



## GRECC Clinical Programs Offer Value to Veterans and Caregivers

*...what follows is a small sampling of initiatives from among the many Clinical Activities currently underway in VHA's Geriatric Research, Education and Clinical Centers (GRECCs).*

**Gainesville GRECC:** Think Delirium is a program that began as a non-institutional long-term care nurse driven project to early identify and treat hospitalized patients at risk for delirium. An interdisciplinary Delirium Consult Team consisting of nursing, psychiatry, geriatrics, and pharmacy was developed and is currently active at Gainesville and Lake City, FL VA Medical Centers. In addition, an electronic Delirium Response Order set is fully operational in both location thanks to the Veterans Integrated Service Network (VISN) 8 which funded the project. To date, over 898 consults were completed with an average of 5 new consults per day. Among Veterans in whom a consult was completed, 50% were discharged back to home and the 30-day re-admission rate was 22%. Most of the consult recommendations involved reducing polypharmacy and potential drug-drug interactions, using non-pharmacological approaches to delirium and addressing behavioral issues. For more information, please contact Rebecca Beyth by email at [Rebecca.Beyth@va.gov](mailto:Rebecca.Beyth@va.gov) or by phone at 352-548-6000 x. 6895.

**Minneapolis GRECC:** Improving the Diagnosis and Management of Neurocognitive Disorders (NCD) in Patient Aligned Care Teams (PACT) was initiated in 2014. The University of Minneapolis School of Nursing agreed to address this initiative as a QI project for students in their Doctor of Nursing Practice (DNP). In 2017, the SKY PACT, a pilot clinic for this new model, began collecting outcome data. They collected data on 39 specific parameters for Veterans with suspected cognitive impairment. In 2018, the student DNPs worked with the biostatistician and GRECC staff to refine process and outcome variables. Their focus is on the updated 2016 Dementia Management Quality Measures with special attention to Advance Care Planning and palliative care counseling; education and support of caregivers; and screening and management of behavioral symptoms. For more information, please contact Riley McCarten by email at [Riley.McCarten@va.gov](mailto:Riley.McCarten@va.gov) or by phone at 612-467-3314.

**Palo Alto GRECC:** E-Consults and Dementia is a new collaborative project, initiated in 2017, between the GRECC and the Palo Alto Health Care System Medical Service. Comprehensive E-consults involving chart review and phone evaluation are utilized to provide management of disruptive behaviors in Veterans with dementia who are physically or geographically otherwise unable to assess such expertise by other modalities. Providing the consult requires that the consulting geriatrician review the electronic chart and make telephone calls to family caregivers, or to both family and caregiving staff, to ascertain details about the Veteran's behaviors, triggers for the behaviors, management attempts, and other information. Developed plans include both behavioral and environmental management techniques and, if necessary, prescribing of medications. All medications are prescribed and reviewed by the consulting geriatrician. For more information, contact Joyce Tenover at [Joyce.Tenover@va.gov](mailto:Joyce.Tenover@va.gov) or by phone at 650-849-0580.

## Interdisciplinary Cognitive Assessment Clinic

Palo Alto GRECC is participating in a pilot Cognitive Assessment Clinic (CAC), which is a collaborative effort with Medical Service, Neurology, and Neuropsychology to provide timely and patient centered assessment of Veterans for whom there is a concern by Veteran, family member, or provider for cognitive impairment. Targeted for Veterans who do not have a diagnosis of dementia nor need capacity assessment, this clinic provides cognitive evaluation, probable diagnosis, and a suggested management plan within one consolidated half day visit. The visit begins with neuropsychological testing, and concomitant physician interviews with spouse/family member(s) for collaborative information. During the time the neuropsychological testing is being scored, the physician interviews and examines the Veteran. Once evaluations are complete, the interdisciplinary team (neuropsychologists, geriatrician, and neurologist) meet to discuss each case, and formulate diagnosis and management plans. At completion of the visit, the physicians and neuropsychologists meet with each Veteran and spouse/family member to review and explain findings and to go over the suggested management plan; a typed summary of which is provided.

To date, 27% of assessed Veterans were given a new diagnosis of major neurocognitive disorder (dementia), 43% were classified as having mild cognitive impairment (MCI), 20% had age-related cognitive decline (although some were felt to have concomitant mood disorders), and 9% were felt to have normal cognition; only 1% were referred for more extensive neurocognitive testing. If appropriate, CAC faculty made referrals for cognitive rehabilitation, driving evaluation (or, if new diagnosis of dementia, reported to the DMV), head imaging, or other evaluations. If there were suggestions for medication management, these were transmitted to Veteran's primary care physician for implementation. Veteran and family satisfaction with the CAC has been very high, particularly noting appreciation of having the entire evaluation done in just one visit and the immediate and thorough feedback provided.

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