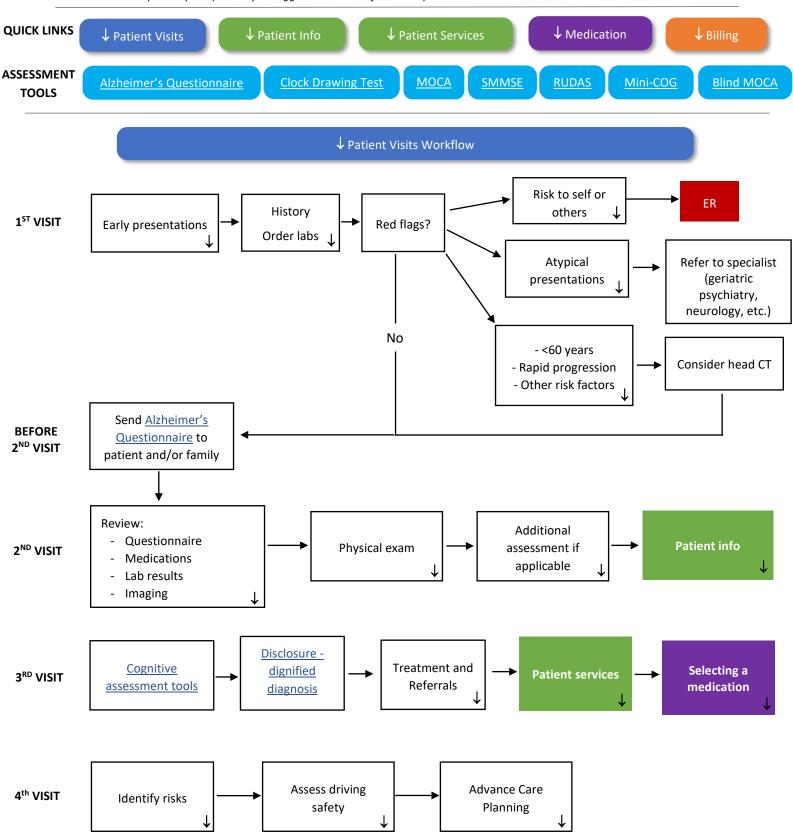
Dementia Care Pathway

This care pathway will provide you suggestions on workflow with quick links to the relevant assessment tools and resources



APPENDIX:

1st Visit

Virtual or in person

Early Presentations Basic Screening Questionnaire (Alzheimer	1. Symptoms of cognitive impairment such as: a. Missed appointments b. Frequent or inappropriate calls to office c. Medication issues d. Repetitive in conversation e. Repeatedly misplacing items
Society)	f. Unable to recall treatment instructions g. Defers to family members in answering questions h. Presents with signs of declined self-care i. Frequent visits to the emergency room j. Late life depression or anxiety k. Motor vehicle accidents 2. Areas of difficulty in ADLs/IADLs a. Obtain collateral history from family and caregivers b. Identify imminent safety concerns: car accidents, fire, flood, medication neglect
Medical History	 Comorbidities Medication list (assess for polypharmacy) Substance use/smoking Education and employment history Family history Pain Psychiatry review Brain trauma
Lab Investigations	Rule out secondary causes: a. CBC, B12, UA, FBG, A1C, TSH, electrolytes, Albumin, Calcium, Creatinine/eGFR, ECG b. Other risk factors: liver enzymes, syphilis, HIV, drug toxicity levels (digoxin, phenytoin)
Red flags requiring the ER	Risk to self or others
Red flags consider head CT	 <60 years Rapid progression or abrupt onset Recent head injury History of cancer (especially breast and lung) Suggestion of stroke Patient is on anticoagulation or has a bleeding disorder Urinary incontinence and gait disorder
Red flags to consider referral to specialist (geriatric psychiatry, neurology, etc.)	 Urinary incontinence, gait dysfunction Consider normal pressure hydrocephalus (NPH) Rigidity bradykinesia, postural instability, tremor Consider Parkinson's Disease Dementia (PDD) Early Falls, eye movement abnormalities Consider progressive Supranuclear Palsy (PSP) Early psychosis and REM sleep disorders Consider Dementia with Lewy Bodies (DLB)

Before 2nd Visit

Prepare for 2 nd	Send the <u>Alzheimer's Questionnaire</u> to the family – click <u>⋈</u> to email to patients
Visit	Ask patient to bring family member to next appointment

2nd **Visit** In person

Review the Alzheimer's Questionnaire and get insight from family member			
Review labs, imaging and medication review - © Rule out medication side effects like benzodiazepines or anticholinergic medications that can cause confusion			
Physical Exam	 Rule out visual or hearing defects Any neurological signs, consider referral to neurologist (i.e. neuro defects, gait issues, Parkinson's) Cardiovascular or cerebrovascular disease 		
Additional Assessments if Applicable	 Geriatric Depression Scale Depression care pathway tool Cornell Depression Scale for Dementia Delirium assessment tools Alcohol dependence Adverse drug effects and polypharmacy (narcotics, benzodiazepine's, HS sedation) ⇒ Consider referral to a PCN Pharmacist Click here for a list in your region Co-morbid disease (including sleep apnea) Anticholinergic burden calculator 		
Patient Information	Mild Cognitive Impairment Handout − Alzheimer Society Click ☑ to email Lifestyle Factors to Reduce Risk (Short) Click ☑ to email		

