A large proportion of persons with dementia are not diagnosed or are diagnosed at late stages of the disease limiting the ability to implement pharmacologic and caregiver interventions that may reduce the need for long-term care services (Ganguli et al., 2004). Because of the significant impact of dementia on the utilization of long-term care and because of the potential for cost savings from better management of dementia symptoms and early support of caregivers, the State of Wisconsin and the Wisconsin Alzheimer’s Institute piloted a dementia screening program in existing county long-term care systems.

Aging and long-term care staff in 11 counties were provided with a basic understanding of dementia, available treatments and supportive services, and were trained in the administration of cognitive screening tools. Physicians and other health professionals in the target counties were trained in how to interpret the screening results and in the diagnosis of cognitive disorders. Persons over age 60 without a dementia diagnosis were screened initially with the Animal Naming test (see Sager et al., 2006) and if positive, were tested with a second screen, the Cognistat (Mueller et al., 2009). All results were sent to the person’s physician for evaluation. The outcome of the physician evaluation was recorded whenever available.

### RESULTS

- 1,355 persons were approached for screening (age >60, no diagnosis of dementia).
- 91% agreed to be screened and of these, 34% screened positive on the Animal Naming test.
- 86% of persons screening positive agreed to additional testing with the Cognistat. Of these, 93% had impaired scores and were referred to a physician for evaluation.
- Follow-up data were available for 108 referrals and of these, 60 received a dementia-related diagnosis. Of the remaining 48, the abnormal screening results were attributed to a non-dementia cause or no explanation was given.

### CONCLUSIONS

This pilot study found that cognitive screening by county staff is feasible and well accepted by participants. The prevalence of unrecognized cognitive impairment was high, but consistent with other studies. Physician follow-up of positive screens was inconsistent, suggesting that physicians may be important barriers for states seeking to contain long-term care costs.

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