Remote memory assessment best practice guidance

remote and face-to-face options depending on patient choice

Introduction

Following the COVID-19 outbreak, many Memory Assessment Services (MAS) responsible for assessing and diagnosing dementia had to make a decision about if and how they could continue delivering a service. For many, the decision was made to halt all MAS provision until face-to-face services could resume. For others, efforts were made to develop a "remote" MAS, where the service was provided using phone or video technology to communicate. This toolkit is based on a research study that evaluated patient, carer and clinician experiences of remote MAS during the pandemic in three services in Sussex, Surrey and South London. Whilst the study started during the COVID-19 restrictions, its findings may be applicable beyond the pandemic and indicate the potential for the remote pathway to be embedded as part of routine clinical practice. This toolkit is designed to illustrate and guide good practice principles in developing a remote assessment pathway.

The remote memory assessment pathway can be entirely remote or form part of a hybrid model, which includes both face-to-face and remote options. Different components can be interchangeable dependent on clinical need and patient preference, providing flexible services that empower patient choice and support the management of complexity. It is important to keep in mind that remote MAS may not be suitable for all patients, and a flexible approach is essential.

Clinicians, researchers, people with dementia and their carers have contributed to the development of this toolkit.

The aim of this toolkit is to guide development of a remote MAS pathway that:
1. supports best practice for remote memory assessment
2. enables patient and carer choice
3. aims to offer high levels of satisfaction to patients and carers
4. installs confidence and sets standards for implementation of a remote MAS pathway
5. enables services to build on and sustain progress towards the objectives of the NHS long term plan

As an alternative to face-to-face appointments video technology is recommended for remote memory assessment, including for cognitive testing, diagnostic video consultations, and prescribing. Telephone consultation for assessment is not recommended.

This toolkit can be adapted locally including for memory assessments undertaken in primary care.

Remote memory assessment
COVID-19 study findings

Further details of research methodology and findings are included in Appendix 1.

In summary, our study found that both patients, carers and clinicians were satisfied with remote memory assessment when conducted via video conferencing. Good communication and engagement between clinicians and patient/carers is centrally important, and this was enhanced by being able to see one another (e.g. through video conferencing). Some assessment tools were preferable to use during a remote consultation because they were considered more adaptable to this format. Study findings are summarised as follows:

PATIENT/CARER FINDINGS	CLINICIAN FINDINGS
Benefits of remote MAS include convenience, reduced stress and avoidance of travel	Benefits of remote MAS included safety (COVID-19), flexibility, patient satisfaction, and better use of time
Familiarity with technology helped	Limitations included digital connection problems, inclusion of more steps in the process for some clinicians*
Access to 'swifter' assessment was valued	Telephone consultation disliked
Comfort with remote assessment increased with experience	Clinician communication skills and interaction was centrally important
Limited post diagnosis support**	Post-diagnostic support variable
Overall all clinicians reported that there is a place for remote in MAS services	Overall highly satisfied with remote MAS

* We recommend remote pathways mirror face to face pathways as closely as possible to avoid extra steps.

** Limited post diagnosis support was in part due to COVID-19 restrictions, and also how support was accessed on a remote pathway. Post-diagnostic support should be the same whether offered remotely or face-to-face.

Overall, the findings indicate that a remote assessment is an acceptable alternative to face-to-face memory assessment pathway for most people. These findings illustrate that older people and/or those with cognitive difficulties can engage with technology with appropriate support. Remote memory assessment provides a useful service option and choice for people undergoing investigations for memory complaints.

KEY RESEARCH MESSAGES

- The remote memory assessment is an effective way to provide choice and deliver dementia diagnostic services.
- Video conferencing, where patients and clinicians can see one another, has advantages (e.g. being able to see facial expression and non-verbal reaction) and provides higher satisfaction for both patients and clinicians when compared to telephone interactions.
- Clinician interpersonal skills are even more important when working remotely than in face-to-face setting.
- Supporting patients to use remote technology is essential.
- Advantages for offering remote memory assessments extend beyond COVID-19 and (e.g. avoidance of travel or convenience of involvement for carers living remotely including overseas).
- Some memory assessment tools are more adaptable to the remote use that others.

