

COORDINATING DEMENTIA TOOL – version #2.0 (v2)

For Vancouver-City Centre & West End Physicians

The purpose of this tool is to assist family physicians in managing their patient's dementia journey and to provide resources, referrals and associated billing codes in appointment-size pieces.

As part of this Shared Care initiative, please attach this tool to your [REFERRAL to St Paul's Hospital Elder Care Ambulatory Clinic](#) (ECC) to help indicate the areas of care already completed.

Patient name: _____

Gender: Male Female

DOB: _____ PHN: _____

Other: _____

	Resources and referrals	Date: YYYY-MM-DD	Date: YYYY-MM-DD	Date: YYYY-MM-DD	Comments or Date of test	Dementia Passport page #
Appendix A - Billing details for: a) Dementia Care Planning (Frailty Complex Care Planning and Management and/or Complex Care Planning and Management) Click to see details: PG14075 or PG14033 and PG14043 Driving: use billing code 96220						
DIAGNOSIS						
Rule out delirium, depression or other factors		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Early referral to H&CC and First Link to begin supports	<input type="checkbox"/> First Link Referral <input type="checkbox"/> H&CC Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lab Investigations (CBC, TSH, Lytes, Cr, Ca, Ph, Vitamin B12, Glucose, liver, renal and, urine analysis)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Imaging prn (CT scan)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Diagnostic tests (MoCA , MMSE)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
IADL & ADL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Frailty scale		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PHARMACOLOGICAL MANAGEMENT						
Medication Review		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Query CI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ADVANCE CARE PLANNING						
Representation Agreement (appoint Substitute Decision Maker)	<input type="checkbox"/> First Link education <input type="checkbox"/> Nidus <input type="checkbox"/> SW at ECC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Advance Directives	<input type="checkbox"/> First Link education <input type="checkbox"/> Nidus <input type="checkbox"/> SW at ECC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Power of Attorney	<input type="checkbox"/> First Link education <input type="checkbox"/> Nidus <input type="checkbox"/> SW at ECC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do Not Resuscitate (DNR) (BC EHS Home DNR)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SAFETY/RISK ASSESSMENT						
Alcohol Use	<input type="checkbox"/> Older adult addiction counsellors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Falls Risk (Mobility)	<input type="checkbox"/> PT at ECC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fires/Floods	<input type="checkbox"/> H&CC Home care <input type="checkbox"/> OT assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Finances (joint accounts, will/estate planning)	<input type="checkbox"/> OT/SW referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Wandering	<input type="checkbox"/> First Link resource <input type="checkbox"/> GPS-type device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Driving (Trails B test)	<input type="checkbox"/> First Link resource	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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For Vancouver-City Centre & West End Physicians

Patient name: _____

Gender: Male Female

DOB: _____ PHN: _____

Other: _____

	Resources and referrals	Date: YYYY-MM-DD	Date: YYYY-MM-DD	Date: YYYY-MM-DD	Comments (e.g. date of test)	Dementia Passport page #
Appendix A Billing details for:						
b) Managing/Coordinating Dementia-Counselling Sessions (GP Mental Health Planning or Mental Health Management) Click for details: 4 x 00120 if needed: G14044- G14048						
PSYCHIATRIST/BEHAVIOUR SYMPTOMS						
Depression		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Anxiety		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hallucinations/Paranoia		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Apathy/Irritability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PSYCHOSOCIAL SUPPORT						
Learning to cope/education	<input type="checkbox"/> First Link education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Case management/Home support	<input type="checkbox"/> H&CC (central intake referral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Informal support system (family/friends)	<input type="checkbox"/> First Link Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Resources & education	<input type="checkbox"/> First Link education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CAREGIVER ASSESSMENT						
Screening tool PHQ9 (Depression)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Burden (see screening tool within referral)	<input type="checkbox"/> Consider DCRC referral if appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Learning to cope, caregiver skill building (see screening tool within referral)	<input type="checkbox"/> DCRC Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Respite	<input type="checkbox"/> H&CC (central intake)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Caregiver Education (see DCRC screening tool within referral)	<input type="checkbox"/> First Link <input type="checkbox"/> Family Caregivers <input type="checkbox"/> DCRC Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
REFER TO SPECIALIST						
Refer patient/caregiver to SPH Elder Care Ambulatory Clinic (attach this tool with referral) • Geriatrician, Geriatric Psychiatry, Physiatry • Interdisciplinary support for caregiver and patient (MCI group, cognitive strategies, & communication)	<input type="checkbox"/> Referral Form: SPH Eldercare Ambulatory Clinic <input type="checkbox"/> Geriatric specialist and interdisciplinary team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

