diagnosis is that it helps with managing other conditions.

Alzheimer’s Disease Working Group [Webpage:](https://www.dshs.wa.gov/altsa/stakeholders/developing-state-plan-address-alzheimers-disease)

<https://www.dshs.wa.gov/altsa/stakeholders/developing-state-plan-address-alzheimers-disease>

Project contact:

Lynne Korte, Program Manager
 Home and Community Services | Aging and Long-Term Support Administration
 Department of Social and Health Services
 P.O. Box 45600 | Olympia, WA 98504
Lynne.Korte@dshs.wa.gov

