

Supplementary Material

Evaluating Cognitive Impairment in a Large Health Care System: The Cognition in Primary Care Program

Supplementary Figure 1. Content outline of the Cognition in Primary Care training program.

Part One – Evaluating Cognition in Primary Care.

- Benefits of making an earlier diagnosis of ADRD.
- Specific scenarios which should prompt a full cognitive evaluation.
- Cognitive checklist of reversible causes and co-morbidities.
- Using the MoCA test to assess cognitive function.
- Obtaining historical information from an observer using the AD8.
- Understanding mild cognitive impairment versus dementia.
- Differentiating delirium from ADRD.

Part Two – Setting a Plan for a Newly Diagnosed Patient.

- Disclose the diagnosis, discuss prognosis. Use empathy, include optimism.
- Identify red flags which should prompt urgent referral to a specialist.
- Consider brain imaging to evaluate for structural signs of pathology.
- Understand differences among the main types of dementia.
- Use a checklist of interventions to maintain brain health:
 - Consider alcohol use, hearing, sleep apnea, harmful medications, diet, exercise.
- Tips for referring patients and caregivers to community support resources.
- Make a detailed plan for follow-up visits.

Part Three – Managing ADRD as it progresses.

- Medications used for slowing the loss of cognitive function.
- Non-pharmacological treatment approaches for BPSD.
- Cautions regarding the use of antipsychotic medications for BPSD.
- Using other classes of medications for BPSD.
- Value of continuing Annual Wellness Visits for patients with ADRD.
- Tips for improving advance care planning for ADRD.
- Billing tips to use for visits which are related to ADRD.

ADRD, Alzheimer's disease and related disorders; MoCA, Montreal Cognitive Assessment; AD8, Ascertain Dementia 8-item Interview; BPSD, behavioral and psychological symptoms of dementia