PURPOSE OF THE STUDY

Examine attitudes and practices of home care therapists regarding cognitive screening

HYPOTHESES
• Clients present with symptoms without diagnosis
• Screening is done inconsistently
• Screening could lead to earlier intervention
• Home care therapy outcomes are adversely affected by lack of diagnosis
INTRODUCTION: FACTS AND FIGURES

• Home care population is high risk for cognitive deficits
• Cost of dementia management increased 38% between 2010-2015
• AD remains 6th leading cause of death
• No treatment, no cure
• Some cognitive deficits caused by treatable conditions

Why screen?

Mounting evidence: Cognitive screening = critical component fall prevention assessment.

- Requirements of Outcome and Assessment Information Set (OASIS)
- Home care therapy case managers must assess for depression and barriers to learning.... including cognitive deficits.

METHODS

**HOW:** 5 POINT LIKERT TYPE SURVEY

5) **strongly agree (4) agree (3) neutral (2) disagree (1) strongly disagree**

**WHERE:** ONLINE DISTRIBUTION VIA SURVEY MONKEY - NO DIRECT CONTACT WITH THERAPISTS - PRIVATE HOME CARE AGENCIES - STATE HOME CARE ASSOCIATIONS (CT, FL, TX) - APTA LIST SERVS (AGPT, Home Health Section)

**WHEN:** SUMMER 2016

**WHY:** NEED FOR EVIDENCE

**WHO:** IRB, UNIVERSITY OF HARTFORD, WEST HARTFORD, CONNECTICUT

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**RESULTS/Participants**

- 233 completed surveys
- 210 currently employed in home care
- 43 States
- 183 female, 53 male
- Age: 25-77, median 49
- 48 GCS (2,418 nationally) (20.6%)
- 46 CEEAA (1,215 nationally) (19.7%)
- 18 both GCS, CEEAA (7.7%)
### RESULTS/Experience

<table>
<thead>
<tr>
<th>Experience</th>
<th>Range</th>
<th>Median</th>
<th>&lt; 10 years</th>
<th>&gt;31 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Experience</td>
<td>1-55</td>
<td>23</td>
<td>31%</td>
<td>31.8%</td>
</tr>
<tr>
<td>Home Care Experience</td>
<td>1-45</td>
<td>12.5</td>
<td>38.6%</td>
<td>21.9%</td>
</tr>
</tbody>
</table>

### Necessary Skills?

Q 16 Do you already possess necessary skills to effectively assess and treat persons with dementia?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Disagreed/Strongly disagreed</td>
<td>17.2%</td>
</tr>
<tr>
<td>Neutral</td>
<td>30%</td>
</tr>
<tr>
<td>Agreed/Strongly agreed</td>
<td>52.8%</td>
</tr>
</tbody>
</table>

Nearly 50% of practicing therapists feel some uncertainty. CEEAA --more likely to believe possess necessary skills (p=0.041) compared to without.
Where do I Start?

• Just over 19% of respondents were neutral, while 22.3% agreed and 2.1% strongly agreed with the statement about uncertainty where to begin when a client is suspected of having dementia in the absence of a diagnosis (Q17)
• Slightly over half of respondents (55.8%) disagreed/strongly disagreed with the statement.

Attitudes about Dementia--Certifications

Question 24: Do therapists work harder to make improvements in patients with dementia?

• 43% (n=99) answered neutrally
• Close division between agreement (n=75, 32.4%) and disagreement (n=58, 25.0%)
• More likely to agree vs disagree with/without GCS (p=.017) AND with/without a CEEAA (p=.004)

Those with any certification were more likely to agree/strongly agree (p = .004)
Results/Impact of Degree

• Degree holders BS, MS least likely to have specialization (p=.003) (compared to tDPT, DPT, PhD or equivalent.)
• DPT significantly different (p=.001) as younger than BS.
• DPT less experience in PT and home care (p=.001)

Attitudes about Dementia –Gender differences

Survey question 21:
My expectations for a positive outcome with patients with dementia are less.

• Significant difference according to gender (p = .011)
• Pairwise post hoc comparisons showed females significantly more likely to select disagree over neutral compared to males (p = .002)
### Attitudes about Dementia-Gender differences

**Question 20:**
A dementia diagnosis negatively impacts functional recovery—similar responses to Q 21

- Correlation with Q 21: Significant gender differences ($p=.019$)
- Males more likely than females to believe dementia has a negative impact.

