Integrating digital cognitive assessments (DCAs) into your practice could potentially help overcome challenges associated with conventional cognitive testing tools (eg, Mini-Cog©, MoCA)[1]

DCAs may help to simplify cognitive testing and support assessment standardization to better assist at-risk patients. An initial DCA can usually be completed in under five minutes to assist in the detection of early symptomatic Alzheimer's disease (AD), potentially allowing health care providers to **identify symptomatic patients earlier** in the disease course, consistent with guideline recommendations for timely evaluation and management.[1]

A cognitive assessment by a primary care clinician is often conducted to detect early signs of Alzheimer's disease (AD) for a patient experiencing cognitive concerns. Mild cognitive impairment (MCI), the earliest symptomatic stage of AD, can be subtle and difficult to distinguish from normal aging. This is one of the reasons that the **detection rate of MCI among Medicare beneficiaries ≥65 years was approximately 8%** based on a 2023 analysis.[2,3]

Adoption of digital clinical applications may require considerations of implementation, training, validation, and data privacy factors.

DCA clinical utility statements represent consensus recommendations developed by the Global CEOi, a group of international experts focused on advancing AD care. These recommendations represent expert opinion and are not formal clinical practice guidelines or regulatory-endorsed standards.

MoCA=Montreal Cognitive Assessment; Global CEOi=The Global CEO Initiative on Alzheimer's Disease.

DCAs may help to **simplify cognitive testing** and **support assessment standardization** to better assist at-risk patients.

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DCAs could potentially simplify detection and improve scalability of testing[1]

Conventional cognitive assessments, such as the Montreal Cognitive Assessment (MoCA) and Mini-Cog©, are commonly used in primary care to support identification of cognitive impairment. However, variability in administration and scoring may occur. Additionally, conventional evaluations are not widely integrated into EHR systems, which may add to the challenges healthcare providers already face[1]

Some of the challenges associated with conventional cognitive evaluation tools may be addressed with DCAs. When it comes to scoring, **DCAs** may feature **more immediate, consistent, automated results**, reducing training requirements and **increasing standardization**. They also may reduce the need for repeat testing, capture more complete data, provide real-time comparisons, and integrate with EHR systems[1]

These features of DCAs can potentially help to overcome obstacles related to traditional cognitive assessments, aiming to **improve testing scalability** in primary care[1]

9x **more sensitive at detecting MCI**

Compared to subjective physician assessment, standardized assessment tools are 9x more sensitive in detecting mild cognitive impairment (MCI).[4,5]*

*Compared to subjective physician assessment; in a study evaluating the Mini-Cog© vs physician assessment alone. Other examples of objective assessment tools that take 10 minutes or less to administer include the MIS and the GPCOG.[4,5]

Timely detection and diagnosis of AD is important because it may enable earlier initiation of informed disease management, earlier opportunities to support cognitive well-being, and earlier consideration of therapeutic options.[3,6]

AD=Alzheimer's disease; DCA=digital cognitive assessment; EHR=electronic health record; GPCOG=General Practitioner Assessment of Cognition; MCI=mild cognitive impairment; MIS=Memory Impairment Screen.

Two types of HCP-initiated DCAs for primary impairment identification[1]

1. **Cognitive Impairment Detection DCA** (typically 3-5 minutes)

   Initial test to detect possible cognitive impairment due to AD and determine if further evaluation is needed. This DCA targets adults aged ≥65 to assess for cognitive concerns (eg, given routinely as part of a Medicare annual wellness visit)

2. **MCI or Dementia Diagnostic Aid DCA** (typically 10-20 minutes)

   Follow-up test to an abnormal result on a Cognitive Impairment Detection DCA or in response to a cognitive concern raised by an individual, care partner, or clinician. This DCA supports the diagnostic process for MCI and dementia due to AD

HCP=healthcare provider.

FDA-Cleared[a] DCA Tools

Company Name *Click to Learn More*	Assets	Approximate Timing of Test	Proprietary DCA Hardware
BrainCheck	Assess	10-15 Minutes	No Hardware
Cambridge Cognition	CANTAB	Varies	No Hardware
Cognivue	Thrive Device Clarity Device	5 Minutes 10 Minutes	Yes, Required
Cogstate	Cognigram	10-15 Minutes	No Hardware
Linus Health, Inc.	DCT Clock Core Cognitive Evaluation	2 Minutes 8 Minutes	No Hardware

[a]Includes all identified FDA-cleared and commercially available tests in the US that assess cognitive impairment in a broad population (as of January 2026). This may not be an all-encompassing list and other non-FDA cleared digital assessments may be available.[7]

Global CEOi Consensus Recommendations on Interpreting DCA results[1]

	Cognitive Impairment Detection	MCI/Dementia Diagnostic Aid
Abnormal Result	Indicates potential MCI due to AD and requires further evaluation with a more in-depth assessment for confirmation	Prompts additional care planning and/or referral to a specialist if warranted by the results of a comprehensive evaluation
Normal Result	Indicates a lower probability for MCI due to AD with a recommendation to continue monitoring and focusing on brain health interventions	Indicates a lower likelihood of MCI due to AD. Results should be interpreted with comprehensive clinical evaluation and continued monitoring as appropriate

AD=Alzheimer's disease; DCA=digital cognitive assessment; FDA=U.S. Food & Drug Administration; MCI=mild cognitive impairment.

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What to consider after an **abnormal result** on a DCA

Conduct a thorough patient history and physical, including a neurological exam, and perform diagnostics[3,8,9]

- **Labs:** CBC, electrolytes, BUN, Cr, Ca, LFTs, glucose, TSH, B12, folate; consider RPR or MHA-TP (per patient history), HIV, heavy metals
- **Structural neuroimaging (MRI)**

In conjunction with clinical assessment, **blood-based biomarkers, including P-tau217,** can help identify amyloid pathology in patients* with suspected AD who may benefit from a referral to a specialist for additional evaluations and possible treatment.[10]

PET scans and **CSF tests** are also available to help assess amyloid pathology in patients with suspected AD, and there are additional AD biomarkers beyond P-tau217 that could be considered in a diagnostic workup.[10]

*Patients must meet testing criteria.

Resources
Click to Learn More

- Expert Information on DCAs
- Billing for Digital Cognitive Assessments
- The Importance of Cognitive Testing and other Cognitive Assessments

AD=Alzheimer's disease; BUN=blood urea nitrogen; Ca=calcium; CBC=complete blood count; Cr=creatinine; CSF=cerebrospinal fluid; DCA=digital cognitive assessment; HIV=human immunodeficiency virus; LFTs=liver function tests; MHA-TP=microhemagglutination assay for Treponema pallidum antibodies; MRI=magnetic resonance imaging; P-tau=phosphorylated tau; PET=positron emission tomography; RPR=rapid plasma regain; TSH=thyroid stimulating hormone.

Early detection of AD is important. Consider **integrating DCAs** into your annual Medicare wellness visits.[1,3]

Adoption of digital clinical applications may require considerations of implementation, training, validation, and data privacy factors.

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