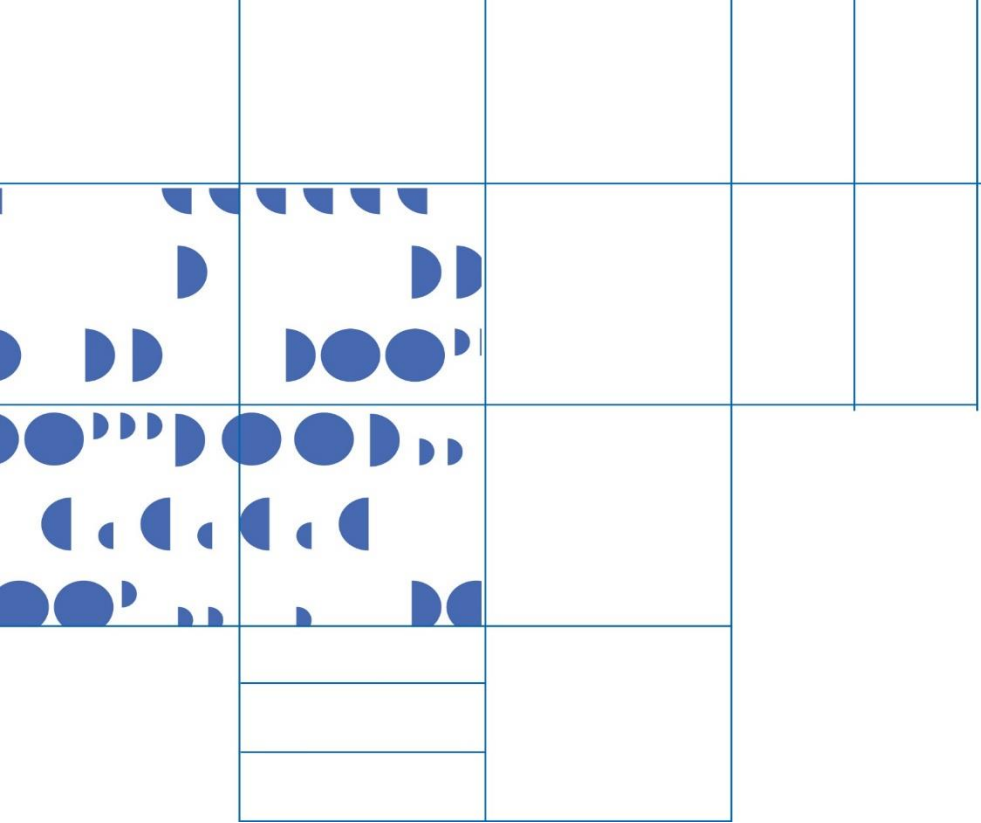




Implementing Specialist-level Cognitive Evaluations In Primary Care Using a Structured Cognitive Assessment Visit



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Outcomes

- Specialist-level cognitive assessment can be integrated into routine primary care.
- Primary care physicians can diagnose cognitive impairment and appropriately utilize blood-based biomarkers.
- Structured workflows may reduce diagnostic delays while preserving specialty memory clinic capacity.

Introduction

Most patients with cognitive concerns are first evaluated in primary care, yet PCPs often lack the time, tools, and workflows for thorough assessment. Diagnoses may be delayed or deferred to specialty care, where capacity is limited. Blood-based biomarkers (BBB) support earlier, more accurate identification of Alzheimer’s disease, but their value depends on interpretation in the appropriate clinical context. We developed the Cognitive Assessment Visit (CAV), a structured workflow that replicates key elements of a specialty memory evaluation using standardized history, functional assessment, cognitive tools, and decision support for testing, biomarker use, referral, and co-management. The CAV aligns with CPT 99483 to support sustainable adoption and promote earlier, higher quality diagnosis and care. Between 6/1/25 and 1/11/26, 43 visits were completed by 12 Family Medicine physicians after voluntary CAV training.

Methods

As part of a quality improvement study, a retrospective chart review was completed for the first 43 visits. Frequency analyses were completed.

Results

- **Of 43 Cognitive Assessment Visits**, 29 (67.4%) patients were female, 32 (74.4%) identified as White and 9 (20.9%) as Black; median age was 72.5. Referral reasons included memory complaint (32, 91.4%), abnormal Mini-Cog at the Medicare AWV (4, 11.4%), and other (2, 5.7%).
- **Diagnoses included** subjective cognitive impairment (SCI) (8, 18.6%), mild cognitive impairment (MCI) (23, 53.3%), mild dementia (8, 18.6%), moderate/severe dementia (2, 4.7%), and other (2, 4.7%).
- **Seventeen blood-based biomarkers** were ordered with 14 completed. Of those completed, three (21.4%) were positive, nine (64.3%) were negative, and two (14.3%) were indeterminant. 100% of the patients with positive results were referred directly to the Anti-amyloid treatment clinic for further evaluation.
- **PCPs also addressed** in 24 visits (55.8%) chronic conditions, preventive care, and/or risk-adjustment documentation.

Conclusion

- Family Medicine **physicians can complete cognitive evaluations**, including blood-based biomarkers, diagnosis, and timely referral for advanced therapies.
- Scalable **primary care workflows like CAV will be essential** to reduce delays, preserve specialty capacity, and ensure equitable access to dementia care.
- This study also shows **PCPs often address** chronic disease management, preventive care, and risk-adjustment documentation during Cognitive Assessment Visits, highlighting **missed opportunities for appropriate compensation**.

