

Highmark Identifies Patient for ACMS
Referral Made to UDS ACMS

AWV completed by CRNP
Cognitive Assessment – GPCOG
SDoH assessment

No Needs Report Sent to PCP

Cognitive Need Identified

Risk for Cognitive Loss*

- Inform Highmark Program
- Send PCP Thoroughcare Provider Summary

Cognitive Loss**

- Inform Highmark Program
- Send PCP Thoroughcare Provider Summary
- Referral to PCP for follow-up care
- Follow-up visit scheduled in home by CRNP
 - Assessment of Health Literacy
 - Provide necessary education – medication management, fall prevention
 - Referrals as needed – wound care, home modifications

SPMI***

- Inform Highmark Program
- Send PCP Thoroughcare Provider Summary

SDoH / ACMS Need identified

Referral to ACMS Care Manager

- Follow-up visit scheduled in home or telephonic
- Individualized plan of care based on SDoH needs identified
- Goals identified
- Community referrals

Followed by ACMS for 6 months

DEFINITIONS

* Risk for Cognitive Loss

Not identified as having cognitive impairment but has 1 or more risk factors for dementia. Focus on top three:

- Obesity
- HTN
- DM

** Cognitive Loss

Identifies as having cognitive impairment:

- Positive GPCOG screening
- MCI
- Dementia
- Neurocognitive disorders

*** SPMI

Defined as “those that are prolonged and recurrent, impaired activities of daily living and require long term treatment”.

- Schizophrenia
- Bipolar disorder
- Personality disorder
- Major depression

REFERENCES

Neumann, L.T.V., Olaniyan, A., Hanzel, E. Arbelaez, L.F. (2023). *Helping members age well by reducing their risk of dementia: A research white paper*. Highmark Wholecare.

Zumstein, N., & Riese, F. (2020). Defining Severe and Persistent Mental Illness-A Pragmatic Utility Concept Analysis. *Frontiers in psychiatry*, 11, 648.
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