

Communicating Results of Cognitive Assessment to Patients and Providers

Communicating the results of cognitive assessment to patients and healthcare providers. The objectives for this webinar are: number one, to review the preparation and the workflow involved in delivering assessment results to clients and healthcare providers. Two: discuss sample scripts for both negative and positive results. Three: to understand the steps required for subsequent care coordination, and lastly to review common patient questions and answers. The workflow involves four steps. The first is administering the cognitive assessment tool. Secondly, discussing the results with the client or patient. Thirdly, recommending next steps or appropriate follow-up. And lastly, considering providing some written documentation about the assessment results to patients and family members and possibly to physicians and medical providers as well. In terms of preparation before using an assessment tool, of course you should make sure that you practice and are comfortable with all administration and scoring guidelines of the tool.

When providing feedback to patients and providers about assessment results, you can use parts or all of the scripts provided in this webinar as a foundation. Keep in mind that your exact script may vary, in part depending on your unique professional role and whether you're working inside a medical clinic or in a community healthcare agency or setting. You will want to prepare ahead of time by writing down your scripts and practicing the delivery of the feedback. Until you can provide the information clearly and succinctly and offer feedback calmly in a matter-of-fact tone and without anxiety, keeping in mind that any tension or anxiety that you have could be projected onto clients and patients, altering the way that they respond, you should keep your scripts on hand at all times, along with your screening tools, so you always have them available for reference when needed.

It is also important to never use the words dementia or Alzheimer's disease in the context of these assessment tools. The tools are not diagnostic and using these terms is premature at this stage and can, of course, contribute to a client's anxiety and fear about outcomes. It's also important to avoid being unnecessarily wordy or over-explaining or rationalizing the process. Instead, the process should be presented as a standard of care, just like taking blood pressure or ordering labs. It's a good idea to plan for a variety of client reactions. Responses from patients may range from acceptance to rejection. Some patients are already worried about their memory and are interested in getting answers. Others may be surprised by test results but willing to follow up.

And some may not be aware of the problem, possibly because they are forgetting that they're forgetful, or they may not be ready to accept the information that you

present to them. If a patient does not fully accept their feedback or the recommendations for follow-up, understand that this can be a very effective compensatory strategy. For example, to preserve their sense of self. For many of us, the idea of having cognitive impairment can pose a real threat to our identities and self-worth. And a lack of full acceptance about test results can also manage our fears and anxieties about the future. The readiness of a person to act on these test results may be a gradual process requiring multiple interactions between you and the client.

Ultimately, we should also understand the fact that positive outcomes are still possible in a context in which some negative reactions or feelings on the part of the patients may occur. For example, someone may react negatively to test results, but through your interactions with them, ultimately be able to move forward with a medical workup which would represent a positive outcome. Next, let's talk about scripting. At this point you've already administered the assessment tool and have scored the instrument. Regardless of a passing or a failing score, explain the patient's test result first by reminding them of the assessment purpose. For example, the purpose of this task was to check on the health of the brain and determine if there is any need for further evaluation of your memory.

The script is easiest for patients receiving a passing score. For example, 'You obtained a normal score on this measure, which is good news. No additional action is needed.' In some cases, a caveat may be helpful. For example, 'However, if you have concerns about your thinking or memory, talk to or contact your doctor.' This is important because we know that some patients with real cognitive impairment can pass simple assessment tools in the office. Of course, if they are having concerns about their memory or a family member is noticing changes in their thinking, behavior, or function, it's always important to talk to a doctor. Let's review now sample scripting for patients who fail these cognitive assessment tools. If you are a nurse or an allied health professional working inside a clinic, your process may be as simple as deferring to the doctor to reveal and discuss test results.

In that case, your script may be something like: 'Your doctor will review the results with you today during your visit.' If you're a physician or provider, your script will be a little bit different. In the case of a patient failing a cognitive assessment tool, you might say: 'Your score on the measure was a little low today. I would like you to schedule a follow-up appointment with me, or neurology, the memory clinic, psychiatry, or the appropriate entity on your way out, so we can take a closer look at your memory. This is an important part of your care, an important part of staying healthy.' And then, of course, you would move forward with entering the order for that follow-up and referral.

If you are an allied health professional, a nurse or social worker for example, working outside the clinic, your scripting will be a little bit different. For example, "Your score on the measure was a little bit low today. This means it would be good to contact

your doctor so that he or she can be proactive and take a closer look at how you are doing.' In some cases, it may be good to provide additional rationale. For example, 'There are many reasons why someone might receive a low score. A person might be tired, have a lot on their mind, feel stressed, or be distracted. In other cases, they might be taking medications, have a shortage of certain vitamins or nutrients, or have a medical condition that is causing memory loss. Contacting your doctor is important so potential problems can be identified as early as possible. This is a vital part of staying healthy.'