H&CC: Home & Community Care offer by local Health Authority

Disclaimer: If during assessment, extra support is needed, please use discretion and refer to Geriatrician at St. Paul's Eldercare Ambulatory Clinic

Coordinating Dementia w/ chronic conditions Last updated – Nov 26, 2020

Appendix A – Sequential Dementia Billing Codes

a) Dementia Care Planning (PG14075 or PG14033)

PG14075 GP Frailty Complex Care Planning and Management Fee (\$315)

- Payment for the creation of a care plan and advance payment for the complex work of caring for eligible patients of any age with documented frailty from any cause. Frailty is defined as requiring assistance with at least one ADL from each of the instrumental and non-instrumental activities of daily living (IADL & NIADL).
- Available only to MRP Family Physicians who have submitted PG14070 or PG14071.

- Minimum required total planning time 30 minutes (16 minutes face-to-face planning).
- Cannot bill both 14033 and 14075, one or the other.
- PG14043 not payable same day



1. GPSC PG14070 Portal Billing Guide 20



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PG14033 Complex Care Planning & Management Fee- 2 Diagnoses (\$315)

- Payment for the creation of a care plan and advance payment for the complex work of caring for patients with eligible conditions (i.e. dementia and other comorbidity).
- Available only to MRP Family Physicians who have submitted PG14070 or PG14071
- Minimum required total planning time 30 minutes (16 minutes face-to-face planning).
- Cannot bill both 14033 and 14075, one or the other.
- PG14043 not payable same day



GPSC Complex Care Billing Guide 2020-04-

b) Managing/Coordinating Dementia (Counselling Sessions, G14043, G14044-14048)

G14043, GP Mental Health Planning Fee (\$100)

- Fee is payable upon development and documentation of a Care Plan for patients with a confirmed eligible mental health diagnosis (i.e. dementia).
- Minimum required total planning time 30 minutes
- G14043 is not billable on the same day for the same patient: 14075 or 14033.
- Successful billing of G14043 allows access to four additional mental health management appointments (G14044-G14048), see below. This totals to 8 x counselling sessions per year, per patient with dementia.
- Billing code details (pg. 6)



3. GPSC PG14043 Mental Health Billing C

G14044 - G14048, Mental Health Management (4 appts x \$54.35 to \$81.51)

- Payable only if the Mental Health Planning Fee (G14043) has been successfully billed and paid in the same calendar year.
- Payable a maximum of 4 times per calendar year per patient after 00120 four age-appropriate have been paid.
- Minimum time required is 20 minute.



3. GPSC PG14043 Mental Health Billing C

G14044	GP Mental Health Management Fee age 2-49	\$54.35
G14045	GP Mental Health Management Fee age 50-59	\$59.78
G14046	GP Mental Health Management Fee age 60-69	\$62.49
G14047	GP Mental Health Management Fee age 70-79	\$70.64
G14048	GP Mental Health Management Fee age 80+	\$81.51

Case Example from Billing Guide PG14043, 00120 and 14044-14048

Billing for calendar year:

	Type of Visit	Fee Code	Diagnostic Code
1	Office Visit	00100	296
2	Mental Health Planning Visit	14043	296
	Office visit for tinea	00100	110
3	Conferencing with ACP at MH team	14077	296
4	Telephone Follow Up Office nurse with John	14076	296
5	Counseling (#1 MSP)	00120	296
6	Counseling (#2 MSP)	00120	296
7	Counseling (#3 MSP)	00120	296
8	Office Visit	00100	296
9	Counseling (#4 MSP)	00120	296
10	Telephone Conference with psychiatrist	14077	296
11	Telephone Follow Up with John	14076	296
12	Counseling (# 1 GPSC)	14044	296
13	Telephone Conference with psychiatrist	14077	296
14	Telephone Follow Up with John	14076	296
15	Office Visit	00100	296

c) Safety Risk Assessment

- **96220** medical fitness to drive form

Appendix B - Links to Resources

a) MOCA

- <https://www.mocatest.org/the-moca-test/>



MoCA-8.3-English-Test-2020.pdf

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MoCA-8.3-English-Instructions-2020.pdf

