



## **The Cognition in Primary Care Program: A pragmatic, affordable, and scalable model to increase timely detection of cognitive impairment in primary care**



### **Cognition in Primary Care**

#### **Please include brief bios here.**

Barak Gaster, MD is a Professor of Medicine at the University of Washington where he is a co-investigator at the UW Alzheimer's Disease Research Center, a member of the Hastings Center Workgroup on Ethics and Dementia, and a member of a leadership team developing the next edition of the CDC Healthy Brain Initiative Roadmap.

Jaqueline Raetz, MD is an Associate Professor of Family Medicine at the University of Washington where she is Associate Director for the Family Medicine Residency Program, an experienced medical educator and primary care physician, who holds additional board certifications in Geriatrics and Palliative Medicine.

#### **Please start by telling everyone a little bit about the work that you're doing.**

With funding from the CDC, we've created a workable, efficient model for primary care to evaluate cognition. Based on the Gerontological Society of America's KAER Toolkit, we designed it from the perspective of "by primary care for primary care." We've tested the model and found it to be easy and acceptable to primary care, to implement into their existing workflows. We've recently received additional funding from the CDC, and now also have support from the Davos Alzheimer's Collaborative, which is giving us the resources to expand the program to all 16 clinics in the University of Washington primary care system.

#### **What's the story behind why you're doing what you're doing?**

Both of us (Dr. Raetz and Dr. Gaster) have years of experience practicing primary care and building various education initiatives. For the past seven years we've become experts in geriatrics and dementia care and realized how urgently primary care needs a practical and efficient way to evaluate cognition -- and that our understanding of primary care would give us the perspective we'd need to engage primary care on this topic, to actually get it done.



**Tell us about some parts of your projects that you're working on now that you are really excited about.**

We're especially proud of the community resources we provide on our website to increase support for patients and their care partners, and the phrases we provide for PCPs to use to compassionately counsel about a new diagnosis. It's a real engagement moment for primary care to understand the actionable steps that they can take to promote brain health, with simple interventions like treating hearing loss and reducing alcohol use.

**For people who want to know more about your current work and programs, what are 1-2 pieces of information that you think is important for them to know?**

A key part of our program has been the tools we've created which are built-in to the electronic health record we use. These simple checklists help primary care feel more confident in their evaluations, and we've found that they're easy to share. We're also mindful of how important it is that we shouldn't just provide training to primary care on how to \*identify\* dementia, but that we also need to provide skills that help PCPs feel more comfortable managing common issues that come up for their patients as dementia progresses.

**Where else can people look to find out more about all the great work that you're doing?**

Almost all the materials we've created are available for free for anyone to download from our website: [Cognition-PrimaryCare.org](http://Cognition-PrimaryCare.org)

**What is one thing that you wish people knew more about early detection of dementia?** (This can be anything from a fact or data point/statistic, to a major consideration that you wish people talked more about, or an anecdote/story that you think really captures the importance of screening and detecting dementia earlier.)

An important part of our training is how important it is, when evaluating cognition, to have an observer present who can give input on how a person is doing as they navigate their day. A cognitive test is good, but when you combine that information with input from someone who spends a lot of time with the person, that's how you really can arrive at accurate assessments of cognitive function. This fact is not at all intuitive, especially for primary care, and has been a real lightbulb moment as part of our training.

**Thank you so much for your time and all the great work that you do!**