Another option in explaining a failing score to a patient or family member is to talk about the assessment results just like you would any other medical test. When we do lab tests and they do not come out as we expect, we typically do a follow-up evaluation or order other specific tests to help us understand what may be going on from a medical perspective. If that type of explanation resonates with you, you can say something to the patient such as, 'Today we did a brief exam to check on the health of the brain. Your score on this measure was a little low. This is like getting blood work back that is outside the normal range. We should follow up on this. I am going to send you to a specialist so we can determine what this means and what we should do about it.'

In addition to using these sample scripts to reveal the test results to patients, it is also helpful to use the assessment process as an opportunity to discuss memory issues openly and directly with patients and to work from their perspective. For example, asking individuals, 'Are you having any trouble with your memory? If yes, what do you think might be causing this? Have you talked with anyone about it? Have you talked with your doctor about this? If so, what happened?' This can be helpful not only in gathering more information about how the patient is doing but also engaging their level of insight or readiness to act. If a patient does not do well on a cognitive assessment and you're recommending follow-up with their doctor, the care coordination then involves helping to facilitate that appointment as much as the client and family will allow or as much as you are able to within the scope of your role. The more you can do, of course, the more likely follow-up will occur. In coordinating care for patients after a cognitive assessment, it's helpful to promote positive and health-focused messages. Again, for example, trying to stay away from terms such as dementia or Alzheimer's disease and instead focusing on prevention and wellness.

Encourage involvement of family members if possible. Ideally, family members should accompany the patient to their doctor and participate in the visit if possible. You can also encourage family members to write down their observations regarding cognitive, behavioral, or functional changes that they've noticed and put those in bullet points on a piece of paper and hand that to the doctor during the appointment. Ultimately, in coordinating care, it's also helpful to close the loop on this issue by saying to patients and family something like, 'I would like to see or talk with you again after your follow-up with the doctor. Does that sound reasonable to you?' In addition

to providing verbal feedback to patients and families regarding their test results and next steps, you may also want to consider providing written documentation.

Sample letters are available for download at the ACT on Alzheimer's website at the same page in which you access this webinar. Of course, you should follow your organization's existing HIPAA guidelines when it comes to providing this documentation either to patients or healthcare providers. This is a letter that can be given to clients to help them understand their test results and to emphasize next steps.

[Client Letter. Your Letterhead Here. Date: Client Name: As part of our health assessment today, we completed a brief check-up of your memory. The purpose was to assess the health of your brain and determine if there is any need for further evaluation. Your score suggests it would be good to have your doctor take a closer look at your memory.

There are many reasons why someone might receive a lower than expected score on this measure. A person might be tired, have a lot on their mind, feel stressed or be distracted. In other cases, they may be taking medications, have a shortage of certain vitamins or nutrients, or have a medical condition that is causing memory changes.

It is important to check the health of the brain as we get older, just like we routinely check on the health of other organs, such as the heart. Sometimes, memory difficulties can be reversed with treatment. In other cases, early diagnosis of a problem offers the best chance to treat symptoms and stay well.

I recommend you contact your doctor about getting a memory check-up. You can contact me at any time with questions or for more information at XXX-XXX-XXXX. Sincerely,]

The first paragraph provides brief rationale for why the cognitive assessment was administered. The second paragraph emphasizes reasons why an individual's score might be lower than expected. The third paragraph focuses on brain health, wellness, and prevention, while the last paragraph emphasizes the need to contact their doctor to get a memory checkup. The next letter is one that can be given to providers.

[Date, Dr. XXXX, Clinic Address, RE: Cognitive assessment results for (Patient name with middle initial) (DOB: XX/XX/XXXX

Dr. XXXX:

My name is XXXXX and I am a (nurse/social worker) with (name of agency) in (name of city). (Client name) requested that this notification be sent to you.

(Client name) recently obtained an abnormal score of X/X on the XXX (full name of screening test). A normal score is XX or greater. His/Her performance on the tool is concerning because he/she:

- Could not remember any words from a short list after a brief delay
- Could not make a clock face and set the hands for 10 past 11

A score at this level is worrisome for a decline in cognitive status that goes beyond normal age-related changes. Many patients with abnormal scores on this test go on to receive a diagnosis of Mild Cognitive Impairment, Alzheimer's disease, or related dementia after a diagnostic work-up.

(Client name) is concerned about his/her memory and is interested in pursuing a work-up for memory loss. He/she would like a nurse or staff member to call him/her to provide guidance on setting up the appointment. Please contact me at XXX-XXX-XXXX if I can answer any questions or be of assistance.