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b) MMSE

- <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/cognitive-impairment>



Acrobat Document

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c) IADL/ADL

Instrumental Activities of Daily Living (IADL) = Activities that are required to live in the community	Non-Instrumental Activities of Daily Living (NIADL) = Activities that are related to personal care
Meal preparation	Mobility in bed
Ordinary housework	Transfers
Managing finances	Locomotion inside and outside the home
Managing medications	Dressing upper and lower body
Phone use	Eating
Shopping	Toilet use
Transportation	Personal hygiene
	Bathing

-

d) PHQ9



PHQ9_depression_patient_health_questi

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e) Refer to Home Health

- Referral to home health team department if nursing, PT/OT, dietician support is needed.
- Call Central Intake, 604-263- 7377

f) Refer Alzheimer Society of B.C.

- [Make a referral to Alzheimer Society of BC](#) for services and support to help patients understand the diagnosis and to equip them education and tools.
- Helpline with First Link Dementia_ Monday to Friday, 9 a.m. to 4 p.m. to receive dementia support for people with dementia, their caregivers, family and friends: 1-800-936-6033

g) Refer to Dementia Caregiver Resource Clinic (DCRC)

- Refer to Eldercare Clinic: Dementia Caregiver Resource Clinic (DCRC). **Form has been changed and updated on Pathways.**



Dementia Caregiver
Resource Team (DCRC)

h) Refer to Family Caregivers of BC

- Attend Family Caregivers of B.C. Support Groups: <https://www.familycaregiversbc.ca/family-caregiver-support-groups/>
- Caregiver support line through Family Caregivers of B.C. Can call toll free 1-877-520-3267

i) Alzheimer Society First Link® Education Sessions

- Alzheimer's support services and education sessions, First Link Bulletins: <https://alzheimer.ca/en/bc/News-and-Events/Newsletters-and-updates/First-Link-bulletins>

j) Alzheimer Society First Link® Support Groups

- Local support groups (including early-stage support group): <https://alzheimer.ca/bc/en/help-support/programs-services/support-groups>

k) Advance Care Planning (ACP) Resources

- **Alzheimer Society of BC**
 - Education Tool (pg. 11): https://alzheimer.ca/sites/default/files/files/bc/advocacy-and-education/personal-planning/2015-02-13%20fredas_story_online.pdf
 - Decision Making Checklist: <https://alzheimer.ca/sites/default/files/files/bc/advocacy-and-education/other-files/2012-12-01%20decision-making%20checklist.pdf>
- **Providence Health Care**
 - ACP booklet: http://phc-connect/programs/acp/advance_care_planning_at_phc/Documents/ACP%202.pdf
 - Health Care Provider guide to ACP Table: http://phc-connect/programs/acp/advance_care_planning_at_phc/Documents/ACP%20Guide%20documents.pdf
- **Speak Up BC**
 - Online module for patients: <http://www.speak-upinbc.ca/make-a-plan/>

l) Driving

- Physicians are required to administering a cognitive screening test every year for a patient with a progressive cognitive impairment who is still driving or when their medical status changes.
 - **Driving assessment form:** <https://www2.gov.bc.ca/assets/gov/driving-and-transportation/driving/publications/mv2351-report-ability-drive.pdf>
- Physicians are mandated to report to RoadSafety BC any patients who continue to drive after they have recommended they stop.
- Can write "Do not drive" on a prescription pad.
- See Alzheimer Society of BC for more info: <https://alzheimer.ca/sites/default/files/files/bc/advocacy-and-education/other-files/driving/driving-and-dementia-handout.pdf>