The BCAT Cognitive Assessment System & Applications to Primary Care Practice

The BCAT Approach is a unique applied concept for assessing and working with people who have memory and other cognitive impairments. For primary care providers, the BCAT Test System equips physicians, PAs, and NPs with a method for rapid cognitive assessment in community practice settings. The BCAT is consistent with ACO, Medical Home Models, and the required annual cognitive assessment. There are five tests in the BCAT System, and they are described below. We recommend the BCAT-Short Form (BCAT-SF) for your community practice for the following reasons:

- It can be administered in three minutes or less.
- It can be administered by a tech or licensed professional.
- It is sensitive to normal cognition, Mild Cognitive Impairment, and dementia.
- It can predict functional status (IADLs).
- It is administered online.
- It generates a test report that can be integrated into an electronic health record.

The BCAT Test System

- The BCAT Short Form (BCAT-SF) is designed as a brief version of the full BCAT

  When time is particularly limited (e.g., primary care settings), the six-item, 21-point short form is a dependable cognitive screening tool. In primary care practices, the BCAT-SF is typically administered by a tech who is also assessing vital signs. The Short Form is sensitive to normal cognitive functioning, MCI, and dementia. Unlike the full BCAT, it does not provide specific Memory Factor and Executive Functions Factor scores. The BCAT-SF is often used in primary care settings, and can help in determining when to start or stop nootropics.

- The primary test is the Brief Cognitive Assessment Tool (BCAT)

  The BCAT Test System is comprised of five unique assessment instruments. The primary test is the Brief Cognitive Assessment Tool (BCAT) which can be administered in 10-15 minutes by professionals and techs, is sensitive to the full spectrum of cognitive functioning (normal, MCI, dementia), produces separate Memory Factor and Executive Functions Factor scores, and can predict basic and instrumental activities of daily living (ADL, IADL). The BCAT has also been shown to help predict discharge dispositions, facilitate Advance Directives determinations, aid in fall prevention programs, and help with non-pharmacological behavior management.
The WIPE Depression Screen

The WIPE Depression Screen was designed as a "process" screening instrument to very rapidly assess depression status. The WIPE consists of four questions that address worry, interest (anhedonia), pessimism, and energy. It can be administered in less than three minutes, and is ideal for clinical situations in which the provider wants to track mood status over time. In this respect the instrument can be administered multiple times during a depressive episode. The tool predicts depression diagnosis, has mean and standard deviation scores for dementia and non-dementia patients, and has a recommended cut score as an indicator of significant depressive symptoms.

The Kitchen Picture Test of Judgment (KPT)

The KPT was designed as a visually presented test of practical judgment. The KPT is a unique illustration of a kitchen scene in which three potentially dangerous situations are unfolding. Patients are asked to describe the scene as fully as they can, to identify the three problem situations, to rank the order of importance of each situation in terms of dangerousness, and to offer solutions that would resolve the three problems. The KPT has been found to have construct validity (it measures the construct "judgment"), and can be used to differentiate between those who have dementia and those who do not.

The Brief Cognitive Impairment Scale (BCIS) for severe impairment

The BCIS was designed to assess the cognitive functioning of patients with severe dementia. The BCIS is an 11-item, 14-point scale. It was developed to not only track cognitive changes in severely demented patients specifically, but to provide information to better manage behavior problems. We recommend using the BCIS when severe cognitive impairment has already been established, or when the patient scores under 25 on the BCAT. It is most effective in confirming severe impairment and tracking cognitive changes over time in advanced dementia. It is also used in the BCAT 3D behavioral management system. The 3D is a non-pharmacological approach to reduce problematic behavior (e.g., combativeness, sexually inappropriate behavior, yelling, wandering, disrobing).

The BCAT Website

The BCAT website (www.thebcat.com) provides information for providers, patients, and their families. Some features of the BCAT website:

- Patient and Family Education
- News for Professionals
- BCAT Education Blog
- Memory Self-Assessments

For more information about the BCAT Approach, contact info@thebcat.com.