

A Program to Improve Detection of Undiagnosed Dementia in Primary Care and Its Association with Healthcare Utilization

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Objective: *Alzheimer's disease and related dementias are common and costly, with increased healthcare utilization for patients with these disorders. The current study describes a novel dementia detection program for veterans and examines whether program-eligible patients have higher healthcare utilization than age-matched comparison patients. Design:* *Using a telephone-based case-finding approach, the detection program used risk factors available in the electronic medical record (EMR) and telephone-based brief cognitive screening. Holding illness severity constant, dementia detection and healthcare utilization were compared across age-matched groups with and without program risk factors. Setting:* *Five Veterans Affairs Healthcare Network Upstate New York primary care clinics. Participants:* *Veterans aged 70 years and older. Measurements:* *EMR data and the Charlson comorbidity index. Results:* *Program-eligible patients (n = 5,333) demonstrated significantly greater levels of medical comorbidity relative to comparison patients and were on average more than twice as likely to be admitted to the hospital. They also had nearly double the number of outpatient visits to several services. Similar patterns were seen in those who screened positive on a brief cognitive measure, compared with those who screened negative. Conclusions:* *A novel program using EMR data to assist in the detection of newly diagnosed dementia in a clinical setting was found to be useful in identifying older veterans with multiple comorbid medical conditions and increased utilization of hospital and clinic services. Results suggest undetected cognitive impairment and dementia may significantly contribute to healthcare utilization and costs of care in older veterans. (Am J Geriatr Psychiatry 2013; ■:■—■)*

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Program to Improve Detection of Dementia

Alzheimer's disease (AD) and related dementias are highly prevalent¹ and costly; AD, the most common dementia, is estimated to cost \$100 billion per year in the United States.² The cost of care for people with AD and other dementias has repeatedly been shown to be significantly greater than costs for patients without these disorders.^{3,4} These same patterns are clearly demonstrated within the Veterans Health Administration, where the overall prevalence of dementia has been estimated at 7.3% of the veteran population aged 65 years and older.⁵ Veterans with dementia have been found to use substantially more inpatient services than similarly aged veterans without dementia. In addition to longer inpatient stays,^{5,6} patients with dementia are more likely to experience hospitalizations that can be avoided by proactive outpatient care.⁷ For example, in a national sample of veterans hospitalized for congestive heart failure, veterans with dementia were more likely than others to die during the index hospitalization.⁸ The same study showed that veterans with dementia were less likely to receive primary care services than veterans without the dementia diagnosis. Such differences in healthcare utilization suggest that there is room to improve the quality of outpatient medical care provided to individuals with dementia and comorbid medical conditions.

Current diagnostic guidelines for dementia recommend that primary care clinicians remain alert to subtle changes in their patients and to investigate patient and family concerns when they arise.^{9,10} Even at later disease stages, only ~25%–40% of patients with dementia are recognized in primary care.^{9,11} Multiple factors contribute to delayed diagnosis, including: time and resource constraints, absence of a family informant, the subtle nature of dementia symptoms, and attitudes of family members and primary care providers.^{10,12,13} When dementia is not detected, patients and their families are not able to access potentially beneficial dementia-related services and medications that can improve quality of life or delay institutionalization.^{14,15} Undetected dementia may also increase the risk of preventable accidents.¹⁶ Furthermore, dementia is associated with increased severity of comorbid illness,^{6–8,17} which increases healthcare utilization and costs.^{18,19} With so much of modern healthcare resting on principles of patient self-management, it is important to consider

that cognitive impairment may result in the inability of patients to effectively follow their provider's advice.^{20–23} New approaches to facilitate timely detection of dementia in primary care are therefore needed to address both quality of care and to provide appropriate healthcare resources to individuals with dementia.

The purpose of the current article was threefold. First, we described a novel dementia detection program that uses risk factors available in the electronic medical record (EMR), along with telephone-based brief cognitive screening assessments and follow-up calls. Second, to evaluate the program methods, we examined the detection rates of dementia in age-matched veterans with and without risk factors used for program eligibility. We hypothesized that detection rates of dementia would be significantly higher in veterans who were eligible for the program compared with those without program risk factors. Third, we evaluated whether the program identified patients with higher healthcare utilization. We hypothesized that veterans who were program eligible and those who screened positive for cognitive impairment would be more likely to use healthcare resources than age-matched comparison patients, when comorbid severity of illness was held constant.

METHODS

Program Description

The Recognizing and Assessing Progression of Cognitive Impairment and Dementia (RAPID) program was developed by the leadership of Veterans Affairs (VA) Healthcare Network Upstate New York (Veterans Integrated Service Network 2 [VISN 2]) and initiated in 2007 (Fig. 1). The program supplements primary care services by using EMR information, preappointment brief cognitive screening calls, and Dementia Care Coordinator (DCC) support to veterans, their families, and their primary care providers (PCPs).

Identification of Veterans at Risk According to EMR Data. RAPID identifies older veterans with an increased likelihood of having undiagnosed dementia by using factors that can be identified in the EMR. To

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