3rd **Visit** In Person

Cognitive Assessment Tools	 Click here for the full list of assessment tools on Pathways Clock Drawing Test MOCA - Use the Alternative Versions of the MOCA if administered repetitively SMMSE Mini-COG RUDAS - For language, cultural or education barriers Blind MOCA - Verbal only, for virtual assessments
Dignified Diagnosis	<u>Tips on disclosing to patients – Alzheimer Society</u>
Treatment & Referrals	 Refer to <u>GPAC Diagnosis and Management Guidelines</u> Refer to the available <u>Patient Services</u> ↓



4th **Visit** *Virtual or in person*

Identify Risks	Patient Information: ■ Dementia Risk Factors and How to Reduce Risk (Long) Click ☑ to email ■ Understanding Wandering - Video Click ☑ to email
Assess Driving Safety	 Reporting Unfit Drivers Algorithm - RoadSafetyBC Make a report to RoadSafetyBC for assessment/cancellation using this form here You may be requested for further information including filling out a DMER (Driver's Medical Examination Report) Patient Handout: Dementia and Driving Click ☑ to email
Advance Care Planning	 Advance Care Planning <u>Care pathway tool</u> <u>Serious Illness Conversation Guide</u>

1 Patient Info * Click for List of ALL Pathways Emailable Dementia Patient Info				
Initial Diagnosis Info		Risk Management Info	Email	
Dementia - Getting a Diagnosis	\boxtimes	Dementia and Driving	\boxtimes	
<u>Dementia – Patient and Caregiver Guide</u>	\boxtimes	General Overview – Locating Devices for Wandering	\boxtimes	
<u>Video – Understanding Alzheimer's</u>	\boxtimes	<u>Understanding Wandering - Video</u>	$\overline{\square}$	
<u>Video – 5 Things to Avoid When Caring for</u>	$\overline{\square}$	Lifestyle Factors to Reduce Risk (Short)	\boxtimes	
Persons with Dementia		Email all of the above together	<u> </u>	
		Dementia Risk Factors and How to Reduce Risk (Long) GPS Locater Devices – Cost and Review		

Patient Services * Click for a list of ALL Pathways Emailable Dementia Services		
	Email	Referral Forms
Caregivers Support Network - Personalized Dementia Solutions Inc. 1:1 support for family caregivers		
Alzheimer's Society of BC − list of all services available here ⇒ First Link Helpline − Provides access to services and supports for dementia ⇒ Minds in Motion − Exercise Program	<u>⊠</u>	PDF

Medication Click here for more details from BC Guidelines				
Class	Selected Agents	Coverage	Contraindications	
AcetylCholinesterase Inhibitors	Donepezil 10 mg/day Start 5mg or 2.5mg Galantamine ER 16-24mg/day Start 8mg Rivastigmine 10mg bid Start 2.5 BID Rivastigmine Patch 5mg or 10mg or 15mg	Special Authority Request Form – Donepezil, Galantamine, Rivastigmine No coverage	 Avoid use in patients with cardiac conduction abnormalities (except RBBB), such as sick sinus syndrome, bradycardia, AV block, or unexplained syncope. Use cautiously in patients with obstructive urinary disease, asthma, seizures disorder or those at risk of upper GI bleeds 	
Memantine		No coverage		

\$ Billing

KEY POINT

Ensure you have read all the fee details of any fee before billing it.

Click on the blue links below to read the full fee descriptions on the <u>BC Family Doctors website</u>. [4] (Membership required for log in)

Code	Description	Value
14043	Mental Health Planning Fee This fee is payable upon the completion and documentation of a Care Plan (as defined in the GPSC Preamble) in the patient's chart for patients with a confirmed eligible mental health diagnosis when the effect on the patient is significant enough to warrant the development of a Care Plan. Neurocognitive disorders such as dementia are eligible. Read the details on the BC Family Doctors website here (log in required)	≈\$100.00
14077	FP Conference with Allied Care Provider and/or Physician Per 15 minutes or greater portion thereof, documentation of time and care plan required Read the details here	≈\$40.00
14067	FP Brief Clinical Conference with Allied Care Provider and/or Physician Less than 8 minutes, no time documentation required Read the details here ✓	≈\$18.00
14075	Annual Complex Care Planning & Management Fee - Frailty	≈\$315.00

	14075 is payment for developing a care platents of any age who require assistance instrumental (NIADL) activities of daily living Read the details here		
Age	00120 Counselling (in office) 13*38 Telehealth Counselling Max 4x/yr/patient any combo of above	1404* MH Management Use once 4 x00120 series and/or telehealth counselling is used up	Value
2-49	00120 or for telehealth T13438	14044	\$56.41
50-59	15320 or for telehealth T13538	1404 <mark>5</mark>	\$62.05
60-69	16120 or for telehealth T13638	1404 <mark>6</mark>	\$64.86
70-79	17120 or for telehealth T13738	14047	\$73.32
80+	18120 or for telehealth T13838	14048	\$84.60

Sources:

- Fraser Health Pathway for Recognition, Diagnosis, and Management of Early Dementia in Primary Care, 2018
- Centre for Effective Practice resource Use of Antipsychotics in BPSD Discussion Guide, 2016
 Cognitive Impairment GPAC Guidelines, 2016

 Cognitive Impairment GPAC Guidelines, 2016

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Draft of the Dementia Care Pathway created by the Geriatric Psychiatry Committee at the Fraser Northwest Division of Family Practice



