CMS Annual Wellness Visit: Assessment of Cognitive Impairment

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This transmittal is being re-issued on December 14, 2010 to insert the Revision number, date issued, effective and implementation dates in the manual instruction, which were erroneously omitted during the original communication. The transmittal number, date issued and all other information remains the same.

SUBJECT: Annual Wellness Visit (AWV), Including Personalized Prevention Plan Services (PPPS)

I. SUMMARY OF CHANGES: Pursuant to section 4103 of the Affordable Care Act of 2010 (ACA), the Centers for Medicare and Medicaid Services (CMS) amended sections 411.15(a)(1) and 411.15 (k)(15) of 42

*https://www.**cms**.gov/transmittals/downloads/R134BP.pdf*

CMS Annual Wellness Visit

- ***"Detection of any cognitive impairment: The assessment of an individual's cognitive function by direct observation, with due consideration of information obtained by way of patient reports, concerns raised by family members, friends, caretakers, or others."***

Status and progress

- Changes implemented as of January 1, 2011
- Alzheimer's Association and Alzheimer's Foundation of America have workgroups to develop suggestions
- AAFP and ACP have guidance for physicians
- February 23, 2011 – NIA convened a meeting of federal stakeholders, including: NIA, CMS, CDC, VA, NIMH, AHRQ
- April 4, 2011 – NIA convened a meeting of federal and non-federal stakeholders, including AA and AFA, as well as scientists.

Preliminary Information

- **AHRQ/USPSTF** – 2003 – found at least fair evidence that dementia screening can improve some health outcomes but concluded that the balance of benefits and harms was too close to justify a general recommendation
- **VA** has a publication summarizing findings of a study of six screening measures. They are pilot testing use of warning signs. Are concerned about screening cognitively normal individuals/false positive rate.

Preliminary information

- CMS is open to evidence- based information and guidance on the most appropriate way(s) for physicians to assess cognitive status. Major constraints are: time, cost of assessment.
- A 2-stage assessment (brief screen followed by a more in-depth assessment) may be possible

Status quo is not acceptable

- 50% of people with impairment are missed
- Of those referred for further assessment, 50% do not follow up
- Primary care is a time and financially pressured setting
- Most patients do not bring an “informant” with them
- It is unlikely that a computerized measure would be practical

Top-down and bottom-up approaches

- Have developed a list of existing cognitive status measures
- Have created a list of desirable characteristics of cognitive screening measures for older adults in a primary care setting
- Developed draft recommendations for primary care physicians

Many open questions remain

- Is there sufficient data for evidence-based recommendation of a single measure? If not, what research is needed?
- Do patients want to know?
- Utility of self report? Ability to ask an "informant"?
- Will data/results of cognitive impairment assessment be useful for research purposes?

Comments?

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