



NEUROCERN IN ACTION

# Empowering Providers with Clinical Decision Support Technology for Cognitive Impairment

**When properly implemented into the clinical workflow, Neurocern’s clinical decision support tools improve clinical and financial outcomes.**

## INTRODUCTION

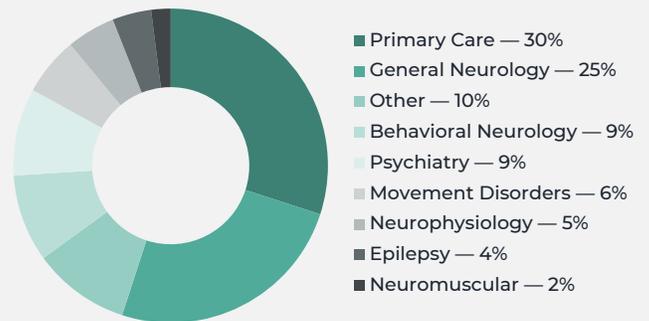
Operational workflow challenges in neurology are common. For patients who present with cognitive concerns, it has been well established that typical visit length, reimbursement challenges, and disease stigma have often hindered clinical evaluation and diagnosis.

Research has demonstrated that in a typical primary care practice, a patient will mention cognitive issues at least once a week. Despite this, the number of cognitive screens conducted in clinical settings remains low. Poor communication, missed diagnoses, and improper documentation all lead to unnecessary hospitalizations, readmissions, and poor outcomes for patients and their families.

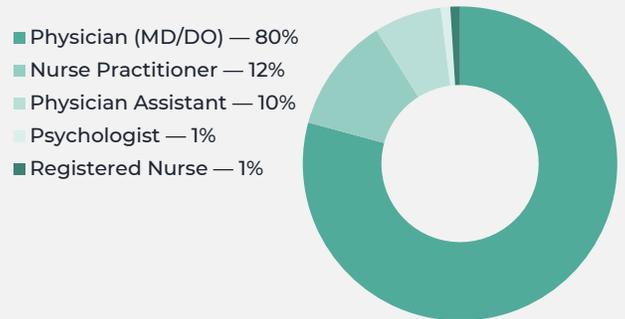
## KEY TAKEAWAYS

Neurocern’s algorithmic intake captures neurological symptoms for a more efficient clinical visit and Neurocern’s clinical decision support tools improve clinical and financial outcomes.

### Providers using Neurocern, by specialty:



### Providers using Neurocern, by license:



**“As physicians, we often decide that there is borderline dementia going on, but don’t feel we understand the condition enough to actually help with care planning, etc.”**

— Primary care physician

There are a number of points at which a person with cognitive issues will interact with the primary care system, many of which represent opportunities for cognitive screening. When conducting cognitive evaluations, it’s important to not just screen for memory issues, but to also explore difficulty with executive functioning, movement, language, visuospatial perception, and activities of daily living. This level of assessment can be challenging to complete in a typical visit. General diagnoses of “unspecified dementia” are common, and further tests

to check for other treatable conditions that might mimic signs of dementia are only completed 15% of the time. Furthermore, many physicians have the notion that “dementia is just dementia, nothing to do about it”.

When it comes to documentation and billing, clinicians seldom document the correct subtype of cognitive impairment or the degree of severity, even when a correct diagnosis has been made. These generalized misdiagnoses have clear downstream implications for billing, HCC risk adjustment revenue, clinical trial matching, and eligibility for emerging disease modifying treatments. These implications also extend to a lack of proper treatment and poor outcomes for patients and their families.

## MARTHA’S STORY

Martha’s experience represents a typical journey for patients with cognitive issues.



**1** At home, **Martha** has recurrent falls, trouble swallowing, and memory issues. Her family schedules an appointment with her primary care provider (PCP).

**2** The family takes Martha to her PCP. The visit lasts 15 minutes and the family struggles to clearly describe all her symptoms before the visit ends.

**3** The PCP relates Martha’s symptoms to “old age”. PCP does not document cognitive impairment, provide a diagnosis, subtype, or severity, bill appropriate CPT codes, provide recommendations for symptom management, or make referrals to relevant specialists.

