Real-World Practice of Cognitive Screening and Assessment in Post-Acute Care

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Background

- Cognitive impairments are common in post-acute care (PAC)
  - Associated with poor outcomes
- Cognitive screening and assessment
  - Can identify impairments
  - Are prioritized by stakeholders (e.g., health system leaders)
- The healthcare context (e.g., culture) can influence care delivery
- Unknown how therapy providers currently screen, assess, and document cognition in PAC
- Understanding current practice is the first step to quality improvement

Objective

Examine electronic medical record documentation to understand how therapy providers (i.e., OT, PT, SLP) screen, assess, and document cognition across PAC settings

Methods

- Design: Descriptive analysis of cross-sectional data
- Data: patient-level data claims data and electronic medical record documentation from one health system from 2016-2018
  - Cohort of Medicare patients (n=2,535)
    - Age 65 years of age older
    - Index hospitalization for one of top 10 PAC diagnoses
    - Use of PAC (i.e., IRF, SNF, HH)
- Variable operationalization: multidisciplinary stakeholder input on how and where cognition is documented
  - Cognitive screening
    - Discrete fields (e.g., memory, attention)
  - Cognitive assessment
    - Standardized assessments (e.g., MOCA, GDS)
- Analysis: Descriptive analysis
  - Cognitive screening and assessment
  - Stratified by therapy discipline and PAC setting

Results

Table 1: Demographics (n=2,535)

Age, M (SD)	77.3 (9.1)
Sex, n (%)	1525 (60.2)
Race, n (%)	
Black or African American	182 (7.2)
White	2306 (91.0)
Declined, Not Specified, or Other	47 (1.8)
Admission Diagnosis, n (%)	
Total hip/knee joint replacement	1057 (41.7)
Septicemia or severe sepsis	165 (6.5)
Heart failure or shock	229 (9.0)
Stroke	388 (15.3)
Pneumonia/ pleurisy	151 (6.0)
Renal failure	121 (4.8)
Kidney/ UTI	121 (4.7)
Chronic obstructive pulmonary disease	116 (4.6)
Hip or femur procedure except major joint	129 (5.1)
Cellulitis	58 (2.3)

Figure 1: PAC Therapy Utilization (n=2,535)

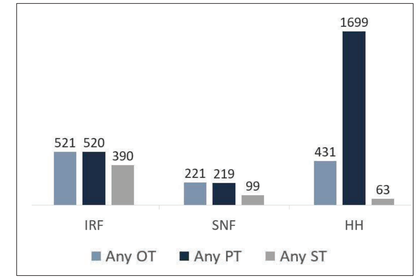

Figure 2: Any Cognitive Screening by Any Discipline (n=2,535)

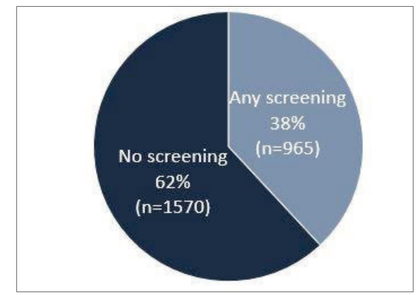

Table 2: Documentation of cognitive screening and assessment (n=2,535)

	IRF (n=574)	SNF (n=235)	HH (n=1,726)
Any documentation of cognitive screening, n(%)			
By any discipline	456 (79.4)	190 (80.9)	319 (18.5)
By OT, n (%)	174 (30.3)	136 (61.5)	313 (72.6)
By PT, n (%)	200 (34.8)	61 (30.1)	0 (0.0)
Any documentation of standardized cognitive assessment, n	0	5	24

Conclusions

- Different patterns in documentation of cognitive screening across PAC settings
  - Most consistent documentation of screening in SNF
- Limited documentation of standardized assessments
- Future work can seek to understand contextual factors, barriers, and facilitators that drive these differences
- Potential for increasing cognitive screening/assessment include examining:
  - Documentation structure
  - Provider behaviors

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