Remote memory assessment recommendations

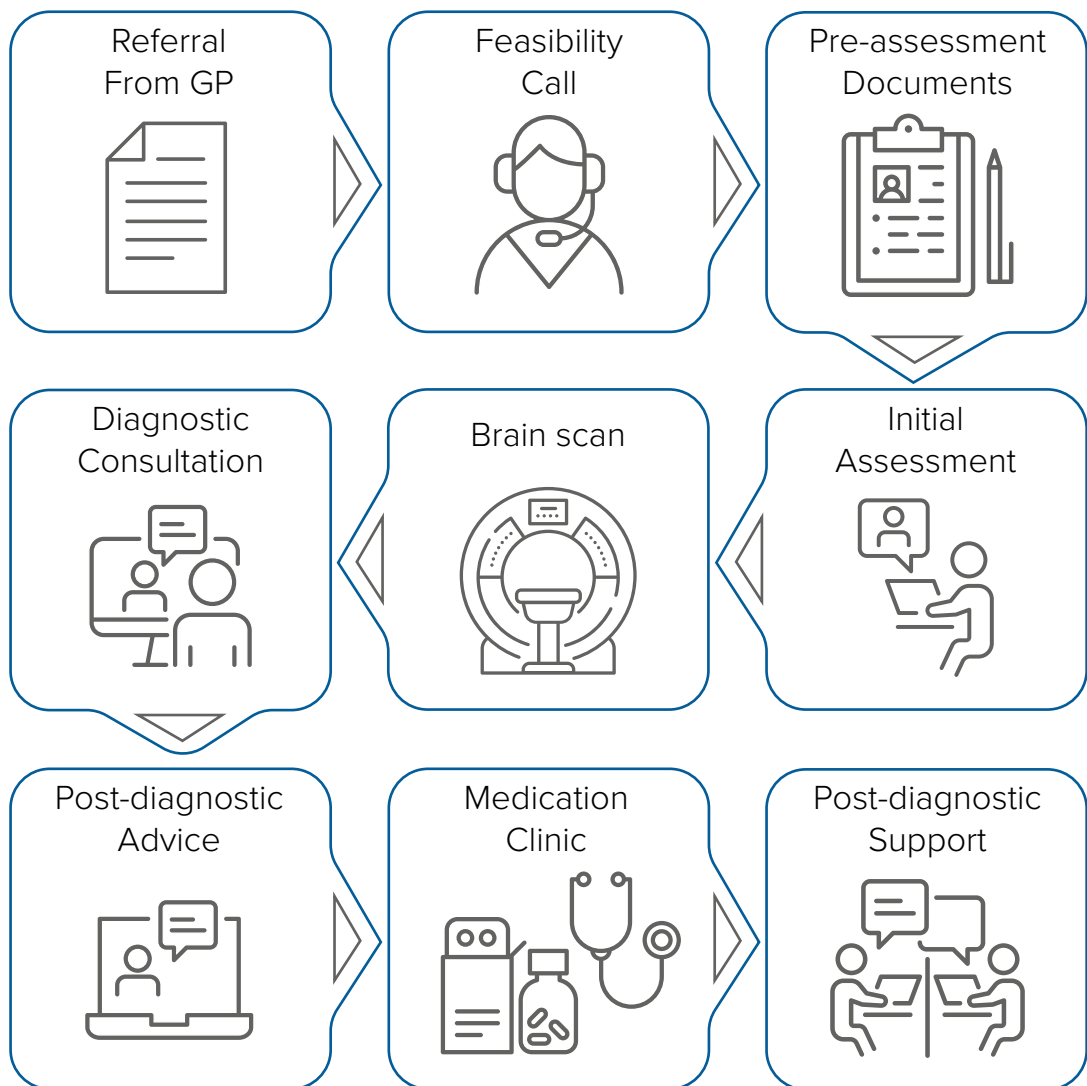## RECOMMENDATIONS FOR REMOTE MEMORY ASSESSMENT PATHWAY

- Virtual consultation should be offered as a choice if appropriate for the patient. Flexibility to change and/or to have a hybrid pathway is important.
- Both remote and face-to-face pathways should offer the same access and quality of service.
- Patients generally need support to use the technology, this could be a family carer or guidance from an administrator or a clinician.
- Patients without technology support may not be suitable for remote MAS
- Patients, carers, and clinicians prefer video conferencing to telephone and therefore telephone is not recommended.
- A larger screen device is recommended for remote appointments (above 9 inches/23 cm) - mobile phones are not recommended for assessment.
- Clinicians may need support to become comfortable with using the technology, and conducting consultations virtually. Practice amongst staff may be required.
- Appropriateness for remote appointments and any risk factors should be identified at pre-assessment. For example, remote MAS is not suitable when the patient has severe sensory impairments, anxiety around technology or if there are safeguarding concerns.
- Some assessment tools can be more easily adapted to suit virtual consultation than others and patient drawings can be captured via screen shots.

Steps of remote memory assessment

An example: North West Sussex remote memory assessment pathway

The following diagram describes the North West Sussex hybrid memory assessment pathway, where every step can take place either as a face-to-face or a remote appointment. The feasibility call should always take place ahead of the first remote contact.

EXAMPLE REMOTE MAS PATHWAY

Referral From GP →
Feasibility Call →
Pre-assessment Documents ↓

Diagnostic Consultation ←
Brain scan ←
Initial Assessment

Post-diagnostic Advice →
Medication Clinic →
Post-diagnostic Support

Referral and initial contact

GP referral

Establish suitability for a remote memory assessment based on referral information.

If suitable for remote memory assessment:

Contact patient and carer to establish patient preferences for appointment (face-to-face or remote) and establish feasibility of a remote appointment.

This includes information on the availability of:

