PeerView Live

Facilitating Cognitive Assessment in Primary Care for the Timely Detection of Alzheimer's Disease

Leveraging Medicare Reimbursement Mechanisms to Improve Clinical Care

To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few minutes to complete the evaluation form. PVI, PeerView Institute for Medical Education, respects and appreciates your opinions. You may return this evaluation form on-site to an AAFP or PeerView staff member or via mail, fax, or email.

Mail to: **Attn: Kathleen Hoppes**
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Online: **PeerView.com/Alzheimers-Eval-XUM**

Activity Evaluation Form

1. To what extent have the information and practice strategies discussed in this activity improved your ability to competently manage patients with or at risk for mild cognitive impairment or dementia?

Not at all				Very much	I do not manage Alzheimer's Disease patients directly
1	2	3	4	5	N/A

2. After participating in this activity, how often do you plan to do the following in the care of your patients with or at risk for mild cognitive impairment or dementia?

	Never	Infrequently	Sometimes	Frequently	Always	I do not manage Alzheimer's Disease patients directly
Use a well-validated cognitive screening tool (eg, Mini-Cog, GP-COG) to assess cognitive functioning during the Medicare annual wellness visit (AWV) to identify patients at risk for MCI and dementia early in the disease course	1	2	3	4	5	N/A
Upon detection of cognitive impairment at an AWV or other routine visit, schedule a follow-up visit within 2-3 months to perform a more detailed cognitive evaluation in order to establish a diagnosis of MCI or mild dementia due to AD or other etiologies that results in a written care plan, using CPT code 99483	1	2	3	4	5	N/A
Share the written care plan, which includes initial plans to address any neuropsychiatric symptoms, neurocognitive symptoms, functional limitations, and referral to community resources, with the patient and caregiver when disclosing a diagnosis of MCI or dementia	1	2	3	4	5	N/A
Educate patients and caregivers on the pros and cons of current treatment options, including clinical trials of disease-modifying therapies	1	2	3	4	5	N/A
Recommend lifestyle modifications to slow down cognitive decline in patients with MCI and mild dementia	1	2	3	4	5	N/A

3. Please indicate your level of agreement with the following statements:

	Strongly **disagree**				Strongly **agree**
The content was presented in a fair and unbiased manner.	1	2	3	4	5
The content was evidence-based.	1	2	3	4	5
The content was relevant to my practice.	1	2	3	4	5

4. Please indicate the likelihood of the following statements:

	Not at all likely				**Very** likely
I will make changes to my practice after participating in this activity.	1	2	3	4	5
Practice changes I make based on this activity will improve my patients' outcomes.	1	2	3	4	5

5. Please provide any other feedback, comments, a question for the faculty, or a challenging case related to the topic of this activity.

Contact Information

First Name: Last Name:

Degree: Specialty:

Address:

City: State/Province:

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Phone Number: Fax Number:

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