Alzheimer's Association®
Medicare Annual Wellness Visit Algorithm for Assessment of Cognition

A. Review HRA, clinician observation, self-reported concerns, responses to queries

YES ← Signs/symptoms present → **NO**

NO ← Informant available to confirm

YES

B.* Conduct brief structured assessment
- Patient assessment: Mini-Cog or GPCOG
- Informant assessment of patient: Short IQCODE, AD8 or GPCOG

Follow-up during subsequent AWV

Brief assesment(s) triggers concerns: Patient: Mini-Cog ≤3 or GPCOG <5 (5-8 score is indeterminate without informant) or Informant: Short IQCODE ≥ 3.38 or AD8 ≥ 2 or GPCOG informant score ≤3 with patient score <8

NO

YES

C. Refer OR conduct full dementia evaluation

* No one tool is recognized as the best brief assessment to determine if a full dementia evaluation is needed. Some providers repeat patient assessment with an alternate tool (e.g., SLUMS, or MoCA) to confirm initial findings before referral or initiation of full dementia evaluation.

AD8 = Eight-Item Informant Interview to Differentiate Aging and Dementia; **AWV =** Annual Wellness Visit; **GPCOG =** General Practitioner Assessment of Cognition; **HRA =** Health Risk Assessment; **MoCA =** Montreal Cognitive Assessment; **SLUMS =** St. Louis University Mental Status Exam; **Short IQCODE =** Short Informant Questionnaire on Cognitive Decline in the Elderly

Cordell CB, Borson S, Boustani M, Chodosh J, Reuben D, Verghese J, et al. Alzheimer's Association recommendations for operationalizing the detection of cognitive impairment during the Medicare Annual Wellness Visit in a primary care setting. *Alzheimers Dement*. 2013;9(2):141-150. Available at https://alz-journals.onlinelibrary.wiley.com/journal/15525279