- Access to technology - clinicians recommend using a larger screened device (9 inches/23 cm).
- A stable internet connection.
- Formal/informal support to use the technology and for emotional support throughout the assessment process.

If remote memory assessment is chosen by the patient:

- Share the patient information film for virtual consultation (Click here).
- Recommend that the patient/carer 'test' technology with family members beforehand.
- Send pre-assessment documents in the post, or via email.

> **North West Sussex pre assessment pack includes:**
>
> - Semi-structured collateral information questionnaire.
> - Cambridge Behavioral Inventory.
> - Functional assessment tool, e.g. Bristol Activities of Daily Living Scale (BADLS).

Initial assessment

At each remote appointment clinicians should:

- Be aware of patient confidentiality and check who else is present with the patient e.g. 'are you happy to have X present during your assessment'.
- Agree a plan with the patient/carer in case of connectivity problems - and reassure the patient that the assessment will be completed by another method if needed.
- Check that the patient can hear clearly and provide guidance with camera angles, captions and volume control if needed.
- Reduce distractions by conducting appointments in private quiet rooms and inform patient if they are typing during the appointment.
- Ensure the patient is comfortable and prepared with paper, pen, and glasses etc. as needed.

Remote memory assessment

1. Review pre assessment documents.
2. Take clinical history (guided and informed by the returned pre-assessment questionnaires)
3. Undertake assessment to include guided gathering and clarification of history, and cognitive assessment via video.

> **North West Sussex assessment tools include:**
>
> - ACE-III.
> - MoCA.
> - Test Your Memory (TYM).

4. Discuss further steps, such as the need to arrange brain imaging.
5. Recommend that the patient has someone available to support them at the diagnostic appointment.

Diagnostic appointment

Complete any outstanding medical assessments as appropriate.

Discuss diagnosis and post-diagnostic management.

Allow time for patient and carer to ask questions or seek clarification about anything needed.

Check if the patient has someone to support them following the diagnostic discussion.

