Cognitive Screening Workflow

For any patient at a Medicare Annual Wellness (MAW) visit without a diagnosis of dementia or other cognition concern listed on their problem list.

**SCREEN**

Roomer asks patient during rooming: 
*Do you or your family have concerns about your memory?*

**NO**

Process Complete

**YES**

Roomer conducts and scores Mini-Cog:
- **Word Recall**: 3 points
  - 1 point for each word recalled spontaneously
- **Clock Draw**: 0 or 2 points
  - Needs both correct number placement and correct clock hand placement. Hand length is not considered in the score

**<4**

Clinic determines if additional interventions are needed

If patient is functioning well and/or has good support:
- Schedule pt for a 30-minute follow-up appointment with RN to complete MoCA in 1 month (on a day where clinician is in office)

If patient functioning poorly and/or has little support:
- Clinician consider referral to social services, ACP clinic, occupational therapy, or care coordination
- Pt completes MoCA in 30-minute appt with RN on same day

**>4**

Clinician reviews score, if no concerns, cognition screening process is completed until next annual wellness visit.
- If concerns, clinician will utilize Cognition smart set and continue with flow

**MiND Clinic referral criteria:**
- Rapidly progressive dementia (<6 mo)
- Non-amnestic cognitive impairment (cognitive impairment atypical for Alzheimer’s disease)
- Early onset symptoms (<65)
- Dementia with behavioral disturbances
- Dementia with motor neuron disease (ALS, FTD)
- Dementia with a movement disorder (Parkinsonism, tremor, ataxia)
- Dementia with suspected genetic cause
- Other need for clarification of diagnosis or complex management

**At 30-minute Nurse only appointment RN:**
- Administers MoCA to patient
- Documents score & MoCA version in MoCA flowsheet row
- Provides education to patient/family using “Aging with Independence” folder
- Documents education provided in education tab
- Routes findings to PCP for next steps
- Notifies patient’s community team of MoCA score, education provided, concerns, and recommendations (if applicable and after validating that have an ROI)
- Notifies patient of plan made by clinician based on score

**InterVene**

**Clinician Interprets MoCA and determines next steps:**
- Utilizes Cognition smart set for follow-up:
  - Continue follow-up with PCP for further work-up, screen and treat medical causes, complete labs/imaging
  - Referral to Neurology - MiND Clinic (see referral criteria)
  - Referral to Neuropsychology
  - Referral to Geriatrics (moderate to severe impairment, functional decline)
  - Referral to Social Services, Care Coordination, OT, ACP clinic