Unbeknownst to the family, Martha qualifies for a clinical trial for a new Alzheimer’s medication, but because her PCP did not correctly document her condition, she is not referred to the trial.

**5** Martha continues to have falls and her unmanaged symptoms worsen. After her second hospital admission in six months, the concerned family calls her PCP again.

The PCP tells Martha that there are no therapies for memory issues so he can’t help her. The PCP does not test for other conditions that might be causing her issues. He refers the family to a local support group for dementia.

**7** One year after Martha’s first visit to her PCP, she has been hospitalized three times. Her behaviors worsen, and her family is no longer able to manage her care at home. The family is forced to move her into an assisted living facility.



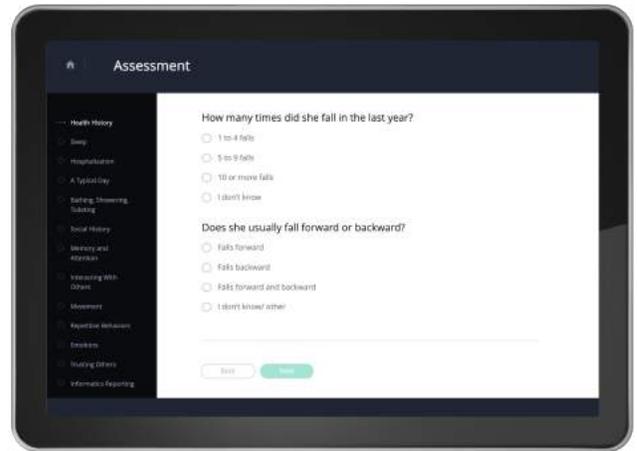


## THE NEUROCERN PLATFORM

In 2020, Neurocern launched a first-of-its-kind digital patient intake platform and clinician portal to support the clinical evaluation and guide patients to report their cognitive concerns in an anonymous and efficient manner.

### Digital Patient Intake

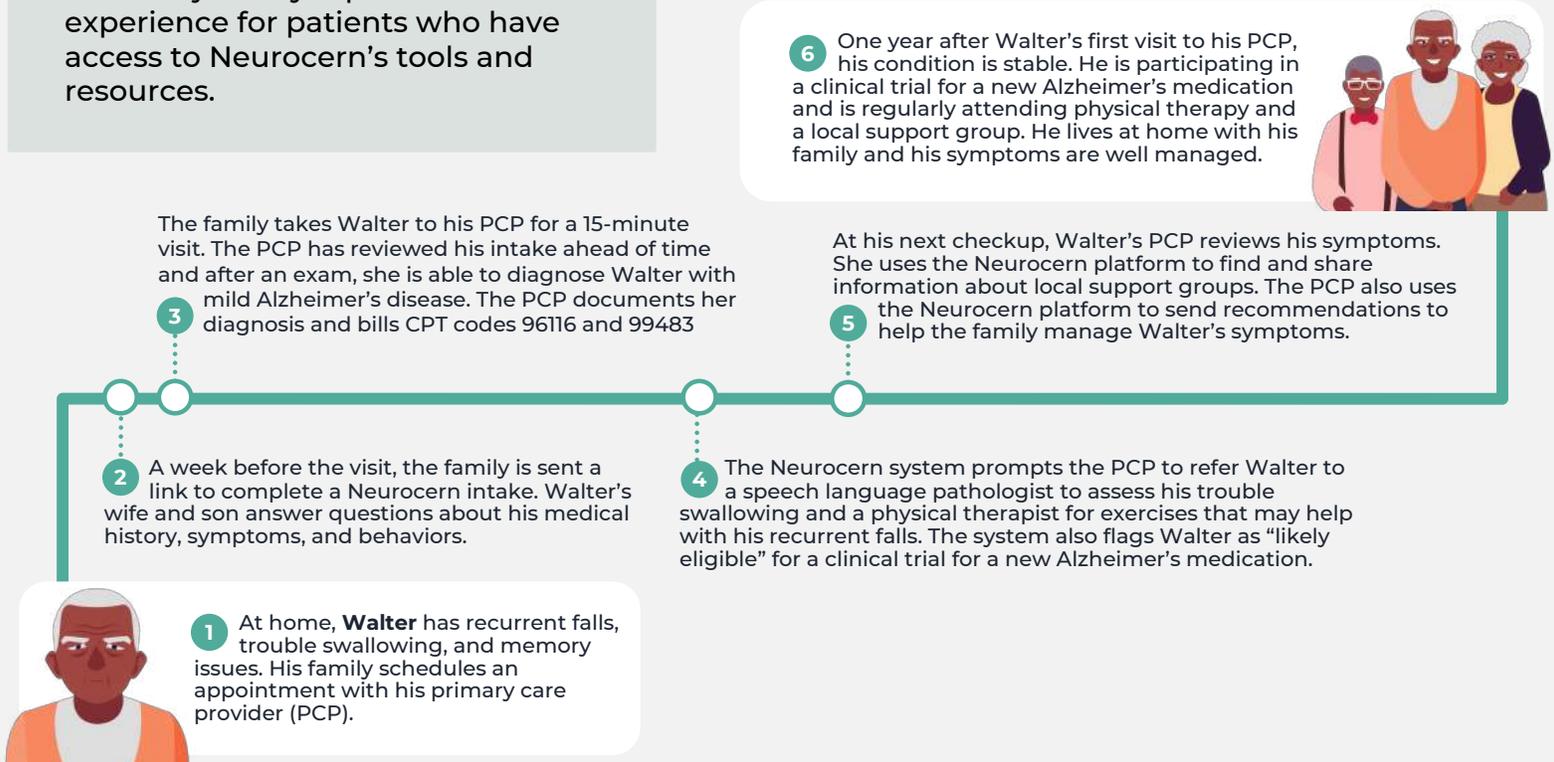
Neurocern’s algorithmic screening tool is adapted from NACC-ADRC NIH protocols for screening patients with cognitive issues. Patients, or their caregivers, can easily complete the screener prior to a cognitive visit, in the waiting room, or together with a provider during a clinical encounter. The Neurocern system then automates a personalized plan of care