Sincerely,]

In the first paragraph, you're just explaining to the doctor who you are and what your role is. The second paragraph highlights the fact that your client obtained an abnormal score on the assessment instrument. The bullet points underneath are an opportunity to highlight aspects of the test on which the patient struggled in order to emphasize the need for follow-up. The third paragraph simply underscores the fact that many patients who do not pass these tests go on to receive a diagnosis of mild cognitive impairment, Alzheimer's disease, or related dementia after a workup. Lastly, you are asking the clinic to take action by having a member of the physician team contact your client to set up a memory loss workup. Instead of using a letter format to communicate with doctors or healthcare providers, you can consider using this checkbox form as another option.

The front page offers directions for using the form. Of course, you should check to make sure that the form complies with your organization's policies concerning HIPAA. And as always, you can modify the form as needed to best fit your needs, goals, and the guidelines of your agency. You should fold the page in half at the dotted line because the information below the dotted line is written in language appropriate for healthcare providers and is not intended for clients to read or to fill out. Make sure that you give clients time enough to read the paragraph at the top of the page and answer any questions that they may have about sharing their assessment results. Then ask them to fill out the form and sign it.

At the very top, you'll see a short paragraph that explains to the client the purpose of this form. I give my permission for name of the agency to send my results from today's health assessment to my physician. This information will include my name,

date of birth, phone number, and my assessment results. I understand that sharing this information is intended to coordinate my care. They would then fill out their name, date of birth, phone number, the name of their physician, the clinic phone number if known, and then sign and date the form. Below that, you can see that there's an opportunity for you to check which detection tool was used to input the patient's score and circle whether they passed or failed the assessment.

There's also a section for notes where you can include your own observations about the individual or observations from family members or other pertinent information. At the very bottom, there are three options to check off. The first is again asking the clinic to take action by contacting your client to help set up a memory loss workup. The second box is again emphasizing that many patients with abnormal test results go on to receive a diagnosis of mild cognitive impairment or dementia. If you choose to attach a copy of the actual assessment tool that you've used, you can also check the third box. If you decide to use these letters to communicate with physicians and clinics, know that health systems have to cope with a large volume of paperwork and sometimes letters do get lost.

You might want to encourage patients or family members to bring a copy of the letter to their doctor appointment and ultimately, you may find that in some circumstances, you have to fax or mail the provider letter to the clinic more than once.

Finally, let's cover common questions that come up from patients after cognitive assessment and potential responses. Understandably, many patients will have questions about what a memory workup entails, as they have not had experience with this in the past. So you might receive a question such as, 'What will the doctor do when I see him or her?' In that case, use simple language to briefly explain what the workup entails. Something like, 'He or she will work with you to decide what additional tests or follow-up care is needed to address this issue and keep you well. Sometimes a workup involves answering questions about your health history, including any observations that you might have about your memory or thinking, reviewing your medications, performing blood tests to see if you have a shortage of certain vitamins or nutrients in your body that could be causing changes in your memory or thinking, and possibly completing an x-ray of your head so the doctor can take a closer look at how your brain is doing.' Some patients may respond to the process of cognitive assessment with questions such as, 'Do you think I have dementia or Alzheimer's disease?' In that case, the recommended response is to let them know that the tool that was used does not tell us what is causing a person's memory difficulties and cannot be used to diagnose dementia or Alzheimer's disease. Of course, there are many reasons why someone might be experiencing trouble with their memory.

They may not be getting adequate sleep at night, might be under a lot of stress or feel depressed. And other causes include medication side effects, medical problems

like an infection in the body, and vitamin deficiencies. Not all memory problems are caused by Alzheimer's, but it's important to see a doctor so we can identify the cause and find out what, if any, treatment might be needed. Another possible response is something like, 'My family complains about my memory, but I do not have a problem. Everyone my age is a little forgetful.' You can respond to this type of reaction by saying something like, 'You are right; a lot of people do experience memory changes as they get older. How much varies from person to person. We all want to stay as healthy as possible and maintain our independence for as long as possible. Having a brain checkup is another part of staying healthy.'

And for those who are worried about the follow-up, you might say something like, 'And might be a good way to show your family there is nothing wrong with you or to put this issue to rest once and for all.' A related response might be something like, 'I think I'm doing fine. Why should I see a doctor?' You might respond by saying something like, 'It is important to check the health of the brain as we get older, just like we routinely check on the health of other organs such as the heart. Sometimes memory difficulties can be reversed with treatment. In other cases, early diagnosis of a problem offers the best chance to treat symptoms and stay well.'

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