### Attitudes about Knowledge Base

<table>
<thead>
<tr>
<th>Q 11: Research exists linking exercise and cognitive function</th>
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<tbody>
<tr>
<td>- Nearly unanimous</td>
</tr>
<tr>
<td>- Strong agreement: 65.2% (n=150)</td>
</tr>
<tr>
<td>- Agreement: 31.3% (n=72)</td>
</tr>
<tr>
<td>- Neutral: 3.5% (n=8)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q 4: Dementia is growing issue with significant impact for home care therapy</th>
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<tbody>
<tr>
<td>- Strong agreement: 78.9% (n=183)</td>
</tr>
<tr>
<td>- Agreement: 20.3% (n=47)</td>
</tr>
<tr>
<td>- Neutral: 0.9% (n=2)</td>
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</tbody>
</table>
Have I Taken Continuing Education?

- 2 questions (6,7) asked whether therapists had attended training to learn about dementia or using screening tools within past 2 years
- 67% affirmative training within 2 years for cognitive screening tools (Q6)
- 76.6% affirmative: training within 2 years for intervention/communication techniques (Q7)

More Education Means I Need More Education?

- CEEAA certification: significantly more likely to agree/strongly agree to both Q 6 and 7 compared to those without the CEEAA certification ($p < .001$, $p = .041$, respectively).
- CEEAA specifically includes training regarding dementia education.
Do I need More Education?

• Yes, 64.8% of respondents strongly disagree/disagreed/neutral when asked whether they receive sufficient continuing education from their employers regarding dementia (Q13)

• The survey indicates home care therapists perceive a need for increased dementia training regardless of entry level degree.

• Should entry-level programs be teaching this?

Attitudes about Resources

Survey question 13: Availability of sufficient continuing education related to dementia?

Perception of employer provision
Significant uncertainty—22.3% neutrality
34.5% (n=79) Strongly agreed/agreed
43.2% (n=99) Strongly disagreed or disagreed
Attitudes about Resources

Question 14: Perception of availability of time/equipment for adequate treatment for dementia care?

- 41.7% (n=96) strongly agreed/agreed they receive sufficient time and equipment
- 24% (n=55) strongly disagreed/disagreed they have sufficient time and equipment.
- 33.9% neutral
- PTs with GCCS significantly (p=0.025) different in a positive direction.

Attitudes about Diagnosis

Q 8 Importance of specific diagnosis when dementia symptoms present

- 44% agreed/strongly agreed
- 29% neutral
- 27% disagree/strongly disagree

- Q 19: Recognize differences in dementia, depression, delirium
  - only 7.3% strongly agreed
  - 45% agreed
  - 20% neutral
  - 28% disagreed

- Cont. ed?
ARE YOU USING COGNITIVE SCREENS????

• Q1: ARE PHYSICAL THERAPISTS QUALIFIED TO ADMINISTER COGNITIVE SCREENS???

• OVER 90% agreement (53% strongly agreed, 37.1% agreed)

• 40 respondents (17.2%) admitted they are NOT using any screens in practice.

• Therapists with CEEAA certification were significantly $(p=.045)$ stronger in their attitude toward their ability to administer cognitive screens than those without that designation.

Do therapists feel *uncomfortable* doing cognitive screening? (Q18)

<table>
<thead>
<tr>
<th>Strongly Agreed</th>
<th>Agreed</th>
<th>Neutral</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1% (n=5)</td>
<td>10.7% (n=25)</td>
<td>9% (n=21)</td>
<td>22% (n=51)</td>
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</table>

78.3% (n=183) disagreed/strongly disagreed

Coincidence???

17.2% (n=40) admitted they are not doing any screening.
Screening Tool Findings

- Mini Mental State Exam (MMSE) 48%
- Clock Drawing 49%
- Other tests: SLUMS, MoCA, Mini-cog, BDS
- Non-screeners: average 23.5 years as PT, average 13.1 years in home care
- DPTs=41% of all participants---lowest rate of non-screening (22.5%)
- 47% non-screeners had a BS

CONCLUSION: MORE EDUCATION/TRAINING

- ADDITIONAL CERTIFICATION= HIGHER EXPECTATION FOR OUTCOME (9/24 questions)
- DEGREE= NO IMPACT ON DESIRE FOR MORE TRAINING
- GENDER DOES IMPACT ATTITUDE
- MINI MENTAL AND CLOCK DRAWING UTILIZED MOST
- PROTOCOLS ARE LACKING
- LACK OF INFORMATION AVAILABLE
LIMITATIONS

• Small sample size
• High proportion of respondents with advanced certifications
• No question regarding reliance on other disciplines to do screening
• No information on decision making process for choice of screening tool

Where are we on the scale?

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1. Unconscious Incompetence
   May be overconfident, lacks insight and self awareness "Dunning Kruger effect"

2. Conscious Incompetence
   May lack confidence due to self awareness of incompetence

3. Conscious Competence
   Increased confidence Aware of improved ability

4. Unconscious Competence
   Confident self aware

"Ouch!" (Learning / Change)

"Aha!" (Awareness)

MASTERY! (Second nature)
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REFERENCES


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