Prescribe medication if indicated.

Medication clinic (if indicated)

Follow-up in medication clinic as per local arrangements. Medication review can be done remotely if the patient is able to take their heart rate (HR) (e.g. with a BP machine at home or in another care setting).

Post-diagnostic support

Ensure patients are referred to post diagnostic support services.

Information about post-diagnostic support services details should be shared electronically and hard copies of information also sent via the post if preferred by the patient.

Remote post-diagnostic support services should be equivalent to face-to-face pathway.

Recommendations for memory assessment in primary care

The principles of this toolkit can also be applied in a primary care setting.

Patient information film for remote assessment

As part of this toolkit we have developed a patient information leaflet and an information film about remote consultations, how to prepare for them and what to expect during the appointment. These resources will be available at (Click here)

Memory assessment tool references

Addenbrooke's Cognitive Examination (ACE-III)

Mioshi, E., Dawson, K., Mitchell, J., Arnold, R., & Hodges, J.R. (2006). The Addenbrooke's Cognitive Examination Revised (ACE-R): A brief cognitive test battery for dementia screening. International Journal of Geriatric Psychiatry, 21(11), 1078–1085. doi: 10.1002/gps.1610

Hsieh S, Schubert S, Hoon C, Mioshi E, Hodges J.R. Validation of the Addenbrooke's Cognitive Examination III in frontotemporal dementia and Alzheimer's disease. Dement Geriatr Cogn Disord. 2013;36(3-4):242-50

Bristol Activities of Daily Living (ADL) scales (BADLs)

Bucks S, Ashworth D, Wilcock G, Siegfried K, 1996, Assessment of Activities of Daily Living in Dementia: Development of the Bristol Activities of Daily Living Scale, Age and Ageing, Volume 25, Issue 2, March 1996, Pages 113–120, https://doi.org/10.1093/ageing/25.2.113

Cambridge Behavioral Inventory

Wear, Helen J. et al. 2008, The Cambridge Behavioural Inventory revised, . Dementia & Neuropsychologia , https://doi.org/10.1590/S1980-57642009DN20200005

Montreal Cognitive Assessment (MoCA)

https://www.mocatest.org/remote-moca-testing/ Virtual MoCA guidance

Nasreddine, Z.S., Phillips, N.A., Bédirian, V., Charbonneau, S., Whitehead, V., Collin, I., Cummings, J.L. and Chertkow, H. (2005), The Montreal Cognitive Assessment, MoCA: A Brief Screening Tool For Mild Cognitive Impairment. Journal of the American Geriatrics Society, 53: 695-699)

Test Your Memory (TYM)

Brown, J. M., Wiggins, J., Dawson, K., Rittman, T., & Rowe, J. B. (2019). Test Your Memory (TYM) and Test Your Memory for Mild Cognitive Impairment (TYM-MCI): A review and update including results of using the TYM Test in a general neurology clinic and using a telephone version of the TYM Test. Diagnostics, 9(3), 116. doi:10.3390/diagnostics9030116

Brown, J., Pengas, G., Dawson, K., Brown, L. A., & Clatworthy, P. (2009). Self administered cognitive screening test (TYM) for detection of Alzheimer's disease: cross sectional study. BMJ, 338, b2030. doi:10.1136/bmj.b2030

Appendix 1: Research summary

The 'Remote' memory clinic: responding to the clinical need in times of COVID-19 restrictions - a study of patient satisfaction and impact on clinical outcomes related to dementia diagnosis.

The aim of this study was to understand patient, carer and clinician satisfaction with and experience of receiving or undertaking remote memory assessment. Participants were recruited from patients and their carers who were assessed through a remote pathway in 3 memory assessment services (MAS) in Sussex, Surrey and South London. We invited 15 patient and carer dyads and 15 clinicians to take part in the qualitative sub-study to explore their experience in more detail. All patient and carer participants completed a satisfaction survey, which also had open-ended questions.