with recommendations for symptom management based on the differential diagnosis and disease severity. The Neurocern intake allows providers to easily collect relevant health, behavioral, and lifestyle information from patients for clinical decision support.

## WALTER’S STORY

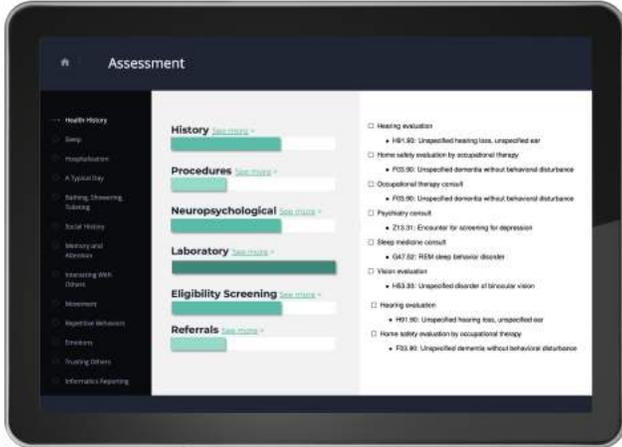
Walter’s journey represents the experience for patients who have access to Neurocern’s tools and resources.





## Clinician Portal and Decision Support

Neurocern’s algorithms provide clinical recommendations and decision support based on a patient’s disease classification, symptoms, and severity.



The system (which has been independently medically third-party validated) recommends a workup based on American Academy of Neurology’s evidence-based guidelines and recommendations. This may include

**“The platform is all encompassing. It provides excellent recommendations not only for activities of daily living and care, but also addresses comorbidities which may also have significant impact on cognitive slowing and psychological functioning of the patient.”**

— Primary care physician

referrals to specialists, labs, imaging, tailored ICD billing codes, and neuropsychological testing

- Automated documentation for patient records and billing.
- Clinical decision support and recommendations, including labs, imaging, procedures, and more based on evidence-based guidelines.

**“I have found [the Neurocern intake] so helpful. My husband has been a patient at a local Alzheimer’s institute for 18 months, but much of what Neurocern provided was new to us. We truly appreciate it.”**

— Wife & caregiver



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