



Dedicated Office Visit to Evaluate Cognition

Three Parts to the Visit

1. Screen for reversible causes and contributing factors. (Consider an EHR Cognitive Checklist.)
2. Get family input. (Strongly encourage observer to come to the visit.)
3. Assess cognitive function with a MoCA.

Cognitive Checklist (Consider as a saved text phrase in the EHR.)

1. Labs: B12 and TSH
2. Screen for EtOH + depression. (Even mild-to-mod drinking can impair cognition > age 70.)
3. Assess for meds that worsen cognition. (Benzodiazepines, Ambien, oxybutynin, Tylenol-PM.)
4. Don't forget: sleep apnea + hearing loss. (If undertreated, can make cognition worse.)

Family Observer Input

1. Focus on three questions:
 - repeat same question 30 minutes later?
 - trouble doing complex task which used to be easy?
 - becoming disoriented in a familiar place?
2. Or use a validated 8-item-form (the AD8).

Montreal Cognitive Assessment (MoCA)

1. Combine with family input to assess for mild cognitive impairment (MCI) or dementia.
2. Not accurate within 2-3 months of an acute illness (delirium). But delirium is a red flag.

Make sure to set up when next visit will be

1. If evaluation is OK: counsel brain health (minimize alcohol, wear hearing aids).
2. If diagnose MCI or dementia say, "This is a lot to take in and work through. Let's schedule another visit in 2-3 weeks to review what this means and make a plan."
3. These dedicated office visits are better if family is present. Generally qualify as Level 5 billing code (spend >40 min, including documentation time). More time is better care.