Study findings

Quantitative study - patients and carers

81 participants were recruited to the study (39 patients and 42 carers). Participants had a mean age of 67 and most were white British (90%).

Most participants received their remote MAS through video conference (71%).

28.4% (n=23) of participants had never previously used video conferencing software, and of those who did use it, 21.0% (n=17) used it less than once a week.

- Patient and carers were generally satisfied with the remote MAS, with 93% agreeing or strongly agreeing with the statement "Overall, I was satisfied with the assessment".
- There were no significant differences identified between patients and carers with regards to reported satisfaction
- Satisfaction was not found to be influenced by Covid-19 and lockdown circumstances.

Carers reported finding the technology easier to use than patients.

The survey results showed that only communication experiences and communication barriers were significantly associated with satisfaction, indicating that patients/carers were more satisfied if there was an absence of communication barriers and a perception that clinician was communicating clearly.

Qualitative study - patient and carer findings

All of the 15 patients and carers interviewed were satisfied with the remote MAS. Key factors included the perceived value of a receipt of diagnosis and access to further support, the skill of clinician and being listened to, as well as a smooth and reliable process. Dissatisfaction was noted with relation to post-diagnosis support.

"There seemed to be no problem at all and we certainly felt that we were getting necessarily time and encouragement and everything else, that I think was required. So I think all our questions certainly were answered that we thought of at the time etc. and we didn't feel it was rushed through at all." (Carer)

Familiarity with communication technology was important and support was primarily from adult children. The majority of people interviewed were able to use the technology independently.

"the technology that we are using is very good and I... yeah I...I have got a long experience with it, I've done various...various work with computers, but it's simple isn't it. All you do is press two knobs and you're talking." (Patient)

Most participants were offered a choice of remote or face-to-face assessment. Remote was usually chosen to avoid longer waiting times and this was influenced by duration of memory difficulties and the length of the wait for a memory assessment referral.

"I think we had the option or we could wait for a face-to-face but we thought no, let's go for it. We are lucky that we are going to be offered help during lockdown so we did, we did kind of think that." (Carer)

Perceived benefits of remote assessments included safety and reduced Covid-19 transmission risk, being at home, no travel time, cost or inconvenience required, and less stress. Face to face contact remained the most preferred option, video conferencing being rated as second to this, and telephone as the least preferred opinion. Not being able to 'see' the clinician was cited as the reason for telephone being least preferred. The majority of those interviewed reported that they would be happy to continue their current contact with the memory assessment service remotely.

"Yes, it was actually because whenever you go into a hospital it is always daunting. Usually my blood pressure goes up. But sitting here (at home) being able to talk is far easier, it is a lot better." (Patient)

Qualitative study - clinician findings

15 interviews were conducted with a range of clinicians (occupational therapists, nurses, psychiatrists and team leaders). The mean age of clinicians was 48 years, and the average number of remote memory assessments undertaken was between 45 and 50.

Clinicians were satisfied with video consultation. Reasons included seeing patients in own environment and developing new skills for remote consultations. All clinicians preferred video conferencing to telephone, and were dissatisfied with telephone. Some of those interviewed questioned the reliability for cognitive testing in terms of prompts and also cited the challenge of delivering a diagnosis remotely. Clinicians also had concerns about post diagnostic support.

"So, whilst it was maybe perceived as not at all possible, a few years ago, within a very short space of time, the team collectively have come together and been able to kind of devise and then roll out, you know, a remote pathway which is exceptional really." (MAS Team Leader)

All clinicians were supportive of maintain a remote option for assessment (in keeping with patient choice and clinician need). Benefits included limited travel, being able to include carers who lived far away, having more focused time when working remotely and be able to continue to deliver support during Covid-19 lockdown conditions.

"It will help clients in terms of clients where they have mobility issues, they have no transport, they're kind of rural living, they're not able to get out, or maybe at a last minute something changes, and they can't attend, so we could then maybe switch to a remote option at that stage. So, it gives us greater flexibility." (MAS Team Leader)